

Dr. Carey, who was sent by the same society to labor with him as a colleague; and contemporaneously with these men we hear of Dr. Vanderkemp—an agent of the London Missionary Society, and one time an officer in the Dutch Army,—who went so far in his medico-religious zeal, that he adopted the very questionable step of marrying one of their women!

Later on, we hear of Colman and Price in Burmah, (intimately associated with Dr. Judson,) and of the latter acquiring so much renown as an oculist, that he was summoned by the king to his capital.

We now come to the progress of medical missions in our days. In 1822 appeared Cavers' "Hints on Missions," followed by an article, by the same author, on "Missions," in the seventh edition of the *Encyclopædia Britannica*. So thoroughly in accord with our own views are those expressed by this author, that we cannot refrain from transcribing his own words.

"If, with scientific attainments, missionaries combined the profession of physic, it would be attended with many advantages; for there is something suspicious in a foreigner remaining long in a country without an openly defined object. The character of a physician has been always highly honored in the East, and would give an easy and unsuspected admission to a familiar intercourse with all classes and creeds."*** He who is a physician is pardoned for being a Christian; religious and national prejudices disappear before him; all hearts and harems are opened; and he is welcomed as if he were carrying to the dying the elixir of immortality. He, more than any one else, possesses the '*mollia tempora fandi*'."**** In many cases the cure of the body, as in the early miracles, might precede the cure of the soul; but, if not, some positive good is done when science is enriched, diseases removed, and the gratitude and respect of many secured.*** The employment of physicians as missionaries, which has only very lately and very partially been practised, has been attended, on the limited scale on which it has been tried, with yet happier results than could reasonably have been expected. It has opened a new fountain of humanity in the hard and selfish breasts of distant nations, to see the strange spectacle of a man, in imitation of his Saviour, 'going about doing good,' and healing the sick. Those who are insensible to the diseases of the mind, feel with sufficient acuteness the diseases of their bodies; and, though missionaries may complain of the want of listeners, a missionary physician has no reason to complain of the want of patients; nor has he reason to lament the want of success in treating the cases that are submitted to him."

What Mr. Cavers says on the subject of foreigners, without any apparent definite occupation, being suspected in a heathen country, will be appreciated by many missionaries in India. Much time has been lost in the first months and even years of the pastor's residence amongst the people; and it is only when they have satisfied themselves that the man of God is really what he professes to be, coming as he does year after year amongst them in the villages in the same unobtrusive and unostentatious way, that they begin to look upon him as a harmless person. It is evident that where the physician's calling is made to serve as a means of reaching the hearts of the heathen, much spiritual good, as the result of affectionate intercourse, may subsequently be expected. It must not be supposed that we advocate the practice of medicine as a trap for the conversion of the heathen. Whatever is done must be done

in the light of day, without any attempt at the exercise of undue influences. At the same time, let missions reap all the benefit, (as they are certainly entitled to do,) that *medical* missionaries may acquire for them in the exercise of their god-like function of healing. We shall continue the subject in our next issue.

(*To be continued.*)

NOTE.—For much of the historical information in the foregoing article we are indebted to a little work entitled "Addresses to Medical Students," delivered at the instance of the Edinburgh Medical Missionary Society, in 1856, and especially to the address by Dr. Coldstream, on the "History of Medical Missions."—ED., I. M. G.

CUILIBET IN ARTE SUA PERITO EST CREDENDUM.

WE have received a memorandum on measures adopted for sanitary improvements in India up to the end of 1867, published by order of the Secretary of State for India. The memorandum also contains a most valuable sketch of sanitary progress in the Bengal Presidency previous to 1864, by Dr. E. Goodeve, late of the Bengal Medical Service, who, after perusing the abstracts of the Bengal Sanitary Reports, has made certain suggestions of practical value for their improvement in future years.

With reference to the origin of sanitary measures in India, Dr. Goodeve remarks:—"Should the history of the Royal and Bengal Medical Departments (in India) ever be written, it will be shewn that for many years past they have steadily advocated and promoted sanitary improvement in India, and that many individual members of the Royal and Bengal Medical Services, amongst whom must be reckoned that earnest sanitary reformer, Sir J. Ranald Martin, have been foremost in the good work." "It was chiefly, if not entirely, among medical men that any knowledge of the causes of disease existed, and from them that any warning in the matter of prevention could be obtained. Hence the progress of preventive medicine depended upon the progress of medicine itself in India, and upon the attention which medical recommendation could command from the ruling powers. The records of the Medical Board, and the writings of individuals, show this connection." "Besides official reports, which were not generally accessible, the numerous papers and works on Indian public health, published separately in the medical periodical literature, in the *Calcutta Review*, and newspapers, chiefly by members of the medical services during the last 30 or 40 years, and the influence of their personal representations, have had great effect in educating and moulding both general and professional opinion on sanitary matters." With this preface, only a few sentences of which are extracted, Dr. Goodeve gives a list of the principal measures or subjects affecting the progress of public health, which have been considered and acted on during the last 30 or 40 years, and he remarks on the history of each under their separate headings. We will here simply note the subjects:—

1. Vaccination.
2. Reports on the topography of stations.
3. Reports upon special outbreaks of disease, or manifestations of unhealthiness.
4. Selection and improvement of cantonments or stations.
5. Improvement of barracks and hospitals.

