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SURGERY IN CHINA.

(Continued.)

BY JOHN C. THOMSON, M.A., M.D., *Edin., Alice Memorial Hospital, Hongkong.*

II.—SURGICAL CHARACTERISTICS OF THE CHINESE.

Passing now to some consideration of the characteristics of the Chinaman from the surgeon's point of view, the questions naturally suggest themselves as to how he sustains, and how he recovers from, the effects of operation or injury: in both of which respects my experience leads to the belief that he has distinctly an advantage over the average native of Western lands.

*Fortitude under Operation.*

The Chinaman's fortitude under the surgeon's knife has been subject of remark ever since the surgeons of the Honourable East India Company first began to relieve surgical conditions with which at their stations in China they were brought into contact, and continues to excite admiration now that medical missions are carrying Western surgery into many regions of the Chinese empire. This trait is of course less noticeable now than in the days anterior to the age of chloroform, but even now it is frequently put to the test in circumstances where surgeons in isolated situations are compelled to undertake operations unaided, or where otherwise the exhibition of chloroform is contraindicated, and in the minor operations of surgery. When so tested, the Chinaman will endure without flinching a degree of pain that to the more highly developed nervous system of the Westerner would be well-nigh impossible. Most of the numerous entropion operations in the Alice Memorial Hospital, for example, are performed without the use of any anæsthetic whatever, and one usually sees the minute manipulations involved endured throughout without the quiver of a single muscle, on the part of women as well as men.

To the Chinaman, indeed, with his lack of education to the knife, the thought of cutting is repellant in the extreme, and I have many a time seen a stalwart man burst into tears at the bare proposal of incision of an abscess, but once his mind is made up to operation the case is as I have stated it, and he far surpasses most other nationalities in his courage and endurance.

*Recuperative Power.*

The remarkable recuperative power of the Chinese after surgical injuries is unanimously testified to by all who have had to deal with them, and my experience of them goes to confirm this generally received opinion.

The fact is to be discounted, that in the case of the poorer Chinese a prolonged course of low living and practical starvation has frequently added its results to the original trouble (while the native practitioners are doing their best or worst), before the case is submitted to the Western surgeon, and this materially affects the progress of many of our patients; but, *cæteris paribus*, recovery and convalescence are very much more rapid and complete in the average Chinaman than in the average Englishman.

Reasons for this difference are not entirely obvious, but the opinion may be hazarded that the simpler feeding habits of the Chinese, the rare occurrence of albuminuria or glycosuria, and their equable mental constitution form at least some of the causes of the higher vitality of their tissues. The popularly accepted notion that the Chinaman lives on rice is, indeed, very far from the truth, since even the poorest manage to add a few green vegetables and a little fish or pork to the rice which is the staple national diet; but, taken all round, the Chinaman's food is certainly more simple, and probably more nutritious, than the food of an Englishman under analogous circumstances, albeit his habit of consuming it wholesale renders him specially liable to dyspeptic troubles. His use of alcohol is also much less injurious to his tissues than is its use by a large proportion of Europeans. The native spirit, samshoo, is very extensively consumed, but it is invariably in minute quantities and never excepting with meals, intoxication being a thing practically unknown in China. Depending on this, doubtless, is the comparative rarity of albuminuria among the Chinese. Professor Grainger Stewart estimates\* the presence of albuminuria in Great Britain at 24 per cent. among the sick and 10.8 per cent. among the presumably healthy, yet in the Alice Memorial Hospital the proportion of cases showing the faintest traces of albumen does not exceed 5 per cent., and glycosmia is rare in the extreme. The tranquillity of the Chinese mind is proverbial. A Chinaman is never in a hurry. Provided he be given a hope of ultimate relief, it rarely matters to him whether his stay in hospital is to extend over a week or a month, and this absence of all worry

\* Clinical Lectures on Important Symptoms: on albuminuria, p. 34.

probably goes far, along with the other facts I have stated, to account for the kindly reaction of his tissues under the surgeon's knife.

To adduce illustrations of this recuperative power of the Chinese is naturally somewhat difficult, since it is in the results of treatment of ordinary accidental lesions of bones or other tissues, and in the speedy healing of operation wounds regarding which there is nothing in particular to relate, that it specially manifests itself. It may not, however, be out of place to instance one or two of the more remarkable recoveries that have been made under one's care, in circumstances that one can scarcely believe would have been other than fatal in Europeans. I shall briefly describe four such cases, taken from different regions of surgical practice:—

On June 28th 1890, an old man, Wan Huk, aged 62, came to my care from the Tung-wa (native) Hospital, suffering from a very extraordinary complication of diseases of the urinary organs. That first demanding attention was a retention of urine, the bladder being largely distended, and the patient almost in a state of collapse. On examination it was found that he had phimosis, stricture of the urethra, a stone in the bladder, and a large right scrotal abscess, communicating with the bladder over the pubic bone. By means of a small catheter the bladder was emptied of nearly two quarts of a very foul-smelling mixture of pus and urine, and washed with warm boracic lotion. On the following day the prepuce was slit up and the scrotum incised, after which for some weeks the bladder was washed out twice daily per urethram, and the patient carefully nourished, most of the urine meanwhile escaping by way of the scrotal opening. On August 9th I removed a large stone by lateral lithotomy; on August 26th performed circumcision, and fully dilated the stricture; and on October 19th had the satisfaction of seeing the old man leave the Hospital looking well, his urethra quite patent, and all his wounds perfectly healed up.

On November 28th 1890, Ng A-soo, aged 8, a school girl, fell from the roof of a four storeyed house to the ground, a distance of between sixty and seventy feet, the fall being but slightly broken by her falling on or into a basket standing on the ground. When I saw her a little later, she was comatose, and I found the skull fractured in several directions over and in front of the right parietal eminence, which was deeply depressed. I trephined and elevated the bone, and the girl regained consciousness. A fracture of the neck of the humerus (left), not noted till the following day, was treated by a pad in the axilla. Beyond a slight restlessness on the first day or two, easily checked by bromide of potassium, not a single unfavourable symptom supervened, and the patient was discharged cured on January 19th 1891. I saw her two months later, when she seemed in no sense one whit the worse for her terrible fall.

Reference has already been made to the position of Chinese obstetrics, and to the fact that one's midwifery experience is practically confined exclusively to cases requiring surgical interference, even that usually after prolonged labour. The recoveries made by such patients are often remarkable enough. Take the following :—

On February 22nd, 1890, I was called to a case of intra-uterine hydrocephalus, where labour had already been in progress for over four days, and where the patient was already almost in a collapsed condition. I momentarily feared that she would die in my hands, but managed to complete delivery, and thereafter administered restoratives and stimulants. The very next day she wished to get up and be about her household work! By the end of a week she was moving about, seemingly as well as an ordinary Englishwoman at the close of the puerperal month; and this in spite of the fact that her convalescence had to be accomplished in a dark, dirty, windowless cellar, opening from a narrow alley where the approach of a breath of fresh air appeared well-nigh an impossibility.

As an example of good recoveries one frequently sees made from severe hæmorrhage, the following may be instanced :—

Some months ago I had occasion to operate for extensive caries of the lower jaw, involving the whole lower margin and outer surface of the bone on the right side. Sinuses had existed for years, and all the tissues were hugely thickened and indurated, in consequence of which there was a rapid oozing of blood from the general surface all through the operation, which could not be checked by any means. Having exposed the jaw by an incision connecting the sinuses from the angle to the symphysis, I chiselled away all the carious bone, but in the meantime the loss of blood was so considerable that the patient was completely blanched, and the heart's action was extremely feeble. Yet in a few days the general tone was completely recovered, and in due time, though the bone had been so extensively denuded, perfect healing took place.

#### *Reaction to Anæsthetics.*

In close relation with the Chinaman's behaviour under and after operation is the reaction of the Chinaman's system under the influence of anæsthetics.

My Edinburgh training regarding chloroform having been fully confirmed by the results arrived at by the Hyderabad Commission, I have never used any other general anæsthetic, so that my experience of chloroform administration to the Chinese now extends over many hundreds of cases, and I have not seen one in which it has been followed by harmful results.

The Chinaman passes much more slowly under the influence of chloroform than the average Englishman, but usually without any of the excited stage

through which the latter frequently passes. Any talking or struggling is quite exceptional. He passes, too, more readily from under its influence, so that its administration requires to be more continuously maintained. He is much less liable to the nausea and vomiting that so frequently follow the use of the drug elsewhere, and I certainly have never seen it in its severer forms since coming to China. In a word, it is a safer and a more agreeable task to administer this general anæsthetic to the Chinaman than to the Englishman, but for the one drawback that the time the former takes to yield to its influence is sometimes trying to one's patience and wasteful of one's time.

As to *local anæsthetics*, the ether spray has in my hands been useless, either on account of the climate or peculiarity of the Chinese, but cocaine I find a perfect anæsthetic for purposes of minor surgery, and have not known any injurious results attend or follow its use.

Having considered the Chinaman from the point of view of operative surgery, I shall confine my further notice of his surgical characteristics to a mention of four of the occasional sequelæ of operation from which he enjoys a comparative exemption.

#### *Erysipelas.*

Erysipelas is seldom met in South China, being in some parts quite unknown, and it is also infrequent in the North, though there in warm winters it occasionally tends to become epidemic. In the Canton Hospital Report for 1874, Dr. Kerr remarks that he had up till that year seen but one case in a twenty years' very large experience. I have never seen it follow operation, and in the three or four cases I have met during the past three years, all in the face and scalp, no breach of surface could be traced as the starting point excepting in my last such case.

#### *Tetanus.*

Tetanus also is infrequent in adults, though a vast proportion of the native infant mortality is caused by the form of it known as tetanus neonatorum. I have met but a single case. A man came from the country, suffering from the effects of an explosion having carried away the right hand a week previously, in which the stump was gangrenous and dysphagia already present. I amputated high in the forearm, and tried by means of general treatment to avert the tetanic symptoms, but failed, the patient dying in a condition of general tetanus a few days later.

#### *Hæmophilia.*

Hæmophilia is extremely rare in China. One or two cases are on record,\* but were the hæmorrhagic diathesis present in anything like the proportion

\* Canton Hospital Report, 1879; China Medical Missionary Journal, vol. iii., p. 12.

in which it exists in other regions it must have much oftener presented itself at the many centres of surgical work now existing in the empire. I have personally met no member of the family of bleeders.

*Urethral Fever.*

Urethral fever is unknown in China. Venereal disease with its resultant strictures is enormously prevalent, and probably nowhere in the world is vesical calculus more common than it is in the province of Kwang-tung, off the coast of which Hongkong is situated (though curiously the disease is almost unknown elsewhere in China). Consequently in the Alice Memorial Hospital sounding and catheterization are events of daily occurrence; yet in not one single case have I observed the fever that so frequently is the concomitant of similar operations in Great Britain. The Chinaman's phlegmatic temperament seems to extend to his urethra.

It does not come within my purpose in this paper to discuss at length the *special surgical conditions met with in the Chinese*, but within a single paragraph one or two remarks on the subject may suitably find place.

The absence from China as yet of the railway, of heavy machinery, and of almost all mode of conveyance but by manual labour or by boat, makes the proportion of cases of serious accident, *e.g.* of bone lesions, very small. Tumours abound, simple tumours of all varieties predominating, sarcomata coming next in frequency, and epitheliomata being comparatively seldom met with. Hernia is common, but strangulation or other form of intestinal obstruction rarely occurs. I have already incidentally remarked on the frequency of vesical and urethral calculus in Kwang-tung province and its absence elsewhere. All forms of elephantoid disease abound, but excepting in case of the scrotal form surgery offers it small hope of relief. Deformities resulting from rickets I have seen only in one or two instances, but tubercular diseases, and especially of the hip-joint, are painfully frequent.

Finally, surgical conditions depending on chronic conjunctival inflammations are the most common of all that come under treatment.

III.—THE PROSPECTS OF WESTERN SURGICAL PRACTICE IN CHINA.

The subject of the prospects of Western surgery in China resolves itself into the two-fold question:—

(1). As to what aptitude for surgical science and practice is being shown by the Chinese themselves, since only by native agency can surgery become at all widespread;

(2). As to the reception that such native surgeons are likely to have at the hands of their countrymen.

With reference to the surgical capabilities of the Chinese, I have had opportunities of observing at their work one or two of those who have already

been trained by medical missionaries; and as Secretary of the incipient Hongkong College of Medicine for Chinese\*, I have closely observed the band of a dozen or so young men who meantime are under instruction, and eight of whom living in the Alice Memorial Hospital are continuously under my eye. As students, I find them hard-working, persevering, and for the most part able to obtain a good working grasp of the theory of any subject they have under consideration, albeit the national "memoriter" system of education predisposes them very strongly to the evils of "cramming": while in practical work they are cool, collected, careful, skilful, and fearless. We have them at all stages of the curriculum, and they seem to me well on a level, especially in practical matters, with students at similar periods of study at home; while one or two of the seniors would in my opinion easily and fully satisfy the requirements in surgery of most of the examining boards of Great Britain.

