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- OUR WORK -

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Medical Work Among the Indians

BY A. E. BOLTON, M.D.

WITHIN the limits of the Simpson District, British Columbia Conference, there are about 8,000 Indians, the remains of a much larger population which, until within a few decades, dwelt there in wild, free savagery. A race singularly strong, well developed physically, brave and energetic, but with the peculiar traits of Indian character—revengeful, proud, and improvident.

The general state of health was good. Epidemics were unknown; their out-door life, freely ventilated lodges, and frequent change of residence, promoted health. Such diseases as they were subject to resulted chiefly from exposure endured in quest of food, or more violent causes, as intertribal wars were constant, and slaves lived by the mercy of the master or died at his whim.

For such ills as they endured they had no rational remedies. Sickness was generally attributed to some

malicious influence exerted by a supposed enemy, and the treatment consisted in torturing the suspected witch or wizard, and opposing other methods of jugglery applied to the person of the patient, such as rattles and charms. The nearest approach to medical science being a steam bath followed by a cold plunge, or the prolonged use of drastic purgatives, which they had discovered in native plants.

Contact with whites brought the introduction of infectious diseases, smallpox making great havoc on different occasions; and other diseases, as tuberculosis, more slowly but not less surely, decimating the tribes.

The "fire-water," too, has done its deadly work. Civilization at first brought little to counterbalance or cure its own ills, excepting that the strong hand of the law restrained to some degree the former bloody quarrels. A few medicines found on the traders' shelves could accomplish little good, coupled with Indian ignorance—a favorite dose being a whole bottle of pain-killer or two of castor oil. Change in mode of living brought little relief, for when an Indian builds a house in imitation of the whiteman he fails to ventilate it, and suffers accordingly.

As long as any tribe remains in heathenism, witchcraft and jugglery continue. I have heard the medicine-man's rattle clash over a fevered subject of la grippe, and have seen an old hag blowing and sucking with unearthly sounds while pressing her lips to the

skin over different parts of the body in a case of pulmonary hæmorrhage.

For some years Christian missionaries have been at work among these tribes, teaching Gospel truths by precept and by practice, and so essentially trying to relieve bodily suffering. By the application of a little medical knowledge hastily acquired, and the use of some simple remedies supplied by the Government, by advice generally well taken, and by nursing and food usually supplied by the missionaries' wives, much has been accomplished under divine blessing for the alleviation of sickness, often leading to a more ready acceptance of the Gospel.

Yet they had to witness a great deal of suffering that they were powerless to relieve, and had to face the fact that the people they labored to save physically and spiritually were being diminished by the ravages of disease which scientific treatment might stay.

It is little wonder, then, that the workers on the Methodist Missions there should have asked that a medical missionary be added to their force. The Indians at Port Simpson, the oldest and largest mission, promised that if a doctor came to reside among them they would do something toward his support (a promise they have kept, contributing on an average \$200 a year).

In response to these appeals, and desiring to consecrate a medical education to the best advantage in furthering the Master's kingdom, the writer came to the field in November, 1889. It seems strange that so recently that step was looked upon as an experiment, and a doubtful one, by many Christians and some officials of our Church. However, the faith of those most immediately concerned was soon rewarded by seeing the results of the work, and a constant unfolding of greater opportunities with a corresponding development of resources.

The Church Missionary Society had already a physician at Metlakatla, and the two of us represent the "profession" in a territory of about 100,000 square miles. Under such circumstances one must be as nearly ubiquitous as possible to help the greatest number, and especially among a people of semi-nomadic habits there is necessity for a great deal of travel and changes of basis of operation. Port Simpson, by its size and situation, demands greatest attention, and is headquarters for our medical mission for nine months of the year. During three months of the summer, beginning with May, Port Essington, on the Skeena River, is of greater importance, having two salmon canneries, with seven more within a radius of fifteen miles. Not only do the majority of the Port Simpson Indians remove thither in summer, but they come from a dozen other villages, including those of the Upper