6. The condition of the soldier, involved in his diet, dress, occupations, and amusements, &c.
7. Conveyance and movements of troops.
8. Hill sanitaria.
9. Health of prisons.
10. Native medical education.
11. Sanitary reform in native towns, villages, &c.
12. Statistics and registration of disease.
13. Sanitary literature.

And in conclusion he remarks:—

"In summing up what has been done in sanitary measures in the Bengal Presidency within the quarter of a century preceding the operation of the permanent (Royal) Sanitary Commission, the present sketch shows that it has truly been a period of progress, and that a large measure of success cannot even yet be claimed for what has been done. The teachings and examples of sanitary reformers in England have been quickly followed in India, but the obstacles in the path of progress have been far greater than at home; in spite of all, however, much has been done, and the ground cleared for future action."

With the experience thus gained in this century of the value of medical officers and medical knowledge in all works of sanitation, it seems the more extraordinary that, as progress advances, it would appear to be the aim of the Government to take all such questions out of the hands of those in the medical departments most experienced by rank and position, and therefore the best qualified to offer opinions upon them; such an idea is evidently foreign to the judgment of the Home Government, who, while looking at the subject from a distance, judges more clearly perhaps of its bearings, but who have given in to the Government of India, as perhaps not wishing to interfere too much in its manner of carrying out details.

In April, 1867, the Government of India was addressed by the Secretary of State, and its policy "of appointing the principal officers of health under the supreme and local Governments to be deputy secretaries, was questioned;" but in the same despatch the Secretary of State gives his opinion that the Inspectors-General of Hospitals, rather than the Inspectors-General of Prisons, should be the principal health officers whose duties should be consultative only, "and that any measures determined on in consequence of their advice, should be carried into effect through the offices of the several departments of Government to which the subject might most appropriately belong."

But the Government of India, following the advice of their non-medical (civil) sanitary advisers, reject this apparently practical scheme, and in a despatch of August of the same year, state, "to introduce a really effective sanitary administration, special organisation would be requisite, and that such should be welded with the general civil administration of the country, and be immediately under the control of the chief civil authorities." The proposed double system was objected to, whereby these arrangements would be partly under the authorities, and partly under the Inspector-General of Hospitals in each province—a system considered likely to create difficulty and delay, if not obstruction! And "it was now proposed that instead of Inspectors-General of Prisons, as formerly suggested by the Viceroy, or Inspectors-General of Hospitals as preferred by the Secretary of State in Council, medical officers, specially selected,

should be appointed for the exclusive duty of principal health officers."

This is the origin of the present Sanitary Commissioners of provinces—a great and noble step in the right direction, were they but placed under proper authority.

But we cannot agree with the civil, i.e. non-medical, advisers of the Government, who directed the movement, and whose opinions are that the question of sanitation, involving as it does the whole science of preventive medicine, should be immediately under the control of the chief civil authorities.

The proceedings of Government itself thus define the duties of the Sanitary Commissioner with the Government of India:—

"There is no sanitary authority which can exercise any check upon the recommendations of the local sanitary officers, except the Sanitary Commissioner with the Government of India."

"Possessed of all available information relative to the sanitary condition of the civil population, the native army, and the prisoners in jails, he should always be in a position to give to the Government of India the best opinion regarding many matters of importance affecting the health of the European troops."

Is it reasonable to expect that the constitution of the present Sanitary Commission could be any real authority upon the last item, involving perhaps the most important part of a Sanitary Commissioner's duties?

There can be no question but that an experienced administrative officer of the medical department should be attached to each local Government, to afford advice on all medical and sanitary matters, to advise and control the local Sanitary Commissioner, who will thus be the executive under his guidance and directions; and following up shortly the administrative detail to its higher branches, we would again put forward that the proper direction of sanitation in general, and the proper authority to afford the most reliable aid to Government, in administering the duties above laid down for the Sanitary Commission of India, would be that, in which the heads of the British and Indian medical departments had a guiding voice.

Any compromise from this involves increase of detail, and questions and replies from one department to the other; this is the case now, when information can only be obtained through the heads of the medical departments; there is thus a waste of power and experience, which no amount of talent gained in other branches of the services can compensate for.

That the present sanitary administration and executive is costly, is proved by the recent expressions of Sir R. Temple in his speech on the budget. The Home Government are reported at the present moment to be devising reduction in every branch of the army, from which the medical department will not escape. The *Lancet* notices the design in the following language, which, by a little verbal alteration, would be just applicable to the present state of the sanitary and medical administrations of India:—

"What can the Government want with a special adviser to the War Office drawing a large salary, when they have a whole army medical department with a Director-General in London at their disposal? If the War Office authorities can discover no one fit to advise them on sanitary and medical matters among the officers of the medical service, the sooner we cease to pay them and abolish the department itself the better!"