My house surgeon since I came to China three years ago has been a young man named Chung King-üe, a pupil of the late Dr. Mackenzie and a diplomate of the Viceroy's College, Tientsin, and he is as able and capable as were he a Scotch graduate with an Edinburgh training, while no man could be more conscientious in the discharge of the duties of his post. He is observant and skilful as an anæsthetist; he performs most of the minor surgery of the Hospital, and that to one's complete satisfaction; and in the treatment of the surgical emergency cases that are brought to the Hospital one has rarely to add to, or improve, much less alter, what he has already done.

My observation of these men leads me to the conviction that the Chinese are fitted to take at least a respectable place as surgeons, and that a time is coming when Chinese surgery will offer results favourably comparable with those of the West. In concluding this paper, I propose to indicate the main factors that obstruct the coming of that time, and that must be, and are being, faced by the pioneers among Chinese surgeons, of whom the Hongkong College hopes in a few months to send forth its first fully qualified instalment. These obstructing elements are certain restrictions of Chinese Penal Code, the native prejudices in favor of ancient methods, the powerful anti-foreign feeling that prevails in China, the vested interests of the native practitioners, and the influences of ancestral worship and of the prevalent notions as to the future state. Let us briefly examine these in detail.

#### *The Chinese Penal Code.*

The only reference made to the healing profession made in the Penal Code is in a section entitled, "On injuring or killing persons by an unskilful practitioner," and it is as follows:—†

\* V. Alice Memorial Hospital Report for 1890, p. 17.

† Chinese Chrestomathy, p. 500.

“Whenever an unskilful practitioner, in administering medicines, or using the puncturing needle, proceeds contrary to the established forms, and thereby causes the death of a patient, the magistrate shall call in other practitioners to examine the medicine or wound; and if it appears that the injury done was unintentional, the practitioner shall then be treated according to the statute for accidental homicides, and shall not be allowed any longer to practice medicine. But if designedly he departs from the established forms, and deceives in his attempt to cure the malady, in order to obtain property, then according to its amount he shall be treated as a thief; and if death shall ensue from his mal-practice, then for having thus used medicine with intent to kill, he shall be beheaded.”

In other words, so long as this law is unrepealed, while foreigners may practice under cover of their respective flags with a certain amount of impunity, any of the men whom we are training and who may commence to practise in China proper, will be liable to be hauled at any moment before the magistrates by relations of any case they may lose; and being unable to prove that they have not “designedly departed from the established forms” in course of their treatment, they will be liable at the caprice of the magistrates (who in China more than anywhere else in the world can be bought to any required decision) to be subjected to any punishment up to actual decapitation. Scarcely a prospect, it must be granted, calculated to encourage Chinese youths to adopt Western surgery as a profession!

*Native Prejudices in favour of Ancient Methods.*

It is not to be expected that the popular prejudices in favour of methods of treatment that have persisted during periods extending over thousands of years will be easily or speedily eradicated. Our highest hopes for the progress of surgery in China do not blind us to the fact that probably for generations still the vast majority of surgical conditions will give acupuncture and the moxa their trial before submitting themselves to Western methods of treatment, even though the bearers of those methods were already spread widely throughout the empire. And this latter is very far from describing the distribution of those who have gained some little insight into foreign surgery.

As a matter of fact, medical men in China have been able to do little more than train assistants for their personal work, even the Viceroy's College\* at Tientsin having been only a one-man effort, and having, at least temporarily, collapsed with Mackenzie's death. The Hongkong scheme† is the first effort to establish a medical school for Chinese on a broad basis, with individual teachers for each of the subjects embraced in the curriculum, but even here all the

\* China Medical Missionary Journal, vol. i., p. 100.

† Vide Alice Memorial Hospital Report for 1890, p. 17.

work of teaching is done by volunteer effort, and is therefore to a certain extent precarious.

The time is therefore far distant when any widespread attempt can be made to dispel the prejudices of which I have spoken, and to substitute scientific treatment for the crude surgical methods described in the earlier part of this paper.

*Anti-foreign Feeling.*

There is a powerfully conservative element in the Chinese character, which makes the Chinaman naturally dislike the foreigner and everything foreign which threatens in any way to change his already established institutions. This feeling of hatred and distrust meets the foreigner wherever he goes in China, and is at the root of the disturbances that so continually arise wherever foreigners are settled. Now the foreign-trained native surgeons will be to a large extent identified with their teachers, and will have to endure their full share of this dislike to all that is non-Chinese.

*Vested Interests.*

The vested interests of the native practitioners must form an obstacle to the progress of Western surgery in China, though, but for the fact that medicine and surgery must go together, this would be less noticeable than in the opposition to the progress of Western medicine, since the Chinese practitioners are themselves rather willing than otherwise to grant the superiority of our surgical methods over their own.

In course of 1890 we had a native doctor, who had been trained by Dr. Kerr in the Canton Hospital, carrying on work by itineration in connection with the Alice Memorial Hospital in a district on the mainland some sixty or seventy miles from Hongkong. At one at least of the larger towns he visited such riots were created by the active opposition of members of the native profession that he was driven to betake himself elsewhere; and his experience in this respect will certainly be the experience of very many members of the new race of Chinese surgeons.

*Ancestral Worship.*

One of the most powerful influences working in China is that of ancestral worship; but, if one may judge from comparison of the callous treatment of dying Chinese by their relatives with the pompous ceremonials that follow death and are maintained year after year during prolonged periods, this so-called filial piety is less a token of respect for the memory of departed ancestors than an attempt to propitiate their ghosts, and prevent trouble being brought by them to the living. It is undoubtedly a weighty factor working against the progress of Western surgery, and accounts to a consider-

ble extent for the reluctance which the Chinese often show to parting with a limb or any fraction of a limb, even where it is a question of mortal disease. They receive their bodies entire from their ancestors: what would the departed spirits think of their consenting to yield up any part of them? And what might not be the consequences of their incurring the displeasure of those ghostly forefathers?

*The Future State.*

Consideration of personal future interweaves itself with dread of the spirits of the past to act as a hindrance to the introduction of truer surgical principles into China.

The precautions taken in the case of eunuchs\* curiously illustrates the prevalent idea that loss of a member in the present will involve its permanent want in the future. It has already been described how the removal of all the external organs of generation by a single sweep of a knife is the preparation required in servants for the imperial and princely households. The penis, scrotum, and testicles thus removed are never thrown away, but having been carefully embalmed are preserved by their owner, and are buried with him at the end of what may be a long life after the operation.

This dread of impairment of future happiness no doubt combines with the fear of the family ghosts to account for the remarkable reluctance of the Chinaman to submit to any operation involving even the slightest dismemberment. I have many a time seen a man voluntarily prefer death to a comparatively simple operation of such a nature.

Such seem to me the main obstacles in the way of the progress of scientific surgery in China, and not even the mighty weight of the support given to Western methods by Li Hung-chang, the most powerful man in all China, is of much avail towards their removal. That must come by a process of bit by bit forcing the popular mind by practical proofs to the conviction that the foreign methods are after all superior to the native.

Not unfrequently when I meet a case that promises to yield readily to surgical interference, but where operation is absolutely refused, I acquiesce in the protestations of the patient that there is to be no cutting, and undertake to do my best otherwise. Entering the Hospital, he is pretty sure to find some one whose condition has been analogous to his own, and who has been entirely relieved by the knife, meantime having been given a medicine to smell which caused him to experience no pain whatever in the process. A single afternoon's conversation in the ward is usually sufficient to convert him to the merits of Western surgery, and he is generally the first to propose that I be relieved of my promise not to cut, and to profess himself willing to submit to anything I may see fit to suggest,—always, however, with a reservation

\* Customs Medical Report, Nos. 14, 51.

where mutilation is concerned. It takes a very powerful motive to overcome the awe of the unseen I have just discussed.

Yet again, some while ago I removed a large stone by lateral lithotomy, and in due course discharged the patient cured. He went home to his native village, told his story, and within a few weeks two of his clansmen presented themselves at the Alice Memorial Hospital asking a similar relief.

The same thing is happening now all over China, and such are the influences that will uproot the false and establish a true theory of surgical practice. Each individual who has been successfully submitted to the surgeon's knife becomes the centre of a little circle prepared to pin their faith when need arises to the foreigner's methods, and the circle of such circles is a daily widening one. The progress being made is slow, is bound to be so, but it is steady, and the time is coming when the Chinese surgeon, who already has proved his capability of using that time when it does come, will have his day, and will magnify chirurgery in the Celestial Empire. Surgery in China, though in the past crude, semi-barbarous, spasmodic, promising much, accomplishing little; though in the present a vanishing quantity, a system of quackery, uncontrolled, oftener doing harm than any good; yet possesses in the constitution of the Chinaman all the advantages, and few of the drawbacks, known elsewhere; and will undoubtedly in the future take a high place, worthy of the great nation which has maintained its identity, and possessed a true civilization, during thousands of years.

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#### THE ARTIFICIAL MAKING OF WILD MEN IN CHINA.\*

BY DR. D. J. MACGOWAN.

Official proclamations and newspaper reports respecting the recrudescence of the crime of kidnapping in this and adjacent provinces disclose two interesting facts in Chinese sociology—a belief that kidnappers are in the possession of drugs, which, administered to intended victims, bring them under the absolute control of the administrator of the drugs. Concerning this I shall not at present write. The other fact informs us that the kidnapped, aphoned by drugs, are wholly deprived of the power of speech, etiolated by being immured in total darkness, or deformed by mutilation in order to fit them for exhibition by showmen; although these flagitious crimes are capital offences they are not wholly repressible. Unhappily these forms of man's inhumanity to man but partially indicate the sufferings to which man-stealers subject those whom they enslave. Of all the tortures which political hate or religious rancour has devised is indubitably decortication or flaying alive, which usually is not very protracted, but if the

\* *Republished by permission.*—(ED.)

skinning is performed bit by bit, as when the kidnapped is being fitted to play the rôle of wild man, the sufferings thus inflicted must be agonizing beyond imagination to conceive. This takes place when human skin is removed for transplanting the hide of an animal bear or dog, as small sections of the body can only be denuded at a time; to enable the subject to survive, a long period must be taken up in the full process of making a wild-man, involving excruciating torture before the human being can be reduced to the appearance and condition of a brute. The inbruitment is far from completion when the hide of an animal is grafted on the flesh of the man; he requires to be rendered mute by impairing the vocal chords; the due administration of charcoal, it is stated will induce the requisite dumbness. It is not considered necessary to destroy the faculty of hearing, but the victim is subjected to much the same regimen as that which Kaspar Hauser endured. The *Hupao* describes the appearance and the conduct of an artificially made wild-man who was once on exhibition in Kiangse. His entire body was covered by the skin of a dog, which had been substituted for his own derma or true skin. He was able to stand erect (they are sometimes maimed and only able to go on all fours) he could give utterance to inarticulate sounds, he could sit, stand and make a bow *a la Chinoise*, and conduct himself generally as a human being. Innumerable crowds paid for a sight of him. The district magistrate having heard of the show, ordered the "wild-man" to his *yamèn* where his shagginess and truculent mien caused amusement and terror. "Are you a human being?" interrogated the magistrate, to whom the being addressed nodded assent. "Can you write?" again he nodded, but when a pencil was put in his hand he was unable to wield it. Ashes were then spread on the ground, and stooping down he wrote five characters which gave his name and the place of his nativity—Shantung. Further enquiry disclosed the facts of his kidnapping, of his captivity and of the horrid operations to which he had been subjected. His proprietor was punished—capitally, no doubt, for he admitted that only one in five survived the operation. What is called the *Taliacotion* operation has become known to non-professional readers through encyclopædias; it derives its name from "*Taliacotius*," an Italian surgeon of the sixteenth century, and consists in transplanting skin—as in making a nose from the integument of the forehead or arm—the "rhinoplastic operation." While there is no evidence that the Chinese ever practised this art; they were aware that the living animal skin can be ingrafted, and take root on an animal that has been denuded for that purpose, long before anatomy and surgery were studied or thought of at Bologna. Less ghastly though fearfully gruesome is an account of an artificial monstrosity, a product of transplanting that, I find amongst my Teratological notes, is the making of human parasites, causing an adhesion of a boy to a man, chest to chest, forming an epiphyte, rather; such a

union is produced by removing the skin of the subjects of the operation, and lashing the two together, so as to keep the denuded portions in apposition until complete adhesion is effected, by vascular connection, when the unhappy creatures are fitted up for exhibition, the boy being held pendent by straps.

