

CHAPTER V.

THE WORK OF MEDICAL MISSIONS.

AROUND Malacca, as has been explained in previous chapters, centres most of the history of Malaya. "There is," writes Swettenham, "a romance of age, of experience, of a full life lived, which remains with Malacca to-day as the heritage of her history. She has drifted into the backwaters of time, out of the stream of endeavour, away from the struggle for riches and greatness, but for the lover of beauty, and for the student, her attractions are greater than those of the sister settlements. Singapore has a history too, but of her ancient glory not a stone is left, and there is little more than tradition to establish the fact of her former greatness."* The date of the foundation of Malacca is uncertain, probably early in the fourteenth century, but it was from the time when ancient Singapore was overthrown, and its inhabitants forced to flee to Malacca, that the latter town began to rise in eminence until it became a name renowned throughout the East.

It was first visited by a European (Ludovigo Barthema) in 1503, and in 1511 was taken by Albuquerque, a previous expedition against it under Lopez di Siquera having been unsuccessful. Over a century later it was taken by the Dutch (1641), and in 1824 (after having changed hands several times between the Dutch and British) it finally became the property of Great Britain, in exchange for the settlement of Bencoolen, in Sumatra.

It is the still remaining traces of this past history which lend a special interest to Malacca, which none of the more modern towns can claim. The old Portuguese church on the hill overlooking the harbour reminds us of Albuquerque and of St. Francis Xavier; the Stadt House near the landing place testifies to the enduring character of seventeenth century Dutch architecture. The Dutch church, which was handed

over to the British with the town on the condition that it should be preserved for its proper use of Christian worship, is now regularly used for the services of the Church of England. The principal streets also retain a distinct air of those of an old European town—in fact, the town of Malacca bears everywhere the impress of the men who have influenced its history.

Once pass outside the town into the surrounding country of the territory of Malacca, however, and we come to scenery which is typical of cultivated Malaya at its best. "On either hand there will be rice-fields, emerald green when newly planted, golden when ripe, or brown when fallow. These are studded by topes of lofty palms shading a few brown huts. The distance is shut in by hills of a marvellous blue. Sometimes the road runs along the edge of the coast, with palm groves and villages on the one side, and on the other spaces of water, coloured green, blue, or silver by the varying lights of the Eastern day or night. There are no Malay villages, no country scenes more picturesque than those of Malacca, and a wedding party in bullock carts, or a fishing fleet at sunset will form a picture which will live in the memory of the traveller for all time."*

It was on account of its character as the centre of an agricultural district inhabited by Malays, that Malacca was chosen as the most suitable position for the commencement of the Medical Mission which was designed to reach the Malays. In earlier years a Mission to Chinese had been inaugurated in Malacca by Dr. Milne, who on the invitation of Sir Stamford Raffles took up his residence there in 1814 and remained until his death in 1822. His work is commemorated on a tablet in Christ Church, Malacca, in the following words:—

"He resided at this settlement as Principal of the Anglo-Chinese College, educating Chinese and Malay youths, composing useful and religious tracts in their respective languages, and officiating in this church as a faithful minister of Christ. The chief object of his labours, in co-operation with Dr. Morrison, was the translation of the Holy Scriptures into Chinese."

* "British Malaya," by Swettenham.

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Work amongst Chinese in Malacca is to-day principally in the hands of the Roman Catholics, who have large schools both for boys and girls, but the American Methodists also have a smaller school. Both these bodies have large educational establishments at nearly every large centre of population in the Peninsula.

The Medical Mission, Malacca, has been an attempt to inaugurate Mission work among the Malays. It was commenced on April 18th, 1911, by the opening of a dispensary in Banda Hilir, on the outskirts of Malacca town. The work was carried on in these premises for some years, an annexe being built to the house when the Mission outgrew its original quarters. The staff during the first year consisted of Dr. Mildred Staley and three assistants, one of whom was a trained Chinese Christian nurse from Hong Kong. During the first year a branch dispensary was opened at Klebang, on the other side of the town, to reach the Malays in that direction; and during the second year two other dispensaries were built—one at Alai and the other at Tangga Batu, eleven miles from Malacca.

