



CMF

75+

MARK
PICKERING

LESSONS
FROM THE
ARCHIVE

THE EARLY INFLUENCES THAT
FORMED THE CHRISTIAN
MEDICAL FELLOWSHIP





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Lessons from the Archive
the early influences that formed the Christian Medical Fellowship

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INTRODUCTION

W

hen I first began as CMF's fifth CEO/General Secretary, in 2019, it was our 70th Anniversary year. We spent some time giving thanks that year and produced an informative video that really helped set the scene of the formation of CMF and its early years – you can still see

that video at cmf.li/CMF70

During that first year of my role, I also read Douglas Johnson's 1987 booklet, *The Christian Medical Fellowship – its background and history*, and *DJ80*, a lovely collection of stories and recollections made for his 80th birthday in 1984. You can download these at cmf.li/history and cmf.li/DJ80 respectively.

I became familiar with Douglas's memorable line, '*It is inexcusable in a Christian to neglect history*', as the majority of the Bible is history. The more I have read about Douglas, the more I have connected with his own obvious passion to remember the people and events that have shaped who we are today. Colourful characters and inspiring stories leapt off the pages wherever I have followed interesting leads. I have researched on the internet, in books, archives, and libraries. I have learnt even more through conversations with numerous wonderful people, including CMF members, many of whom are now quite elderly, and some of whom have fascinating family connections with the people who shaped the early Christian medical movement.

As my passion in this area grew, I realised that 2024 would be the intersection of five significant anniversaries – 75 years of CMF, 150 years of the Medical Prayer Union, 170 years since the founding of the Christian Medical Association, the tenth anniversary of Christian Nurses & Midwives merging with CMF, and the twentieth of the Medical Missionary Association's merger with CMF. This confluence of anniversaries seemed too good to miss, and so I began working on the series of six *Triple Helix* articles that form the basis of this booklet.

There is much more that could be told, and perhaps one day I may find the time to expand further and fill in some more gaps. But for now, as we celebrate God's faithfulness to us in the founding of CMF on our 75th anniversary, let's be inspired and encouraged by those who have gone before us. May we seek the Lord's wisdom in the challenging times that we ourselves live in, and trust that he will guide us, as he guided those who walked the path before us, and as we make the history that others may look back on in years to come.

Remember the days of old; consider the generations long past. Ask your father and he will tell you, your elders, and they will explain to you. (Deuteronomy 32:7)



A handwritten signature in black ink that reads "M. Pickering". The signature is fluid and cursive, with the first letter of each name being significantly larger than the others.

Mark Pickering,
CMF Chief Executive, June 2024

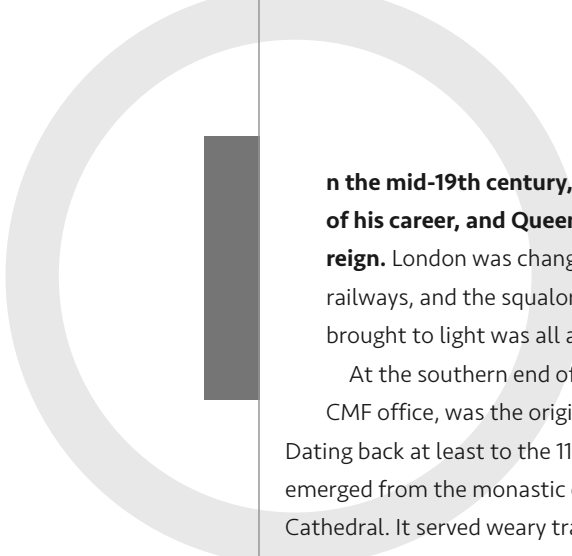


Golding Bird (1814-1854),
physician and natural
philosopher. Oil painting by
Alexander Craig, 1840.

Looking at the CMA,
the first precursor of the
Christian Medical Fellowship,
and at its founder,
Dr Golding Bird

GOLDING BIRD

AND THE CHRISTIAN MEDICAL ASSOCIATION



In the mid-19th century, Charles Dickens was at the height of his career, and Queen Victoria was not far into her long reign. London was changing rapidly with the arrival of the railways, and the squalor and disease that Dickens so vividly brought to light was all around.

At the southern end of London Bridge, not far from today's CMF office, was the original site of St Thomas' Hospital. Dating back at least to the 1100s, this ancient place of healing emerged from the monastic church that is now Southwark Cathedral. It served weary travellers who were approaching London from the south and Europe, or were on pilgrimage to Canterbury, when London Bridge was the only fixed crossing of the River Thames.

It is a place steeped in history: the first printed English Bible was produced here in 1537; Florence Nightingale began her nursing school here in 1860, shortly before the expansion of London Bridge railway station forced the relocation of St Thomas' Hospital to its present site by Westminster Bridge.

Over a century earlier, Thomas Guy, a governor of St Thomas' Hospital, endowed a new hospital next to St Thomas', for chronically sick, incurable, and mentally ill patients. Guy's Hospital was founded in 1721 and remains there today, retaining many of its historic links with St Thomas's, such as joint student teaching, and now being a single NHS Trust.¹

The early 19th century saw rapid developments in western medicine, and the trading and military expansion of the British Empire; together these produced fertile ground for the birth of modern medical mission, which also had numerous links to Guy's Hospital.

a lonely voice in the *BMJ*

In the 1840s, there were 16 separate medical schools in London alone, and only eleven others in the rest of the UK. In addition to the older medical Royal Colleges, the British Medical Association (BMA) had recently begun in 1832 and was gaining momentum through its *British Medical Journal (BMJ)*, launched in 1840.²

The socially aware, active, evangelical Christianity that characterised the Victorian period was advancing, and many doctors were committed Christians. But as yet there was no national movement to unite or equip Christian medical students or doctors to live or speak for Jesus Christ.

In those turbulent times, an anonymous student wrote to the *BMJ* in October 1853.³ Titled '*What can the Association do for Medical Pupils?*', he made a passionate plea for students to be somehow incorporated into the BMA. He spoke of isolation and temptation, surrounded by colleagues who '*laugh at his religious scruples*' and by others who are '*ever ready to corrupt him*'. Medical students in those days were '*usually described as immoral and depraved...and certainly with some reason*'. Craving the support and mentorship of senior colleagues, he voiced the vulnerability of many contemporary students: '*with the many temptations which surround him...can we wonder if he fall?*'

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Golding Bird reaches out

This anguished cry aroused the compassion of a young Christian physician at Guy's Hospital, Dr Golding Bird. He responded promptly in the *BMJ* letters section, urging the BMA to do something about the '*moral and ethical training of our students during the years of their most serious temptations*'.⁴



The resting place of Golding Bird in Tunbridge Wells.

However, he was also '*convinced that no great improvement will ever take place in the ethics of our profession*', until serious attention was given to '*the religious training of our pupils*'. He referenced the positive influence of the Young Men's Christian Association on many in different trades, and advocated something similar amongst medical students, adding that it had the potential to transform the whole medical profession.

He went on: '*Already does the nucleus of something of this kind exist in several of our hospitals. In more than one of them, several of the students meet together on one evening of the week for study of the Holy Scriptures and mutual edification*.' The Bible class at Guy's Hospital had been established in 1849 by Dr Samuel Habershon, a gastroenterologist and medical school lecturer at Guy's.⁵ Just a week prior to writing, Dr Bird had been shown some proposed rules for the wider '*medical Christian association*' that the Guy's students hoped to organise. These included:

- *That a medical Christian association be formed, composed of members of the profession and students.*
- *...to promote spiritual religion amongst its members; and to diffuse the same among all others who come within the sphere of their influence.*
- *That the means employed...be the study of the Holy Scriptures, devotional meetings, addresses, and any other means....*

There was a flurry of response in the *BMJ*. Some angrily accused Dr Bird of encouraging '*saponaceous piety*' and '*organised hypocrisy*',⁶ whilst others could '*conceive of no proposal more promising...than...diffusing among the rising members of our influential profession, the precious truths of Christianity*'.⁷

One of the Guy's students responded himself, reminding opponents that *'the abuse of a remedy is no argument against its legitimate and necessary application'*. He thanked the many distinguished clinicians who had responded in support of Christian students, and reflected that, as he approached the end of his own studies, he had been *'encouraged to believe that to all my possible skill and knowledge...may be added the additional excellence of humble Christian piety – a guide through life, a safeguard from the evils of life, and a support in...the hour of his death'*.⁸

the transformation of Golding Bird

Golding Bird was a brilliant young physician, whose life shows the Lord's incredible timing in transforming him at just the right time. He had a prodigious mind and an incredible grasp of collateral sciences such as botany and electrochemistry; even whilst a medical student himself he was appointed to lecture other students. His precocious talent drew the notice of senior physicians such as Thomas Addison (of Addison's Disease). He became an authority on renal disease and was the first to describe oxaluria, also known as Bird's Disease.⁹ Accumulating multiple accolades, at just 28 years old his private practice was bringing in around £1,000 annually (currently worth around £80,000!).¹⁰

He was an active Christian and was known to devote a significant part of his busy schedule to care for poor sick people for free. Despite this, there was a deep flaw in his way of life. His biographer notes that, *'he had never cared for money, but...his snare and idol was ambition – reputation.... He had a good deal of vanity, which led him constantly to seek his own exaltation.'* His own minister reflected, *'There was a little vanity in this...as if...God could not do without him'*.¹¹

This tendency led him to overwork: his labours *'engaged him till evening; and many hours of the night – often, too often, the entire*

1841

Edinburgh
Medical
Missionary
Society

1849

Guy's Hospital
Christian Union

1854

Christian
Medical
Association

1874

Medical
Prayer
Union

night – has passed in unbroken study'. Overwork led to illness, and he succumbed to rheumatic fever with resulting rheumatic heart disease. His symptoms 'all pointed out the necessity for caution, but his enthusiasm led him to neglect these warnings'.¹²

From 1848 he had periodic relapses that finally forced him to cut back on professional commitments, eventually transforming his outlook. *'Failing health appears to have been the means blessed by God in weaning him from worldly honours', and this 'ended in his mind undergoing a very decided and happy change.'* By summer 1853, a friend described him thus: *'Simplicity and godly*

sincerity...and an earnest zeal for the spiritual welfare of all with whom he associated'.¹³

we can never
know the
lasting value
of what is
begun in faith

the formation of the CMA

Humbled through physical frailty, Dr Bird was now about to perform the service that God had prepared: to *'do what only he could do'*. At last, he was spiritually ready to respond to the anonymous medical student in the *BMJ*, and to support the fledgling Christian Union at Guy's; to support spiritually the place where he had laboured so hard

professionally.

He acted rapidly. In November 1853, writing to the *BMJ* as outlined above, he gathered Christian colleagues from across London. They considered how they could replicate and unite these groups across the 16 London medical schools, and perhaps further afield.

His reply in the *BMJ* produced further unexpected encouragement. The committee of the Edinburgh Medical Missionary Society (formed in 1841) wrote, urging him to implement his plans. Their letter reached him on 17 December, just a few hours before the second meeting that he had called to consider how such an association might be formed.

With this momentum, the committee of the Christian Medical Association was formed by January 1854. It was not a month too soon for Golding Bird, for his health was failing fast. He resigned his post at Guy's and retired to Tunbridge Wells, where he died on 27 October 1854, at just 39 years old.

the work of the CMA

During his final months of life, he supported the CMA committee with prayer and advice. The first public meeting of the CMA was planned for 10 November 1854. Indeed, the meeting was announced in the *BMJ* on the very day of Dr Bird's death!¹⁴ The event was a great success, bringing together around 50 doctors, and over 250 medical students. The speaker's text was published; outlining the vision and formation of the CMA, he mourned the recent loss of Golding Bird, concluding: '*we may hope, the Divine blessing resting on our exertions, that this Association may become the instrument of winning many souls to Christ*'.¹⁵

Regular London-wide meetings continued at least until 1869, but the difficulties of maintaining these central activities eventually supervened, and the CMA ceased to exist in 1871.¹⁶ But the fire had been lit, the need demonstrated, and many individual students and doctors transformed. A brief report of an 1869 CMA meeting in the *BMJ* noted that the committee soon hoped to begin a medical mission in London (providing free medical care to the poor), as had been done in '*Edinburgh, Liverpool, and other places*'.¹⁷ The London Medical Mission was duly established in 1871, which proved vital in relaunching the movement that the CMA had begun, through the formation of the Medical Prayer Union (MPU) in 1874. Several who benefitted from the CMA as students became leaders of the MPU.

1878

Medical
Missionary
Association

1942

Inter-Hospital
Nurses Christian
Fellowship

1949

Christian
Medical
Fellowship

what can we learn from the CMA?

The story of Golding Bird and the CMA has numerous lessons for us today:

- Students were key throughout. Guy's Hospital CU was begun to support students, and the student's letter in the *BMJ* galvanised Golding Bird into action. Students also led actively – the idea for a wider association came from the Guy's students, they defended the project in the *BMJ* and the students of the CMA later became the leaders of the MPU.
- Great knowledge and skill, even in the life of a Christian, can easily become idols unless they are dedicated to God's Kingdom and his purposes. The Lord may use sickness and suffering to humble us and turn us back to him, but his timing is also incredible. The eternal value of Golding Bird's work in forming the CMA was accomplished swiftly in what proved to be the final few active months of his life.
- We can never know the lasting value of what is begun in faith. Golding Bird died before the CMA had fully launched, and even those who led and supported it can have had little idea of the lasting legacy they had birthed, and what would spring forth from its ashes.

REFERENCES

1. My wife and I both trained at Guy's and St Thomas', so this history has a personal poignancy to me.
2. Both names evolved in their early years to what they are today. The *BMJ* was named the *Association Medical Journal* in 1853/4.
3. What can the Association do for medical pupils? *Association Medical Journal*. 1853; s3-1:1002. bit.ly/3rOXXkZk
4. Medical Students. *Association Medical Journal* 1853;s3-1:1042 bit.ly/3GQmZpl
5. Some references state 1846/7, but current evidence seems to favour 1849, as Dr Habershon became tutor at Guy's medical school in 1849.
6. Medical Students. *Association Medical Journal* 1853;s3-1:1090. bit.ly/34INnEX
7. Medical Students. *Association Medical Journal* 1853;s3-1:1153 1. bit.ly/3jydxqx
8. Medical Students. *Association Medical Journal* 1853;s3-1:1138. bit.ly/3gOACew
9. Golding Bird. *Wikipedia* — bit.ly/3jrP3kV
10. Balfour J. *Biographical Sketch of Golding Bird*. Edinburgh, Thomas Constable, 1855: 16
11. *Ibid*: 19,21
12. *Ibid*: 18
13. *Ibid*: 18,19,42
14. Leading Articles. *Association Medical Journal* 1854;s3-2:959 bit.ly/3uYuad8
15. Grainger RD. *An Address Delivered to the Christian Medical Association*. London, 1854
16. Johnson D. *The Christian Medical Fellowship — its Background and History*. London. CMF, 1987:8. cmf.li/history
17. *Br Med J* 1869;2:611 bit.ly/3jxRMJv

CHAPTER 1

REFLECTIONS

1 This story is a beautiful illustration of how the support needs of students galvanised senior doctors into action and united them around a greater goal. Have you sought and taken opportunities in your own situation to offer support to junior colleagues, or to seek the support and mentorship of more senior colleagues? Is there a local fellowship opportunity you could help to develop?

