THE RESPONSIBILITY OF MEDICAL WOMEN OF THE UNITED STATES TO WOMEN OF NON-CHRISTIAN LANDS, AND HOW WE ARE MEETING IT.

By MARY McLEAN, M.D.,

...around this world the American woman is counted a woman of great privilege, of unequaled opportunity, and of unusual efficiency. In no other country are such facilities for excellent equipment in professional and technical lines of service open to women in general, as in our own great country.

We are the heirs of a goodly heritage. "Our lines are fallen in pleasant places," and it becomes us to recall something of the source of such a rich inheritance. "Est we forget," and in forgetting, give place to pride, which "goeth before a fall." Never before Jesus Christ, God's Son, took upon Himself our nature and dwelt among us, did women hold the place of honor among the nations of the earth.

Mrs. Helen Barrett Montgomery has been telling during the last year all over our land the degradation of womankind through the teachings of Confucius, of Buddha, and of Mohammed, and we can find no clearer statement of facts. She tells us that the subordination of woman is, perhaps, given in brief in this teaching of Confucius: "Man is the reproduction of heaven, and is supreme in all things. On this account woman can determine nothing of herself, and should be subject to three obediences—to her father, husband, and son. Her business is to prepare food and wine. Beyond the threshold of her own apartment she should not be known for evil or for good." This teaching has borne its legitimate fruit, and until the Boxer upheaval, in 1900, a man's wife and children in China were his absolute property, to keep alive or to destroy as suited his pleasure. Until that year also education for women was not countenanced by the Government, and men who, with a vision of better things, provided educational advantages to their women, did so at the risk of royal disfavor, and even at the risk of life itself.
Japan has possibly led the world in consideration of women. But we are told that "Japanese literature celebrated it as a virtue that a woman should give her body into vice to satisfy the debts of husband or father." Although during the last half-century much has been accomplished in New Japan for the education and moral betterment of women, there is much yet to be done to give women their normal position of purity and power in that land.

In Corea also, where the gospel of the grace of God has not yet penetrated, the women, under Confucius' teaching, dwell in awful ignorance and superstition, and are only burden bearers for their liege lords, with no hope for immortality or for any compensation hereafter.

Buddhism is even more degrading in its teachings for women than Confucianism. The code of Manu, the most sacred code of Hindooism, asserts: "A woman is not allowed to go out of the house without the consent of her husband; she may not laugh without a veil over her face, or look out of the door or window." It is in India that the awful curse of child marriage has existed for centuries. The Code of Manu teaches: "If a daughter is married at the age of six, the father is certain to ascend to a highest heaven. If the daughter is not married before seven, the father will only reach the second heaven. If the daughter is not married until the age of ten, the father can only attain the lowest place assigned the blest." Again, this sacred Code prescribes: "Let the wife who wishes to perform sacred oblations, wash the feet of her husband and drink the water; for the husband is to the wife greater than Vishnu."

It is well known that the Temple girls of India are religiously set apart as prostitutes of priests and pilgrims, and are dedicated to this life by religious parents, who use this means of accumulating merit.

Mohammed gave no high ideals to women, but like Confucius and Buddha, assigned to them only a place of ignorance, seclusion, and loveless servitude. Mrs. Montgomery quotes an eminent Moslem jurist of Cairo in a recent publication as follows: "Man is the absolute master, and woman the slave. She is the object of his sensual pleasures, a toy as it were, with which he plays whenever and however he pleases. Knowledge is his, ignorance is hers. The firmament and the light are his, darkness and the dungeon are hers. His is to command, hers is to blindly obey. His is everything that is, and she is an insignificant part of that everything."

In contrast to this awful array of facts, as regards a woman's position in the non-Christian world, is the beautiful exhortation
to the married in the Ephesians Epistle: "Wives submit yourselves unto your own husbands as unto the Lord."

"Husbands, love your wives, even as Christ also loved the Church, and gave Himself for it." "So ought men to love their wives as their own bodies. He that loveth his wife, loveth himself." "Let every one of you in particular so love his wife as himself, and the wife see that she reverence her husband."