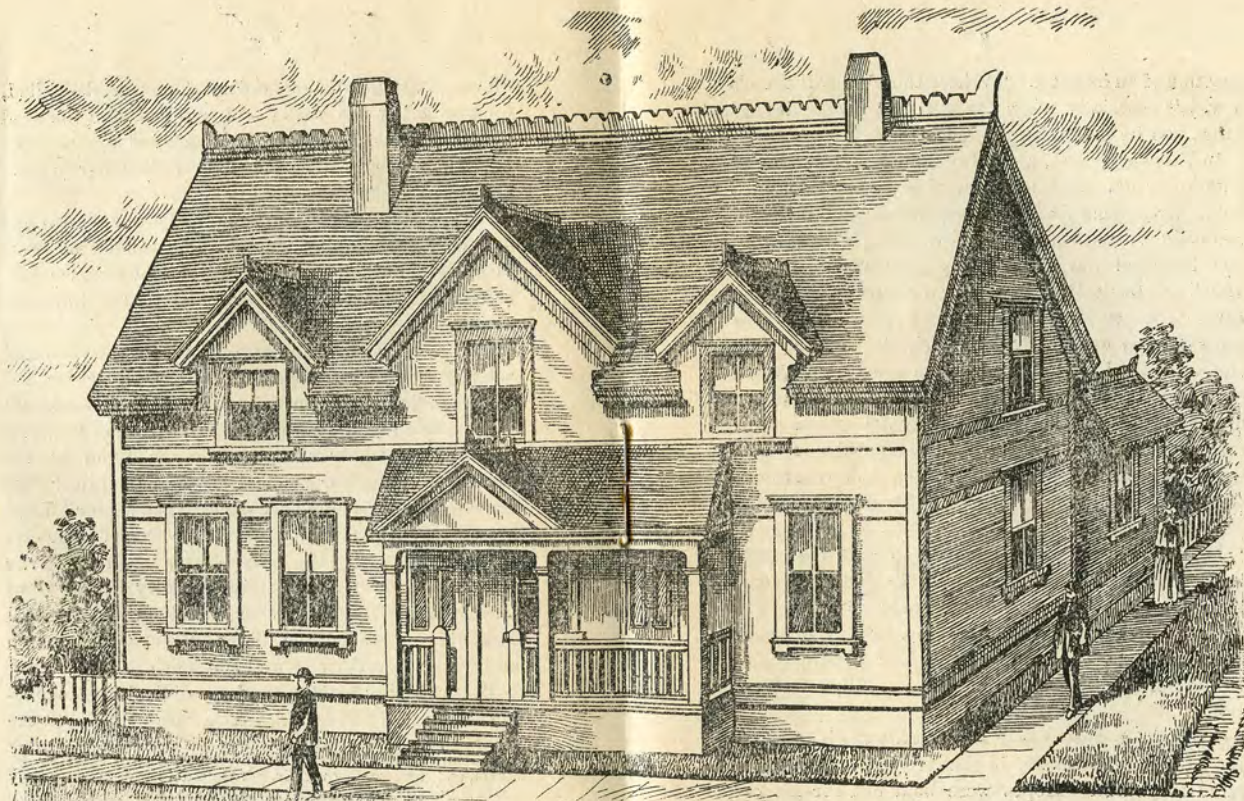
Skeena, 150 miles distant, and not alone the able-bodied, for they bring the young and helpless, and the aged and infirm; and the sick and maimed are not left behind, especially since the medical missionary's presence has become an assured fact.

A large number of Chinamen, and a few whites and Japanese, find employment at these canneries. This mixed population, under conditions of frontier life, calls for the exercise of every Christian influence available.

Earlier in the spring nearly all the surrounding country congregate along the Naas River for the Oolachan fishing, and usually a few days or weeks are spent there; and the annual visit of the doctor is eagerly looked forward to by many who find this the first opportunity for medical advice or surgical help after the sicknesses and accidents of the winter. Trips are made, as opportunity affords, to Queen Charlotte Islands, and along the coast as far south as River's Inlet.* On one of these trips recently by the *Glad Tidings* about 150 cases were examined and treated. Patients come to us from distances of 100 miles north and west, 200 miles east and 300 south.

These visiting patients, and the difficulty of managing all surgical and acute medical cases, suggested the

* Within the past year (Dec. 3rd, 1895), I have travelled by steam, sail, and scull, over British Columbia waters, on purely medical mission work, an aggregate of 3,630 miles.



PUBLIC HOSPITAL, PORT SIMPSON, B.C.

erection of an hospital. "Where there's a will there's a way," especially when the will is accompanied by faith, and its inevitable product, works.

In February, 1891, a child of four years was found suffering from empyema. She lay on the floor in a cold, dirty house, she was emaciated and feverish, her body crusted with filth and crawling with vermin. The ladies of the Girls' Home gave us a room into which she was taken, and, after a cleansing operation externally, her pleural cavity was opened and three pints of pus evacuated. Her friends supplied fuel and some food, but looked on dubiously, and when they heard her expirations bubbling through the drainage tube (for the cavity was found to communicate with the bronchi), they said that fatal symptoms were apparent. By careful nursing she recovered, and is to-day a living evidence of the efficacy of hospital treatment.

The following May we removed to Port Essington for the salmon season, and rented an Indian's house of seven rooms. La grippe was epidemic among the tribes gathered there for the fishing. Many of these were heathens, and superstitious fear added to the severity of the disease. Hundreds were ill, and many dying.