In her first report Dr. Staley writes as follows:—"We have paid eighty-seven visits to kampongs in six months and receive a warm welcome everywhere, and some of these kampongs already send for us in cases of serious illness and seem to trust us fully. We are able to teach the people in their own homes valuable lessons of cleanliness and hygiene, how to nurse their babies and tend the sick."

During 1912 Dr. Elsie Warren and Nurse Satchell came from England to join the staff, and at the end of her two years of promised service Dr. Staley handed over charge to Dr. Warren and resigned the work. That the confidence of the Malays had been won is shown by the fact that of 6,700 attendances at the dispensaries over 5,000 were Malays. There were forty-five in-patients and many operations were performed. Since she has been in charge Dr. Warren has made the training of Asiatic assistants a prominent part of her work.



MEDICAL MISSION HOUSE, MALACCA



In 1914 the move was made to the present quarters, which are much more suitably situated for work among Malays.

The house is a substantial building, standing in a coconut plantation on the sea front. It is some little distance outside the town and in close proximity to several Malay kampongs. In this house are the dispensary and oratory on the ground floor, wards for maternity cases, and rooms for some of the staff. An annexe, to provide the necessary accommodation for the Asiatic nurses, is being erected. In the compound two wards for general cases have been built—one for Malays, the other for Chinese; the latter was a generous gift of a Chinese resident in Malacca. A third ward, for Tamils, is also contemplated. A few extracts from the last report (1919) will show the character of the work done:—"We have paid over 830 visits to patients' houses, most of these being to maternity cases at distances varying from two to thirty-three miles. We have usually three qualified midwives on the staff, and one sister could be usefully employed in superintending the outside work alone. During the year three pupils were sent to Singapore for the Government examination in midwifery and passed successfully. There has been an increase in Malay patients coming to the hospital. One batch of women who arrived at the dispensary said that they had risen at 4 a.m. and walked six miles without food. After getting their medicine they had to return on foot. Many come in bullock carts even greater distances, often sixteen or twenty miles. We are very anxious to purchase a motor ambulance so that we can go to the help of those who are too ill or too poor to come to us. There have been six baptisms during the year—four of orphans adopted by the Mission, one of a patient, and one of a servant."

Owing to ill-health Dr. Warren was obliged to sever her connection with the Mission, which has in consequence been for two years without a resident doctor. Most kind and generous help has, however, been given by one of the local practitioners, which has made it possible to carry on the work without interruption. The Mission, however, needs a resident doctor giving her full time to the work, and it is

hoped that one may begin work at the end of 1921. Miss Cumber, after four years of devoted work, has now been obliged to leave the Mission and has been succeeded as sister-matron by Miss Hesseltine. The sister in a small Mission hospital like this has in her hands, not only the care of the patients, but also the most important work of training the Asiatic nurses, who are Christian girls from the Mission schools. If properly trained these nurses may be of enormous help to the people amongst whom they live and work, and by their lives, as well as by their words, may bear witness to the meaning of Christianity—"living epistles known and read of all."

The following anecdotes of some of her Malay patients were told by Dr. Mildred Staley when she was in charge of the Malacca hospital:—

I.—In a distant kampong, one of the first in which we had treated patients last year, lived Mina, wife of a man who was fairly well off, and usually a kind husband. Of her six beautiful children one only had survived, a bright little girl of six, whom we treated at times for various small ailments.

Though not much over thirty years of age, care and sorrow had aged the mother, and she had lost her good looks. Her husband had lately "bought a new cow," so she told me, a phrase signifying the marrying of a younger wife, and he had another house somewhere near Tampin. There he spent most of his time, leaving his ancient mother as duenna with Mina, who never left the house when alone.