Jesus Christ, the Son of God, established a new order of things in this earth, lifted women out of the position of ignorance, degradation, and hopeless despair into a place of intellectual activity, of social honor, and of joyful hope, both for this life and for that which is to come. Because He came to our help and died for us, "bringing life and immortality to light through the Gospel," we medical women of the United States have the privileges which we accept today as our birthright.

Early in the history of medical education for women, some hearts were touched by the cry of deep need from non-Christian lands. For in these lands, even when medical aid could be secured for suffering men, women were, by reason of their seclusion from men, excluded from all such privileges; they lived and suffered with "no eye to pity and no arm to save." It is not strange that India's need attracted our first large-hearted medical woman. Dr. Clara A. Swain, an honored graduate of the Woman's Medical College of Pennsylvania, in 1869, sailed for India the same year, reached Bareilly January 2, 1870, and commenced practice the next day. Within a few years, the need for a hospital for women and children was keenly felt; and the need was supplied by a wealthy and influential Mohammedan prince, whose gift was valued at $15,000, and was given unconditionally.

After fifteen years of active service among the people at Bareilly, Dr. Swain was called to be the medical attendant of the wife of the Rajah of the Rajputana at Khetri. In that city she also busied herself with dispensary work among the needy, and rounded out twenty-seven years of professional service in India. Only last December, in Castile, New York, this much loved and honored woman went to be with her Lord, and to receive a glorious reward for loyal service.

Dr. Sarah C. Seward, of the Woman's Medical College of Pennsylvania, of 1871, was another noble woman, who paid her debt to women of non-Christian lands, with twenty years of labor in Allahabad. The Sarah Seward Hospital in that city is a fitting memorial of her life among the sick and needy ones. Dr. Bertha T. Caldwell, of 1893, is now in charge.

Dr. Lucinda L. Coombs, also a graduate of the Woman's
Medical College of Pennsylvania, opened the first hospital for women in China in 1875; and another alumna of the same college, Dr. Elizabeth Riefsnyder has for twenty-seven years been the honored head of the Margaret Williamson Hospital for Women and Children in Shanghai, where during 1910 nearly 50,000 patients were seen at the dispensary, in addition to the medical, surgical, and obstetrical cases treated in the hospital proper. Dr. Riefsnyder for several years held the world's record for the largest ovarian cystic tumor successfully removed from a living woman. The tumor weighed over 80 pounds, and the woman separated from it weighed less than 60 pounds. Dr. Riefsnyder has also, through her skilful and untiring labor of love, opened hundreds of homes to the Gospel, and has changed the attitude of many non-Christian men toward the women of their homes. This is the inevitable sequence of the labor of our medical women in non-Christian lands.

Dr. Grace Kimball, of the Woman's Medical College of New York Infirmary, went to Turkey in her professional capacity in 1892, and soon confronted one of the many awful Armenian tragedies. With natural resourcefulness, strengthened by her liberal education, Dr. Kimball undertook to administer the Christian Herald's Relief Fund for the people. Within twenty-four hours of the reception of the fund she had hired a bakery, and had 900 pounds of dough ready for baking. For a length of time she supplied more than 700 persons daily with bread. She failed to receive Government license to practise medicine, but paved the way for her successor, Dr. Eddy.

Dr. Mary Pierson-Eddy was born in Syria of American parents, and returned there, after her education in the United States, as a medical Missionary. After presentation of her diplomas and credential to the Sultan, the Turkish law forbidding women to practise medicine in the Empire was repealed, and the way opened for all qualified women to enjoy equal rights with men in the medical practice. Just one year after Dr. Eddy's arrival in Constantinople she received a firman from the Sultan enabling her to call upon official and military authorities for any needed assistance or supplies, and to secure military escorts when desired.