2 Golding Bird used the *BMJ* letters page, his contacts with Guy's Hospital students, and his connections with other London physicians. What methods and opportunities can we use today to reach out and support our fellow Christian colleagues?

SCRIPTURE REFLECTIONS

Therefore encourage one another and build each other up, just as in fact you are doing.
1 Thessalonians 5:11

Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.
Colossians 3:23-24

3 Golding Bird was talented, philanthropic, and hard-working. Yet he was often working for his own glory and damaging his own health. Have you ever fallen into the same trap of overworking and feeling indispensable? How can we guard against this, especially when needs may seem overwhelming?

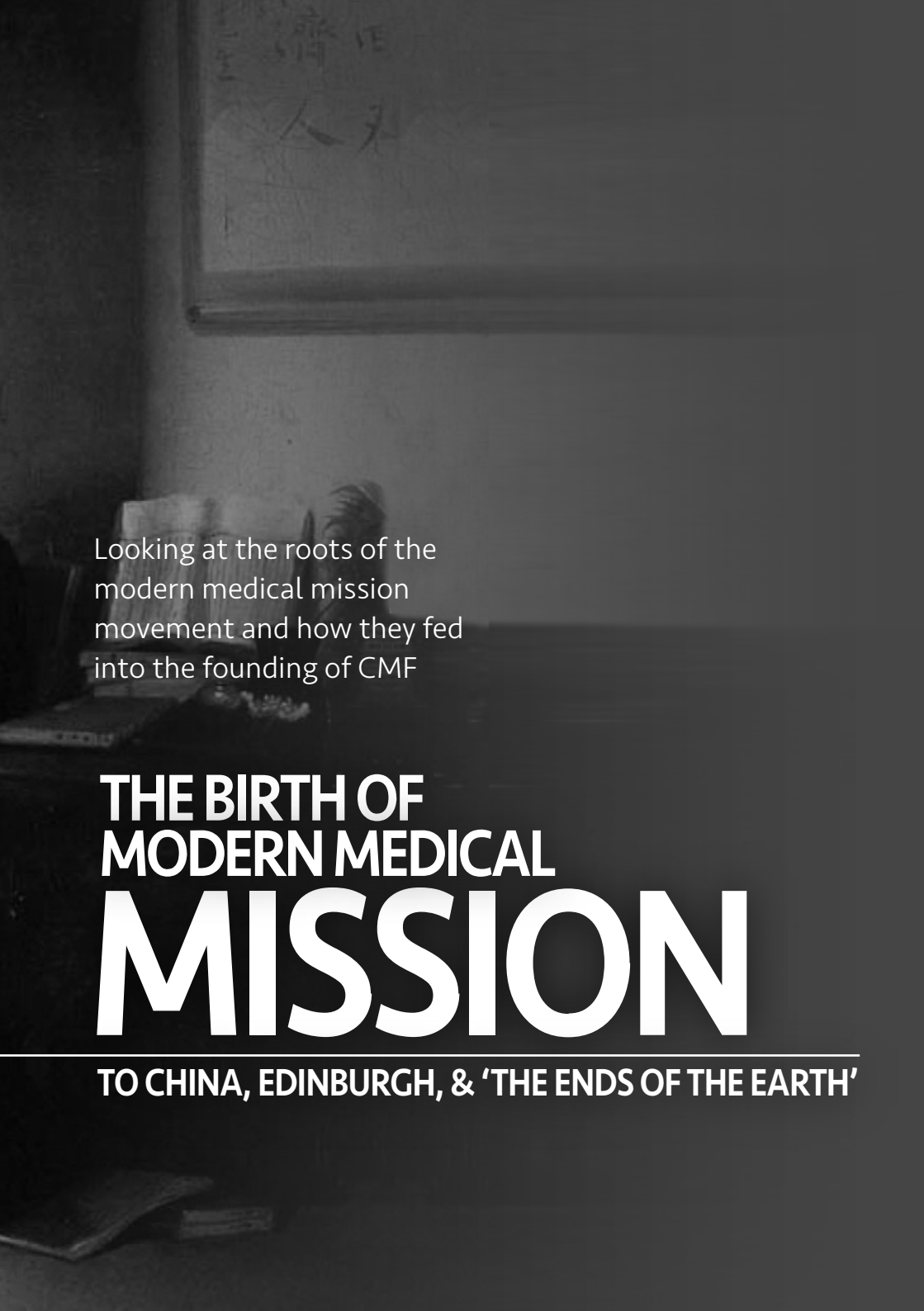
4 The CMA was formed just in time; Golding Bird died months later at just 39 years old. Yet he did what God planned for him. What plans might God have for you? What are the things that 'only you can do'? Are you listening to his voice, looking for opportunities, and seeking his timing?

For to me, to live is Christ and to die is gain. If I am to go on living in the body, this will mean fruitful labour for me. Yet what shall I choose? I do not know! I am torn between the two: I desire to depart and be with Christ, which is better by far; but it is more necessary for you that I remain in the body.
Philippians 1:21-24



2

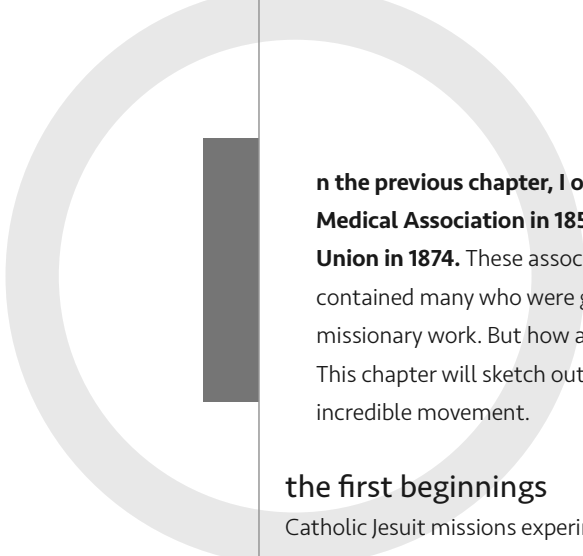
Dr Peter Parker and his Chinese Assistant Kwan Ato

A dark, grainy photograph of a person sitting at a desk in a room with a whiteboard in the background. The person is looking down at something on the desk. The whiteboard has some faint markings on it.

Looking at the roots of the
modern medical mission
movement and how they fed
into the founding of CMF

THE BIRTH OF MODERN MEDICAL MISSION

TO CHINA, EDINBURGH, & 'THE ENDS OF THE EARTH'



In the previous chapter, I outlined the birth of the Christian Medical Association in 1854, which led to the Medical Prayer Union in 1874. These associations of Christian doctors contained many who were great supporters of medical missionary work. But how and when did medical mission begin? This chapter will sketch out some of the main features of this incredible movement.

the first beginnings

Catholic Jesuit missions experimented with healthcare projects in the sixteenth and seventeenth centuries, particularly in Japan and the Philippines.¹ During this period, European Protestants were understandably preoccupied with establishing the Reformation in Catholic countries. However, by the early eighteenth century, a few were beginning to reach out further, such as the Danish-led missions to South India from Halle in Germany. Caspar Schlegelmilch, the first physician sent out by this mission in 1730, sadly died of dysentery after less than three weeks!² Mission was a risky business in those early days.

Better known to many evangelicals is William Carey, who founded the Baptist Missionary Society (BMS) in 1792 and became a pioneer missionary in West Bengal, India. Less well known was his mission partner, Dr John Thomas, who was actually the BMS's first missionary (Carey was appointed second). Thomas had been converted as a naval surgeon with the British East India Company (EIC). He had done independent missionary work in Calcutta before returning to England, meeting Carey, and convincing him to go with him to India instead of Carey's original planned destination of Tahiti!³

Other early pioneers included John Scudder, an American doctor who went to work in South India in 1819. He was the first of several Scudders who continued his work, including his granddaughter Ida, who founded the famous Christian Medical College at Vellore, which still exists today.⁴

medicine as a multiplier of mission

Many of the early intersections between medicine and mission were sporadic. This began to change in the 1820s as some realised the immense strategic value of medical practice to the spread of the gospel message itself. Karl Gützlaff was a German missionary who worked in Thailand and China. Although not formally trained in medicine, he had some basic medical knowledge, which he used to great effect. He realised that compassionate, physical healing often communicated far more than words, opening the way for many to listen to the Christian message. Gützlaff promoted the concept of medical mission and inspired great medical missionaries such as David Livingstone and Hudson Taylor, who founded the China Inland Mission.⁵ He was also very influential on Peter Parker in his early years in China.⁶

Many other changes were happening in the world at that time. With the expansion of trade and empires, many Western nations were coming into much greater contact with those of other nations and cultures. Western scientific medicine was making great strides and, in many cases, had a real opportunity to reduce suffering.

revolution in China

In God's providence, several key people and factors coincided in southern China in the 1830s, resulting in a significant gear-change for medical missions. At this time, Western trade with China was limited to just two locations centred around the Pearl River delta - the city of Canton/Guangzhou, and the Portuguese island colony of Macao at its mouth. Several Western nations had trading outposts there, including the EIC, amongst whose employees was a young Christian surgeon named Thomas Colledge.

Colledge had trained at St Thomas' Hospital in London before taking up this role. The EIC's generous salary enabled him to devote

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time, resource, and energy to relieving disease in the local population. He quickly realised that surgical skills were particularly limited in China, and his own proficiency in ophthalmology meant he could make a dramatic impact by performing surgery for cataracts and other eye conditions. He opened a small eye hospital in 1827 in Macao before moving upriver to Canton in 1828, where he set up a similar hospital.



William Carey

The next significant factor was the arrival of Peter Parker, a young American who was apparently the first anywhere to obtain dual training in theology and medicine with the deliberate aim of being a 'medical missionary'. He arrived in Canton in 1834, where he soon teamed up with Gützlaff, Colledge, and others.

Over the next few years, they developed their ideas further until, in 1838, they formed the Medical Missionary Society in China (MMSC) – the world's first medical missionary organisation. Remarkably far-sighted, they aimed to attract many others to follow their example, producing printed appeals in the UK and USA particularly, and calling mission agencies to send other 'pious physicians' to do the same.⁷ God's timing, again, was remarkable. The setting up of the MMSC

owed much to Thomas Colledge, and its final establishment in 1838 occurred just weeks before he left Canton forever. He did, however, remain its honorary President until his death in 1879.⁸

problems are opportunities in disguise

The international trade that had brought the gospel to China also brought darker forces. Western nations wanted many of the exotic goods that China could supply. Yet China wanted little of European goods, creating a problematic trade deficit. However, there was one lucrative product the West could export to China – sadly, that was opium, grown in India and sold in China. Chinese authorities resisted this, sometimes by force, in what became known as the Opium Wars.

The First Opium War was in 1839-1842, ending with the Treaty of Nanking, which ceded Hong Kong Island to the British Government.⁹ The fighting made Parker's medical work impossible, forcing him to leave in 1840. But far from ending his influence, this flung it worldwide. In some ways, it was like the Apostle Paul's imprisonment in Acts, which caused him to write many of the letters we know and love from the New Testament today. Parker returned temporarily to the USA but also spent time in the UK and France, spreading the cause of medical missions and the work of the MMSC. He met many notable Christians in London and Edinburgh in the summer of 1841. This catalysed the birth of two medical mission organisations with very similar origins but very different outcomes.

the Syrian Medical Aid Association

Parker's visit to London helped stimulate the launch of the Syrian Medical Aid Association (SMAA) in 1841. Two of the chief organisers were Thomas Hodgkin (discoverer of Hodgkin's Lymphoma – a Quaker who was a pathologist at Guy's and then St Thomas' Hospitals and who became a good friend of Parker) and Culling Eardley Smith (who went on to help found the Evangelical Alliance in 1846).

The SMAA got off to a quick start, recruiting a missionary doctor to go to Lebanon and later another to go to Damascus. Sadly, it did not last and had completely evaporated by early 1847, leaving Hodgkin saddled with personal debts. Despite lofty ambitions and wealthy backers, the SMAA went too far, too fast, overcommitting itself to complex situations that it had not understood properly. When complications came, and early enthusiasm waned, there was little solid base on which to stand.¹⁰

the Edinburgh Medical Missionary Society

It was a different story when Parker visited Edinburgh, also in 1841. Local Christian doctors formed a committee, which soon became

1792

William Carey & John Thomas, India

1819

John Scudder, India

1820

Karl Gützlaff, Thailand & China

1827

Thomas Colledge, China

known as the Edinburgh Medical Missionary Society (EMMS). Instead of making the mistake of the SMAA and committing themselves early to send out their own missionaries, the EMMS promoted the concept of medical mission, especially amongst students, and raised awareness and funds for the work of the MMSC in China, and the SMAA in Syria.¹¹ They also found time to encourage Dr Golding Bird in 1853, spurring on his early efforts to found the Christian Medical Association.¹²

This slow and steady approach must have been frustrating to some, but it clearly paid off in the long run, as 180 years later, EMMS

is still going strong!¹³ During that time, hundreds of medical missionaries have given service totalling thousands of years in dozens of countries – their inspirational stories would take a lifetime to tell!

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strong

Just one well-known story is that of Dr Kaloost Vartan, an Armenian doctor who trained in Edinburgh under the EMMS and was inspired by this to go to Nazareth in 1861, founding the Nazareth Hospital. This incredible institution is still a beacon of light and hope to the local region today, supported by the Nazareth Trust, now independent of EMMS International.¹⁴

William Burns Thomson

Back in the slums of Edinburgh, a local Christian doctor started a dispensary in 1853, providing free medical care for the poor people of the area. This gradually became more closely associated with EMMS and, by 1861, was their official 'training institution', relocated to the Cowgate area of Edinburgh. Medical students could live in the EMMS Hostel under the watchful eye of the Superintendent, Dr William Burns Thomson. In this supportive, mission-minded environment, they were trained in 'home medical mission', both providing free medical care to the population and sharing the gospel with them. Through this strategic arrangement, many

students went on to serve as medical missionaries all over the world; both sent directly by EMMS and by other mission agencies.