Last year, after returning from my holiday, I called in to see my old friend when passing by her kampong to see another patient, and found her in sore grief. "Where have you been," she cried, as she flung herself on to me weeping, "and why did you not come and see me last month?—then my child need not have died."

Thus she weailed and poured out her sad story. While her husband was away for two months—she knew not where—with his younger wife, the little girl got severe continuous fever for ten days. The distracted mother, who had lost all faith in pawangs' or hajis' treatment, besought the neighbours to send someone to call me, but no one would trouble to do so; they merely told her that according to her "fate" the child would live or die, and sat comfortably still. So on the tenth day the child died. Then came in the police and suggested, on viewing the spotless little body, that "suppressed small-pox" was the cause of death, and that \$50 fine was to be imposed for failing to report the case for removal to the isolation hospital.

It was not till a fortnight later that the father returned from the

other house to hear of the tragedy and of the payment of the \$50. Whereupon, naturally incensed, a severe castigation followed, the painful marks and bruises from which were still visible on the poor mother.

Bitter were the reflections of this poor woman. "Is a man not supposed to take care of his wife and family? Can he do it if he stays away for months, leaving us shut up alone here to die? Can he give his whole care equally to two families?"

I gently pointed out that the man was hardly to blame in taking advantage of what his religion expressly sanctions—i.e., even four separate wives and families, for whom he is bidden to care equally! But for such sorrow as Mina's, with all the bitter sense of injury and outraged motherhood, what comfort is to be found in Islam? After nearly a year this mother has found none, since she does not believe that "The All-great is the All-loving too."

II.—Fatima is very poor. She supports her whole family by making baskets for tapioca, &c.; she earns 1 cent on each, and may even make 15 to 20 cents a day. When these do not sell well she varies her occupations by trying to sell sarongs. Walking four miles to Malacca, she takes a heavy bundle of these from some shop where she is known and trudges with them round ten miles or so of kampongs. On a good day she may sell five or six, earning 5 cents on each one; but often she has only sold one or two after tramping fifteen to twenty miles altogether. Few and hard indeed are the means by which the poor Malay woman can make a living, since the old industries have died and new ones are not being widely taught. The family thus fed (for the house is her own) consists of a lazy husband, two small children, and a helpless epileptic sister, for whom our aid was first sought when she had fallen into the fire in a fit and got badly burned. Of Fatima's six children four died in infancy, and the husband is only a care and expense. One day I found her weeping. The man had some time before indulged himself in the luxury of a concubine, a delicate girl living quite close by, so that Fatima could not fail to know what presents, jewellery, &c., were lavished upon her. To add insult to injury, the man now demanded that his wife should take over the whole care of the girl's child, which he feared would not live if it remained with its mother. Fatima thought she might be forced to accept this charge, but we were able to strengthen her resolution and she resisted the imposition.

The man kept out of the way, but providentially we attended a serious case at the house of his father, and so were able to express a strong opinion on the whole affair. The old man only laughed and agreed his son was lazy; but other arrangements were made for the babe and no punishment followed.

III.—Esa is a dear old widow who lately came into this hospital to have a tumour removed.

Long ago she lost eleven of her thirteen children, as well as her husband. One tiny boy and girl were left to her.

The girl she gave away, hoping to save both children. Unlike the Chinese parent who cheerfully throws away his girl babies, it is very rare for a Malay to part with a child unless it is a twin.

But Esa thought "this girl is probably *sa-rasa* with myself (i.e., out of harmony, incongruous), and will die if I keep her, whereas if placed in another family she will live; and the boy I will keep to be the support of my old age."

But, alas! the son grew up selfish and unloving; he abandoned his mother directly he married, and she still has to earn her living. When she first came to our dispensary for treatment and we told her she must come into the Malacca hospital, the neighbours warned her she would surely die if she did so. After thinking it over for some months she decided after all to come in, since to die was just what she desired! No one needed her and it was a constant struggle for life.