For some years Dr. Eddy spent her time in medical tours through the whole mission fields of Beirut Station. Beirut was the home of her childhood. It was her custom in itinerating to pitch a tent, and to begin work almost before dawn, because of the early gathering of the suffering multitudes. It is still her custom to visit villages during four months of the year, and in one recent year she visited sixty-four villages during the summer.
Dr. Eddy says, "It is a heart-breaking multitude, the blind groping their way, the helpless borne by friends, pitiful babies carried by their mothers, and tottering old people led by their children. At one time the waiting groups were startled by the sudden eruption of the robber chief, who held the whole countryside in his sway. Accompanied by a dozen tall, fierce followers, armed like himself to the teeth, he entered the room seeking aid for one of the number who had an ugly scalp wound and a finger nearly severed. They gazed curiously at the shelves filled with bottles and boxes, they looked askance at the strange glittering instruments, they stared at the sterilizing apparatus in the deep window recess, and the traveling carts arranged for an operating table. 'Mas-hallah,' said the leader, 'has your country many daughters like you? Truly our work is but to despoil and deface, yours is to restore and repair.'"

Would that our country did have thousands of such daughters to minister to the sick bodies and sick souls of the hungering millions of women in non-Christian lands!

A Bedouin sheikh once said to Dr. Eddy: "To the shadow of your frail (tent) roof the sick flock to shelter, and under it multitudes have found a welcome refuge. I look at you, a woman, living here, aided in your work only by women like yourself. You dwell fearlessly alone, standing unaided to our eyes and unsupported by kindred. Your tent baffles our comprehension. Your life, sheltering, comforting, relieving multitudes, is a mystery to us." Dr. Eddy's comment was: "How little he knew of the hidden sources of our strength, the support of the everlasting arms and of what becomes possible whenever your life is hid with Christ in God."

Dr. Eddy has now a hospital for women across the bay from Beirut, and a splendid tuberculosis sanitarium, the only one in Turkey, under the shadow of Mount Kennessey, four thousand feet above the beautiful Mediterranean.

Not only have our medical women spent their strength in personal ministry to the sick and suffering, but they have done something toward multiplying their usefulness by teaching and training young native women both in nursing and in medical science and art. In both services they have broken down strong prejudices, and have opened doors to other missionaries.

Dr. Mary H. Fulton, of Canton, China, not only spent years in pioneer work in that country and administered professionally and spiritually to thousands of women and children; but she has also established a medical school for women in Canton, which has called forth the gratitude of the nation, and the admiration of all
her fellow countrymen. The plant includes the Hackett Medical College for Women, the Julia M. Turner Training School for Nurses, and the David Gregg Hospital for Women. About fifty Chinese women have been graduated from Hackett Medical College, and are doing some splendid work. A friend who has visited the college and hospital was much impressed by the skill and good judgment shown by some of these young women in abdominal surgery. A Woman's Union Medical College has been opened recently in Pekin, which promises similar good work.

Dr. Mary Riggs Noble who went to India in 1903 is one of the faculty of the North India Medical Training School for Christian Girls, which is doing splendid educational work among the young women of India, who have made good records in government examinations.

At least six other Pennsylvania Woman's College Alumnae, including Dr. Anna Fullerton, are now in India, engaged in hospital and dispensary work, and most of them in training natives. Their influence is very wide, and their work and high Christian living are opening many hearts and homes to the Gospel.

In addition to medical teaching of native women in their native surroundings, a few picked women with a proper knowledge of English have been educated in England and the United States.

Dr. Anandabai Joshee, a high caste Brahman from Poona, was graduated from the Woman's Medical College of Pennsylvania in 1886. She was promptly appointed physician in charge of the Albert Edward Hospital in Kolhapur, but died of tuberculosis before assuming her duties. Many daughters of India, China, Japan, Corea, and the Philippine Islands have since passed through these halls, and have returned to their respective homes to minister even more successfully than we can to their fellow women. Two Chinese girls, Dr. Stone and Dr. Kang, were educated in this country more than fifteen years ago, and have been doing splendid work ever since. In 1905 I visited Dr. Stone's hospital of thirty beds in Kiukiang. Dr. Stone was working quite single-handed at that time. She superintended the hospital, acting as treasurer and secretary and housekeeper, trained her nurses, not only in the usual duties of a nurse, but also as anesthetists and surgical assistants; for Dr. Stone does a large amount of surgery, including ophthalmic surgery, with no professional assistance. We found her hospital beautifully kept, with very happy and intelligent nurses, and every bed filled. In addition to regular hospital work and teaching, Dr. Stone has a large dispensary service of from fifty to one hundred patients daily, and does some private practice among the wealthier families of
the city. But for her close fellowship with God, receiving daily fresh supplies of strength and grace and love and hope from Him, she could never accomplish her task. She shows no trace of anxious care on her face, and she is much beloved by foreigners and Chinese alike.