Dr Burns Thomson was a force of nature for the cause of medical missions. Originally planning to be a non-medical missionary, he was on a pastoral visit in the tough slums of Edinburgh when a woman mistook him for a doctor. Her demeanour instantly changed. She listened intently and gladly received his prescription of gospel truth along with the castor oil he had suggested for her ailments! Sensing a strategic opportunity, he applied for medical training. Although he never worked overseas as a medical missionary, Thomson had incredible influence, training students in the Cowgate, publishing and circulating inspiring stories from his contacts around the world in the *Medical Missionary Journal* and championing the cause of 'home medical mission'. The mission dispensary he ran in Edinburgh gave rise to many others based on its model – in Aberdeen, Glasgow, Birmingham, Liverpool, and London, to name a few. The London Medical Mission was foundational to the birth of the Medical Prayer Union and the Medical Missionary Association in the 1870s.

Dr Burns Thomson later retired to London, where he lived on the compound of the Mildmay Mission Hospital, working as a chaplain to support the Mildmay nurses, many of whom also went out to mission hospitals all over the world.

to the 'ends of the earth'

The middle decades of the nineteenth century saw the medical mission movement begin in earnest, slowly gain traction, and then finally begin to grow exponentially. More and more people grasped medical mission's immense strategic importance for relieving suffering and multiplying gospel influence holistically, much as Jesus himself went about '*proclaiming the good news of the kingdom and healing every disease and sickness*'. (Matthew 4:23)

1834

Peter Parker,
China

1838

Medical
Mission
Society
in China

1841

Edinburgh
Medical
Missionary
Society

Syrian Medical
Aid Association

1861

William Burns
Thomson and
the Cowgate
Dispensary

As we look back from our current vantage point, however, the movement is not without its controversies. The key players in the early decades were virtually all white men from Europe or the USA. This is less surprising when we realise that it was not until 1849 that the first woman was permitted to qualify as a physician in the USA, and 1865 in the UK. Also, the vast waves of missionary nurses who have contributed so much to the movement mostly came a little later, as mission hospitals became more established and the modern nursing profession was codified. Hundreds of female missionary doctors also served as medical training opened up and as the need became clear to reach the many women secluded in the harems and zenanas (female domestic quarters) of South Asia and the Far East. This prompted entire missions and training centres as part of the Zenana medical missionary movement.¹⁵

We also see how so much of the early medical mission movement was mixed up with colonialism and the expansion of the military and trade networks of Western empires. Many indigenous physicians and other local assistants were crucial to the projects led by Western pioneers whose names are better known. Most Western missionary physicians had a genuine, deep desire to serve indigenous populations who were equally made in God's image. But despite this, it was sometimes hard to avoid (or even recognise) implicit feelings of cultural superiority that can jar painfully in today's globalised, multicultural world. These underlying assumptions are quite rightly being reappraised by contemporary thinkers, but in doing so, we must take great care not to swing too far the other way. Genuine humility, careful listening and equal partnership are always vital in any cross-cultural situation. The CMF Global team are wrestling with the challenging contemporary implications through our 'Western Saviours?' working group.

what can we learn from the early medical mission movement?

This brief survey of a complex and fascinating movement can teach us numerous lessons for today:

- It was a product of its age – rapid changes in medicine, trade, and empire brought great opportunities but also many complications. We should always be willing to reappraise Christian history through a biblical lens.
- God’s amazing providence is evident throughout – chance meetings, difficult people, even wars – the Lord uses them all to accomplish his purposes!
- The importance of training students early is shown to great effect by the example of the EMMS.
- The contrasting stories of the SMAA and EMMS remind us that steadily building something that lasts is better than growing fast and then fading away – see the parable of the sower!¹⁶
- Medical mission was once ‘new’ and ‘strange’ and took decades to become well established. We should never be afraid to try something new that has not been thought of before – it might just change the world!

REFERENCES

1. Grundmann C. *Sent to Heal!* Lanham. University Press of America, 2005: 22-29
2. Grundmann 31-35
3. Carey SP. *William Carey*. London: Hodder & Stoughton, 1923: 96-105
4. Ida S. Scudder. *Wikipedia*. bit.ly/3Rd13es
5. Grundmann 51-56
6. Grundmann 63-64
7. Medical Missionary Society in China. *Internet Archive*. bit.ly/3cF3O9n
8. A fascinating biography of Thomas Colledge has recently been written by his great-great-grandson. See Colledge R. *Medicine and Mission*. Malvern. Aspect, 2020.
9. First Opium War. *Wikipedia*. bit.ly/3TzVmJ9
10. Kass A. The Syrian Medical Aid Association. *Medical History*. 1987, 31: 143-159. bit.ly/3B8am9L
11. Lowe J. *Medical Missions – Their Place and Power*. Edinburgh: John Menzies, 3rd ed, 1890: 201-205
12. See Chapter 1
13. EMMS International. emms.org
14. The Nazareth Trust. nazarethtrust.org/about/our-history
15. A good example is *Interserve*, formerly the Zenana Bible and Medical Mission – interserve.org/our-story
16. Matthew 13:1-23

CHAPTER 2

REFLECTIONS

1 Have the shifting forces of the changing world around you brought new needs and opportunities that are yet to be met? Might the Lord be guiding you to do something novel to meet the needs of a changing situation?

2 In your own experience, have you seen how rushing ahead of the Lord can lead to the 'right idea' burning out if done in the wrong way or at the wrong time? Might you need to slow down and wait for the Lord's timing for his will to come to fruition in something he seems to be leading you to do?

SCRIPTURE REFLECTIONS

See, I am doing a new thing! Now it springs up; do you not perceive it? I am making a way in the wilderness and streams in the wasteland.

Isaiah 43:19

The man from whom the demons had gone out begged to go with him, but Jesus sent him away, saying, 'Return home and tell how much God has done for you.' So the man went away and told all over the town how much Jesus had done for him.

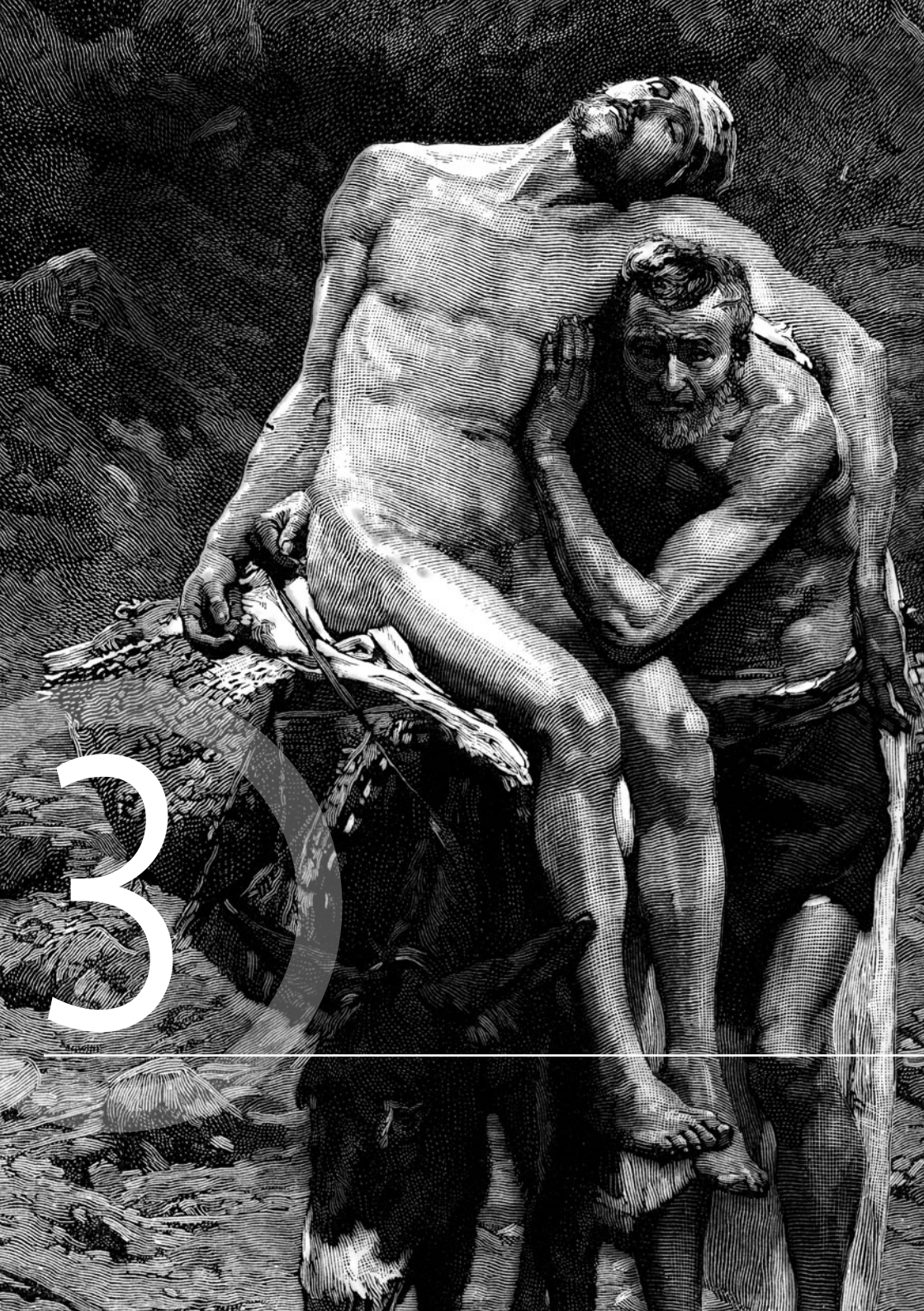
Luke 8:38,39

3 Have you ever been tempted to think that medical mission can only happen overseas? Are there needs and opportunities closer to home that you could apply medical mission principles to?

4 Are there aspects of your life (eg career, family, or denominational emphasis) that were 'right for the time' but now need reappraising in the light of changing times and seasons or a new appreciation of some aspect of God's character from Scripture?

There is a time for everything, and a season for every activity under the heavens: a time to be born and a time to die, a time to plant and a time to uproot...a time to search and a time to give up, a time to keep and a time to throw away...a time to be silent and a time to speak.

Ecclesiastes 3:1-7





Exploring the development of the modern nursing profession in the nineteenth century and how its founders and the early medical mission movements in England worked together with the precursors of CMF

CHRISTIAN INFLUENCES

ON THE MODERN NURSING PROFESSION



Caring for the sick has been a feature of Christianity ever since its inception.¹ Jesus told the parable of

the Good Samaritan to show that his disciples should care selflessly for those in need, whoever they were.² Communities have always looked after their own, but Jesus' unique contribution was to spur his followers on to care for those who suffered outside their own

family and community.

Countless examples can be given of how Christian women and men through the centuries have cared for the sick and vulnerable – abandoned babies, destitute orphans, and plague victims. Many monasteries and convents had a particular ministry of caring for the sick; some of these evolved into dedicated hospitals, such as St Thomas's in London during the twelfth century. Indeed, the very word 'hospital' derives from the 'hospitality' that was offered to the poor and sick in these Christian institutions.³

Much of this caring activity could be described as 'nursing'. And yet the modern profession of nursing emerged much more recently, in the nineteenth century. Prior to this, nursing was simply personal care for the sick, sometimes done with skill and compassion, sometimes not. Often it was done by family and friends or by paid carers of varying skill. In early Victorian England, stereotypes of poorly trained nurses were well known, such as the infamous Sarah Gamp in Charles Dickens' novel *Martin Chuzzlewit*, who was '*dissolute, sloppy and generally drunk*'.⁴

early nursing reforms

Medical knowledge was advancing rapidly in the nineteenth century, and hospitals were becoming more important. In London, in addition to the great mediaeval hospitals of St Bartholomew's and St Thomas's, a number of newer hospitals had been founded in the early eighteenth century – the Westminster, the London, Guy's, and St George's were all founded within a couple of decades.

As hospitals grew and doctors had more therapeutic options, they needed more highly skilled assistants to carry out treatments and observations methodically. The role of the nurse became more developed, and the need for a professional class of nurses became obvious.

Initially, little training was given or thought necessary. Nurses were usually lower-class women, eg domestic servants. Sisters and Matrons were often recruited separately, from higher-class women, with little idea of the lower-class nurses being promoted to these more senior roles.

What training there was often came directly from the doctors, who were obviously interested in ensuring that the nurses working with them could follow their directions between ward rounds.

Many of the poor and sick were cared for in workhouses, where the situation was particularly bad. There, nursing was often done simply by those inmates who were relatively able-bodied but who usually had little or no training. Very few workhouses had paid nurses.⁵

As the nursing profession developed, one of the most famous names is, of course, Florence Nightingale. She was motivated by Christian compassion in her work, but she was by no means the only one, and there are a number of examples of Christians who greatly influenced the movement's early direction. In the rest of this chapter we shall see several such examples.

Elizabeth Fry



Elizabeth Fry was born into a wealthy Quaker family in Norfolk in 1780. She was motivated by her Christian faith to make a difference in society, and in 1813 she first visited Newgate prison in London. She was horrified by the conditions she found, especially for female

modern nursing
faces many
challenges –
what might the
Lord enable his
disciples to do
in the midst of
them?

prisoners, and she spent many years effecting prison and penal reforms.⁶ She also campaigned tirelessly for reform in other areas, such as welfare, homelessness and the abolition of slavery.

However, later in life, at age 60, she finally found time to do something she had been meaning to do for years. Whilst chiefly engaged in prison and penal reform for most of her life, she had long wished to do something for the standard of nursing care. In 1827 she had written:

*During the last ten years much attention has been successfully bestowed by women on the female inmates of our prisons...But a similar care is evidently required for our hospitals, our lunatic asylums, and our workhouses.'*⁷

Three years earlier, in 1824, she had hosted a young German pastor, Theodor Fliedner, who came to see her prison reform work. He went home inspired to set up a similar prison ministry and, later on, nursing work (see below).

In 1840, Elizabeth Fry could finally do something herself about nursing training in England. Along with her sister-in-law, Elizabeth Gurney, they set up the Institution for Nursing Sisters, linked with Guy's and the London Hospitals.⁸ An Annual Report stated its purpose as:

*to provide experienced, conscientious and Christian Nurses for the sick, and also to raise the standard of this useful and important occupation, so as to engage the attention and enlist the services of many who may be desirous of devoting their time to the glory of God, and to the mitigation of human suffering.*⁹

The same report interestingly notes the kind attentions of Dr Hodgkin (the fellow Quaker and friend of medical mission that

we met in the previous chapter), who cared for the nursing sisters when they themselves were ill; it also lists one 'Miss F Nightingale' as one of the Institute's donors!

Kaiserswerth



Pastor Theodor Fliedner

Pastor Theodor Fliedner, mentioned above, was a young pastor in Kaiserswerth, near Düsseldorf in Germany. Needing funds for his community, he travelled in Holland and England, meeting Moravians in Holland and learning how they had revived

the ancient Christian ministry of deaconess.¹⁰ Going on to London, he met Elizabeth Fry in 1824 and was inspired by her work amongst prisoners. He returned and set about reforming prisons and supporting both current and former prisoners in his local area.