Accordingly she presented herself again at the branch dispensary, from which we drove her ourselves in to Malacca. When operation day came she meekly sniffed up the chloroform and prepared to die. But presently she found herself very cheerfully alive, and leaving the hospital to return to her kampong in rather a triumphant spirit, and intensely grateful, after all, for the "gift of life."

It may be noted that in each family here described there is a terribly high death rate among the children of these kampong Malays. Out of these twenty-five children only five survived beyond one year, many dying at birth, or in their first two months, of bad feeding, tetanus, venereal, and other diseases. This surely "gives one to think," because there is the same waste of young lives to the community going on still unchecked, as statistics plainly show.

The St. Andrew's Medical Mission, Singapore, was initiated in 1913 with the object of giving to the Asiatic women of Singapore the advantage of treatment by a doctor of their own sex, and to co-operate with other Mission agencies in spreading a knowledge of the Gospel in that place. On St. Luke's Day (October 18th), 1913, the first dispensary, that in Bencoolen Street, was opened by the Lady Evelyn Young. There followed an opening service and an address by the Bishop of Singapore on the aims of a Medical Mission, to an audience of both Europeans and Chinese. From that time to the present the dispensary in Bencoolen Street has been opened three mornings a week, and is attended by patients of very varied nationalities—Eurasians, Jews, Armenians, and Malays, mingling from time to time with the Chinese and Tamils who, naturally, form the bulk of the *clientèle*.

In February, 1914, the Mission was permitted by the Government to make use of the empty Cross Street school buildings for the purpose of a dispensary and women's hospital, and for four years the main part of the work was carried on there. But in March, 1918, as Government wished to demolish the old school and sell the site, the Mission had to vacate the Cross Street buildings and move into a small hired house in New Bridge Road, which is far too cramped, as well as in other ways unsuitable, for the requirements of the work. These quarters can be regarded only as a temporary expedient, and as soon as the war was over an appeal was made for funds to build a hospital for women and children in which the work of the Mission might be properly carried on and extended. A digest of this appeal is given in the Appendix, as the necessity for help in carrying out the scheme is still pressing.

As very few Malay women will come as yet to a hospital in the town, a dispensary for Malays was opened in 1915 in a Malay kampong at Pasir Panjang, about five miles out of Singapore, where a small house for the purpose was kindly lent by the Rev. W. Shellabear, of the American Methodist Mission. To undertake satisfactory work amongst Malays necessitates, however, much visiting in their homes, and would require a far larger staff than the Mission has had up to the present. When there is an adequate building it will be possible to have a double staff of nurses—one to tend the sick in the hospital, the other to visit patients in their homes. Work amongst Malays may then be expected to go forward.

Since its inception the following doctors have worked for a longer or shorter period on the staff of the Mission:—Dr. Bartlett, Dr. Lyall, Dr. Burne, Dr. Dexter Allen, Dr. Williams, Dr. Ferguson-Davie, and Dr. Hoaheng. The Mission has never had a resident doctor giving full time to the work, which is very necessary if it is to grow and expand. This need is, however, before long to be supplied. The Mission has been fortunate in its nursing sisters—Miss Thompson (who was in charge for the first two

years) and Miss Satchell (who was transferred from Malacca to succeed her). They have lived amongst the people, and for them, with ungrudging devotion.

The Asiatic staff includes a compounder, an interpreter, a Bible-woman, and Chinese and Indian nurses. In 1919 there were over 7,000 attendances at the dispensary, and these patients, as already indicated, are of very varied nationalities and tongues. The interpreter translates Chinese into Malay, the Tamil nurses translate Tamil into English; Hindustani is useful for the Sikhs and sometimes for the Jewesses. The diversity of tongues certainly adds greatly to the difficulties of the work, and especially of the evangelistic side of it; but, even though direct communication with them is thus limited, many of the patients become the very good friends of the members of the Mission, and some have been brought to the knowledge of Christ through what they have learned in the hospital or dispensary.