In the education of these choice students the Woman's Medical College of Pennsylvania had done the lion's share; and it is well known that the great majority of medical women in the foreign mission field are alumnae of this favored institution. In the future the Far East medical teachers will be more and more in demand. These orientals are very ambitious, and they are also very patient hard-working students, who will overcome all obstacles to accomplish their life purpose. Future teachers must necessarily be largely supplied by this Woman's College. For with all the advantages offered to women by co-educational colleges—and we are grateful for all of them—in none of them is there any large opportunity for developing the gift of teaching. The faculties still keep overwhelming majorities of men, and it is to the Woman's College of Pennsylvania that we look for the experience in teaching, which is quite as important as hospital experience for one expecting to engage in medical education.

Now that the Woman's College of Pennsylvania is the only woman's medical college in the United States, it would seem to be an opportune time for all intelligent women to rally to its support, and to work with prayerful enthusiasm and earnest purpose that it shall have an adequate equipment, befitting the standards of the present day; in view of the great responsibility resting upon it for preparing workers for this important share in the greatest of all present-day world movements, viz., carrying the Gospel of the grace of God in Christ Jesus, for spirit, soul, and body, to every non-Christian nation of the earth.

The physical sufferings of these people and their own ignorant and inadequate means of alleviation have been often described. There are still in China and in Corea native surgeons, who treat pain in any part of the body, by thrusting a large and not always sharp needle into the painful part, for the avowed purpose of giving exit to the evil spirit therein contained, which is causing all the trouble. In Africa the natives are bolder, and use a large butcher knife in lieu of the needle. One of the medical missionaries of Africa once told me of being called to cure a dying African, who had exhausted the resources of a native healer, when he had, with a butcher knife, made long longitudinal and transverse incisions through the abdominal walls, incidentally wounding the intestines.
Having abundant knowledge of the conditions of living in non-Christian lands, having wide-open doors and convenient traveling facilities to these countries previously closed to us and inaccessible, having numbers of women well equipped to meet the needs of the women of these less fortunate nations, and, above all, having our Lord's commission, "Go ye therefore and teach all nations," and our Lord's enabling promise, "Lo, I am with you always," and His wonderful Book in our hands, we, medical women of the United States, are in a position of great responsibility toward the women of non-Christian lands.

We owe it to Jesus Christ, who is the source of our own abundant life of privilege and opportunity, to pass on to others the blessings we so richly enjoy. He Himself is the only answer to the great problem of human life and human suffering; and He alone can satisfy the hungry hearts of all nations and peoples and races. Jesus Christ is the only key by which we can open the Book of Divine Revelation, the book of nature and the book of human history.

God made this old creation to be centered in Himself, and created in it many types of which the God-man, Christ Jesus, is the fulfillment. The fulfillment of the type is the interpretation of the type; and there is no other key. So in the inorganic world He created types of the vegetable; in the vegetable life He created types of the animal; in the animal He created types of man; and in man He created a trinity of spirit, soul, and body, a type of the triune God, who is a Spirit. But sin entered into this old creation and man became decentralized; he reversed his trinity, counting himself body, soul, and spirit, and separating himself from God.

Into this chaos wrought by sin, God brought the revelation of His great resurrection plan—life out of death—of which the world is full of types. "Except a corn of wheat fall into the ground and die, it abideth alone; but if it die, it bringeth forth much fruit." The vegetable appropriates inorganic substance and converts it into part of itself; so the animal digests and assimilates the vegetable and changes it into its own tissue. Jesus Christ went into the grave for us, bearing our sins, and arose again, and went into His Father's presence, to bring into His own resurrection life all who will consent to receive His atoning work, and to become identified with Him. "If any man be in Christ Jesus he is a new creation."