Deprivation of light for several years renders a child a great curiosity, voice being destroyed by drugs, and the system sustained by a peculiar diet. A Ningpoese monk, says tradition, subjected a kidnapped boy to that treatment to exhibit him as a Buddha. The etiolation was complete, no ray of the sun ever glanced upon the young man who looked like wax when brought out of the subterranean cell, in which he had been immured, causing the spectators to imagine he had been fed on lard and white sugar. He squatted with the palms of his hands together, presenting the appearance of an ecstatic monk absorbed in contemplation, as one on the verge of metamorphosis; always kept in that posture, never hearing a voice except that of his keeper, he became a drivelling idiot, almost a vegetable. When public curiosity was satiated, gains no longer coming in, a time was fixed for his cremation. Sufficient intelligence survived in the devitalized brain to inform him that he was about to be burnt, which was detected by the district magistrate, who all along surmised a pious fraud. He observed a tear trickle from the lustreless eyes down the immobile face, further observation and enquiry elicited the foregoing facts. The monk escaped decollation by flight, and the temple was levelled to the ground. An illustration of the atrocities that sometimes accompany kidnapping of children came to the knowledge of the residents of Shanghai shortly after the port was opened. A boy was on exhibition whose head indicated that he had nearly attained maturity, but whose trunk and limbs were the size of an infant's, the atrophic condition being due to confinement in a jar for many years; the head only being exposed during that long period. The revolting exhibition was closed by the Chehsien.

From these cases it will be seen why kidnapping in China is so severely dealt with by the courts, and why kidnapers are so abhorred and execrated by the people.—*The Celestial Empire.*

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## PRE-DIGESTED FOOD IN BOWEL COMPLAINTS.

BY E. W. VON TUNZELMANN, *M.B., London, M.R.C.S., England, Chefco.*

To the too long list of universally recognized opprobria of the medical art, such as phthisis, malignant neoplasms, etc., etc., the practitioner in the East is often disposed to add the name of chronic diarrhœa, for the intractable nature of which his training in England will not have prepared him, its serious importance having not yet attained due recognition in medical textbooks and class-rooms. Only too often have patients to be sent home, after years of suffering; the resources of medicine out here having proved inadequate to cure, or even to hold in check, the morbid process. Some, unable or unwilling to leave their business, turn as a last desperate resource to the smooth prophesying quack, whose failures, like ours, are hidden by kindly earth, and whose "successes" (cured eventually by nature in the teeth of all obstacles) act as loud-voiced decoy ducks. Timely flight homewards often enough saves such patients, and they may even be able to return to the East, though with risk; but only too often the evil is too advanced to allow of recuperation even under the more favourable home conditions.

It has long been recognized both by the profession and by the laity that the European in China is far more liable than in his natural environment to serious lesions of the alimentary tract. The consequent necessity for prophylaxis is too generally recognized to require emphasizing; but the frequent failure of curative means justifies a short summary of the principles on which these, to be of value, must be based, and the advocacy of a mode of treatment which the writer's experience has led him to place great reliance on, and the value of which, though no novelty is claimed for it, seems not to be sufficiently generally appreciated.

One of the main principles underlying all surgical and medical practice is, that an injured tissue should be placed in a condition of as complete rest as possible, and this condition sustained free from interruption, as long as necessary; while at the same time the general health is maintained, so that the processes of repair may go on as actively as possible.

The utility of complete local rest in lesions of bones, joints, etc., is a truism; in visceral lesions it is unfortunately rarely applicable; when it is, its good effect is often marvellous, even in cases where the tissues seem to be hopelessly damaged; e.g. cases of impassable urethral stricture, which, when the bladder is opened and drained, become permeable and easily curable. In the special case of the intestinal tract, the value of a short period of fasting after an acute attack of irritative diarrhœa is indubitable; and it is conceiv-

able that at some future period the progress of therapeutics will enable nutrition to be introduced into the body by some other route than the intestinal tract, so that absolute local rest may be secured for it for as long a period as necessary.

At present however, in cases of chronic bowel complaints, the two desiderata clash ; complete rest for the alimentary tract means starvation, with consequent impaired general nutrition and cessation of the processes of repair, the stimulation of which is the object in view. Events thus move in a vicious circle ; the functions of the intact portions of the digestive tract share in the general impairment of nutrition, and food which, if they were not thus affected, would be absorbed before reaching the damaged part, or would reach it in a readily absorbable condition, now reaches it in a condition which, if the part in question were healthy, would excite in it an abnormal, possibly pathological, activity ; *à fortiori* has it an injurious effect on the damaged tissues. The local lesion is thus aggravated by direct irritation, while the processes of repair are still further depressed by the constantly lessening supply of assimilable material to the tissues generally. When the intestine is extensively ulcerated, as in chronic dysentery, or much thickened and infiltrated with inflammatory effusion, or much thinned, its glandular structures atrophied, and its surface denuded of epithelium, as in sprue, its absorptive power must be slight or nil, and it must afford a favourable nidus for the multiplication of the micro-organisms which normally abound in the intestinal tract ; hence even normal chyme cannot pass over it without doing it injury, inducing harmful movements, and supplying additional nutritive material for micro-organisms, the products of whose life activity play a great part in preventing repair. This irritant influence of micro-organisms has long been recognized, especially of late years, and the usual aim of treatment appears to be to obviate it by the use of various germicides, creosote, salol, naphthaline, etc., etc. In placing our main reliance on such agents we neglect the principle which guides us in the prevention and treatment of sepsis elsewhere, viz., that it is of supreme importance to ensure that micro-organisms have no nutritive material in which to develop, the living tissues as a rule being well able to deal with them if they have no such nidus ; germicides, useful as they are, being of entirely secondary importance. To attain the main object of treatment therefore, the maintenance of the damaged portions of the intestine is as complete a state of local rest and non-irritation as is compatible with the necessary performance of its functions by the healthy part of the digestive tract, it is obvious that the most efficient conceivable means would be an ideal food. Such a food would have two characteristics : (1) the enfeebled digestive tract could absorb it completely, without residue, before any reached the damaged part, so that the faeces would consist solely of the morbid discharges of this

part, and the unabsorbed portions of the natural secretions of the remainder of the digestive tract; and (2) its composition would be such as to afford the tissues the various materials required for their nutrition, proteids, carbohydrates, fats, etc., in such proportion as to ensure the minimum of waste and effort in assimilating them. The nearest approximation to this ideal is obtained by the administration of food which has been beforehand as completely digested as possible; modern pharmacy enabling us to do efficiently the work which the natural digestive juices, under the conditions of ill-health which we have to treat, can only perform imperfectly. For thus pre-digesting the food three classes of agents are at our disposal: (1) various preparations of diastase; (2) pepsin preparations; (3) pancreatic preparations. As however the first of these is available only for carbohydrates, and the second only for proteids, they may at once be excluded, as they fail to fulfil the second requirement for the ideal food above described. Pancreatic preparations however, being able to prepare proteids carbohydrates and fats for immediate absorption, fulfil the requirement in question.

As regards particular pancreatic preparations, no one can be dogmatically asserted to be the best, everybody preferring the tool he is accustomed to work with; personally I have long used Bengel's *Liquor Pancreaticus*, with very satisfactory results. It is doubtful however how long such complex organic bodies can be kept without becoming inert; and for this and other obvious reasons, it may be well for me to describe a method of preparing an efficient pancreatic extract which of late I have been using with complete success (vide note 1). For those who are unaccustomed to these methods a word of warning may not be out of place; viz., that lacto-peptine, malto-pepsin, and such like ridiculous hotch-potches of mutually destructive ferments, should be avoided, in spite of the recommendations of the pharmaceutical departments of the medical journals.

Among the various foods which may be prepared by these agents I find Fothergill's "*Peptonized Milk-Gruel*" by far the most generally useful (vide "*Indigestion and Biliousness.*" Fothergill, page 65); as a medical library is not within everybody's reach, I have taken the liberty of extracting the description of its mode of preparation (vide Note 2). In conclusion I may add that this dietetic treatment, though especially valuable in case of chronic

*Note 1. Preparation of Pancreatic Extract.* Take the pancreas of a recently killed pig, and keep it in a cool place for 24 hours; then free it from fat as far as possible, mince it fine, and pour eight ounces of pure glycerine over it. Let this stand for six hours, stirring it occasionally; then strain through muslin, and bottle.

*Note 2. Preparation of Peptonized Milk-Gruel.* "A good thick gruel is prepared from any of the farinaceous articles above mentioned (arrowroot, etc.) The gruel, while still boiling hot, is added to an equal quantity of cold milk. The mixture will have a temperature of about 125° F. (52° c.). To each pint of this mixture, two or three teaspoonfuls of liquor pancreaticus and twenty grains of bicarbonate of soda (half a small teaspoonful) are added. It is then kept warm in a covered jug under a "covey," for a couple of hours, and then boiled for a few minutes, and strained."

diarrhœa, is highly useful in many other ailments. In the protean forms of infantile diarrhœa, if the usual drug treatment have failed to check it promptly, it is of great service. Also in typhoid fever; the diarrhœa is usually checked at once, without requiring the aid of opium, flatulence and colic are conspicuously absent, and the need for stimulants rarely arises; this at least has been my experience in all the cases which I have as yet treated in this manner; their number however is too small to justify any positiveness in assertion. Also in other serious illnesses, such as pneumonia; *e.g.*, when the digestive power is much impaired, I have found this treatment extremely useful; it seems to me, in my as yet small number of cases, to obviate to a great extent the necessity for stimulants. It is advisable to bear in mind that when a patient, especially a child, has been fed exclusively on pre-digested food for any considerable period, the return to the normal diet must be made gradually, the degree of pre-digestion being daily lessened; else the digestive organs their crutches being too abruptly removed, may stumble badly.

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## W. T. STEAD'S EXPERIMENT IN TELEPATHY.

BY ALBERT DAWSON.

During the early part of an interview with the distinguished editor of *The Review of Reviews*, Mr. Stead walked about his room as his usual habit is. I began by asking:

"Are you a spiritualist?"

"I never call myself a spiritualist. I am simply an investigator of phenomena which as a rule are ignored by the majority of busy people. Certain facts have come before me, the only explanation of which seems to lie in a certain direction; but I am quite open to be convinced that the truth may lie in any other direction. If any one can bring me a better working hypothesis than that of spirit-return, I am perfectly willing to receive it. But at present it seems to me no other explanation fits the facts, and until a better explanation is forthcoming I hold to my working hypothesis. That seems to me the only possible scientific attitude to take up in relation to any phenomena whatever."

"But are you sure of your facts?"

"To begin at the beginning I may say I am absolutely certain, having verified it over and over again, that it is possible for some of my friends to use my hand as their own, they being at a distance from me. That is to say, a friend of mine at Newcastle is quite capable of using my hand

here in London, and writing a message, long or short, by the mere action of his mind upon my hand, without any telegraph or connecting wire."

"Could you give me a demonstration—now—on the spot?"

"I will try. I often receive communications from my secretary in the way I have described. If she is late in coming she will tell me the reason why, and say when I am to expect her. She ought to have been here an hour ago, so I will just sit down and question her when she is coming." Suiting the action to the word Mr. Stead rose from his seat opposite me, took his own seat in front of his desk where I had been sitting, took pen in hand, and touched a sheet of paper with its point. I noticed that neither his fingers nor any part of his hand or arm rested on the table, the only point of contact being where the pen touched the paper. The pen began writing, but of course I could not see what. As he finished the last word the door opened, and the secretary presented herself. I looked to see what Mr. Stead's hand had written. It was the secretary's initials, followed by the words "I am here."

I leave the reader to judge whether there is anything remarkable in this occurrence; I do not say that there is, or that there is not; but I do vouch that the incident happened exactly as I have described it. Mr. Stead emphatically assured me that he did not know what his hand was going to write; that the action was purely mechanical on his part: that until she presented herself in the way described he had not seen his secretary that morning; and that he did not have the slightest knowledge whether or not she had arrived. I don't know what the reader may think, but I say deliberately that either Mr. Stead lied to me wholesale, or that a most extraordinary coincidence happened—whether it were by accident or through occult agency. Upon my remarking to Mr. Stead that it might only be a curious coincidence he said at once:

"Certainly; I do not attach any importance to it, only, to say the least, it was rather odd that the verification of the statement should have arrived before the last word was fairly formed. But," he went on, "I have had communications from friends at distances two hundred, three hundred and over five hundred miles, which were afterward verified."

"You might give me the details of one of those instances."

"With pleasure. Here is one which will perhaps illustrate this point as well as anything. Some months ago I was at Redcar, in the north of England. A foreign lady who does some work for the *Review* had to meet me at Redcar railway station about three o'clock. I was staying with my brother, who lives about ten minutes' walk from the station. At twenty minutes to three it occurred to me that 'about three,' the phrase used in her letter, might mean some time before three, and as I could not lay

my hand upon a time-table, I simply asked her to use my hand and tell me what time the train was due; this, I may say, was done without any previous communication with her upon the subject. She immediately wrote her name and said the train was due at Redcar station at ten minutes to three. I saw that I should have to leave at once, but before starting I asked her where she was at that moment.