Quite a number of children, permanently incapacitated for the battle of life, have been handed over to the Mission, sometimes by Government, sometimes by relatives unable or unwilling to care for them. These children are baptized and brought up as Christians. Some of them are cripples, others are blind.

One of the schemes for future development which the Mission has in view is to found a blind school in Singapore, similar to those which are doing such excellent work in India and China. Most of these children were brought to the Mission in a state of great neglect and suffering. Little Ah Kow was too weak to stand and almost blind, but, fortunately, it was found possible to save one eye. Ah Soh, a blind girl, had been sold to a woman to use for begging; a neighbour heard her being ill-treated and ran for help to the Mission. Both these children are now strong and happy. Three cases of tubercular hip disease were sent to the Malacca Medical Mission for several months for change; one benefited greatly by the sea bathing and fresh air and has been returned in good health to her parents; the other two are still with us and, having been handed over to the Mission

by their relatives, have recently been baptized. Through the kindness of some Chinese and Indian gentlemen in Singapore it has recently (1920) been made possible to move the children away from the hospital, which is unsuitable as a permanent environment. A house to accommodate them has been rented for two years and they are now comfortably established in it, with plenty of space to run about and play, both indoors and out. A small school was started three years ago for the hospital waifs, and is now attended also by some thirty-five children from the surrounding district.

The report for 1919 says: "The Medical Mission school is doing well. It is thoroughly missionary, and one little scholar has been baptized with the consent of her mother. The children are well taught by their Chinese teacher and always look bright and happy. Many of them attend the Sunday school, which is, of course, quite optional." It is now necessary that the Mission itself should be properly housed in a suitable hospital adequate to the needs of the work. A site for this has been granted by the Government, the plans drawn, and a considerable sum of money collected for the building fund. Owing to the rise in all prices, however, the sum originally estimated is now found to be insufficient, so that some £5,000 is still required. It is to be hoped that a scheme so valuable to the city and the community; so useful to those most in need—the women and the children; so important for the extension of the Kingdom of Christ may not long be held up for want of this sum of money. Could it be spent in a better cause?

"Can it be, O gracious Master,
Thou dost deign our alms to sue,
Saying by Thy poor and needy,
'Give as I have given to you'?"

The aim of a Medical Mission is to follow, in however humble a manner, the example of Him Who "went about preaching the Gospel of the Kingdom and healing all manner of disease and sickness"; to obey His command Who sent forth His disciples "to preach and to heal." It rests with those who have the cause of Missions at heart to help, by their gifts and prayers, to make it possible to fulfil this aim.

what has been the predominant race will not find it so hard as in some other countries to give him his right position. We may look for harmony and mutual trust among the races as the Church develops.

Secondly, as our grants from Government or from missionary societies are comparatively small and our endowment nil, we have been learning to support ourselves to a large extent. At the present time the Government supplies only one-third of the salaries needed for European work, and missionary societies supply about one-quarter of the amount needed for our Asiatic workers. This gives a strength and a general interest to Church life which is often lacking where the Church depends on endowments, and it enables the Church to escape the difficulties of its workers not receiving an adequate pay as happens in England at the present time.

On these two grounds there is hope for the future, though the great spiritual temptations of Malaya prevent us from any careless optimism. The temptation of "the world"—mainly the temptation to let the desire for wealth drive out all higher interest—is ever with us. Only a spiritual Church can be a truly successful Church. We are probably being driven to face this fact. Therein lies more hope for the future than in any wealth or organizing power. It may be that this very temptation will call out a brotherhood of clergy and lay workers (not by any means all European) who will temporarily have no money of their own, and thus preach by example the superiority of Christian life and joy to any pleasure that wealth can bring.