God has given us our whole remedial system—the inorganic salts, the medicinal plants, the latent power in the blood for fighting germ life and elaborating antibodies, as types of the
great remedy for sin, which He, Himself, "became for us that we might be made the righteousness of God in Him." Failing to understand this key to the scripture and to nature, some scientists have elaborated theories, with which they presume to discredit His Word. There is not and never has been any incompatibility between the facts of science and God's Word. But the creeds of science, false reasonings from insufficient data, merit our righteous indignation and uncompromising denial. Not one scientific fact ever discredited a single statement of God's Word. On the contrary, many statements of that Word await future scientific discoveries for their full understanding. For instance, in Job is written, "He stretcheth out the North over the empty place" (Job xxvi, 7). This has never been understood until just now Prof. Loomis, of Yale, tells us: "Recently, by the use of the largest telescope in the Northern hemisphere, a great vacuum has been discovered in the depths of the Northern heavens." The scripture statement was a prophecy of scientific discovery many centuries later. The Asiatic Quarterly Review has published a collection of facts which show that the sanitary laws of Moses are in line, if not in advance, of modern hygiene. Sir William Preece, in an address at the Sanitary Congress at Southampton, England, makes a striking reference to the Mosaic sanitary regulations. He thinks that in the book of Leviticus, we have regulations as to pure air, pure water, pure food, soil, and dwellings, which are up to the highest modern authorities on such matters. "Ours is the era of the microbe and all his kin. The animals and fishes, which in Mosaic law are forbidden to be eaten, are those which are now known to be magazines of these foes to health and life."

If I could take you with me through the interior of China and let you share with me the view of people suffering all manner of diseases, which are altogether curable by means easily at our disposal; the view of unsanitary conditions of living so easily corrected by simple teaching and practice of the simplest laws of hygiene, and yet carrying to early death, or hopeless life-long misery, victims by the thousand; if you could see the crowds of people deep in ignorance and superstition and sin, with no light in their faces, no love in their hearts, and no hope ahead; and then, could look with me into the faces of those who have passed out of death into life through a faith-union with Jesus Christ, your hearts would burn within you, and I am sure that many of us would gladly go into the larger field of service across the sea. Here we are crowded; and envies and jealousies arise which separate dear friends, and even bring our profession into disrepute. But in non-Christian lands there is work enough and to spare for
all the medical women who could be educated within the next half century.

At the Margaret Williamson Hospital in Shanghai 410 patients visited the dispensary one day last year; and the daily average is about 200. There are now in that hospital only three medical women, one of them just arrived, one of them much in need of her first furlough, and the third far from well, after twenty years of service. These three have all the work of that large dispensary, of the hospital with 75 beds, and of a large and complicated obstetric service, beside much private work which could be done most profitably. Yet the location in the city of Shanghai gives one much pleasant association with fellow countrymen of select character and involves no great self-sacrifice.

From a professional standpoint one can secure large and varied experience in internal diseases, in surgery, in diseases of the eye, of the ear and nose and throat, and in diseases of the skin. There are plenty of problems for pathologists to solve, and a wealth of material. Our sanitarians and medical social workers could find an immense field of activity. The oriental people are very appreciative of medical service when they have overcome prejudices sufficiently to accept the benefit of such services. Dr. Boone, for fifty years in medical work in Shanghai, told me that he would lose heavily financially by sending bills to private patients; for their expressions of gratitude were so substantial that they added far more to his bank account than any bills he would feel justified in rendering.

I venture to say that few of us know a small fraction of the reverential love and gratitude shown the medical women of India, China, and Turkey, by numerous patients. The love and gratitude of a human heart is worth much in a woman's life, whether that grateful heart beat under a yellow, a black, or a white skin.

Beyond and above the interest and abundance of professional work, beyond the gratification of a wealth of love and gratitude from patients, is the joy of seeing lives transformed, homes created anew into love's atmosphere, with the wife and mother in her right place of love and honor and influence; and the greater joy of seeing our risen Lord enter into possession of His own through our faithful service, and so hastening His personal return to our world to rule in righteousness a thousand years.

