

The Missionary Visitor
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Evangelistic Work, Hiel Hamilton Memorial
Hospital, Liao Chou, Shansi

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THIS work, which is the big aim of the hospital, and that to which all our efforts are bent, is only now, we hope, in its infancy. Dr. Brubaker has had a helper by the name of Mr. Chang for about three years, but because of ill health he has returned home. Mr. Yii Jun has been here about eight months and will soon bring his family to Liao Chou and make this his home for some time. We had hoped to keep our second evangelist, to do what is termed " follow-up " work. As yet his place has not been filled, since the one was called home on account of illness.

This short report gives some idea of the division of the duties and some of the common difficulties in always having helpers at hand. The house evangelist's routine is as follows: The greater part of the forenoon, after the breakfast hour until eleven o'clock, is spent in doing personal teaching with individual patients. At eleven o'clock all who are able meet in one ward, for songs and prayers together with gospel teaching, which is made comprehensible to all.

The men's dispensary hours are from three to five o'clock in the afternoon; the men begin coming usually about half-past two. They are met by the evangelist in a social way. He inquires where they are from, etc., and later asks about their religious beliefs, pointing them to the true God. Some little time usually is spent in singing and explaining the new doctrine more fully to returned patients before the doctor arrives to treat their bodily needs.

During the eight months in which our new evangelist has been with us his efforts have been quite successful in working with the medical and surgical cases; however, because of the way in which we have had to care for our opium patients, permitting them more privileges than we would if suitable arrangements were possible, not a great deal of visible good in an evangelistic way has been accomplished.

The " follow-up " evangelist goes out to the homes of our ex-patients and spends two or three days or a week, according to the number of patients in the village, and there teaches them more of the Gospel and recalls to their minds the truths they heard while in the hospital. His work is very important, and is not only a great help to patients returned home, but is a big feeder for future patients. One small village, after such a visit, reported seven seekers for the light as a result of hospital teaching and follow-up work.

Since a fairly large number of our men patients are able to read the material used, besides the Book itself are such booklets as stories of Moses, Joseph, etc.; also small catechisms of the question-and-answer method as to God, his likeness, the creation of man, etc. These arouse interest and call forth discussion.

The work with the women has been going a little more than a year and a half. As yet our women patients do not number nearly so many as the men patients, but the women evangelist is kept busy even

with a few women, as they are practically all illiterate and she must begin at the very bottom to teach. The present routine followed by the woman evangelist is as follows: At seven A. M., song and prayer with the patients.

Following the breakfast hour, before and after the doctor does the dressings, she teaches them individually to read the characters in the songs they sing and in simple books. From eleven until twelve they are shown a large picture which has been taken from a Sunday school lesson scroll, and the story is told in a simple manner. Each day a different picture is used, and former pictures and stories reviewed. Each time home applications and comparisons are emphasized. As these patients return home, the songs which are most familiar are given to them, sometimes written on plain paper, and sometimes on the backs of pretty flowered postcards, which are very attractive to them.

The women's dispensary hour is from two until three in the afternoon. During this hour the woman evangelist remains near the entrance to receive all patients and to encourage any who might be timid. She also makes various inquiries of them, including how they happened to come to the hospital. Some very interesting reports often are given, showing that the work is bearing fruit. When one comes who is more timid than usual she is encouraged to see about the hospital, finally being led into the ward, where she visits with patients who are dressed in hospital clothing, who sleep on foreign iron bedsteads, upstairs, and remain uninjured. She goes away, feeling a little less fearful of the hospital.

One need which we have not supplied for our women patients is some kind of handwork which they can do as they sit together and visit over the lessons told to them. Idle hands distract thoughts, and this need we hope to supply in the form of some sewing, easy crocheting, knitting, etc., as well as clay modeling, or simple games when they are left to themselves at odd hours, to keep them from getting homesick. Poor women that cannot read — what else can they do?

The above is only a crude description of the work we are attempting, as we try to follow those who are long experienced in the work. We feel we are only at the beginning, and that our efforts have great promise of growth in the near future.