He went on to develop other projects, such as education. Then in 1836, he and his wife Friederike set up the Kaiserswerth Deaconesses' Institute, training young Christian women to care for the sick poor of the area. Deaconesses had been a vital part of the Church's social outreach in the early centuries of Christianity, but this role had gradually died out until revived by the Moravians and then further by Pastor Fliedner. His Institute gained fame far and wide, setting up daughter institutions in many cities, including the German Hospital in London,¹¹ which opened in 1845 to care for poor German immigrants in London.

Florence Nightingale visited the German Hospital twice and the Kaiserswerth centre twice before finally enrolling for training at the Deaconesses' Institute in 1851.

1836

Theodor & Friederike Fliedner set up the Kaiserswerth Deaconesses' Institute

1840

Elizabeth Fry & Elizabeth Gurney set up the Institution for Nursing Sisters

1848

Dr Robert Todd founds St John's House

1851

Florence Nightingale enrolls to train at the Kaiserswerth Deaconesses' Institute

Florence Nightingale



Florence Nightingale

Florence was born into a wealthy family in 1820. Aged 16, she experienced a call from God that prompted her to devote her life to the service of others, which in her case also involved rejecting marriage. Although her own faith was not exactly orthodox evangelical, it was clearly a huge

motivator for her work.¹²

As mentioned above, Florence was greatly influenced by her contact with the Kaiserswerth Deaconesses' Institute, and financially supported Elizabeth Fry's Institute for Nursing Sisters.

during her time
[at Scutari,
Nightingale's]
influence was also
felt by Dr George
Saunders, a
Christian military
surgeon

But of course, she is best known for work amongst wounded soldiers at Scutari Hospital in Istanbul during the Crimean War. In 1854, Florence took a team of 38 volunteer nurses (including some from Fry's Institute) and 15 Catholic nuns to Scutari. Through their hard work and diligent attention to basic issues such as hygiene, sanitation and nutrition, Florence and her team were able to reduce the death rate significantly.

During her time there, her influence was also felt by Dr George Saunders, a Christian military surgeon who would be one of the founders of both the Medical Prayer Union (1874) and the Medical Missionary Association (1878). In his autobiography,

Reminiscences, he tells of being invalided back from Crimea to Scutari with a fever in 1855:

When I came to Scutari, I found that the hospital there had now every appearance of comfort, and was unsurpassed by any other, civil or military. For this improved state of things all the praise was

due to the noble and indefatigable efforts of Miss Nightingale, who fortunately had *carte blanche* to do whatever she thought necessary for the comfort and well-being of the sick and wounded.¹³

On returning to London after the war, she used her new-found fame and influence, and the funds this had attracted, to open the Nightingale Training School for Nurses at St Thomas's Hospital in 1860 (then based at London Bridge next to Guy's Hospital, before its move to Lambeth). She was also responsible for hospital redesign to improve infection control – the 'Nightingale Ward' layouts common in many hospitals from the period, including St Thomas's.¹⁴

Call the Midwife



© BBC
the cast of the BBC TV series, 'Call the Midwife'

The kindly exploits of the fictional nuns of St Raymond Nonnatus in Poplar, East London, are well known to many of us through the TV series *Call the Midwife*. However, the true story behind this is no less inspiring.

Dr Robert Todd was an energetic and talented London physician who was influential in the launching of King's College Hospital in 1840.¹⁵ He gave his name to Todd's Paralysis (paralysis following a seizure). Furthermore, as a keen Christian, he introduced reforms for the medical students at King's to provide better academic, social and pastoral support, becoming the first Dean of the medical school at King's.

Seeing the need to improve standards of nursing in the London hospitals, Dr Todd worked with his friend, Charles Blomfield, the Bishop of London, to establish St John's House in 1848. This was an

1854

Florence Nightingale goes to Scutari Hospital to establish nursing care for the British Army

1857

Rev William Pennefather and Catherine Pennefather found the Association of Female Workers

1860

The Nightingale Training School for Nurses opens in London

1866

Mildmay Deaconesses respond to the Bethnal Green cholera epidemic

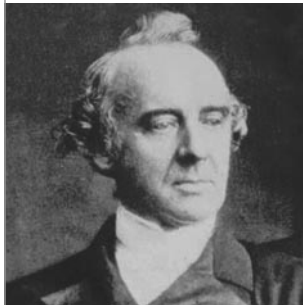
1877

The Mildmay Mission Hospital opens its doors

Anglican nursing order based on similar principles to those of the Kaiserswerth Deaconesses.¹⁶ It became highly successful in producing quality nurses and was influential on Florence Nightingale as she prepared to set up her own nursing school. The Superintendent of St John's House, Mary Jones, was a close friend of Nightingale's, and Florence formulated her new school in many ways as a secular version of St John's House.¹⁷

The Sisters of St John's have gone through turbulent times over the years, including their time in Poplar, immortalised in Jennifer Worth's memoir *Call the Midwife*.¹⁸ The small community lives on today in the West Midlands, though without its original nursing function.¹⁹

Mildmay Mission Hospital



Reverend William Pennefather

The Rev William Pennefather was appointed Vicar of Christ Church, Barnet, in 1852. Filled with passion and energy, he engaged in evangelism, overseas mission, and social action, such as working with orphans and developing interdenominational Bible conferences that were the

forerunners of the Keswick Conventions.²⁰ His wife Catherine was no less a force to be reckoned with, and at their second conference in 1857, the Association of Female Workers was formed, with Catherine as President. They began to build up Deaconess ministry in and beyond their parish. A few years later, they moved to St Jude's, Mildmay Park, in North London, where the growing network of ministries continued.

The Deaconess ministry was yet again inspired by what had begun in Kaiserswerth and it developed over several years, gaining the approval of Florence Nightingale, who wrote to Rev Pennefather:

*I hail with the greatest satisfaction every attempt to train in practical activity all female missionaries, whether for home or foreign service, whether rich or poor. I am sure that whatever you do will be blessed in this thing.*²¹

Then in 1866, things took an historic turn when a cholera epidemic ripped through the slums of East London. Mildmay Deaconesses were sent to Bethnal Green, where they set to work caring for the poor and sick.²² Growing rapidly, the Deaconesses added a nursing home and a cottage hospital to their ministry.

At this point, the Mildmay work connects with the Edinburgh Medical Missionary Society (EMMS), which played such a vital role in the birth of medical mission and which featured strongly in the previous chapter. In 1869, Dr Burns Thomson of the EMMS gave a stirring speech on medical missions at the annual Mildmay Park Conference.²³ This greatly impressed the Pennefathers, who subsequently visited Edinburgh and were inspired to launch the Bethnal Green Medical Mission in 1874 to further develop the work of Mildmay. Its first superintendent, Dr Dixon, was a graduate of the EMMS training school.²⁴

The medical work grew rapidly, and in 1877, the Mildmay Mission Hospital opened its doors. Within a few years, in 1883, it was recognised as a nurse training institution.²⁵ Down the years, many Christian nurses - including my own mother - have been trained at Mildmay and sent out around the UK and the world. Dr Burns Thomson also retired to Mildmay on leaving Edinburgh and spent his final years providing pastoral support to the Deaconesses and the aged Mrs Pennefather.²⁶

Through many changes and adaptations, the Mildmay Mission Hospital is still going strong today - it survived the dawning of the NHS in 1948 when many smaller hospitals were forced to close.

Mildmay
deaconesses
were sent to
Bethnal Green,
where they set
to work caring
for the poor
and sick

Later, it focussed on specialist HIV care and is now reinventing itself yet again for the challenges of the twenty-first century with a new step-down service for homeless patients.²⁷

what can we learn from the early nursing profession?

Looking back at the amazing Christian role models who played an important part in the development of nursing in the UK, several lessons stand out:

we should never underestimate the power of putting people with similar good ideas together – creative inspiration and the Holy Spirit often take over!

- As in previous articles, there were numerous links and connections between some of the early pioneers. We should never underestimate the power of putting people with similar good ideas together – creative inspiration and the Holy Spirit often take over!
- Sometimes 'old' ideas can be revived and adapted to new situations in amazing ways. The renewal of the Deaconess movement is an excellent example.
- These early pioneers often saw their Christian faith as foundational to raising standards and maintaining the unity of those they inspired – excellent evidence that life-changing faith can

(and should) make us better professionals.

- Difficult and challenging times can inspire us to do incredible things and show creativity and leadership we never knew we had. Both Florence Nightingale's experience in Crimea and Elizabeth Fry's in Newgate prison inspired them. Modern nursing faces many challenges – what might the Lord enable his disciples to do in the midst of them?
- Mission, evangelism, and wider social reform went hand in hand with most of these early movements. Christian nurses and other healthcare workers can have incredible effects beyond their purely professional achievements.

REFERENCES

1. Matthew 10:8
2. Luke 10:25-37
3. Hospital. *Wikipedia*. en.wikipedia.org/wiki/Hospital
4. Sarah Gamp. *Wikipedia*. en.wikipedia.org/wiki/Sarah_Gamp
5. Information in the above section taken from Abel-Smith B. A *History of the Nursing Profession*. London: Heinemann, 1960. Chs 1-3
6. Elizabeth Fry. *Wikipedia*. en.wikipedia.org/wiki/Elizabeth_Fry
7. Huntsman R, Bruin M, Holttum D. Twixt Candle and Lamp: The Contribution of Elizabeth Fry and the Institution of Nursing Sisters to Nursing Reform. *Medical History* 2002;46:351-380. [bit.ly/3Sk1bM4](https://doi.org/10.1196/00257256020000460351)
8. *Ibid*
9. Report of the Institution for Nursing Sisters. *Wellcome Collection*. London, 1848. [bit.ly/31h1e5i](https://wellcome.org/collect/31h1e5i)
10. Theodor Fliedner. *Wikipedia*. en.wikipedia.org/wiki/Theodor_Fliedner
11. German Hospital. *Lost hospitals of London*. ezitis.myzen.co.uk/german.html
12. Fouch S. Florence Nightingale: nurse, statistician, activist & mystic. *Spotlight*. Winter 2021: 13-17. [cmf.li/2MUUFfR](https://www.cmf.li/2MUUFfR)
13. Saunders G. *Reminiscences*. London: James Nisbet, 1907:44
14. Nightingale Ward. *Wikipedia*. en.wikipedia.org/wiki/Nightingale_ward
15. Robert Bentley Todd. *Wikipedia*. en.wikipedia.org/wiki/Robert_Bentley_Todd
16. Helmstadter C. Robert Bentley Todd, Saint John's House, and the Origins of the Modern Trained Nurse. *Bulletin of the History of Medicine*, 1993, Vol 67, No 2 (Summer): 282-319 [bit.ly/3EoepzW](https://doi.org/10.1093/bh76.2.282)
17. *Ibid*
18. Call the Midwife. *Wikipedia*. en.wikipedia.org/wiki/Call_the_Midwife
19. The Community of St John the Divine (CSJD). *Anglican Religious Life Yearbook*. [bit.ly/3SxcoaR](https://doi.org/10.1017/9781108888888)
20. Information in this section taken mainly from Cooke H. *Mildmay: the Story of the First Deaconess Institution*. 1893, Palala Press. 2015
21. Cooke H. *Op Cit*: 48
22. *Ibid*: 94-95
23. Burns Thomson W. *Medical Missions: an Address*. London: Mildmay, 1869
24. Cooke H. *Op cit*: 157-158
25. History of Mildmay Hospital. mildmay.org/history-of-mildmay-hospital
26. Burns Thomson W. *Reminiscences of Medical Missionary Work*. London: Hodder & Stoughton, 1895: 229-236
27. mildmay.nhs.uk/homeless-pathway

CHAPTER 3

REFLECTIONS

1 Many of the early hospitals and early professional nursing groups were expressly Christian in their origins and delivery. Despite our different cultural landscape, what opportunities might there be for distinctively Christian healthcare provision within your own scope of influence?

2 Does your own Christian faith help you to be a better healthcare professional, striving for better standards of care and professionalism? Would your colleagues say the same about you?

SCRIPTURE REFLECTIONS

The king talked with them, and he found none equal to Daniel, Hananiah, Mishael and Azariah; so they entered the king's service. In every matter of wisdom and understanding about which the king questioned them, he found them ten times better than all the magicians and enchanterers in his whole kingdom.

Daniel 1:19,20

3 Do you seek opportunities to learn from those in other organisations and networks?

Are there ways you could help connect Christians within your sphere of influence who might collaborate together in new ways?

4 Have there been difficult times or challenging situations in your own career

that you might reflect on and harness to bring about positive change in the future?

You are the salt of the earth. But if the salt loses its saltiness, how can it be made salty again?...You are the light of the world...let your light shine before others, that they may see your good deeds and glorify your Father in heaven.

Matthew 5:13-16

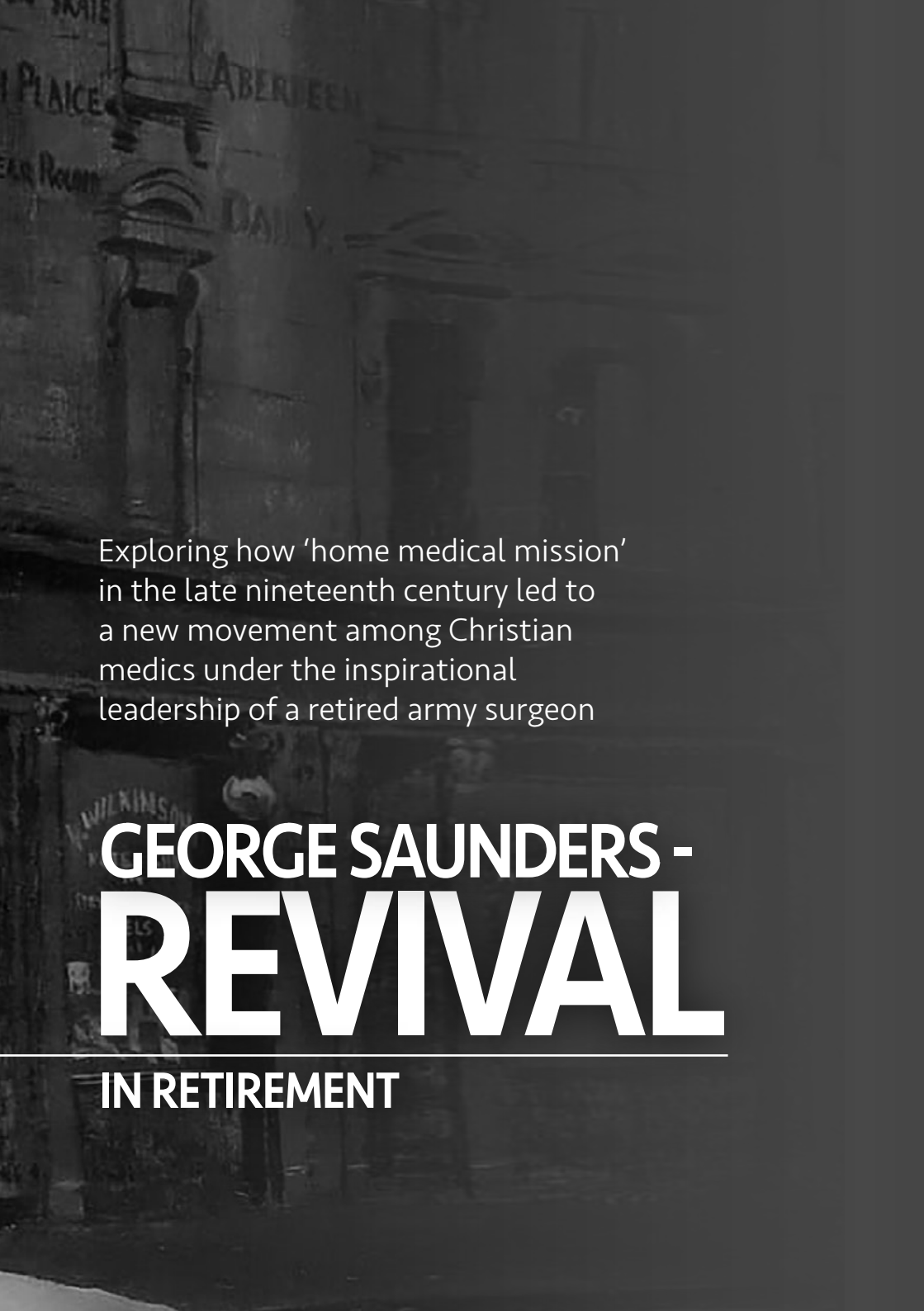
...we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God's love has been poured into our hearts through the Holy Spirit, who has been given to us.