A clipping from the Journal of the American Medical Association on May 20, reads: "At the recent missionary jubilee in Boston, a number of women physicians organized a Medical Women's Association for aiding Women in Medical Work in
Foreign Countries, and elected the following officers. . . .
The object of the Association is to raise money to endow already existing medical institutions for women in foreign countries; to provide scholarships for native women in medical schools; to take a personal interest in women medical students who are studying to enter the foreign field, and provide equipment and hospital facilities as far as possible."

This is a noble start in a splendid undertaking. Cannot we individually give ourselves to this cause and work earnestly to discharge our responsibility to women of non-Christian lands?

**Discussion.**

**Dr. Ella B. Everett:** One fact which has impressed those who have been following the course of events in oriental countries, is that the demand for women physicians seriously exceeds the supply. Dr. McLean has pictured vividly the life of native women in non-Christian lands, and I can add nothing to what she has said on that phase of the subject. The question which especially concerns us at the "home base" is how we may increase the number of those adequately prepared and available for medical work in those lands where women so sorely lack intelligent medical attention, and are so entirely dependent on the services of their own sex for relief. There are a few statistics bearing on this subject which we may examine profitably.

From the *Journal of the American Medical Association* we find that in 1900 there were 25,000 medical students, men and women studying in the United States. In 1909, nine years later (the figures for 1910 are not available) there were 22,000; a decrease of 3000 students in less than a decade. In other words, there has been a reduction of about 12.5 per cent. in the number of students studying medicine in this country—very nearly one-eighth. In 1900 there were 5000 graduated from the various medical schools; in 1910 the number had fallen to 3976, and of that number only 3500 passed the examinations of the State Board for license to practice. With relation to the women students, we find that in 1904 there were 1129 women studying medicine in the United States. In 1909, there were but 921, a loss in five years of 208. The number of women physicians who graduated in 1904 was 244; in 1909, 162; a loss, therefore, of 82 during those years. The total reduction among women students is 33.5 per cent. The established fact that fewer women are studying medicine is evidently one of the reasons for the present deficient supply of medical missionaries.
When we seek an explanation of the fact, I think we may recognize several causes. First, higher entrance requirements have debarred many with limited preparation from pursuing medical study. This applies alike to institutions for men and for women. Second, the increased cost of a medical course is frequently prohibitive in individual cases. This is due to necessarily higher college fees, to the lengthening of the course, and to the increased cost of living within the last ten years. Third, the period covered by the above figures has been marked by more or less general financial depression, and it has been observed that whenever such economic conditions prevail, the higher education of women and girls is sacrificed that the young men may be kept at college. In the opinion of Dr. Leffman, who has given some attention to this subject, all women's institutions are likely to show a decrease in the number of students during such times.

It is remarkable that the decrease in the number of women studying medicine should be coincident with increasingly numerous and varied opportunities for medical women. In evidence of this it should be recalled that many of the leading colleges and academic institutions for women are now requiring that their physical directors shall have a medical degree. Laboratory positions open to women either for teaching or for research were never as numerous as they are today. Municipal positions of one kind and another are being held by women physicians in all parts of the country. State institutions for the insane and feebleminded, reformatories, etc., in a large proportion of states require by legal enactment a woman resident. It is possible for a woman trained in medicine to suit her individual taste in almost every instance. It seems, therefore, that there must be widespread lack of information as to what the field of medicine offers to women, else there would be many more who would secure this promising technical education.

It is evident, consequently, that the first step toward increasing the number of women medical students is a campaign of education in the academic colleges, that the students there may not remain uninformed of the available opportunities in medical work. With the student body augmented by this and other means, it is reasonable to expect a proportionate increase in the response to the claims of the mission field when its needs and possibilities are adequately presented.

Inasmuch, however, as some students who have inclination toward both medicine and Missions undoubtedly are prevented from undertaking this work by lack of means, it is possible for Mission Boards, and those interested in Missions, further to
increase the number of medical missionaries by the establishment of scholarships for such students. In our own college, although it has had limited resources throughout its history, financial concessions are made to those signifying their intention of doing foreign mission work. The institution thus offers substantial encouragement to missionary students. The official Mission Boards could supplement this by the establishment of educational funds from which beneficiary grants could be made to well prepared and worthy candidates.