"Then march we forth in the strength of God, with the banner of Christ unfurled,
That the light of the glorious Gospel of truth may shine throughout the world.
Fight we the fight with sorrow and sin, to set their captives free,
That the earth may be filled with the glory of God as the waters cover the sea."

APPENDIX I.

Résumé of pamphlet appeal issued on behalf of the Building Committee in 1919 re proposed St. Andrew's Hospital for Women and Children.

The attention of the public has lately been drawn to the heavy loss of life, especially infantile life, amongst the population of Singapore, and to the need for special efforts to diminish this high mortality. Thus in his report for 1917 the Deputy Municipal Health Officer, Dr. Glennie, says:—

"The death rate at all ages (35.75 per mille) was the highest recorded since 1912. The excess of deaths over births showed an increase of 1,743 as compared with 1916. The largest increase occurred amongst Chinese and Malays; infantile deaths in these two nationalities showed an increase of 439 or 28.5 per cent."

In the report of the Singapore Housing Commission (1918) the Commissioners recommend that—

"the employment of lady doctors giving special attention to maternity cases is a most important branch of the Health Department, should receive every encouragement and be developed as highly as possible."

The Commission also emphasizes the importance of educating the Asiatic community in municipal and domestic hygiene, stating that—

"educational methods would be of the greatest value in regard to tuberculosis, care of infants, and other subjects."

St. Andrew's Medical Mission meets the needs referred to overleaf in the following special points :—

- (1) It provides treatment for Asiatic women by a doctor of their own sex, as recommended overleaf.
- (2) It pays special attention to the instruction of mothers in the care of their offspring, and of the patients in general in matters of public health.
- (3) It pays special attention to infants and young children.
- (4) It helps the poor who cannot afford to go to a private practitioner, and would, therefore, often go untreated.
- (5) It cares for the halt and maimed.

The Staff.—At present consists of—

Mrs. Ferguson-Davie, M.D., B.S.

Dr. Mabel Dexter Allen (Temporary Consulting Physician).

Miss Williams.

Miss Satchell.

Six Asiatic nurses, dressers, &c.

What has the Mission already done?—The Mission has been at work for five years, having been first opened in October, 1915. It began with a dispensary only. It has now a small hospital and three dispensaries at 144 New Bridge Road, 220 Bencoolen Street, and (for Malays) at Pasir Panjang.

Inclusive total of cases treated—(1914) **7,512**; (1915) **8,514**; (1916) **11,205**; (1917) **12,136**.

What are its needs?

- (1) A site in the more crowded quarters of the town easily accessible to the poor for whom it exists.

- (2) A sum of \$100,000 to erect a hospital capable of accommodating—

- (a) About twenty-five beds and cots.
- (b) A dispensary and operating room, with accessories.
- (c) A staff of one house surgeon, one nursing sister, and six Asiatic nurses.

The Prospects.—A suitable site has been promised by Government and plans for an adequate building are being drawn up. This building when completed will be vested in trustees and there will be a local distinguished Committee of Management.

The Society for the Propagation of the Gospel (S.P.G.) has promised after the war to do its utmost to secure a permanent medical staff. It was under this Society that Dr. Mildred Staley, Dr. Warren, Dr. Ferguson-Davie, Nurse Thompson, Nurse Satchell, and Nurse Cumber first came to the East, all of whom have been at work for the benefit of the poorer women of Malaya.

Why should you Help?

- (1) Because this is the first time the Mission has made a public appeal for funds.
- (2) Because the work is limited and hindered by its present inadequate accommodation.
- (3) Because the Mission helps those who cannot help themselves, without distinction of race, language, or creed.
- (4) Because the numbers given on page 88 show that it has won the confidence of those for whose benefit it exists.
- (5) Because in giving to the Mission you are giving to the poor, the sick, the halt, maimed and blind, and to the children, whose appeal should never be in vain.