Romans 3:3-5



4

The original location of the London Medical Mission



Exploring how 'home medical mission'
in the late nineteenth century led to
a new movement among Christian
medics under the inspirational
leadership of a retired army surgeon

GEORGE SAUNDERS - REVIVAL

IN RETIREMENT

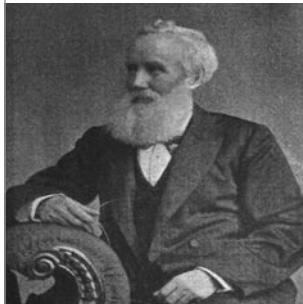
T

he first chapter in this book traced the remarkable birth of the Christian Medical Association (CMA) in 1853-4.

It also outlined the amazing and timely transformation that God wrought in the life of Dr Golding Bird, enabling him to be the key person in launching the CMA. Despite providing much encouragement to Christian doctors and medical students in those early years, the CMA was fading by 1869 and had ceased to exist by 1871.

Yet far from being the end of the Christian medical movement in England, this ended up simply being the passing of the baton from one generation to another. Through numerous remarkable coincidences, in God's providence, something incredible was again about to happen.

the birth of Home Medical Missions



Dr William Burns Thomson

In the second chapter in this book, I detailed how the visit of Dr Peter Parker from China to Edinburgh in 1841 catalysed the birth of the Edinburgh Medical Missionary Society (EMMS), which is still in existence today after more than 180 years. One of several highly influential projects promoted in

Edinburgh by the EMMS and exported elsewhere was the development of 'home medical missions' – free dispensaries operating in poor areas of large cities, where Christian doctors and nurses would provide free healthcare and engage in evangelism, thus fulfilling Jesus' call '*to preach the kingdom of God and to heal the sick*'. (Luke 9:2) In the years before the universal health coverage of the National Health Service, these medical missions were a wonderful way of promoting the physical and spiritual health of many thousands in desperate need.

The very first home medical missionary sent out by EMMS was

to Parsonstown (today Birr), in County Offaly, Ireland, in 1848. This was at the height of the Irish Potato Famine when many poor people in Ireland were dying of starvation and disease.¹ Many also emigrated, resulting in large Irish Catholic populations in numerous other crowded cities around the UK.²

During the 1850s and 1860s, the EMMS dispensary grew into a well-established training institution for generations of Christian medical students. Providing accommodation, medical teaching, and evangelistic training, it prepared many students for medical mission careers, such as Dr Vartan, who went on to found the Nazareth Hospital in Israel that still operates today.³

The driving force behind the EMMS dispensary and its worldwide influence during much of this period was Dr William Burns Thomson, whose story was also outlined in the second chapter in this book. Sensing the wide applicability of the project he led in Edinburgh, he often travelled to other cities and helped to establish similar medical mission dispensaries elsewhere, such as Glasgow (1865), Liverpool (1866), Aberdeen (1868), Bristol and Manchester (both 1872), and Birmingham (1875). This work of spreading the work of EMMS throughout the rest of the UK had been begun in 1857 by Dr Edward Blackmore of Bath, who travelled around England for six months, promoting medical missions, and encouraging the establishment of affiliates of EMMS, such as the Liverpool Medical Missionary Society.⁴

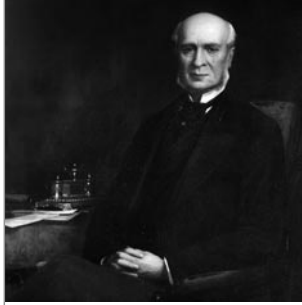
‘Home Medical Mission’ comes to London

In the late 1860s there were early hopes and plans to launch a similar venture in London. These came to a head in October 1869 when Dr Burns Thomson visited London, and two events occurred within a few days of each other.

A meeting was held at the Theological College of the English Presbyterian Church in Queen’s Square, chaired by Mr Hugh

Dr William Burns Thomson...often travelled to other [UK] cities and helped to establish similar medical mission dispensaries

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Mr Hugh Matheson

Matheson, and mentioned in the *British Medical Journal (BMJ)*, 'to hear an address by Dr Burns Thomson on medical missions', where it was agreed that 'steps should be taken to establish a medical mission in London. A committee was appointed to make the necessary arrangements.'⁵

In the same week, Dr Burns Thomson also spoke at the annual Mildmay Conference in London, an interdenominational forerunner of the Keswick Conventions.⁶ The connection between the Mildmay movement and EMMS was outlined in the third chapter in this book.

One of the last evidences of the Christian Medical Association is a report in the *BMJ* in December 1869, describing a 'large attendance' at a CMA meeting, and that, '*The Committee hope soon to be in a position to help forward a medical mission in London in a similar manner to those of Edinburgh, Liverpool and other places.*'⁷

Hugh Matheson was a business leader, a solid supporter of foreign missions, and a friend of Prime Minister WE Gladstone.⁸ He now led the committee that sought to establish a home medical mission in London. He secured the lease of a building in the St Giles area of London, near Covent Garden, which was a notorious slum area in those days.

As a result, mission work began '*in a closed public-house [pub] once a notorious haunt of thieves!*'⁹ It was initially used as a church mission house for varied outreach to the local area. In due course, the London Medical Mission opened there, on the corner of Endell Street and Shorts Gardens, in May 1871, initially staffed by three local doctors. Amazingly, the building still stands and houses London's oldest fish & chip shop, which also proudly

Christian
doctors and
nurses...fulfilling
Jesus' call
'to preach the
kingdom of
God and to
heal the sick'

dates its origin back to those very days in 1871!¹⁰ This shared history appears to relate to an initial feeding project for local poor people in the winter of 1870-71.

Dr Saunders enters the scene



Dr George Saunders

Dr George Saunders was an Irishman who graduated from St Bartholomew's Hospital in London in 1845. He had a distinguished career as a military surgeon, eventually retiring in 1871 with the rank of Deputy Inspector-General of Hospitals.¹¹

His autobiography, *Reminiscences*, details his experience in the brutal Crimean War during 1854-1855. In that conflict, he himself became sick with a fever and was brought back to the British military hospital at Scutari, in what is now Istanbul, Turkey. There he relates two fascinating details from February 1855:

*Through some mistake my name was included in the monthly obituary list...and my death was announced in the British newspapers. I had to declare that I was still alive...When I came to Scutari I found that the hospital there had now every appearance of comfort, and was unsurpassed by any other, civil or military. For this improved state of things all the praise was due to the noble and indefatigable efforts of Miss Nightingale, who fortunately had carte blanche to do whatever she thought necessary for the comfort and well-being of the sick and wounded.*¹²

Dr Saunders was clearly a man who loved to share the gospel with his colleagues. In the latter years of his military career, he

1841

Peter Parker visits Edinburgh and Edinburgh Medical Missionary Society is established

1853

The first EMMS Dispensary is founded in Edinburgh

1869

Dr Burns Thomson speaks at the Mildmay conference in London

1871

The CMA closes down

supervised new recruits in Bristol, many of whom were '*careless and indifferent*'. Undaunted, he '*commenced to hold Bible and prayer meetings for them, which I was compelled by order to discontinue. Then I began to distribute Testaments to those who could read... Although my mouth was stopped, the Word of God was not.*'¹³

the mission
expanded
rapidly, treating
many people
with little other
option, and
combining
regular gospel
meetings,
one-to-one
discipleship,
and free
medical care

Also, during his time in South Africa, he spent significant time treating the local population for free, including beginning a smallpox vaccination programme.¹⁴ This experience of 'foreign medical mission' helped to prepare him for his future service back in England.

He retired from the military after 25 years in February 1871, and was considering his future options when a letter arrived asking him to run the dispensary of the Liverpool Medical Mission whilst its Superintendent was ill. Dr Saunders '*knew from experience that medical missions offered a wide and valuable field for doing good, particularly among the poor*' and so he spent three months working there.

During this period, he visited Edinburgh and met Dr Burns Thomson, '*the pioneer of medical missions*', receiving '*some valuable counsel on their management*'. He also met Lord Lister, the pioneer of antiseptic surgery, and discussed Saunders' own similar ideas on antiseptics that he had used to excellent effect with Crimean War injuries!

Shortly after this trip, he received three postal requests in quick succession to join the staff of different medical missions – those in London, Bristol, and Liverpool. The request from the recently-formed London Medical Mission (LMM) had come first, and so he resolved to accept it, beginning work in October 1871.¹⁵

the growth of the LMM

The initial few months of the LMM were covered by three local doctors, who each took time out of their private practices to do free clinics there one day per week, but who did not have the time to provide a fuller service, including home visits. The initial success of the mission clearly called for this, and hence the trustees appointed Dr Saunders as the first Superintendent of the LMM, giving his full time to it. In those days, the St Giles district of London (now Covent Garden's Theatreland) was a notorious slum. It was described as '*the headquarters of depravity and squalor, like a legacy from the barbarous past*'.¹⁶

Dr Saunders got to work, and the mission expanded rapidly, treating many people with little other option, and combining regular gospel meetings, one-to-one discipleship, and free medical care. The work was supervised by trustees and a committee of 26 in addition to Dr Saunders. Anyone who has ever battled with unwieldy committees will have great sympathy! Eventually, in 1874, it became clear that the arrangement needed streamlining, and so the entire committee resigned, leaving the running of the mission to Dr Saunders and the trustees. The work continued to expand successfully under his leadership.¹⁷

The Medical Prayer Union

After the demise of the CMA around 1871, sporadic efforts were made over the next couple of years to restart something similar. These finally gained traction in 1874, as Dr Saunders relates:

I arranged with Dr Fairlie Clarke, of Charing Cross Hospital, to hold a conference at Endell Street with such medical men and students as were likely to be interested in the matter. Of this conference the Medical Prayer Union was the result; its purpose was to establish Bible and prayer meetings at the various

1871

George Saunders retires as an army surgeon and is invited to join the LMM in October

1874

Dr Saunders and William Fairlie Clarke are instrumental in setting up the Medical Prayer Union (MPU)

1878

Dr Saunders and Dr Farlie Clarke set up the Medical Missionary Association (MMA)

1882

Dr Saunders retires from the LMM

metropolitan medical schools, to be arranged and conducted by the students themselves. Several of the teachers lent their assistance, and encouraged the movement with much zeal...

The steady growth of the Union was remarkable, for by 1880 nine of the eleven medical schools held meetings weekly for Bible study and prayer, with a total membership of 250. Two of the members went as medical missionaries abroad...to China and...to India.¹⁸

by 1880 nine of the eleven medical schools [in London] held meetings weekly for Bible study and prayer, with a total membership of 250

Although Dr Saunders had never experienced the CMA due to his military service, Dr William Fairlie Clarke had been a student at King's College during the flourishing of the CMA, and he had been inspired to help replicate it. This illustrates again how training and inspiring a student will often reap benefits in future generations, as they go on to be leaders themselves.

Whilst the CMA as an organisation ran out of steam, there was clearly an ongoing desire for Christian doctors and medical students to meet and support each other. Though one incarnation failed, the vision remained and was soon reborn.

The Medical Prayer Union continued, through various ups and downs, for 75 years, until it merged into the newly-formed Christian Medical Fellowship in 1949. I tell more of its story in the next chapter.

The Medical Missionary Association

The dynamic duo of Drs Saunders and Fairlie Clarke was not yet finished! Just a few years later, in 1878, they brought together another group of Christian doctors and others at the LMM in Endell Street, to form the Medical Missionary Association (MMA). The previous chapters have highlighted some of the firm connections between the EMMS in Edinburgh, and their Christian

colleagues in London. This took firmer shape with the founding of the MMA. Again, Dr Saunders tells the story:

Meanwhile another union with similar aims had been formed by Dr Fairlie Clarke and myself in the Medical Missionary Association, for the purpose of assisting such Christian work at home and abroad as might lie within the sphere of medical agencies... A journal was soon published entitled Medical Missions at Home and Abroad; it was first edited by Dr Fairlie Clarke, and afterwards by Dr James Maxwell, formerly a medical missionary in Formosa [Taiwan], and then director of a medical students' training home at Highbury.^{19,20}

The MMA also went through many inspiring twists and turns over its 126-year history until it finally merged with CMF in 2004.²¹

later years

Dr Saunders retired from the LMM in 1882 and led a quieter life in his second retirement, dying in 1913. He wrote his *Reminiscences* in 1907, and remained full of thankfulness to the Lord. Despite the fascinating, exciting, and varied scenes of his life, he ended his autobiography thus:

Above all, and beyond any earthly pleasure or satisfaction, has been the love of God in my heart – to me an unworthy sinner saved by grace. The interests, the pleasures, the duties of life pass away: but the salvation which Christ gives, He gives for ever.²²

what can we learn from the life of George Saunders?