It is with pardonable pride that we of the Woman's Medical College of Pennsylvania point to the record of eighty-five alumnae who have rendered missionary service in foreign lands, among them the first pioneer, the late Doctor Clara Swain; and to the fact that more than twenty students now in the school are definitely preparing for work abroad. In recognition of the encouraging attitude of the college toward missionary students, but still more because of the special educational advantages afforded in a separate school for women, we venture to advocate the establishment of the proposed missionary scholarships in this institution. The work of the woman medical missionary is so largely among the women and children that she needs at the time of her graduation much of the equipment of a specialist in gynecology and obstetrics. That such equipment may be secured, her peculiar needs must be regarded in her medical course, and such an arrangement made in the curriculum as will meet them. This is possible only in a separate school. It is of the utmost importance, therefore, that this, the only regular medical college for women in America, should be maintained at the highest point of efficiency. The necessity of large general endowment to that end should be obvious at once. We, therefore, make an appeal to all who have the interest of missions at heart to give liberal support to this school.

Mrs. J. Henry Haslam: I would like to express my appreciation of Dr. McLean's paper, and to testify that from every point of view that she presents, whether as medical or Christian workers in foreign lands, this work could not have been done without the help of Christ.

I want to speak to you today of the means the foreign missionary workers are using to meet this great responsibility on the part of the American medical women.

Time has wrought many changes since the day long ago when a young woman physician presented herself to the Missionary Board asking that she be sent as a medical missionary. She was frankly told by the Secretary "that her going was regarded as a dubious
experiment; that the Secretary would have preferred to see her go in any other capacity."

There is no longer doubt in any one's mind as to the rare service the medical woman may render on the mission field, but the fact that only two out of thirty-six Women's Boards (Presbyterian and Methodist) are making a specialty of medical missions, leave us to feel that plans for prosecuting this line of missionary activity are not very general. Quoting from the report of Commission No. V, Edinburgh Conference on preparation of the missionary for medical work, we find the majority of Boards report the supply of candidates insufficient.

Our Women's Boards, first, last, and all the time, are evangelizing agencies—the money with which they carry on their work is contributed for this especial purpose. Missionary Societies proper provide practically no professional medical training beyond occasional grants for postgraduate courses. Several Societies exist for the especial purpose of training candidates for medical work, and are largely made use of. There are also societies which aid medical missionary students by making small grants toward defraying their college fees. The mission boards gratefully recognize the aid thus given.

The Boards are unanimous as to the need of qualified nurses in the mission field, yet with one or two exceptions, professional training is never provided by the Boards, though some societies are prepared to pay the extra fee for a diploma in maternity work.

What then are the Woman's Boards doing to meet the needs of the women in foreign lands? They are meeting the need by requiring a higher standard of equipment on the part of those who go—this may in a degree lessen the number of candidates, but certainly will increase the efficiency of those at work. Beside the medical training, it is required that each young woman carry on a systematic Bible study, doctrinal and missionary reading, and an outline study of the religions of the non-Christian lands. If unable to meet the requirements in this direction at the close of the medical course she is advised to remain six months longer and complete the course at some missionary centre. It has also been deemed necessary that the preparation be adapted as far as possible to the needs of the country to which she may go, so that the peculiar conditions and diseases may be known before she reaches her field of labor.

This long-extended and difficult term of preparation frequently results in a broken condition of health on the part of the young missionary. In recognition of this fact it is desired that some
time may be spent in one of the numerous "training homes," where both body and mind are refreshed and spirit strengthened.

The Edinburgh Commission strongly advocates the establishment of more of these homes, also of the formation of committees, by which acquaintance may be made with possible candidates and an intimate and friendly relation maintained during the course of preparation. When we realize that as Women's Boards, "Too often we have been playing with our responsibilities. We have sent out a scout and failed to support her; we have opened a station and given no buildings and equipment; we have overlapped sometimes, and sometimes we have scattered. But always and everywhere what we have done has been only the pitiful shadow of what we ought to do and could do. What are 140 physicians among a half billion women? We congratulate ourselves on our great work. The glory is all God's, the shame ours. He has taken our scant gifts and multiplied them, but what are they? Let us never think we are meeting the need of the heathen world; we are only touching its edges. If physicians were no more frequent in America than they are in the non-Christian world, we should have but thirty-two all told, male and female, for the entire United States. Imagine how pleasant it would be to have but one physician able to perform a simple surgical operation in the states of Colorado, Montana, and Wyoming; to have only one available for western New York. For we could average no more than 1 to 2,500,000 of the population if we were no better supplied than is the non-Christian world."