My hand wrote: 'I am in the train at Middlesborough railway station on my way from Hartlepool to Redcar.' I then went off to the station. On arriving there I went up to the time-table to see when the train was due. It was timed to arrive at 2.52. The train, however, was late; three o'clock came, and it had not arrived. At five minutes past three, getting rather anxious, I took a slip of paper from my pocket, and, taking a pencil in my hand, asked her where she was. At that moment she wrote her name (they always write their names at the beginning and end of each communication) and said: 'I am in the train, rounding the curve before you come to the Redcar station; I will be with you in a minute.' 'Why the mischief have you been so late?' I mentally asked. My hand wrote: 'We were detained at Middlesborough for so long; I do not know why.' I put the paper in my pocket, walked to the end of the platform, and there was the train! The moment it stopped I went up to my friend, and said to her: 'How late you are; what on earth has been the matter?' 'I do not know,' she said. 'The train stopped so long at Middlesborough, it seemed as if it never would start.' I then showed her what my hand had written."

"Was that lady [conscious of having corresponded with you in this mysterious way?"

"No; she had no knowledge whatever that she was writing with my hand, and she was considerably amazed at finding that she had done so. I had only seen her once before in my life. I give that instance because it is very simple and compact, and can be verified by reference to the lady in question, whose address I can give you if you like."

"Have you attempted communication at longer distances?"

"Oh, yes. For instance, I tried it with my eldest boy when he was on the Rhine last summer. He wrote, using my hand, twice or thrice quite correctly; but once the message got all wrong. How it happened I do not know; but I suppose in this kind of subtle mental telephone you are liable to cross currents, just as you are in the electrical telephone. You get mistaken messages occasionally; but a mistaken message, or many mistaken messages, cannot impair the scientific value of the fact that you have accurate information on many occasions."

"Can you give me an instance of the kind of communication you had from your son?"

"Certainly. He kept me informed as to his movements—what day he was going to such and such a place, and the day that he intended to return."

"Of which you had no knowledge?"

"Of which I had no knowledge. But a more remarkable instance," Mr. Stead continued, speaking with increased earnestness, "was his message about the Kodak plates. The boys had a Kodak with them, and, as usually happens, they ran short of plates and wrote home in the ordinary way by letter, asking for more to be sent. The plates were duly dispatched, and ought to have been received, when my son wrote with my hand saying that they were impatiently waiting for those plates, that they had used up all their plates, and they couldn't go on photographing unless fresh plates were sent. I at once made inquiries and ascertained that the plates had been duly dispatched. A day or two later he again wrote with my hand, asking, 'Why do you not send these plates?' I again inquired, and found that there was no doubt about their having been sent off nearly a week previous. Thereupon I thought my hand was writing wrongly, and I didn't let it write any more from him. But when the boy returned I found to my surprize that the plates had never been received. His complaints written with my hand at Wimbledon were an accurate representation of the state of his mind at Boppard. Some of my friends have written at distances of three hundred miles long narratives of journeys which they have taken, mentioning the trains by which they went and came, the money they paid for their tickets the cost of their dinner at the hotel; in short, giving a multitude of minute details which it was absolutely impossible for me to have divined."

"Does distance in any way affect the success of communications?"

"So far as I can ascertain it makes no difference whatever."

"How did you find out that you had this wonderful faculty, Mr. Stead?"

"The answer to that question takes us on to the further question of communication with intelligences purporting to be on the other side of the grave."

"Ah, that's what I want to be at. But how is that?"

"It was the Intelligence that guided my hand that told me about it. I had no idea, nor, so far as I know, had any one, either in the Psychological Research Society, or among the regular spiritualists, that the mind of a living person could use the hand of another person at a distance and write a message. But the Intelligence that controls my hand while writing one day suddenly wrote, 'Why do you think it strange that I should be able to write with your hand. Any one can write with your hand.' 'What,' said I, 'do you mean that living people on this earth can do so?' 'Try it; you will find that any of your friends can use your hand to write messages which they wish to communicate to you.' This seemed strange, almost incredible; but I promptly put it to the test, and found that the fact was exactly as she had said."

“ ‘She?’ ”

“ Yes; I say ‘she’ because the Intelligence which communicated that piece of information to me always professes to have been a lady friend of mine who died a little more than twelve months since. She was not a very intimate friend, I had only seen her twice in my life, but there was a great deal of sympathy between us. She was a journalist, as I am, and deeply interested in most of the movements in which I am working. She appeared to a friend of mine, who was a still greater friend of hers, at a country house where I was staying. That friend was much disturbed because she could not hear what was said, and she asked me if I knew of any medium or clairvoyant who could hear any message that her dead friend might have to state to her. I then said that my hand had begun to write quite recently, and that as I knew the lady in question she might possibly use my hand. The next morning before breakfast I gave my friend on the other side an opportunity to write; she wrote, and she has written ever since.”

“ Really, Mr. Stead! How do you know it was not your own sub-consciousness?”

“ That is just the question that I asked her. She gave me a test which seemed to me, and I think will seem to you, quite conclusive, that whatever intelligence it was that moved my hand it certainly possessed knowledge which the deceased lady possessed, but which I did not. I will give you an instance of the kind you ask for. I was going down to Preston one day to see the trial of a Feister printing machine which I hoped some day might print a daily paper for me. I left home on the 18th August last with the intention of going to Preston in the afternoon to see the trial of the machine on the morning of the 19th. The owner of the machine had gone down a day or two before to arrange for a trial of the machine on the 19th before the chairman of his American Board. When I left home I told my wife that I should not be back till the next day. On arriving at the office at ten o'clock, my hand, in the presence of my secretary, wrote this:—

As he spoke, Mr. Stead took down a substantial diary, turned to August 18th and read off the following entry, I following the words with my eye whilst I took them down in shorthand. The writing was rather straggly, though not large, sloping backward, the words all being joined together and with little or no space between. It reminded me of the work I have seen turned out by the electric writing telegraph. Here is the “message” from “Julia”:—

“ I want to tell you that things are not going quite right about the morning paper. You will not go to Preston to-day; the machine will not go right, and B— (owner of the machine) is in a state of frenzy. . . . The machine was tried on Wednesday morning (the previous day), and when it was working something broke, which will have to be mended, and the trial which

you expected to-morrow will not be possible. B—— is at the Métropole; you can telephone him, and he will tell you that things are so. I am quite sure that you will not go to Preston to-night. I do not want you to be disheartened about that machine; it is a good machine; but the delay will give you time to go to America, and that will be excellent for both you and M——.’

“On receiving that message, which,” said Mr. Stead, “I did not expect in the least, for I had no reason whatever to believe that anything had gone wrong with the machine, I telephoned to the Métropole, and found that Mr. B. was there. I had expected he would be at Preston. He came round in the afternoon looking haggard and ill. I asked him what was the matter. He said that his head was bad, and that the worry he had about that machine was enough to kill him. I said: ‘What is the matter?’ ‘Well,’ said he, ‘yesterday, you know, I had the Chairman of our American Board there, and that machine no sooner got started than two of the springs broke which clip the paper and carry it round the cylinder. The result was the trial could not go on. I was so put out that I was physically sick, and my head is bad yet.’ ‘Then,’ said I, ‘what about going down to Preston to-night; the machine will have to be repaired.’ I then smiled and said, ‘I knew all that before you came,’ and produced the journal which I have just shown you, and read the message which had been written with my hand at ten o’clock that morning.”

“And you had absolutely no other communication about the machine than that from ‘Julia,’ and until you received her message you fully intended going to Preston; and had no suspicion that Mr. B—— was at the Métropole; and you did not go to Preston, but went home?”

“I had absolutely no other communication, and the message from ‘Julia’ changed all my plans. Thus I know that an Intelligence which is not my own mind is able to and does occasionally communicate things to me of which I know nothing. That is a verified and verifiable fact.”

“How far does your Intelligence know things that are going to happen?” I had in my mind the fate of governments, the outcome of elections, the result of horse races, etc., though I did not mention any of these to Mr. Stead.

“What she says is this: That sometimes she is able to see what is going to happen, but she is not allowed to communicate. Sometimes she is permitted to communicate such information, and at other times she doesn’t know anything at all about it any more than we do.”

“Can you give me any instance of this prevision on the part of your ‘Intelligence?’”

“Certainly. The very first day on which she ever wrote with my hand she made a statement as to something that was to happen to a friend of mine concerning a long journey which she was about to take in the autumn. My friend laughed at the prediction, and said that it was absurd. So did every

one connected with her. But the Intelligence that controls my hand calmly and constantly repeated her assertion. My friend, she said, would make that journey, notwithstanding everything that seemed against it. When my friend made engagements to attend public meetings in October or November of which I knew nothing, my hand wrote remonstrances saying that the engagements had been made, but that they would have to be cancelled as the journey would have to be taken. Down to the very last my friend ridiculed the story and laughed at the idea that she should alter her public engagements merely because my hand said she had to take a long journey which she was quite determined not to take. All the same it came true to the very letter."

I remarked to Mr. Stead that if what he regards as his own "particular patent pet discovery" should stand the test of time, it would give him, as a journalist, a supreme advantage over others. "Exactly," he replied, "simply incalculable. Think of what a change would be affected by being able to receive a message from the heart of Russia or America instantaneously without the use of telephone, telegraph, or any other mechanical medium of communication." At present, however, the system is but in its experimental stages and is not always to be relied upon. Happily, all these things are to be investigated by the Society for Psychical Research. Mr. Stead has offered to lay the evidence before them, and before passing any judgment we must wait for their verdict.

Mr. Stead takes all these wonders quite calmly, as if they were all ordinary incidents in his day's work. "Apart from the journalistic value of this discovery," I said, "is there any utility in spirit-return?"

"The right question to ask is not whether there is utility in it but whether there is truth in it," he replied. "You asked me just now about the correspondence in the *Daily Chronicle* under the heading, 'Is Christianity Played Out?' Have you reflected for a moment what the consequences would be if the fact of spirit communion, and the permanence of the individual after death could be scientifically demonstrated?"—*The Independent, New York.*



## SYMPOSIUM.—THE CHINESE EXCLUSION BILL.

By Messrs. DZAU FOH-KUNG,

ZUNG CHING-TSUR,

TSING KONG-WOO,

YEA SUNG-LEE.\*

## Dzau Foh-kung.

A man is judged by his actions so therefore is a nation judged. Christ said "If ye want to know the character of a man see his fruits." A good tree cannot bear bad fruit nor a bad tree bear good fruit. Upon this principle, I judge whether a country is good or bad, civilized or uncivilized, by the part she plays in the welfare of mankind. America, I have no doubt, has done much for our country and helped not a little to uplift the whole Chinese race. Therefore I have hitherto regarded America as our benefactor and was so glad that Americans were friendly to us Chinese. But this appreciation of our mutual friendship was not to last long. Until this unjust Bill was passed I regarded America as a Christian country, governed by Christian principles and therefore I expected that their actions would be of a Christian character. Looking at this Bill, I conclude that America is but nominally Christian and a civilized country of mere external form, having the form of a sheep and, I regret to say, the heart of a wolf. She has great material prosperity and all the forms of a civilized country, but her internal condition is still barbarous. Whatever explanation you may give of the justice of this Bill, I cannot listen to it. The Bill is wrong, it is selfish, it is unjust, it is narrow-minded. Although the Chinese people may not all be very good, yet I can't see what right the Americans have to expel them in the face of our treaties. To drive them out because they work at cheaper rates, and harder than other foreigners is unreasonable. They do so because they see, at the present day, that the Chinese government is not powerful enough to resist their action, and they act accordingly. "Might makes right" was the lawless principle of ancient times, it should not be exercised at the present day.

## Zung Ching-tsur.

This Bill was emitted by some Pacific Coast Americans in order to expel the Chinese from their country. It is not wise to forbid one country from communicating with another. For communion benefits all countries, absorbing each other's civilization, manners, customs, and arts. This exclusioning is altogether wrong either on moral or political opinions. If this Bill is not withdrawn, there will be some unpleasantness, if the Americans continue

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to send their missionaries here. We know that countries are influenced by learning the secrets and progress of other countries. I am speaking of civilized countries but America must now be classified as uncivilized as not Christian, and their people be condemned as unpolite. It will not be wrong for the Chinese to urge the Americans out of our country and stop all communication. For we are all creatures *i.e.* we were all created by the one same God. If your people come to our country why cannot we go to your country? All men are born free and equal in God's sight. The great American people have no moral right to forbid us their country but to satisfy their passion for self-exclusion.

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### Osing Hong-woo.

This is an utterly unjust act. Our Emperor has issued many of his Imperial Orders for the protection of foreigners, clergy and merchants alike. Alas! in return that the Congress of the United States of America should pass the "The Chinese Exclusion Bill."