In a dramatic life that has had an incredible influence on the Christian medical movement, the following things stand out to me:

‘the interests,
the pleasures,
the duties of life
pass away: but the
salvation which
Christ gives,
He gives for ever’

- Retirement is not necessarily a barrier to doing great things! His distinguished 25-year military medical career was, in many ways, simply a prelude to his main lasting achievements with the LMM, the MPU, and the MMA that have benefited thousands down to the present day.
- God's exquisite timing is yet again present – the consistent support of the EMMS and Dr Burns Thomson began to bear fruit in 1869-1871 with the formation of the LMM, just before Dr Saunders was in the right time and place to take it up. Even then, the chance timing of letters led him to London rather than Bristol or Liverpool. We never know how the small details of life can change history.
- The disappointment of the CMA ceasing to exist was not the end, but merely one swing of the pendulum. The work done to inspire Christian students and doctors in the 1850s and 60s left them hungry to see it reborn in the MPU and inspired the next generation of leaders, such as Dr Fairlie Clarke.
- Dr Saunders demonstrated a rounded, whole-life approach as a Christian doctor. He pursued clinical excellence in his military career whilst never forgetting the need to share the gospel. He supported and inspired students whilst giving himself sacrificially to the care of the poor and disadvantaged. His devotion to prayer and fellowship led to the creation of the MPU, and his commitment to both 'home' and 'foreign' medical missions brought about the MMA.

REFERENCES

1. [en.wikipedia.org/wiki/Great_Famine_\(Ireland\)](https://en.wikipedia.org/wiki/Great_Famine_(Ireland))
2. Between the years of 1801 and 1922, Ireland was part of the United Kingdom of Great Britain and Ireland.
3. See Chapter 2
4. Fourteenth Annual Report of the EMMS (1857). Edinburgh, 1858: 14-15
5. *BMJ*. 1869; 30 October: 469
6. Thomson WB. *Medical Missions: an address*. Mildmay Park Conference, 27-29 Oct 1869: 198-216. bit.ly/3PJUSAF
7. *BMJ*. 1869; 2:615 bit.ly/3XGjRv
8. [en.wikipedia.org/wiki/Hugh_Matheson_\(industrialist\)](https://en.wikipedia.org/wiki/Hugh_Matheson_(industrialist))
9. Saunders G. *The Healer-Preacher: Sketches and Incidents of Medical Mission Work*. London. JF Shaw, 1884: 51
10. rockandsoleplaice.com/about-us
11. Sadly, Dr George Saunders is apparently no relation of Dr Peter Saunders, CMF's former CEO!
12. Saunders G. *Reminiscences*. London. James Nisbet, 1907:43-44
13. *Ibid*. 67-68
14. *Ibid*. 47-54
15. *Ibid*. 69-72, 77
16. *Ibid*. 76
17. *Ibid*. 77-79
18. *Ibid*. 88-90
19. *Ibid*. 90-91
20. Numerous references wrongly state that Dr Maxwell was the founder of the MMA. However, he returned from Formosa/Taiwan to London in 1885 and became the MMA's first full-time Superintendent as the organisation grew.
21. CMF and Medical Missionary Association merge to strengthen global healthcare mission. *CMF Press Release*, 24 May 2004. cmf.li/44jBV0X
22. *Op Cit*. Saunders G. 92-23

CHAPTER 4

REFLECTIONS

1 Have you ever seen retirement as the end of your main contribution to God's kingdom?

How might the story of George Saunders help you reappraise the possibilities of achieving significant things for God's kingdom in the autumn years of your life?

2 It took several years for the hopes and plans for a London Medical Mission to come to fruition, and then some more time until George Saunders was in a position to lead and develop the fledgling ministry that soon bore much greater fruit, including the MPU and the MMA. Are there projects the Lord has laid on your heart that are still in that 'waiting' phase? How might this story encourage you to be patient and faithful?

SCRIPTURE REFLECTIONS

He gives strength to the weary and increased the power of the weak. Even youths grow tired and weary, and young men stumble and fall; but those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.

Isaiah 40:29,31

3 William Burns Thomson helped to spread the concept of 'home medical mission' from Edinburgh all across the UK and beyond. George Saunders helped to replicate the previous good work of the CMA and the EMMS by forming the MPU and the MMA. Do you have opportunities, small or large, to spread good practice or new concepts to those around you, or further afield?

4 The end of the Christian Medical Association was a disappointment, but it was not the end; the concept remained valuable, and those who benefited from it, such as William Fairlie Clarke, were ready to help it rise again from the ashes as the Medical Prayer Union. Is there a concept, a practice or a project within your sphere of influence that might be right for rebirth? Might the Lord be calling you to do something about it?

...[Jesus] sent them out to proclaim the kingdom of God and to heal the sick.
Luke 9:2

They will rebuild the ancient ruins and restore the places long devastated; they will renew the ruined cities that have been devastated for generations.
Isaiah 61:4

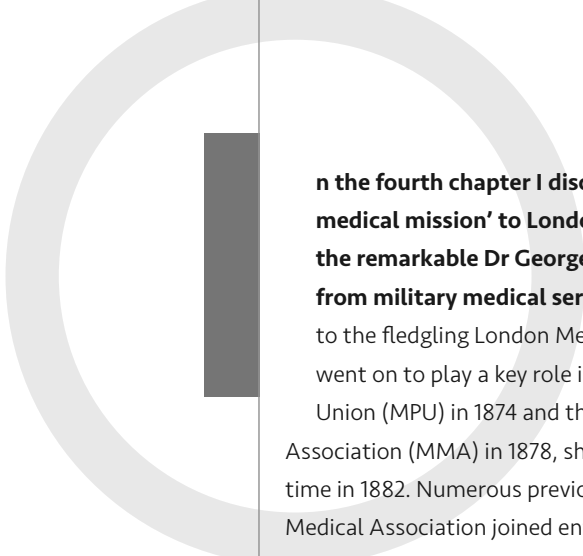


5

Dame Mary Scharlieb

Drawing out some colourful people
and stories from the 75-year history
of CMF's immediate predecessor,
the Medical Prayer Union

THE MEDICAL PRAYER UNION AND LIVINGSTONE COLLEGE



n the fourth chapter I discussed how the coming of 'home medical mission' to London in the 1870s intersected with the remarkable Dr George Saunders and his first retirement from military medical service. His energy and passion led him

to the fledgling London Medical Mission in 1871; from there he went on to play a key role in the founding of the Medical Prayer Union (MPU) in 1874 and then the Medical Missionary Association (MMA) in 1878, shortly before retiring for a second time in 1882. Numerous previous members of the Christian Medical Association joined enthusiastically with the MPU, such as Dr Samuel Osborne Habershon, who had supported the launch of the Guy's Hospital Christian Union back in 1849, and who chaired the first annual meeting of the MPU in October 1874.¹

student events

Medical students were integral to the MPU from day one. In the last chapter we heard from Dr Saunders that, *'by 1880 nine of the eleven medical schools [in London] held meetings weekly for Bible study and prayer'*. The students also met centrally, including in the Harley Street rooms of Dr William Fairlie Clarke, who organised *conversaciones*, where up to 200 students could enjoy an evening together and hear an inspiring talk from a Christian consultant or medical missionary.² In later years, these gatherings became memorialised as the 'Fairlie Clarke Conversaciones'. At a time when the entire medical student population of London was around 2000, these events were able to pull in ten per cent of them!³

In addition, and demonstrating the close integration of the MPU and the MMA, from 1894 the MPU sponsored an annual student Missionary Breakfast, where up to 100 students would come to hear missionary doctors from many varied countries.⁴ These continued for well over 100 years, passing from the MPU to CMF after 1949. I remember helping to organise them myself as a student, being challenged by inspiring speakers as we met at the top of Guy's Hospital Tower!

BMA breakfasts

Another event with a long heritage was a breakfast held for doctors at the Annual Representatives' Meeting of the British Medical Association (BMA). This first began in 1892 and appears to have been held sporadically until becoming a regular feature from 1923, again until very recently. Each breakfast was usually chaired by the President of the BMA – a fascinating throwback to days when the BMA and its Christian members were much more likely to be in broad alignment than they are today!⁵

Harold Moody – 'Britain's Martin Luther King'

One of the many fascinating people in the MPU was Dr Harold Moody. Born in Jamaica, he came to London and graduated top of his class from King's College in 1910. However, despite his academic prowess, he faced very significant racial prejudice, being prevented from taking up a hospital post due to his skin colour.

He went on to found his own general practice in Peckham, South London. A blue heritage plaque marks the house today and a nearby park commemorates his links to the area.⁶

Later he also founded the League of Coloured Peoples and became a significant campaigner for racial justice – politely and persuasively making his case when others advocated more violent

MEDICAL PRAYER UNION.

To
The Hon. Secretary,
Medical Prayer Union,
49, Highbury Park, London, N.5.

Please enrol me as a Member:-

Name Dr. Harold Arnold Moody....

Qualification:- M.D. B.S. (Lond) M.R.C.S. (Eng) L.R.C.P. (Lond)

Address:- 164, Queens Road,
Peckham, S.E.15.

I enclose my Life Subscription of ONE POUND.

Cheques etc. to be made payable to Dr. NEVILLE BRADLEY.

means. He has even been dubbed 'Britain's Martin Luther King'.⁷ In addition to these campaigning activities, he was a keen supporter of Christian missions, chairing both the Colonial Missionary Society and the London Missionary Society.⁸

However, there is also a heartwarming story of cross-cultural brotherhood from the time he was struggling to find work.

William McAdam Eccles

Mr William McAdam Eccles was a prominent surgeon at St Bartholomew's Hospital, and one of the main figures in the leadership of the MPU throughout the majority of its history, for almost 50 years. He was Secretary of the MPU in 1898⁹ and was President at the time of his death in 1946. He was also President of the London Medical Mission¹⁰ and a lecturer at Livingstone College (see below).

At the height of his struggles against racial prejudice in London, Dr Moody relates part of the story in his own unpublished autobiography, *My Life*, quoted here by his biographer, David Killingray:

Then quite a surprising thing happened, which convinced me that I was taking the right step and God was with me. Mr McAdam Eccles (not of my own hospital) who had known and observed me throughout my course offered me the job of the Medical Superintendent of the Marylebone Medical Mission at £150 per annum – a responsible post in which I was very happy for some years.

Prof Killingray continues:

Moody's post as Superintendent involved attendance as a doctor for three afternoon sessions per week, and 'the conduct of religious services on Wednesday and Sunday evenings'. These relatively light demands of the appointment thus gave him time to continue with

despite the...prejudice that Moody faced as a Black doctor in London ...it is inspiring...that... not only was he supported and welcomed by a leader within the MPU, but also...he gave back in service to the poor

*post-graduate medical studies at King's, particularly in ophthalmics which interested him greatly. The working environment at the Medical Mission was agreeable to Moody and made easier by the friendly relationship that he soon established with Miss EM Hancock, the sister in charge; she was to remain a life-long friend. Moody began work there on 1 October 1911.*¹¹

Despite the incredible sadness of the prejudice that Moody faced as a Black doctor in London, I found it inspiring to know that during that dark period, not only was he supported and welcomed by a leader within the MPU, but also that he gave back in service to the poor through his own work, including at the Marylebone Medical Mission. It was a particular joy to me to find Dr Moody's MPU membership form, tucked away in the remaining archive material kept at the CMF office!

Mary Scharlieb

Another leading light through much of the MPU's history was Dame Mary Scharlieb. An inspiring pioneer in so many ways, she moved from England to Madras in India (today's Chennai), where her husband was a lawyer. Whilst there, she was moved at the plight of so many Indian women who suffered in childbirth. She trained first as a midwife and then as a doctor at Madras Medical College, graduating in 1878.

Returning to the UK, she became one of the first female UK medical graduates in 1882. She met Queen Victoria, spent time back in India lecturing at the Madras Medical College, and later took up various roles at the Royal Free Hospital in London, lecturing in forensic medicine and midwifery, and eventually becoming Chief Gynaecologist there.¹²

In her later years she was Vice President and then President of the MPU, chairing numerous student missionary breakfasts, until her death in 1930.¹³

1874

MPU founded

1878

MMA founded

1882

Dr George Saunders retires

1882

Dr Mary Scharlieb becomes one of the first women to graduate in medicine in England

Livingstone College

A unique and fascinating project during this period was Livingstone College, launched in 1893 and based in East London, which provided basic medical skills for missionaries who were not doctors. Many of them were going out to isolated areas without access to reliable medical care. If they or their colleagues should

become sick, knowing some basic medicine could be lifesaving. This was a lesson learned from the early missionary movement, when a high proportion of missionaries succumbed to fatal tropical diseases.

It was founded by Dr Charles Harford Battersby, son of the founder of the Keswick Convention. He went out as a medical missionary to Nigeria in 1890 aged 25, but was invalided home after a couple of years with Blackwater Fever, a serious complication of malaria. Back in the UK, he became medical secretary of the Church Missionary Society, and founded Livingstone College.¹⁴ He was also another Vice President of the MPU.¹⁵

Over the years, Livingstone College provided many missionaries with basic medical education, for three, six or nine months, or an intensive one month summer course. Practical experience was gained locally, eg at an East London medical mission, or the Mildmay Mission Hospital.¹⁶ One early lecturer at the College was Dr Patrick Manson, the 'Father of Tropical Medicine',¹⁷ who went on to found the

London School of Hygiene and Tropical Medicine in 1899. Despite his later worldwide fame, his very first experience of lecturing in tropical medicine was in 1894, at Livingstone College!¹⁸

Dr Tom Jays was Principal from 1920-1946 and was also one of the last surviving MPU committee members. During his tenure the MPU held a Saturday day conference for some years at Livingstone College.¹⁹

Livingstone College was a fantastic answer to a pressing need during its first 50 years or so. However, in the period after the Second World War...the need for the College reduced – its original mission had essentially been accomplished

Livingstone College was a fantastic answer to a pressing need during its first 50 years or so. However, in the period after the Second World War, as wider medical services developed, the need for the College reduced – its original mission had essentially been accomplished. Its new Principal from 1946 was Stanley Hoyte, previously a missionary surgeon in China. As the need for the courses dwindled, he gradually wound down the College’s activities and the building was sold. Its assets were eventually merged with the MMA in 1963,²⁰ which in turn merged with CMF in 2004.

two mistakes in the MPU

In its early years, the MPU made two decisions that seemed entirely reasonable at the time but which, in hindsight, caused deeper problems as the years went by.

student-graduate separation

Although students were vital to its birth and early momentum, over time these ties were gradually loosened. Within the universities and colleges of the British Isles, during the late nineteenth century, various evangelical Christian Unions and student missionary movements were springing up and coalescing. These were strong in cities such as Cambridge, Oxford, Edinburgh, and London, and spread to other cities, eventually forming a national movement in 1892 which came to be called the British College Christian Union (BCCU), soon renamed as the Student Christian Movement (SCM).²¹

The graduate leaders of the MPU, as busy clinicians, recognised the importance of the growing national student movement. They first affiliated the MPU student work to the BCCU in 1898, and eventually in 1906 transferred their student work entirely over to what was by then the SCM.²²

Affiliation to the larger student movement made perfect sense, bringing in greater resource and broader horizons. We can see how

1892

First MPU
BMA Breakfast

1893

Dr Charles
Harford
Battersby founds
Livingstone
College

1910

Dr Harold
Moody
graduates

1911

Dr Moody
starts at the
Marylebone
Medical Mission

1949

MPU merges
with the Medical
Section of the
Graduates’
Fellowship of
the InterVarsity
Fellowship to
form CMF

it was tempting too for the MPU leaders later on to transfer their student work completely into what seemed like safer, and less clinically committed, hands. They did retain some student contact, chiefly through sponsoring the annual student missionary breakfasts. But the winds of change were afoot, and this was the first step down what became a darker path.

a lack of doctrinal clarity

[God] ensured
that the faltering
movement could
be absorbed into
a new iteration
with fresh vision
and energy

When the MPU was formed, it aimed to draw together those Christians with a living faith who believed in the value of prayer. Its original object was simply '*the promotion of Christian intercourse amongst the Members and Students of the Medical Profession*', and the means employed included '*Prayer and the study of the Scriptures*'.²³

In its early years, further clarity did not seem necessary – its members understood each other. Yet as the years went by, liberal theology was gaining ground within evangelical church circles, and within the Student Christian Movement. Many were questioning the authority of the Bible, or the centrality of the atoning death and resurrection of Jesus. These growing tensions eventually led the Cambridge Intercollegiate Christian Union (CICCU) to disaffiliate from the SCM in 1910, along with some of the London hospital Christian Unions.²⁴ This rupture was painful at the time but necessary, laying the foundation for a rejuvenated student movement to be reborn in the coming years, of which I will say more in the next chapter.

