



time reading both Old and New Testament. He and Mr. Moerdyk became great friends, and only eternity will reveal the extent of the work done in his heart. We pray that he may never trust again in Islam, in spite of all the pressure that will surely be brought to bear upon him should he show any signs of leaning towards Christianity. He is a member of the young Sheikh's suite and a great favorite with the Sheikh. May God keep him.

The third case I think of is a little boy about six years old, who is the victim of ignorance and quackery. Some weeks ago our hospital dresser met a friend in the bazaar who told him that his son had fallen and broken a leg. Our dresser immediately advised him to bring the boy to the hospital, but was told: "No, they had bone setters in the town; God was merciful, and if He willed it would get well." The result was the old story. A splint was applied and bound so tightly that circulation was interfered with, gangrene set in, and the leg dropped off at the point of fracture. In this condition they brought him to us, in no condition for an operation, weak and thin from pain and infection. By keeping him for awhile we were able to bring up his strength and vitality to such an extent that he scarcely felt the shock of the operation. He is still with us, and we hope to be able to discharge him soon with a good useful stump. He has altered a great deal since we first took him in. At that time he would have nothing to do with me, but thrust me away with his hands every time I approached him. Now we are good friends, and I think in his own boyish way he loves me—I am sure we love him.

Another case was a very sad one—that of a man who fell off a steamer into an open boat and broke his back. We did all we could for him, but he only lived eighteen days and died quietly one Sunday afternoon, having never once uttered a word of complaint—in fact, only half an hour before he died, on my asking him how he was, he replied, "Quite well, if God will."

Still another is the case of a man who was shot through the thigh—the affair took place some thirty miles inland from Bunder Abbas, a town on the Persian coast. To this town the injured man was first taken, filthy native dressings being applied to the wound, so that when the Quarantine Doctor in Bunder Abbas took him, his leg was already badly infected. On gangrene setting in, and there being no facilities for doing a big amputation in Bunder Abbas, the Doctor sent him on to us. He reached Bahrein late one evening and we immediately made plans to operate, but over night he took a bad turn for the worse, developed pneumonia, and died within thirty-six hours of admission to the hospital.

Yet another case was that of a jolly old prosperous looking

Bedouin chief, who makes his living chiefly by taking what does not belong to him by means of raids. Some fifteen years ago he received a bullet wound in the thigh and, though everything healed up, he had never been able to bend his thigh. The bullet was still in his thigh, and he thought that if it were removed he would have no more trouble. I told him that such a result would not necessarily follow, but that we would take the bullet out if he wished. He wished, so we operated, removing the bullet, which was embedded in a sac of pus. Everything went well, and the old fellow himself regarded the entire proceedings as a big joke.

One more, and I have done. This is an old Bedouin from the mainland who came to me in the spring with cataract in both eyes. I operated on the best eye, but the man was a most troublesome patient, was always pulling at the dressings and finally ran away, saying that we had ruined his eye. I almost feared we had, but as a matter of fact everything healed up perfectly, and two or three days ago he reappeared, saying that he wanted me to operate on the other eye.

So much for a few samples of our in-patient work, interesting in the extreme, even if a bit anxious at times. The dozens of common everyday coughs and cold, rheumatisms and fevers, may be monotonous, but they form the backbone of all our hospital work.

And when one is tempted to weary a little of seemingly less important work, one is reminded of the lines of the good old hymn :

The daily round, the common task,  
Will furnish all we need to ask,  
Room to deny ourselves, a road  
To bring us daily nearer God.

C. STANLEY G. MYLREA.



MISSION HOUSE.

CHAPEL, SCHOOL, HOSPITAL.

MISSION BUILDINGS AT BAHREIN.

## A Story of Beginnings.

(From an article in *The Missionary Review of the World*, October, 1909.)

BY REV. JAMES CANTINE, D.D., MUSCAT, ARABIA.

It is somewhat of a distinction to be an Arabian missionary of twenty years' standing, and it may emphasize the late date of the beginning of mission work in Arabia to say that, to the writer's knowledge, no other can yet look back over twenty years of continuous service in the land of the Arabs. There were other missions which entered Arabia before 1889, notably the Church of England at Bagdad, in the northeast (1882), and the Free Church of Scotland at Aden, in the southwest (1885), but none of their first missionaries are still on the field.

In those first years, we scarcely dared to hope for a long residence in this, "a land that devoureth the inhabitants thereof." Again and again, heat and fever took workers from our ranks, until, at the end of ten years, scarcely more than half the number of men sent out remained. Some in the home land called on us to halt, but the fact that our organization was semi-independent made it possible for us to appeal widely and directly for re-enforcements. Those whom no danger could deter came in increasing numbers, so that we soon passed beyond that deadly zone of isolation and overwork which hems in so many small organizations. Years have also brought experience, and increasing income has made possible more healthful surroundings, until now our missionaries can reasonably expect far more than two decades of service.

These twenty years may be divided into three periods—those of locating, establishing, and developing our work. The first period represents the time and effort spent in deciding upon our field. Its importance is not likely to be overestimated. Many a colonizing enterprise, and missions are surely that, has been doomed to failure because of a wrong location. The Arabian Mission was fortunate in having as its founder one who knew the "Nearer East" and could introduce us to many of the workers there. Our first year was spent in language study and investigation among the missionaries of the Syria Mission of the Presbyterian Church. The knowledge we carried away, not only of the Arabic, but of their tried and proved methods of meeting the general problems of Christian work in a Moslem country, was invaluable, and probably saved us from many disastrous mistakes. Our first native associate and helper, Kamil Abdul Messiah, was a convert from Beirut, and from the mission press of that city we took and are still taking our most effective weapon, the printed word of God.