This Bill I would remark is not only wrong and unjust to the Chinese, but it rouses up in the common minds thoughts that every act of the Americans must be unjust, and that all foreigners are unjust too. Is it justice? If I went to a man's house, and he welcomed me kindly should I drive him out when he comes to my house? Suppose our Emperor now gets angry, and fulminates his command that every American should be driven from China, what would be the result? Perhaps a war would break out. Pride is the cause of this persecution for we are looked down upon by them. They boast that they are good behaved and polite, while I suppose they think that the Chinamen settled in their country are too rough in character and too unpolite to remain with them, but I think that the more the Chinese settle in their country, the better for them, for we would teach them our arts and civilize them.

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### Hea Sung-lee.

China is one of the oldest countries in the world carrying its history back to about 2800 B. C. Our ancestors knew little or nothing of the outside world and kept themselves isolated from the "barbarians." Dynasty after dynasty of our emperors was conquered by the Northern tribes. Until up to the time of the Emperor Tao Kwong the "Red Haired Men" came in and then the English, French and Americans followed and engaged in commerce with us. Certainly our Government was unwilling and gave way but to force, and made treaties with them allowing them to remain. A few years elapsed

and the Americans eagerly invited us to visit their country and help them to make it strong for fear of the English, as their country was young at that time. Now as their fortitude is almost completed, they having obtained all they wished are anxious to drive us out. They don't think it is an act of injustice. I consider it unlawful and wrong. The Americans despise us yet many like to live in our country. The cause of this Bill is I believe in respect of the Irish laborers who can't labor as well or as cheaply as my countrymen, and as they can make themselves unpleasant when they want to change their Presidents, this illegitimate Bill was passed for them. Why are the great American people so unnatural as to do such a shameful deed? Surely they know it is wrong, if not I must tell them so. But they are overcome by their love of self. They have naturalized the Irishmen and so consider it is better to help them. Why did they invite us at one time and drive us out at another? Many thousands of my countrymen are now living in California, they are accustomed to America and they have a better chance there. What will they do when they are hunted home? Very truly, many will starve and become criminals. I know our country is weak, therefore they dare to disdain us. I hope they will not do this for too long, for perhaps some day we may become strong and they weak. If that is so, then my country in her strength can shew how noble she can be to that which is not strong.

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#### HEALING BY FAITH NOT FAITH-HEALING.

By J. N. B. SMITH, D.D., *Shanghai.*

Faith-healing is physically, morally, and spiritually, indefensible; and, although its fundamental principles are true, its conclusions are the result of an illogical perversion of those principles. The truth of this statement is not affected by the fact that many of those who teach and practice Faith-healing are good people. Good men are not always logical, neither does it appear possible for any man to be thoroughly consistent; so while I am ready to admit the Christian virtues of the advocates of Faith-healing, I usually feel that they would be better Christians if they would be less condescending, and more charitable, towards those who believe that "faith and works" should be united in healing, as well as in nourishing the body.

Faith-healing proposes, and professes, to accomplish physical results without the use of physical means, *i.e.* to perform a miracle, under the most ordinary circumstances. In this it opposes the law of the use and occurrence of miracles, as well as the law of the physical universe. It is true that God forgives sin, but it is wrong for us to presume on His mercy, and disobey His laws; but this is what the Faith-healer does, when he refuses

to avail himself of well-known remedies to cure or prevent disease. Faith-healing fosters spiritual pride. The assumption of superior piety on the part of those who profess to have so much more faith than the rest of God's people, is not always unconscious, and is never a "means of grace."

The foregoing statements are not meant to be an argument against Faith-healing, but they are offered as an introduction to what I have to say on the subject of Healing by Faith, in order that my position may not be misunderstood. I do not believe in Faith-healing, but I do believe in healing by faith, and have no doubt that "the prayer of faith will save the sick," especially when the sick one uses the remedies which God has provided, and taught man how to use. Other things being equal, the chances are greatly in favour of the man for whom prayer is being made; and the praying physician will always be more successful than his prayless brother. While prayer is not among the remedies usually found in *Materia Medica*, it is nevertheless highly important that the physician should be able to know its properties, and when and how to use it.

It is true, as claimed by the advocates of Faith-healing, that disease is a punishment of sin; and that Christ came to save from sin. But it is not true that we are not to be punished for our sins against the laws of health, because we having "saving faith." So long as men sin they will be punished; and so long as Christians die, it is absurd to claim that the same faith which saves us from spiritual death, by uniting us to Christ, will save us from disease and physical death, of which disease is the precursor. Our salvation from disease, and death of our physical nature is to be accomplished by physical union with Christ. One of the principal lessons which Jesus and the Apostles had to teach the Jews, was that the mere physical union with Abraham did not entitle them, as his descendants, to the blessings of spiritual union with him. It is equally true that spiritual union with Christ does not, *per se*, entitle us to the benefits of physical union with him. The mistake of the Faith-healer is that he confounds things spiritual and physical, and undertakes to cure physical diseases with spiritual remedies.

While spiritual and physical life and laws are essentially different, it is nevertheless true that in both, preservation and growth are alike dependent upon the same principle of obedience to law. We are saved by faith, not because God accepts our faith in lieu of obedience, but because our faith *is* obedience. We obey God when we accept of Christ as our Saviour, just as much as we would obey Him if we kept the whole moral law perfectly. But if a man fails to obey spiritual laws, and neglects spiritual remedies, his profession of faith in Christ will not save him. In such a case lack of obedience shows, and is due to, lack of faith. The profession, or even the possession of faith does not absolve us from our duty to obey God

perfectly, and every failure to keep the commands of God brings its punishment in a sense of separation from God, which is more intolerable to the child of God than any purely physical suffering could possibly be. Physical suffering may accompany, but does not come as a punishment of spiritual, or moral disobedience, except when the infraction of the spiritual, involves also an infraction of the physical law. The points of contact between the two are very numerous, and it is necessary that the two should be so united, in order that the unregenerate may, through physical suffering, be brought to a sense of sin. It does not follow that the physical disease and suffering of God's people is necessary to convince them of sin; it is more likely to be sent as a trial of faith, *i.e.* looking at the question from the standpoint of the minister. At the same time the physician would not be mistaken if he were to say that it was sent as a punishment for disobedience to the laws of physical life. I have already said that so long as a man sins, so long will he be punished. The converse is equally true;—so long as a man is punished so long does he sin. God does not punish men unless they transgress his laws, and "ignorance of the law excuses no man." But to be effectual, the punishment must bear a necessary and essential relation to the offence. The same rule applies to the remedy that applies to the cause of the disease, and while the principles which underlie the use of the remedies are the same, the remedies are essentially different.

It is possible that Faith-healers do not take into consideration the remedial side of the Atonement, and confound sin with the consequences of sin. Christ's death was expiatory, in that it paid the utmost penalty of sin, and saved His people from eternal death. It was remedial, in that it provides a remedy for sin, whereby His people are saved from sin itself. We are sure of Eternal Life the moment we believe on and accept of Christ; but we are not by that act saved from sin. This is evident from the fact that the development of Christian virtues and character is usually a long and trying operation, and in that operation we must obey the laws and use the remedies provided for the development and growth of spiritual life, and for the prevention and cure of spiritual disease. The cure will be completed when our souls "enter into glory," as we "fall asleep in Christ." The same is true of physical death. It is a well-known fact that the average length of human life is being gradually extended, and as men come to a better knowledge of the laws of the growth and development of physical life, and the remedies of physical disease; and learn to obey the one and use the other, Human life will be extended until "the child shall die a hundred years old." The cure will be complete, when, at the Resurrection, our bodies and souls shall be re-united, and we shall be "forever with the Lord."

One of the principles of spiritual life and growth is that we shall acknowledge our dependence upon Our Heavenly Father, and come to Him in prayer, whenever we are in trouble, or feel our need of His assistance. But our prayers will not be answered, unless we obey the laws of spiritual life. We must forgive, if we would be forgiven. If we would know the doctrine, we must do His will. The same principle is applicable to physical life. If we will come to God in prayer, acknowledging our dependence upon Him, and seeking to know and do His will in regard to the preservation of our health, and the cure of our diseases, He will hear and answer us, providing we endeavor to obey His laws and use His remedies.

A man may be cured of covetousness in answer to prayer, without the performance of a miracle. All that is needed is for him to practice the opposite virtue and give with increasing liberality. So in physical disease a man may be cured in answer to prayer, if he asks for his physician to be given wisdom as to the cause and cure of his disease, and then trusts God to direct his physician in the use of his intellect, as he is pursuing his investigations and treating the disease. In such a case the recovery of the patient is as much in answer to prayer as if God had appeared and performed a miracle. We ask God to send the Holy Spirit to guide and enlighten us in our investigations as to spiritual truth; we ought to seek the same assistance in our investigations of physical truth.

I believe, when we ask God to heal us, that he will do it just as certainly, when our body is sick, as when our soul is, and in accordance with the same principles in both cases. In answer to prayer, God will guide the physician in his investigations as to the origin, prevention, and cure of disease, in particular, as well as in general cases. God will guide the physician in his choice and use of remedies for his suffering patients, just as much, and as surely, as he guides the minister in his choice and use of words to heal his broken-hearted parishioners. God will help us as individuals, to understand and care for our bodies, just as surely as He will help us to understand and care for our spiritual nature. In either case it would be foolish if not wicked for us to reject the help of one who had better knowledge of the subject than ourselves. When we pray "Lead us not into temptation," we ought to avoid as far as we are able, everything that may be a temptation to us, so when we ask God to keep, or make us well, we ought to avoid those things which may make us sick, or retard our recovery. If we have a fault (a spiritual disease) for which there is a well-known and certain cure, we will pray in vain for deliverance from that sin, until we try the remedy. So when a man is sick and refuses a sure remedy, his prayers for health are mockery.

In conclusion, I believe that faith and prayer have just as important a place in the cure of physical, as they have in the cure of spiritual disease.

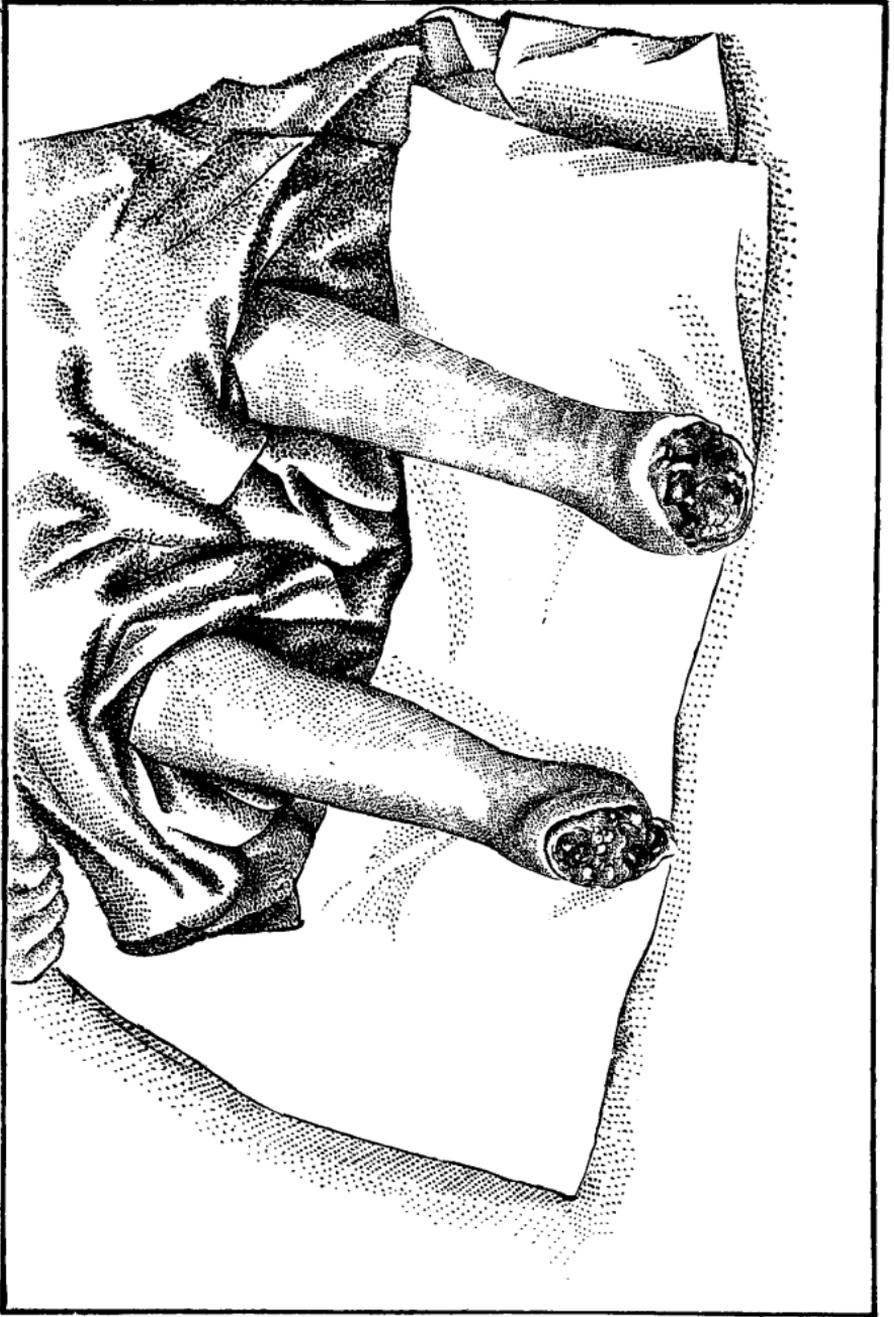
There are often crises in disease, when the limit of human power is reached, and it rests with the Giver of all life, whether the disease shall continue, or that some means beyond human ken shall stay its progress and give hope to physician and waiting friends, and recovery to the sick. Many a life has been spared, because the patient's prayerful trust in God has enabled him to rest and sleep quietly. Prayer quiets the surgeon's nerves, while it guides his hand in the most delicate and difficult operations. Above all, prayer is communion with God, and is meant to draw us near to Him; and the nearer we get to God the more we may learn of His laws, physical as well as spiritual. Therefore my brethren let us pray that God will guide you in your studies, and bless you in your labours for the physical renovation of humanity in general, and China in particular; and rest assured that "your labour will not be in vain in the Lord."