However, because the MPU had distanced itself from its student roots, and lacked the doctrinal clarity to engage actively in the theological shifts of the early twentieth century, it was doubly weakened at a time when even darker storm clouds were gathering.

the disruptions of war and a gradual fading

The First World War, of 1914-18, disrupted the activity of the MPU and halted its annual student missionary breakfasts for a few years. However, the leadership made strenuous efforts to reinvigorate the Union in 1922. Amongst other things, this is when the annual BMA breakfasts were restarted, continuing regularly for many years.

Whilst activities went on for some years, they never appeared to regain their initial strong student links nor any sense of doctrinal clarity. The MPU in its later years was a worthy fellowship of doctors, supporting each other in prayer, doing what they could to live out their Christian testimony professionally, and supporting and promoting medical mission, including among medical students.

Yet the original vigour never quite returned. And when in 1939 war came again to the UK, the activities of the MPU dwindled yet further. Its leadership had aged without a regular influx of students and younger graduates, and some of the older leaders died around the time of the Second World War. Chief among these was Mr McAdam Eccles, who died in 1946 after being the backbone of the MPU during these later years.

a final attempt brings help

In the post-war years, the small remaining committee of the MPU made new efforts to revive the association. In April 1948 Dr Neville Bradley, MPU Secretary, placed an advert in the *Lancet*, seeking like-minded Christians:

It would seem from many points of view that the time is opportune to link medical men and women in some more effective way in order to promote and maintain a distinctive Christian witness in what is tending to become an increasingly secularised and nationalised service...²⁵

His words were prescient, and little did he know that such a 'distinctive Christian witness' was already arising – the Medical Section of the Graduates' Fellowship of the InterVarsity Fellowship (IVF). His advert was perfectly timed, and came to the attention of the IVF medical leaders, including Douglas Johnson. This was the catalyst that eventually led to the MPU and IVF medical graduates joining together in 1949 to form CMF. The next chapter will flesh out this part of our story in more detail.

The MPU had run its course. For 75 years, during times of strength and weakness, it had been God's movement for that time. During those years, thousands of Christian doctors and students were supported, and a number of particularly inspiring individuals emerged. Some decisions made in good faith turned out to cause problems later, yet God's faithfulness and provision clearly shone through. In his wisdom, he ensured that the faltering movement could be absorbed into a new iteration with fresh vision and energy.

what can we learn from the Medical Prayer Union and Livingstone College?

- Some ideas and organisations may be suited to particular times and situations, yet come to a natural end point, such as Livingstone College. We need wisdom and sometimes courage to recognise when something has run its natural course.
- We should consider the unintended future consequences of our decisions, and be willing to re-evaluate the situation as their effects become clearer, such as the separation of students and graduates in the MPU.
- The inspiring story of Harold Moody and William McAdam Eccles shows that Christian friendship can transcend racial prejudice in healthcare.
- We see from Mary Scharlieb a great example of a very early female doctor who combined a passion for medical mission and professional excellence with leadership in the MPU.

REFERENCES

1. Johnson D. *The Christian Medical Fellowship – Its Background & History*. London: CMF, 1987: 10. cmf.li/history
2. *Conversazione* is an Italian term referring to a social gathering including discussion of a topic such as literature or science. See *Conversazione*. *Wikipedia*. en.wikipedia.org/wiki/Conversazione
3. Fairlie Clarke W. *Life and Letters*. London: William Hunt, 1885: 49-53.
4. Johnson D. *Op cit.* 11
5. Johnson D. *Op cit.* 11-12
6. Harold Moody. *Wikipedia*. en.wikipedia.org/wiki/Harold_Moody
7. Dr Harold Moody, the Peckham physician 'who ought to be thought of as Britain's Martin Luther King'. *Southwark News*. 26 October 2017. bit.ly/3RayGeB
8. Harold Moody, *Wikipedia*. *Op cit.*
9. Johnson D. *Op cit.* 13
10. Eccles, William McAdam (1867–1946). *Plarr's Lives of the Fellows*. Royal College of Surgeons of England. bit.ly/40PX3WK
11. Killingley D. *Black Agitator: Harold Moody and the League of Coloured Peoples*. Not yet published, Ch 2. Also quoting from Vaughan D. *Negro Victory: the Life Story of Dr Harold Moody*. London, 1950: 28
12. Mary Scharlieb. *Wikipedia*. en.wikipedia.org/wiki/Mary_Scharlieb
13. Johnson D. *Op cit.* 64
14. Schram R. *Heroes of Healthcare in Africa, Vol 2*. Self-published, 1996 [no page numbers - alphabetical]
15. Johnson D. *Op cit.* 14
16. Livingstone College Prospectus, undated.
17. Livingstone College, London. *A Dictionary of Methodism*. bit.ly/3QOyXHj
18. Manson-Bahr P, Alcock A. *The Life and Work of Sir Patrick Manson*. London: Cassell, 1927: 112
19. Johnson D. *Op cit.* 13
20. Livingstone College archive material.
21. Johnson D. *Contending for the Faith*. Leicester: IVP, 1979: 66-67
22. Johnson D. 1987 *Op cit.*:12-14
23. MPU archive material held by CMF.
24. Johnson D. 1979 *Op cit.*:69-78
25. Bradley N. Christian Medical Group. *Lancet* 1948: 3 April: 540

CHAPTER 5

REFLECTIONS

1 Mary Scharlieb faced many barriers as an early female medical pioneer, which were yet overcome by persistence, creativity and trust in God. Are there things the Lord has called you to that others have told you, 'can't be done'? Do you have wise friends around you to help you discern the Lord's will and persevere or reevaluate when necessary?

2 Harold Moody faced many barriers due to racial prejudice, but his friendship with William McAdam Eccles helped to overcome some of these. He went on to help many others through the League of Coloured Peoples. What opportunities do you have to break down barriers between communities, and to foster greater understanding and partnership through the restoring power of the gospel?

SCRIPTURE REFLECTIONS

After this I looked, and there before me was a great multitude that no one could count, from every nation, tribe, people and language, standing before the throne and before the Lamb...And they cried out in a loud voice: 'Salvation belongs to our God, who sits on the throne, and to the Lamb.'

Revelation 7:9,10

3 Livingstone College was a wonderful concept in its time, but the world had changed, and it was right for it to be laid down, so that medical mission could continue to advance in ways appropriate for the season. Might you need to let go of, or rethink, a project that has truly 'run its course'? Who might help you reflect prayerfully and discern the Lord's will?

4 The leaders of the Medical Prayer Union had little idea that separating their student work from the graduate ministry would ultimately contribute to a catastrophic loss of vitality in the organisation. Are there areas where you need to reconsider and protect the long-term resilience and longevity of something that you are involved in?

I am the true vine, and my Father is the gardener. He cuts off every branch in me that bears no fruit, while every branch that does bear fruit he prunes so that it will be even more fruitful.

John 15:1,2

You then, my son, be strong in the grace that is in Christ Jesus. And the things you have heard me say in the presence of many witnesses entrust to reliable people who will also be qualified to teach others.

2 Timothy 2:1,2



6

Tracing the birth of CMF from the evangelical student movement of the early twentieth century and the part played by our first General Secretary, Douglas Johnson

DOUGLAS
JOHNSON

AND THE BIRTH OF CMF

From the very first days of the Christian medical movement in the UK, students played key roles, as seen earlier in this book. In the 1840s, the Edinburgh Medical Missionary Society began by spreading the message of medical mission to a new generation of students. In the 1850s, the Guy's Hospital Bible Class led to the formation of the Christian Medical Association. In this book, we will see how, once again, students were vital to the eventual formation of the Christian Medical Fellowship in 1949.

the first evangelical student movement

Various awakenings amongst evangelical students began in the mid-1800s, and these gained momentum in the 1880s. The Student Volunteer Movement for Foreign Missions (SVM) came into being at a summer camp in the USA in 1886, organised by the veteran evangelist DL Moody. The leader of the SVM was a Princeton College student, Robert Wilder, whose parents had been pioneer missionaries in India and who had already formed a student missionary society at Princeton.¹ Over the next few decades, many thousands of SVM students sailed from the USA as missionaries to a whole range of countries.²

In the UK, as well as the stirrings amongst medical students in Edinburgh and London, Christian student gatherings were gaining momentum in Cambridge and Oxford, leading to the establishment of the Cambridge Inter-Collegiate Christian Union (CICCU) in 1877 and its Oxford equivalent (OICCU) in 1879.³ Links between the US and British movements were strong from these early days, as DL Moody led the memorable first full-scale CICCU mission in 1882, and Robert Wilder came over on a speaking tour from 1891-2 that resulted in the formation of a national Student Volunteer Missionary Union (SVMU) for Great Britain and Ireland in 1892.⁴

growth, dilution and divergence

Along with the specific missionary emphasis of the SVMU, a more general movement of Christian Unions grew throughout the 1890s. Known initially as the British College Christian Union (BCCU), it merged with the SVMU in 1898 and eventually came to be known as the Student Christian Movement (SCM). This comprehensive, national, Christian student movement rapidly grew to be a highly influential force within the UK church and a significant contributor to its global umbrella organisation, the World Student Christian Federation (WSCF), formed in 1895.⁵

However, with such rapid growth, the SCM also broadened its theological outlook, keen to embrace all forms of Protestant Christianity in an ecumenical spirit. Whilst its original evangelical and missionary emphases were still present in different ways, there were increasing moves to embrace liberal theology and more rationalist approaches to the Bible.

Evangelicals in Cambridge and London (including some medical schools) began to raise concerns with the SCM leadership about the direction the movement was taking.

Things came to a head in 1910, as a new, more theologically liberal group had arisen at Cambridge as an alternative to CICCUC. As SCM rules only allowed one member group at each university, the CICCUC eventually disaffiliated from the SCM and continued alone.⁶ It was a brave step at the time to break away from a large, established, and well-funded national movement over evangelical theological convictions that seemed strange and petty to many senior people within the SCM and the wider church. However, with the benefit of hindsight it seems very clear that the evangelical students of the CICCUC were entirely right to stand their ground. Whilst the evangelical student movement gained momentum over the following decades, the SCM eventually withered, and today is a shadow of its former self, focussed on

D)[‘s]... skills
and strategic
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huge...[but] he
actively
shunned the
limelight

various social causes, such as LGBT+ activism and climate change, whilst having lost its original focus on mission and evangelism.⁷

Whilst the CICCUC were taking their own stand in Cambridge, the London medical school Christian Unions were also forming their own identity, separate to that of the SCM. Medical students studied longer, and so had an extra couple of years to develop and maintain their leadership and evangelical convictions. A good number were preparing to be medical missionaries, which helped to focus their minds on what mattered. In addition, there was a steady stream of CICCUC students who completed their preclinical

studies and moved to London for the clinical years. All these factors led to the formation of the London Inter-Hospital Christian Union (LIHCU) in 1912.⁸ This later broadened out to form the London Inter-Faculty Christian Union (LIFCU) in the early 1920s.

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disruptions of war and the evangelical rebirth

As UK Christian student groups faced their own challenges and disruptions, much greater disturbances were going on in the wider world. The tragedy of World War One during 1914-18 meant that the universities emptied, and much Christian student activity ground to a halt.

However, once the war was over and university life began to return, it was not long before evangelical student groups saw a resurgence. CICCUC and LIHCU had maintained some continuity, and as the universities swelled again with students, many of these were hardened soldiers who had lost much of the pre-war tendency to view human nature as essentially good, progressing naturally along an upward moral and social trajectory. The inherently sinful and selfish nature of humanity made perfect sense to them!⁹

These new beginnings merged together in the first Inter-Varsity

Convention,¹⁰ held in London in December 1919, which brought together evangelical students from Cambridge, Oxford, London, and Durham. These conferences were held annually in London, becoming residential and moving to High Leigh Conference Centre in 1926.¹¹

Douglas Johnson enters the scene

Into these exciting times stepped Douglas Johnson (widely known as DJ) – first as a combined English and History student at University College London (UCL) in autumn 1921. Due to the overwhelming numbers of returning ex-servicemen with priority on university places, he had been unable to study medicine to begin with. Coming to the SCM Christian Union there, he was disappointed there was little interest in Bible study. In fact, only he and one other student were interested in joining the Bible study group, which, as a result, did not run! However, DJ and his fellow student resolved to do something, and joining forces with a few of the female students who were similarly keen to engage in Bible study and evangelism, they eventually formed a new Christian Union in 1922, linked to the emerging LIFCU.¹² DJ further demonstrated his organisational talents by being made secretary of LIFCU in 1922. Then, in 1924, the year he finished his first degree and moved to study medicine at King’s College, he became secretary to the InterVarsity Conferences.¹³

the InterVarsity Fellowship develops

With strong support from the CUs in Cambridge, London, and Oxford, and a growing number of others, the InterVarsity Conferences were gradually becoming a national movement, which eventually became the InterVarsity Fellowship (IVF) in 1928 – the name changed in 1977 to become the Universities and Colleges Christian Fellowship (UCCF), which continues to this day.¹⁴

Throughout these growing years of IVF, DJ continued as their

1877

Cambridge Inter-Collegiate Christian Union (CICCU) formed

1892

formation of a national Student Volunteer Missionary Union (SVMU)

1910

CICCU and SVMU (now called the Student Christian Movement – SCM) split

1928

InterVarsity Fellowship (IVF) formed

secretary, beavering away behind the scenes. His administrative skills and strategic vision were huge – writing innumerable letters, encouraging people one-to-one, and organising committees.



top to bottom:
Lansdowne Place Medical Mission
Douglas Johnson [R] and unidentified
colleague [L]
William Melville Capper

He actively shunned the limelight, avoiding photographs wherever possible and avoiding speaking in public wherever he could find someone he thought better qualified to speak. Yet despite his 'backroom' preferences, he became, over the years, an immensely influential figure in the evangelical world. He also played a large part in the launch of the London Bible College, the Intersociety Press (IVP), the International Fellowship of Evangelical Students (IFES), and the International Christian Medical and Dental Association (ICMDA).