Whatever the situation may be now, there is every reason to believe that in the near future more generous plans will be presented, which will induce larger numbers of women to prepare for medical work in foreign lands. Conferences such as the World's Conference at Edinburgh, our summer schools, student volunteer conventions, are a means to this end.

Dr. Lippert: It is very necessary that we should, as Dr. Everitt suggests, train more women medical students. I have been asking the question which always comes into my heart when this topic comes up. Do we not need to be trained more in our responsibilities? We live here in our snug content and ease, and we are forgetting constantly the real facts—that three-fourths of the world, represented by the non-Christian lands, are in a state of positive ferment. The non-Christian religions are losing their hold upon the educated classes. Today is the time for the Church to take hold of the whole non-Christian world. If the Church does not do it, it will mean either spiritual atrophy or treason.

It is recognized today as never before, that the greatest ally the Church has is the medical movement. Florence Nightingale said years ago: "Because God could not be everywhere he made
mothers." I think it might be said that because God could not be everywhere he made the medical missionary—the medical woman. Everywhere the medical missionary is recognized as the opener of doors. Mrs. Haslam, Dr. McLean, and Dr. Everitt have given us records, and there are districts absolutely unoccupied in the Moslem sections of Europe, Central Africa, and Asia that would hail gladly the medical missionary, with her medical tent and hospital. It seems to me that above all other, American women are best fitted for this work. Their ease of adjustment, their tenacity of purpose, their magnetism, all I feel fit the American woman to fulfill this responsibility to the world. The same principle applies today to us, that was voiced 1900 years ago— "to him that hath shall be given"—only let us read, "To her that hath shall be given, and from her that hath not shall be taken away even that which she hath."

Dr. Calista V. Luther: The success of the missionary movement is largely due to the healing of the sick. I remember the first question that was asked us was not "What knowledge have you brought us from the West," but "Teacher, come to my sick mother, my sick child." They would not let us alone. We had to go. We were not fitted as the women are today, so we had to go with quite a number of patent medicines. We had Ayer's Cherry Pectoral, a vermifuge, quinine, something for diarrhea. Mother always prayed, and they had great faith in her prayers, and the sick got well somehow. But when it came to sending out women physicians who did real surgical work, there was no limit to the need for them.

We should thank God that we were not born in a land where such things happen as I have witnessed in the East—where our little girls of ten years are married to men of forty years, and die in labor; where fractures are treated by keeping the joint in constant motion, or a compound comminuted fracture by strapping it down and letting it rot away. We owe a debt of gratitude to Jesus Christ who made it impossible for those things to happen to us.

A great many young women find it hard to get into practice—a paying practice. You can get a practice at once out there. All you have to do is to open your medicine chest under a tree and there you are. There are two ways of going out. You can go out under a missionary board, or you can go out independently. The most beautiful way of all is for a woman who has means to go at her own expense. I did it and enjoyed it thoroughly. I was entirely independent, could select my own field could stay as long as I wanted in one place.
Many have doubt as to whether they could stand the climate, or would like the work, or could learn the language. But go out at your own expense and see what the world is like. If you do not like it in one country go to another. If you want an easy field go to northern Japan, northern India or China. Their gratitude is beyond count. I have seen women creep to my mother's side and kiss the hem of her garment because of what she had done for them.

I do not think there is so much call for more women to study medicine as for some of those who are not making money, or who are not satisfied here to go out there. A number of you might try it for five or ten years and see how you like it.

Dr. McLean: There is very little left to say. I spoke of Africa and the far East because so far as I know there are no medical women there. There is a great need of medical women in other parts of the world, but these regions I mention are where their success has been so apparent. The whole Latin world is waiting for the invasion of the medical woman. She is very much needed,