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#### NOTES ON FOOT-BINDING.

BY MARIE HASLEP, M.D., *Shanghai.*

The manner of bandaging the feet usually employed by the Chinese, mostly Cantonese, who have spoken to me on the subject, is, while leaving the great toe straight, to fold the other toes on the plantar surface of the foot, often until the tips of the toes are on a line with the edge of the inner side of the foot, and then bind the foot "snugly." Gradually the bandage is made tighter and tighter. When the metatarsal bones begin to curve, making the characteristic lump on the dorsum of the foot, the bandages are tightened more rapidly than before. If swelling takes place above the ankle, bandage the foot more tightly. If ulceration occurs, bandage the foot tighter. Swelling is not a desirable complication. Ulceration is greeted with joy, it being so usually a sign that the foot is yielding gracefully to the inevitable. "*Lan siu kiäh*" (ulcer, small foot) is a common saying. To make the smallest foot, with the minimum of suffering, and produce no untoward results is the desideratum; this process should take about ten years. Patience will then evidence her perfect work; that which foreigners call a deformity, and restricted locomotion, are necessary sequelæ, not untoward results. This is the method ordinarily practiced. But there are careless persons, or cruel, who having neglected to begin to bandage the feet of a child at the proper time, (which is when she is between three and five years of age), or, having bought a child with unbound feet, desire to accomplish the same end in a shorter time. In these cases the feet are bandaged tightly and smaller from the first. The work is sometimes done by a relation or friend, ignorant of or ignoring, the risks



taken by so doing. More often the services of a professional bandager are obtained. This woman carries with her a stock of small wooden shoes of various sizes. These are the patterns. Her patrons choose the size desired. A contract is then made to have the foot of this size in a certain length of time. Three years, or more or less as the case may be. The shorter the time, the harder for the child especially if she be one of the neglected ones whose feet have been left to nature more years than is well, if they cannot be left with her for all time. The professional bandagers, for the most part, fulfil their contracts with superb indifference to the sufferings of the children. These latter are the cases in which such accidents as death of the child, gangrene of feet, necrosis of bones, etc., occur. Of course in any case, with the predisposing element of impeded circulation, freezing or burning, both common casualties, will excite trouble more readily than in the natural foot. As, no doubt, most if not all of the hospitals in China have seen more than one or two just such cases; the following short history, of one of several, now under my observation will be sufficient for illustration. One morning a girl about twelve years of age was brought to me. By the penetrating odour which encompassed her, it was easy to realize that there were forces in and around her somewhere "working in inverse order." Her friends who, judging from appearances, were in good circumstances, said she was a native of Foochow, had had her feet bound in Canton, and they feared the bandaging had been too tight, and that the feet were not doing properly, at any rate not so well as they wished. Would I be kind enough to examine them and see if their surmises were not correct. I would, certainly but not with pleasure. *That* odour and pleasure being incompatible. One of the feet fell off when the bandages were loosened. With the other it was necessary to sever some ligaments. The stumps are similar to those of a Symes amputation. The question is often asked, What shall be done to stop this cruel practice? To me there appears but one true way and it is also sure. Educate the heads and hearts and let these educated heads and hearts care for the feet. This will take many a year! Yes, it will, and, judging from the history of its analogue in the West, China may become a Christian nation, may take her stand among the foremost nations of the world, may even, as some prophesy, lead all other nations, and her women hold a position above that of even the most envied women of to-day before the era in which all feet will be of natural size arrives. It does not seem altogether impossible that one of the leading medical journals of China in the year 2093 may contain an article parallel to the following which is taken from the *London Lancet* of February 11, 1893.

"It would still be premature to conclude that we have done with the practice or the ill-effects of tight lacing. Were we disposed to doubt the prevalence of this custom the medical records of every day could prove its con-

tinuance, nor can we see how it should be otherwise as long as the stiff corset retains its place as an article of dress. Now and then some fatal mischance is found to be traceable to its abuse, while instances in which ill-health has been the penalty are far from uncommon. Every practitioner is familiar with cases of this kind, and it needs no searching examination to convince him that among the pallid complexions and palpitating hearts which require his attention, some are directly traceable to the pinching vanity of the corset. Why this effect should follow such a cause we need hardly explain to medical readers. They can well appreciate the vicious influence of cramping pressure exercised upon the trunk and its viscera for the greater part of every day . . . And need we feel surprise if now and then the thoughtless vanity which exchanges every physical comfort for mere appearance leads to forfeit of life also! If experience be credited it is so.\*

\* With regard to the origin of the abuse of foot-binding Dr. Faber writes in the *Recorder* for April.—(Ed.)

It is of doubtful origin. Chinese writers disagree. But certain it is that it originated in an Imperial harem during the T'ang dynasty. It is said that it was invented to disguise natural deformity. This is a confession that its origin is in *human vanity and deceitfulness*.

*Is it legal?* The practice is against the usage of Chinese antiquity. It was not known in the classical period. It made its appearance about 1400 years *after* the time of Confucius. Thus we may say that foot-binding defies the teaching of the Chinese sages.

The emperors of the dynasty now ruling over China have issued prohibitions against this unnatural usage without success. We learn from this fact that it is against the will of the emperor. As in China the published will of the emperor is law to the country, this practice is consequently in defiance of the laws of the country. No Manchu lady binds her feet. The Empress of China and the highest ladies of the Imperial court allow their feet to grow in their natural form and size. Foot-binding is therefore in defiance of Imperial example.

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## CHINESE PHILANTHROPY.

BY THE REV. J. W. DAVIS, D.D., *Soochow.*

Europeans who make money by the opium traffic are continually trying to convince the world that the outcry of missionaries against this sore evil is too strong. Those of us who live in the interior and come daily into contact with the Chinese know that the outcry is not strong enough. Words cannot describe the ruin caused to body and soul of the smoker: nor can tongue tell the misery into which the smoker's poor wife and children are plunged. Let the actions of ten benevolent Chinese in Soochow speak. Actions always speak louder than words. These ten men belong to the higher class. They are moved by the broad fact that suicide by opium is a widespread evil common all over the empire. This form of suicide is one of the indirect results of opium smoking. Opium is so easy to get: and the working of the poison

is so sure and so painless that the temptation to commit suicide by swallowing a dose is, as facts show, irresistible. Multitudes die in this way every day. The ten men of whom I write make no clamor: they go to work. They have entered into a solemn covenant that they will devote their lives to saving would-be suicides. One of them has been coming daily to Dr. W. H. Park in Soochow to learn all he can about the best way to deal with these patients. No expense is to be spared. All the appliances available are to be gotten. Dr. Park goes soon to Shanghai with an order for six electric batteries to be used in this good work. His pupil, after coming daily for some time, taking notes, recently made a careful review, going over all that he had written down while listening to Dr. Park. He proposes to impart the knowledge he has thus gained to his nine fellow-workers, and when they have become adepts in the best way of dealing with the unhappy wretches who seek death, they will go to separate fields. Some expect to go to distant provinces. The one who has been coming to Dr. Park for instruction writes upon his sign-board that he will go day or night to see any case far or near. This picture so bright and fair in the midst of the darkness has on it a broad shadow. While using all the means available, including European learning and medicine and instruments, these men propose to use incantation; they will repeat certain charms which they believe will be helpful. They also propose to abstain from eating meat on the days spent in dealing with their patients.

In the middle of the city there is another Chinaman at work fighting the monster evil. Let his actions also testify. Having learned the use of the hypodermic syringe, and having a supply of morphia, he is making a specialty of curing opium-smokers. Two dollars each is the charge; and daily he injects the drug into the arms of his patients, who are many. They stand in a line and he rapidly operates along the line. One man's arm showed a long row of punctures made, one each day. As to the success of this method of effecting cures I am not prepared to speak.

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#### NOTES ON CASES.

BY W. E. MACKLIN, M.B.

*Midwifery.* Case 1. This was a case of arm presentation which had lasted two or three days and in which the midwife had pulled at the arm till the humerus and muscles had broken and it only hung by the skin. The patient was very low, I took the case in hand and tried to turn but failed, so was obliged to cut off the head and remove the body and head separately, but there was a small rupture of the uterus of which the patient died.

Case 2. Arm presentation ; died before my arrival at the house.

Case 3. I was sent for because the after birth would not come away. I found that the midwife had pulled so energetically at the cord that the whole uterus was pulled out of the body, the os reaching half way to the knees. I pushed it back, and applied the Faradic current which produced good contractions and expelled the afterbirth. The woman recovered. I have been told that the cord has been pulled so hard that the uterus has been pulled away with the bowels.

Case 4. A case of placenta praevia with almost central implantation but an easily dilatable os. I turned, got a foot down and soon delivered safely and the woman recovered though she had a secondary hæmorrhage and an attack of septicaemia.

Case 5. The same woman about a year later called me in because the afterbirth would not come away and I suppose the midwife had not neglected to pull at the cord. I used a strong Faradic current but without effect, and I was obliged to peel the placenta away with my finger as it was firmly adherent.

Case 6. Just after the riots I was called to attend a poor woman in a rough quarter of the city and a large crowd of roughs followed my chair yelling, 'Foreign devil.' She lived in a miserable thatched hovel about ten feet square. I found that the midwife had pulled at the feet of a footling presentation till she had torn off the body at the neck leaving the head inside. The vagina was very dry and felt like sloughing. I applied the forceps but after using all the traction I dared was obliged to desist. I then had my assistant hold the head and I perforated using the blunt hook but it was difficult to get the crushed head through the os, it was so firm and unyielding. It seemed like scirrhus degeneration. I douched freely with creoline solution, but the patient died a few days later of septicaemia, I suppose. All the time I worked with the case a nasty mob was surging outside, and sometimes I thought the house would be pushed over, but I did not fear as I felt I was doing the work of the Lord. An official guarded outside the door with some soldiers and he escorted me out of the crowd.

Case 7. Os dilated, waters escaped but entire absence of pains for hours. I had sent for forceps but disliked waiting, so applied pressure from above, and pulled at the face through the rectum with my finger and soon delivered without the forceps and without any pains as far as I could judge. Such a method might save many applications of the forceps.

DR. McCARTNEY writes of *Removal of a piece of wood from the rectum after thirteen days retention.* The patient a man, about 55 years of age, shoemaker by trade, gave the following history. Thirteen days previously during

a temporary fit of insanity had poked a wooden wedge used in making shoes up his rectum.

In a few days the fit passed off, and evidently having forgotten what he had done, complained of considerable pain in the rectum. He was brought to me by his brother who gave the above facts, with the idea of having him relieved. He told me how large the stick was, but this we did not credit. Inserting the rectal speculum for examination the point of it struck a hard resisting substance above the internal sphincter. Making a digital examination we found the stick fully as large as he had said, and which we were just able to reach with the tip of the index finger.

We were unable to get any hold with a pair of ordinary forceps, and after many attempts decided to apply the cephalotribe. Placing the patient over a stool with his buttock elevated, we then operated.

With the greatest care, it required the combined efforts of two men to deliver it. The patient suffered considerably during the operation, and prolapse of the rectum followed, with laceration of the hæmorrhoidal veins. The rectum was packed with antiseptic cotton thus controlling the hæmorrhage. We are at a loss to know how to account for the lack of more marked abdominal symptoms, one would naturally suppose that they would have been produced after so long a time.