However, the challenges of balancing medical studies with running a national movement periodically took their toll. DJ struggled to pass his final medical exams due to the many distractions of his IVF work. However, Dr Arthur Rendle Short came to the rescue. He was a Professor of Surgery at Bristol, a great friend of the IVF,¹⁵ and a mentor to DJ. Rendle Short facilitated DJ's transfer to Bristol, where he could complete his medical studies in 1931 without the constant distractions of IVF administration.¹⁶

pioneer medical missionary... to Bermondsey

Since at least his early medical school days,

DJ had planned to be a medical missionary;¹⁷ his particular goal was Southern Rhodesia (today's Zimbabwe). However, as IVF was growing rapidly, this gave him a real moral dilemma. He saw how vital this new organisation was, and he was clearly gifted as an

administrator, but he had vowed to be a medical missionary!

Thankfully his problems were solved once again by Arthur Rendle Short, who was by then the President of IVF. Eventually, they were both encouraged that perhaps the Lord might want DJ to stay in the UK and to send others abroad, a wonderful conversation is recorded between them as the time for a final decision approached.

'Johnson, do you really think you ought to go to Southern Rhodesia?'

'Well, sir... Just the other day I was wondering what I would do if one day I got to the gates of heaven and Peter said in a gruff voice: 'Johnson, why didn't you go to Rhodesia?'

'Then you just tell him to call me!'¹⁸

However, he was still able to be a pioneer medical missionary! Living as a student in the Medical Missionary Association (MMA) hostel in Highbury, London, he was well aware of the Islington Medical Mission, which had been specifically set up to give home medical mission experience to those MMA students who were preparing for future overseas service. He was also a member of the MMA Board and Executive Committee during most of the 1930s and 40s.¹⁹

In Bermondsey, then a dilapidated slum area of southeast London, and just a short walk from today's CMF office, was a well-established project run by the Shaftesbury Society – the Lansdowne Place Mission. DJ knew the President of the Mission, and eventually this culminated in the launch of a new project in 1932, the Lansdowne Place Medical Mission, set up on the model of Islington. DJ was its first doctor, setting up the medical work there immediately after his medical 'house jobs'.

Although he only stayed there for just over a year before handing it on to others due to the pressure of work in the developing IVF, he had in that time helped to bring transformative medical mission work to a deprived inner-city area.

1939

IVF Graduates Fellowship (GF) formed

1943

GF Medical Section holds first conference

1949

Medical Prayer Union and GF Medical Section agree to merge

1949

The Christian Medical Fellowship is formed

The medical mission continued over many years with its mixture of evangelism, social support, and compassionate medical care, becoming an NHS general practice in due course. It still survives today, although now as a secular practice in a slightly different location.²⁰

Graduates Fellowship and the Medical Section

Through the 1930s and 40s, IVF continued to grow and develop, with DJ as its secretary. Many students graduating from IVF Christian Unions wanted to stay in touch, support the CUs, and

continue to develop evangelical Christian witness in their various professions. This concept formed into the Graduates Fellowship (GF) of the IVF in 1939, which evolved and grew through the 1940s.²¹

A few of the professions represented in the GF formed distinct 'sections'. Some have gone on to become separate organisations that survive today, such as Christians in Science, the Christian Dental Fellowship, and the Association of Christian Teachers.

The GF Medical Section became particularly prominent, and although the Second World War again disrupted IVF ministry nationwide, the GF held its first conference for medical students and junior

doctors in 1943. By 1946, things were picking up pace, and Major William Melville Capper returned from army medical service to be a surgeon at Bristol – as Chair of the GF Medical Section, he led its development, along with DJ and a few others, in that period.²²

Plans were already being developed to form the Medical Section into a distinct organisation that retained strong links to the existing GF, when things took an unexpected turn.

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unexpected allies, and a merger

In April 1948, a letter appeared in *The Lancet* from Neville Bradley, the secretary of the Medical Prayer Union (MPU).²³ Although depleted by the War and the recent death of their Chair, Dr William McAdam Eccles, they were keen to revive the fortunes of the MPU. The Lord's timing was perfect. A letter survives to DJ from Ellison Nash (an IVF colleague and later Dean of the Medical School at Bart's Hospital, London), suggesting they discuss this urgently and remarking that the MPU were 'quite a good thing before the War'.

The *Lancet* letter led to discussions between leaders of the MPU and IVF during 1948 and 1949. The remaining MPU leadership held that 'the future seemed to lie with this new movement, and the MPU's aims were much the same'. So, they all agreed that the two societies should combine under a new name. At the time, there were around 200 MPU members and 600 in the GF Medical Section.²⁴

The final decision came on 22 October 1949 at a meeting of the GF Medical Section, where the minutes record their decision to merge with the MPU to form the Christian Medical Fellowship. Hence, although it is now 75 years since the birth of CMF, we are very much the continuation of the MPU as well, reflecting an unbroken continuity going back 150 years to 1874!

what can we learn from Douglas Johson and the birth of CMF?

We have now completed the journey I set out to chart through these six chapters. We have only scratched the surface of the colourful and inspiring characters involved and the twists and turns of the Christian medical movement that led up to CMF's birth. God has remained faithful through all these years, and I am incredibly grateful to him that CMF remains strong in 2024, looking ahead to the next chapter of our service together for him.

Looking back over this chapter, here are some lessons that stand out to me:

- Once again, students were critical in the birth of this movement, and CMF was born out of campus ministry amongst students. In fact, DJ has often been reported to have said, *'if you take care of the students and the literature, the rest of the organisation will run itself'*.
- DJ and his contemporaries had to fight for evangelical doctrines, such as the centrality of the cross, the authority of the Bible, and the need for evangelism. Many scorned them for this, but they have been proved absolutely right. We must always hold on to sound biblical teaching, even if changing times may require us to nuance or express it differently than previous generations.
- Douglas Johnson was by no means a classic, charismatic leader. Always in the background, he was so self-effacing that his successor at IVF, Oliver Barclay, dubbed him 'The Invisible Man'!²⁵ Yet despite this unassuming personality, he had an incredible influence on the twentieth-century evangelical movement. In the view of John Stott, he was the most influential evangelical of the twentieth century!²⁶ We must never assume that God cannot use us for his purposes just because we don't appear to be 'classic leader' material. Faithfulness is the key!
- No one foresaw the eventual merger of the IVF Medical Section with the MPU, even though, in many ways, it was a reunification of the previous student and graduate work that had separated in 1906. The Lord can often surprise us with unexpected allies and unanticipated reconciliations – let's continually trust him and expect to be surprised!

REFERENCES

1. The delightful story of five generations of missionary influence of the Wilder family is told by Robert Wilder's granddaughter, Elizabeth Goldsmith, in *Roots and Wings*. Carlisle. OM Publishing, 1998.
2. Goldsmith E. 1998 *Ibid*: 39
3. Johnson D. *Contending for the Faith*. Leicester. IVP, 1979: 49-52
4. Johnson D. 1979 *Ibid*: 54-64
5. Johnson D. 1979 *Ibid*: 66-69
6. Johnson D. 1979 *Ibid*: 69-78
7. See movement.org.uk
8. Johnson D. 1979 *Op Cit*: 99-100
9. Johnson D. 1979 *Op Cit*: 88
10. Varsity is an older word equivalent to University.
11. Johnson D. 1979 *Op Cit*: 115-122
12. Account from *FISH-PI*, the UCL CU magazine, 1977. Copy in UCCF archives.
13. Fielder G. *Lord of the Years*. Leicester. IVP, 1998: 25,26
14. Johnson D. 1979 *Op Cit*: 121-125, 137-139
15. Pickering M. Remembering Arthur Rendle Short. *Triple Helix*. Spring 2021. cmf.li/3CS7NXE
16. *DJ80 – an 80th Birthday Tribute to Dr Douglas Johnson*. London. CMF, 1985: 12
17. *Lansdowne Place Medical Mission – report of dedicatory service*. London, Nov 1932: 3-4
18. DJ80. 1985 *Op Cit*: 32
19. *Conquest by Healing*. London. MMA, Sept 1933: 71
20. See nexushealthgroup.nhs.uk/decima-street-surgery
21. Johnson D. 1979 *Op Cit*: 213,214
22. Johnson D. *The Christian Medical Fellowship – its Background and History*. London. CMF, 1987: 22-23
23. Bradley N. Christian Medical Group. *Lancet* 1948; 3 April: 540
24. Johnson D. 1987. *Op Cit*: 23-24
25. Barclay O. Douglas Johnson: The Invisible Man. *Evangelicals Now*. January 2005. bit.ly/49FNcq7
26. Interview given at Spring Harvest Word Alive, 1993. Personal communication with Johnson family.

CHAPTER 6

REFLECTIONS

1 Throughout the history of the Christian medical movement, partnerships between students and graduates have been vital at many key stages. Are there ways that you can better support the next generation? Or, if you are junior yourself, can you seek the support of more experienced mentors?

2 Are you sometimes tempted to minimise the importance of key Christian doctrines or ethical principles? Which are the most important doctrinal and ethical pressure points that need re-emphasising or defending (perhaps in new ways and in new language) in your own professional, personal, church, or cultural situations?

SCRIPTURE REFLECTIONS

We have different gifts, according to the grace given to each of us. If your gift is prophesying, then prophesy in accordance with your faith; if it is serving, then serve; if it is teaching, then teach; if it is to encourage, then give encouragement; if it is giving, then give generously; if it is to lead, do it diligently; if it is to show mercy, do it cheerfully.

Romans 12:6-8

3 Have you ever been tempted to place charismatic 'classic leaders' on pedestals, and neglect the values of humility, good administration, personal encouragement, and careful implementation of strategy? How might Douglas Johnson's example and influence encourage you to think differently here?

4 Have you seen the value of 'unexpected allies and unanticipated reconciliations' in your own life? Could you pray for them, watch for them, and take opportunities when they come? What might that look like for you?

What you heard from me, keep as the pattern of sound teaching, with faith and love in Christ Jesus. Guard the good deposit that was entrusted to you – guard it with the help of the Holy Spirit who lives in us.

2 Timothy 1:13,14

[Peter] said to them: 'You are well aware that it is against our law for a Jew to associate with or visit a Gentile. But God has shown me that I should not call anyone impure or unclean...I now realise how true it is that God does not show favouritism but accepts from every nation the one who fears him and does what is right.'

Acts 10:28-35



WHERE TO FROM HERE?

O

ur history is a large part of what makes us. Why did we form in a certain way? What shapes our preferences, our hopes and fears, the things that matter to us, and the opportunities and connections we have?

This is often as much the case for organisations as people. I hope my brief survey of the Christian medical and nursing movements up to CMF's birth has shown that. I also hope that you've been encouraged and stimulated by learning more about some of the inspiring, yet wonderfully fallible and relatable people who have played significant parts in our heritage and formation.

There is much more that could be said, including about how the Lord has shaped and guided CMF and its members in the 75 years from 1949 to today. I hope in due course to write more about that too. But the question for us here, today, is 'so what?' Does any of this looking back help us with the challenges we face in 2024 and beyond – personally, professionally, or as a Fellowship?

I hope that the reflection questions after each chapter have emphasised that there is a huge amount of overlap between contemporary challenges and those faced by our forebears. They may have looked and sounded different to us, and lived in very different cultural or technological situations but I have been forcibly struck by just how applicable their situations and dilemmas are to us even to this day.

As was rightly said 3,000 years ago, there really is 'nothing new under the sun' (Ecclesiastes 1:9). Prayerfully applying biblical wisdom to any challenge will ultimately help us.

And that, after all, is exactly what CMF is here for – to unite and equip Christian healthcare professionals to live and speak for Jesus. Over the years, we have gradually widened the scope of our membership – from doctors, to medical students, to nurses and midwives. Shortly this will extend to physician associates and anaesthesia associates as they come under GMC regulation. We are also developing our partnerships with Christian allied health professionals. Through our Christians in Healthcare Leadership Network, we are delighted to have colleagues in non-clinical healthcare leadership as associate members of CMF. Looking wider, we continue to be deeply embedded in global networks such as the International Christian Medical and Dental Association (ICMDA) and Nurses Christian Fellowship International (NCFI).

What will CMF look like at our centenary, in 2049? Will there still be a National Health Service in the UK, and will the UK survive in its current form? How will artificial intelligence transform healthcare? What will be the financial, political and religious landscape of the British Isles? What will the global challenges of climate, conflict, and geopolitics look like then? Will Jesus have returned by then?

We simply do not know the answers to these questions. But we know and serve the Sovereign Lord who does. So, let's press on together and seek his wisdom and guidance.

The Christian Medical Fellowship is our membership. We are stronger together. If you're not already part of CMF, please do consider joining as a Member, Associate Member, or Friend (cmf.org.uk/join and cmf.org.uk/friends).

If you're already a member, do please stay in touch. You may be heavily engaged in CMF's ministry, or more peripherally involved. Either way, we love to hear from you and to know how we can support you better as you strive to live and speak for Jesus.

To him who is able to keep you from stumbling and to present you before his glorious presence without fault and with great joy – to the only God our Saviour be glory, majesty, power and authority, through Jesus Christ our Lord, before all ages, now and forevermore! Amen. (Jude 24,25)



A handwritten signature in black ink that reads "M. Pickering". The signature is fluid and cursive, with the first name "M." and the last name "Pickering" clearly distinguishable.

Mark Pickering,
CMF Chief Executive

CMF
75+
for the
future

2024
ANNIVERSARY
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in our 75th year

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It is inexcusable in a Christian to neglect history'. So said the founder of the Christian Medical Fellowship, Dr Douglas Johnson (DJ). The more I have read about DJ, the more I have connected with his own obvious passion to remember the inspiring people and remarkable

events that have shaped who we are today.

There is a huge amount of overlap between contemporary challenges and those faced by our forebears in the nineteenth and early twentieth centuries. They may have looked and sounded different to us, and lived in very different cultural or technological situations to those we now face, but I have been forcibly struck by just how applicable their situations and dilemmas are to us even to this day.

As was rightly said 3,000 years ago, in many ways there really is 'nothing new under the sun' (Ecclesiastes 1:9). As we celebrate God's faithfulness to us in CMF's 75th anniversary, let's be inspired and encouraged by those who have gone before us. We hope you find these stories inspirational in your own walk with God and your own Christian ministry.

Mark Pickering
CMF Chief Executive