One man, a native of Kish-py-ax, was given up to die, and, as is customary in that tribe, was being prepared for burial. Hopes were held out for his re-

covery, but these his attendants scorned, refusing to administer food and medicines. After a time, however, they agreed to allow me a chance to try what I could do for him in residence. So he became our first patient there, and with such good results that Wil-baloksh continues to cast his net in the Skeena with his fellow-fishermen, as if his coffin had never been made. His relatives promised at that time that if he recovered they would all become "school people," and while the powers of darkness, aided by their gross ignorance, kept them for a time from fulfilling this, I believe the impressions received at the time had some influence in bringing about the almost complete conquest of that village by Christianity.

At that time we had no trained nurse and few furnishings, but individual auxiliaries of the Woman's Missionary Society began to take interest in our attempts, and sent us bales of bedding, etc., and the Board of that Society at its next meeting responded to our appeal for a nurse, while locally some help was given to our infant enterprise. The Provincial Government that year granted \$500 toward the erection of a public hospital at Port Simpson, which sum was put into our hands, and with as much more raised by subscription we commenced the building now completed, at a cost of about \$3,000, and having accommodation for eleven patients and our staff.

In May, 1892, Miss Spence, our present matron,

met us at Port Essington, and after a busy summer there we found our building at Port Simpson almost ready for occupation. We moved in on October 13th, and the following night a patient reached us, having been brought in a canoe seventy or eighty miles. He had been accidentally shot in the abdomen; his recovery made another initial case brought back from the jaws of death.

Space will not allow me to cite more individual cases, but I may sum up by stating that up to the present (December 5th, 1895) we have cared for 179 cases, 144 of whom have been Indians, 26 whites, and 9 Japanese. About 50 have undergone operations of considerable magnitude, under chloroform or ether; none of these have terminated other than favorably. We have, in a limited way, all the modern appliances for aseptic surgery, and our wards are bright and comfortable.

We have now a head nurse and an assistant in training, whose salaries are paid by the Woman's Missionary Society, the positions are admirably filled respectively by Miss Minnie Spence and Miss Emily Lawrence. We receive small grants annually from, and make reports to, both Dominion and Provincial Governments. Our institution is locally quite popular, having the confidence and support of the few white people on the coast, and has a representative Board of Management.

We keep up spiritual influence by services in the wards, conversation with patients, reading of Scriptures and such books as "The Story of the Bible" and "Pilgrim's Progress" by such patients as can read. We also have a supply of Japanese Christian literature. We try in all particulars to make the institution an interpretation of Christ's blessings to the poor and suffering.

The need of a suitable building at Port Essington was long felt, but we had no funds to spare for it. However, last spring we made a special effort and got up a building fit for summer occupation and almost as commodious as that at Port Simpson. The cost, so far, has been \$720, but \$200 more are necessary to complete it. Against this we have raised, chiefly by local subscription, \$600. It was a great boon to us last season; we cared for twenty-one patients in it, all urgent cases, many of whom we could not otherwise have accommodated.

In the six years' history of the medical mission, attendances have amounted to over 35,000, individual cases numbering nearly 12,000. There have been four visitations of la grippe, one each of mumps, measles and whooping cough, the latter two affecting Indian children very severely. We have also been threatened by scarletina and smallpox, but both were happily averted, the former by isolating an individual case.

Although our field here is not apparently so wide as might be found in some of the greater heathen nations, yet we find ample scope for our powers. As physician, I am brought in contact with the sick and dying, who are impressionable to Gospel truths; as missionary, I am constantly consulted by natives in trouble or in search of spiritual light; as Justice of the Peace, I deal with criminals and settle disputes, and perhaps help repress illegal traffic in intoxicants; and since becoming conversant with the Tsimpsean language and dialects, and the Chinook jargon,* which

* This jargon is understood by all the tribes in British Columbia and along the Alaska coast, and is very useful among a people of such diversity of tongues; e.g., at one time we had in our hospital seven patients speaking five distinct languages, but all understanding Chinook.

is of some moment in teaching and leading a people who can read so little, I have opportunities as preacher. The nurses, besides their duties in the wards, visit and prepare food for sick in the village, teach in Sabbath school, lead classes, teach singing, etc.

Christian reader, we ask you to remember that "the promise is to you and to your children and to them that are afar off," and that "you who were afar off are made nigh by the blood of Christ." Pray that the same atonement may be efficacious in the case of these long-neglected tribes. But "how shall they believe in Him of whom they have not heard? And how shall they hear without a preacher? And how shall they preach except they be sent?"

The command to heal and preach has never been rescinded or disjoined, nor shall it be as long as suffering sinners remain in this world. And while all the heathen world calls to us in this age of glorious opportunity, let us give due attention to those at our very doors, whose ills are jointly caused by heathen appetences and the wantonness of members of our own race and nation.

In conclusion, I may state that parts of this district, as the west coast of Vancouver Island and the country around the head waters of the Skeena river, are as yet almost out of reach of our medical mission.

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