Before making the examination we could not tell from any outward appearance whether the man was telling the truth or a lie. He would not remain in the hospital but returned to his own dark and filthy quarters.

One of my assistants visited him every day, and reported that there was a slight prolapse of the rectum the following day, repeated doses of castor oil failed to move his bowels. He died on the morning of the fourth day, having had no movement for 17 or 18 days. There was no marked rise of temperature though considerable pain.

The piece of wood measured as under :—

Length  $7\frac{1}{2}$  inches.

Large diameter  $2\frac{1}{2}$  inches.

Small diameter 1 in.

Case No. 2. *Necrosis of lower jaw from the symphysis to its articulation, caused by ulceration of the teeth, and its removal.*

The patient a man about 35 years of age, silk merchant from Lu-choe, gave the following history : about 8 months ago the teeth on one side gave him great pain followed with the discharge of a great quantity of pus.

When he came we found his mouth very foul and bad smelling from the decay that was taking place within, with the necrosed bone sticking full of decayed teeth with jagged edges which were a constant source of irritation to the buccal cavity. The left side was considerably hypertrophied owing to the

constant irritation of the bone, having the appearance of a bony tumor. At the first examination we decided that the bone was immovable and that it must be resected in the ordinary way. Assisted by Dr. Davenport the man was put under chloroform and upon a second examination being made we ascertained that the bone was movable. It was freed with a periosteum elevator, its loose extremity grasped with a pair of bone forceps and was without much difficulty removed to the angle, the remainder was taken away in two pieces, and the cavity packed with antiseptic cotton. In less than two weeks the man was discharged cured and what was at first supposed would be a bloody operation was proved to be not so.

Case No. 3. *Gangrene of both feet*, double amputation.

When the patient, a little girl, aged 6, presented herself, the feet were already separated and hanging by the tendons. Two or three weeks previously her mother directed an attendant to bind her feet tighter as they were too large for a girl of her age, the little one cried and complained of great pain, but the mother was so stupified with opium that she would not listen to the little one's cry.

We advised immediate amputation which was consented to by the father. Assisted by Dr. Canright we amputated both legs about two inches above the ankles, relief from pain was instant, healing was by first intention and recovery in less than three weeks.

This case is the result of the cruel system of foot binding, one of many which never comes to the notice of the profession.

Not less than five cases of young girls have been in the hospital for treatment, the cause of their being there was paralysis of the legs from the knee down. The treatment that has always been successful, was unbinding the feet, and daily application of electricity. I have seen many more cases similar to the above but either the patient or their parents would not consent to this form of treatment. I would like very much to know whether this form of paralysis has been met with in any other parts of China.

Dr. Douthwaite reports the following case from Chefoo:—

*Elephantiasis of Face.*—Wang Teng-fuh, aged 26, of Wen-teng-hien, Shantung, was admitted into the C. I. M. hospital at Chefoo, 15th Oct., 1892, for the treatment of Elephantiasis of the lower half of his face. His appearance on admission is shown by the accompanying photo-lithograph. The skin of the affected part was of a dark copper-colour, and four times the normal thickness; soft and spongy to the touch, and slightly anæsthetic. The lower lip projected about two inches; hanging down, and allowing the saliva to continually dribble away.

Patient stated that the disease commenced about six years ago. He was



Elephantiasis of Face.

less distressed about the deformity than over the difficulty experienced in eating and speaking, on which account he sought relief.

A few days after admission I removed the projecting portion of his lip, and by careful trimming reduced the deformity to a minimum. The tissues swelled considerably after the operation, and most of the stitches tore through the mucous membrane, but ultimately the result was good, and the man returned home highly pleased with his improved appearance. There is nothing of special interest in this case, except its rarity, and this is my reason for publishing it.

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## MEDICAL NOTES FOR NON-MEDICAL READERS.

### *No. IV. Diarrhœa and other Bowel Complaints.*

BY S. R. HODGE, M.R.C.S., L.R.C.P. (*Lond.*)

What is a diarrhœa? The answer to this is very important if we would treat such a condition intelligibly. The name, of course, signifies "a flowing through" and the old fashioned name was "flux." So far so good, but we have scarcely answered our question yet, for we must have some notion of what it is that flows through and from whence the flow comes.

The idea that some people seem to possess that the surface of the bowel, in diarrhœa, is pouring out fluid, something like a running sore on the body, to which astringents must be applied, is a highly erroneous one. Let us, for a moment, recall briefly, and very roughly, what happens in digestion. For the easier understanding of this we will divide the alimentary canal into four parts: (1) the mouth, (2) the stomach, (3) the small bowel and (4) the large bowel. Each portion has its part to play in digestion. In the *mouth* the teeth divide the food minutely up so that the juices of the stomach can act upon every part of it, the saliva saturates it and causes all its starchy constituents to become changed into a form more easily acted upon by the stomach, whilst the tongue does the manipulation of the mass whilst these processes are going on. Arrived in the *stomach* the food gets mixed with the gastric juice and churned round and round by the muscular walls of the organ until every part has been thoroughly acted upon by the digestive fluid, causing further chemical changes to take place and fitting it for absorption into the blood. This churning process, which takes from two to five hours for its completion in a European (the time varies with the quality and the quantity of the food; it is much longer in the Chinese coolie with his huge meal of half boiled vegetables and rice), being finished the stomach pours its contents on into the *small bowel*. Here the bile secreted by the liver, the

secretion of the pancreas, and the juices secreted by the bowel itself all help to complete the process already begun, carrying it on a step further. It is in the passage of the food (now a white creamy fluid called chyme) through the small bowel that most (but not all) of the nutriment it contains is extracted and, after passing through some purifying and other processes in the liver, finally absorbed into the blood. By the time the chyme reaches the *large bowel* there is little left to be done, except to absorb the watery parts of it and to pass on as excrement the remaining portion which is useless for the purposes of the body.

We see then, at once, that we must look for the causes of diarrhœa proper (as distinguished from dysentery, a very different thing) in either the mouth, stomach, or small intestine. Briefly all causes may be summed up thus:—Some morbid influence has produced an interference, temporary or permanent, in one of the three mentioned situations, in the proper preparation and disposal of the food, causing a large quantity of that which under ordinary circumstances would be absorbed to be hurried on into the large intestine in a half digested condition, from whence it is expelled. These influences may be *in the nature of the food taken*, e.g. indigestible substances, impure water, badly tinned foreign meats and fruits (note well!), unripe fruit, too much fruit, very acid drinks, ice cold water, and sometimes bottled English ale or stout; they may be due to *defective teeth* causing food to be bolted without mastication, and so not being finely divided up the gastric juice cannot penetrate its substance; they may be due to *changes set up in the mucus membrane of the bowel* preventing the proper absorption of the food as in various blood-poisons, consumption, long continued wasting diseases, fevers, etc.; they may be due to *reflex irritation of the bowel* as in chill, worms, dentition, or to *direct irritation* as from impacted fœces in long-standing constipation, or to congestion of the liver, etc. This seems a long list, but it by no means exhausts the causes of diarrhœa, it will, however, serve to show how complex a thing this affection is, and will indicate that the routine treatment which our lay friends so very generally employ, namely chlorodyne, is not one to be recommended.

We can, frequently, tell a good deal as to the cause of a diarrhœa by inspecting the stools, which frequently contain undigested portions of food indicating the origin of the trouble. The following stools are more or less characteristic: The dark bilious-coloured stools of acute temporary diarrhœa in early summer or spring which follow some congestion of the liver—the clay-coloured stools of some chronic diarrhœas pointing to some suspension of liver activity—the frothy, bad-smelling, fermenting stools of some acute attacks of indigestion—the liquid pea-soup stools of typhoid fever and the rice water stools of Cholera Asiatica. There is one form of stool which frequently alarms people, who think they have passed a large number of worms. The stool is generally

more or less solid, with several masses of white gelatinous substance in it, each mass consisting of round stringy lumps of mucus. To the uninitiated these look very like masses of worms coiled up, but by floating the mass in water and unravelling it its true nature will at once appear. Such stools generally occur in persons of a constipated habit of body, and the mucus is derived from the large bowel which has been irritated by the long retention of fæces. I have seen large masses thus passed. The solid part of the motion is, not unfrequently, blackish in colour, from long retention in the bowel. There is one cause of diarrhœa which I have not mentioned and as it is very frequent in some persons, and exceedingly annoying and inconvenient, it may well find a place in this paper. Mental emotions such as anxiety, fear, or excitement of any cause will not infrequently bring on diarrhœa, especially in young adults of a nervous temperament. To such a one the excitement of speaking in public, the preparation for a journey, the anticipation of an examination, will bring on an attack and very annoying it is. This tendency may become very serious sometimes, and I have known it, in nervous disease, to be the chief symptom and utterly uncontrollable. If the attack is only occasional, induced by some extraordinary excitement, a good dose of Gregory followed, after it has acted, by 20 grains of bromide of potassium will frequently cure it. If it recurs, unpleasantly often, bismuth in x or xv gr. doses three times a day, with 10 grains of bromide of potash once or twice a day will be of use. Should the tendency become lasting it may become serious and calls for medical supervision. "In this form of diarrhœa the stools, though slackened, are rarely watery, and rarely contain much mucus. They may or may not be attended with pain; they are reproduced by nervous causes; they are generally worse in the earlier day, especially before breakfast, and in women they cling to the catamenial periods." (Clifford Allbutt.)

I have alluded above to the stools of bilious diarrhœa. This in India is very common at the close of the cold weather and is attributed by Indian writers to temporary congestion of the liver which thus relieves itself. I have found it to be very common in the spring time, and I believe that the explanation of it given by Indian writers to be correct—it is frequently accompanied by a dull pain in the side. Carefulness about clothing, the avoiding of chill, and a small dose of Epsom salts the first thing every morning, on an empty stomach, in plenty of warm water will generally put matters right. There is said to be a form of *malarial diarrhœa*, in which the attacks show a distinct periodicity. I have never seen it in this part of China apart from malarial fever, in the severer forms of which diarrhœa is common; it may even occur in the more malarious parts of this country and should be met by quinine in x gr. doses, in fact in a *very malarious locality* small doses of quinine, gr. iii, would be useful in many diarrhœas.

It is convenient to divide diarrhœas into acute and chronic, including under the former those attacks which come on more or less suddenly and pass off, under suitable treatment, within a short time. As a rule a patient is far more alarmed at a sudden and fairly severe attack of diarrhœa than at one which comes on insidiously and cannot be shaken off: the former is alarming and inconvenient, the latter he thinks little of and neglects, until increasing weakness compels him to seek medical aid. Now the real facts of the case are just the reverse of this, a *chronic diarrhœa*, especially in the tropics, being always a cause for anxiety. As to the treatment of acute diarrhœa the only one question remains to be answered, viz., supposing after a good purge, rest, diet, etc., the attack still continues what is to be done? Well I recommend the following mixture. I have found it, by experience, exceedingly valuable, and it has this recommendation for a layman that its ingredients are *harmless*. It is extensively used in India, and is known in the army as the "Field Diarrhœa Mixture." I cannot say who was the originator of the prescription, but any chemist can make it up:—

Take of Oil of Anise	}	... .. of each half a fluid drachm.
"    "    Cajuput		
"    "    Juniper		
Pure Ether	... ..	half a fluid ounce.
* Liquor Acidus Halleri	... ..	half a fluid drachm.
Tincture of Cinnamon	... ..	up to two fluid ounces.

The dose is ten drops every quarter of an hour in a tablespoonful of water, and the bottle should be shaken before pouring out the dose.

Inland brethren, who have not got the ingredients for this mixture and cannot get it made up, will do best to trust to absolute milk diet and rest and only as a last resort fall back on chlorodyne. "Chronic looseness of the bowels originates in a diarrhœa which is permitted to continue, either from neglect or because the patient remains for a long time exposed to the original cause." To give directions for the management of a chronic flux is a much more difficult thing than your readers would imagine because it is not always possible to remove the "original cause." The first and most important thing to do is to find out that cause, and this is just what a layman cannot do. Understanding therefore that chronic diarrhœa is often the expression of a constitutional disease which only a medical man can discover I will indicate the best thing for you to do, on the distinct proviso that if the diarrhœa still continues *you must put yourself under medical treatment*, even if you have to travel from the ends of the earth. *Never neglect a diarrhœa*. Take then these five excellent rules:—

1. Go to bed and stay there till diarrhœa stops.

\* Liquor Acidus Halleri is a mixture of sulphuric acid 1 part and alcohol 3 parts.

2. Apply over the belly a thick pad of cotton retained in position by a smoothly and firmly adjusted bandage.
3. Live *entirely* on fresh milk, 50 ounces in the 24 hours.
4. Take this milk in small quantities, at intervals of 2 hours, except during the 6 or 8 hours of sleep.
5. Do not drink the milk, but sip it with a teaspoon, or suck it slowly through a glass tube in which is placed a small plug of cotton to prevent too rapid ingestion.

