

missionary work commensurate with the appalling need in China. When at least two whole provinces—Kuei-cheo, and Sin-kiang—are without a single medical missionary, and provinces twice as large as England have only one or two medical missions, it is without our province to suggest localities. But in the interests of the Moslems, and as a most practical effort to make known the Gospel among these long-neglected people, we ask that medical work be taken up in all untouched strongholds of Islam in China. In addition, we suggest that in the provinces where the Moslems are in strong force the medical staff at existing Christian hospitals be strengthened, especially the medical missions in provincial capitals. The addition of a ward to mission hospitals for the benefit of Mohammedans would in many districts be greatly appreciated. Lastly, could not some medical missionary with experience among Moslems in other lands be set free to inaugurate this important work?

A more urgent need, a wider door of opportunity than women's work for women, it would be impossible to suggest. It is quite true that in some districts a word spoken quietly by those in power in the mosques leads to the apparent closing of the previously open doors; but this need not discourage any who take up this work. We have proved again and again that such closing of doors is only apparent and for a short season; in answer to believing prayer these same doors reopen as widely as before.

Mission stations in China are, very frequently, at or near the large cities. These large centres offer special inducement for work among the masses of Chinese. But in considering the needs of the Chinese Moslems, we should bear in mind there is a large population of Mohammedans settled in the country, as well as a very influential