(Dr. Patrick Morison on "A Treatment of Intestinal Flux.")

The second rule secures local support and rest to the abdominal organs, and will be found to be very comforting; the importance of rest I have already insisted on, every movement excites the irritated bowel to contract. Note too, my friend, that *bed* does not mean a *sofa*; long chairs and sofas are a great delusion, you cheat yourself into the idea that you are resting, when really you are every now and then getting up for something. The three last rules, giving minute directions as to how to take the milk are important. Sir Joseph Fayrer remarks " 'only milk' does *not* mean milk and a biscuit." "Milk is a food, using the word in its common acceptation, and not a drink. If I might use the expression, it is a fluid solid and, in dietetics, we ought to treat it as such. It ought to be masticated before being swallowed; at all events, it ought to be ingested *guttatim* as the child ingests it. Certainly it ought never to be taken as a drink pure and simple." (Manson). By following the method laid down in the above rules "the milk is mixed with the saliva, and is presented to the gastric juice by drops, and coagulation *en masse* is avoided." If, under this treatment, the diarrhœa decreases then "as soon as the flux has ceased, or nearly so—the quantity of milk is slowly and gradually increased till as much as 120 ounces is consumed in the 24 hours." Fruit also may be added, especially if constipation is present, as it may be after the milk diet. Bananas, good ripe ones but not over ripe, are the best. "American apples agree, as a rule, very well and so do persimmons and grapes"—the last named fruit should have the skins taken off and the stones taken out. Some Chinese grapes, I am afraid though, after such treatment would have little left! *All fruit should be masticated thoroughly*, and the amount of fruit should be gradually increased watching the effects carefully. "First I order one banana; no bad effects following I add a second next day; and so on up to half a dozen, perhaps." It is important to adhere strictly to the milk and fruit diet for *at least a fortnight* after all diarrhœa has stopped. "Then, gradually, farinaceous foods are introduced, and, by and by, fish, fowl, game; and, after a long interval, beef and mutton." Should there, at any time, be the slightest return of symptoms, the milk diet must be at once resumed.

(To be continued.)

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## THE MEDICAL MISSIONARY AND THE ANTI-FOREIGN RIOTS IN CHINA.

“Have you any idea as to the proportion of hospitals and dispensaries that were looted or destroyed during the riots? The reason I ask, is that several times I have heard missionaries remark that more missions were disturbed where medical work was carried on, than where there was no mission hospital or dispensary. The inference being, that medical missions stir up the people much more than mere evangelical work. It was also pointed out to me in proof of this statement, that the majority of the evil stories are aimed directly at the medical work. One of the missionaries above referred to expects to go home at an early date, and I would like to be able to give him a little light on this important subject of medical missions, for I do not think that such ideas should be sown broadcast among the Churches at home, if not strictly true”.<sup>1</sup>

Medical missionaries as *foreigners* had doubtless their share in the cause of the riots of 1891, but to single them out specifically as a direct cause, hardly tallies with the facts we are in a position to adduce. However we may remark, *en passant*, it has been our opinion heretofore, that the riots in question were mainly anti-foreign, and that there is now no particular reason, to put it tersely, for ‘the kettle calling the pot black.’ That missionaries were the principal sufferers can be generally attributed to the fact that they were the more convenient objects of attack. Be this as it may, we cannot here forego idealizing the immigration of a band of Chinese missionaries into rural England, and the reception they would meet with at the hands of our gentle country folk. In answer to the question here submitted to us, we will as briefly as we can, epitomize the several riots of 1891 giving chapter and verse for our authority. Suffice it to say with regard to the SZECHUAN riots of 1886-1890, they were entirely aimed at the Roman Catholics (who by the way do not employ medical missionaries) and were caused by the report “that the Christians had killed ten persons”.<sup>2</sup>

1. Dr. Frazer Smith, Hsin Chiu, 10th April, 1893.

2. *N.-C. Daily News*, May 29th and June 5th, 1891.

(Ext. Report, *Lazarist Fathers to the French Government*.)

The YANGCHOW riot was occasioned by the dissemination of reports of the alleged ill-treatment of children at the orphanage in connection with the Jesuit mission, "one child had been boiled in a bath, etc."<sup>1</sup>

The WUHU riot commenced with an attack against the Jesuit mission property, the missionaries having been charged with "kidnapping" them, "the graves of those buried in the compound were declared to be the remains of Chinamen cut up by foreigners." Had it not been for the determined stand made "by our gallant Commissioner and his brave staff" the Customs would have been destroyed. . . "it is without doubt owing to their vigorous and prompt action that the rest of the foreign residences were not destroyed and probably some lives lost."<sup>2</sup>

It has since been fully proved that the troubles were the work of the notorious *Kolao-hwei*.<sup>3</sup>

The NANKING riot, following on, was distinctly caused by the Ko-lao and was based on the supposition that some Wuhu priests had fled there. The following is a translation of a small placard placed on the M. E. Hospital:—

"Within ten days they will all be taken; outside men will have nothing to be alarmed about; men in foreign hongts will have nothing to be pleased about."<sup>4</sup>

The Methodist Girls' School was looted and fired, and further damage only prevented by the arrival of a body of soldiers.<sup>5</sup>

About the same time another outrage was perpetrated on a French mission at a place called WUCHOW, in Anhwei, and in this case it was proved that the disturbance was instigated by the Yamên runners of the local magistrate.<sup>6</sup>

The TANYANG riot seemed originally to be directed towards the officials, but culminated in an attack and general destruction of Jesuit property.<sup>7</sup>

The stock story regarding the cause of the WUSUEH riot was that "a foreigner had killed a child," it was here that poor Green of the Customs, and Argent of the Wesleyan Mission, were so brutally murdered.<sup>8</sup>

KIUKIANG Riot. Here as usual 'the children were made the occasion of the outbreak.' The Romanist orphanage within the city was the scene of the first trouble, the determined attitude of the foreigners, with the help of the sailors, stayed the excitement.<sup>9</sup>

<sup>1</sup>. Ext. Correspondent *N.-C. Daily News*, 10th May, 1891.

<sup>2</sup>. John Walley, *N.-C. Daily News*, 14th May, Wuhu.

<sup>3</sup>. Resumé for 1891. *The Celestial Empire*.

<sup>4</sup>. Ext. *N.-C. Daily News* Correspondent, 19th May.

<sup>5</sup>. Resumé for 1891. *The Celestial Empire*.

<sup>6</sup>. Resumé for 1891. *The Celestial Empire*.

<sup>7</sup>. Ext. Père Columbel, *N.-C. Daily News*, 31st May.

<sup>8</sup>. Ext. Correspondent *N.-C. Daily News*, 6th June.

<sup>9</sup>. Ext. Correspondent *N.-C. Daily News*, 8th June.

The WUSIEH riot commenced with the attack and total destruction of the Jesuit mission. "These evil doers have evidently orders to do what they have done—destroy so many schools without taking lives".<sup>1</sup> We may remark here that twenty Churches were destroyed in the two prefectures of Wusieh and Kiang-yin. On the 12th June several important missions of various denominations were looted in the usual manner, including Lazarist and Protestant establishments at WUCHEN, and the large place belonging to the China Inland Mission at Takutang. A noteworthy feature of this riot was the hearty goodwill with which the local soldiers on being sent by an official to raise the siege joined in the attack.<sup>2</sup> There are no medical missionaries stationed here.

We then read of the burning and looting of the important Jesuit Mission at SZE-KOW-HSIEN on June 26th, when a handsome chapel with a school attached, and the residences of the priests were sacrificed to the fury of the mob.<sup>3</sup>

ICHANG. Thus reads the telegram to the *North-China Daily News*, 2nd Sept., 1891:—"Riot to-day at noon, missions and all foreign property burnt."

It is perfectly clear in reference to this riot "that their favours (*i.e.* the rioters') were distributed to all foreigners with strict impartiality. It is however somewhat remarkable that the extensive mission premises of the Church of Scotland within the city remained intact. Up to the very moment of the riot, male and female schools, dispensary, hospital, not to speak of that terrible rag, preaching in the Church, both forenoon and afternoon were carried on. . . . The only people who manifested the slightest interest were the patients, who came in nearly the usual number and took no pains to conceal their annoyance that Dr. Pirie was prevented from attending to them in the ordinary way.<sup>4</sup> An effort was made to spare Mr. Cockburn's house on the score of "his doing works of charity" but without avail. All the foreigners of the port were compelled to seek safety in flight except the members of the Customs staff, whose premises though threatened, were not actually attacked, which no doubt, was not due to any feeling of loyalty to the Haikwan, as a native institution, but to the determined stand made by the Customs' men themselves who held the post with rifles and bayonets right through the whole outbreak.<sup>5</sup>

In connection with the troubles in the north-west of the FUH-KIEN province, Dr. RIGG writes<sup>6</sup> "that the riot there was occasioned by the attempt to acquire land, and threats were made against any one who sold land to the

<sup>1</sup>. Ext. Père Columbel, *N.-C. Daily News*, 9th June.

<sup>2</sup>. Resumé for 1891. *The Celestial Empire*.

<sup>3</sup>. Resumé for 1891. *The Celestial Empire*.

<sup>4</sup>. Ext. Correspondent *N.-C. Daily News*.

<sup>5</sup>. Resumé for 1891. *The Celestial Empire*.

<sup>6</sup>. *China Medical Missionary Journal*, Sept., 1891.

foreigners." The Zenana ladies in connection with the mission (C. M. S.,) had had most distressing experiences at Ching-ho, about a week before in the TAICHU riot.

With reference to the riots in MANCHURIA and the unprovoked and brutal attack on Dr. Greig at Kirin, it appears that a telegram had just been received announcing the anti-foreign riots in ANHUI. The disturbance was set down to the desire of the southern Chinese to drive the foreigner out of China—for it was anti-foreign, not anti-missionary—and amidst a 'kidnapping' scare, Dr. Greig was brutally maltreated as one.<sup>1</sup>

The Mongolian Rebellion which followed on seems to have been a general license to attack the Christians as reported in a telegram from London.<sup>2</sup>

Mr. W. V. DRUMMOND of Shanghai in a most elaborate and able series of letters to the *North-China Daily News* (wherein by the way the medical missionary is very properly ignored) stated his views with regard to the riots as under:—

- (1). That the greater part of Northern and Mid-China is full of disaffection, and honey-combed with secret societies.
- (2). That provinces bordering on the river Yangtse are the most disaffected.
- (3). That Nanking itself is the head centre.
- (4). That the one object in which all the secret societies agree is the desire to destroy or drive out of China the present Manchu dynasty.
- (5). That the method which these societies consider to be the most likely to enable them to effect their purpose is to embroil the present government with foreign powers, so that if a war with a foreign power should occur, a favourable opportunity for a rebellion would then arise. And that even if war was not actually brought about, the state of friction would be such that no foreign power would be likely to sympathize with, or actively assist the government of China.
- (6). That no rising would take place so long as Tseng Kuo-chuan was Viceroy of Nanking, but that his removal or death, would lead to active preparations and serious outbreaks, which would take the form of attacks upon foreign property in places in or near the Yangtse valley.
- (7). That the secret societies have grown, and are growing rapidly in numbers and strength; and that they include not only many officials, but some of high rank, both civil and military.

Continuing our review of the times we may here remark that the interesting series of letters written by "Spes" in the *North-China Daily News* for June 1891 attribute the riots to 'government incapacity.'

<sup>1</sup>. Ext. 'John Ross', *N.-C. Daily News*, 15th December, 1891.

<sup>2</sup>. *N.-C. Daily News*, 1st December, 1891.

In the remarkable letter written by 'A Chinese' to the same paper the 20th July 1891, the only possible attack on the medical missionary is the statement "that the whole missionary enterprize in China is but a huge scheme of charity for the benefit of unemployed professional persons from Europe and America." This charge is however answered by 'Another Chinese' in the *North-China Daily News* of August 13th who characterizes it as "outrageously absurd." In the many able letters which subsequently appeared in the Shanghai papers, no mention whatever is made of any riot being in any remote degree caused by the medical missionary work in China.

Dr. GRIFFITH JOHN thus sums up his opinion of the plan which has commended itself to the Chinese:—

"Let all the missionaries in the first instance, be frightened back to the open ports; if that succeeds, let an effort be made to drive *all* the foreigners, whether merchants or missionaries to the coast ports." This for the immediate future. It does not exhaust the scheme.

The Rev. Y. K. YEN, M.A., has courteously allowed us to take the following extract from a somewhat recently written paper:—

"Christianity has given us physical benefits in that it has established hospitals and dispensaries, trained medical students, and published medical books. This work, like the evangelistic, is prosecuted mostly in large cities. The statistics for 1890 are:—

Hospitals, 61.

Dispensaries, 44.

Number of patients, 348,439.

The favour in which this branch of Christian work is viewed is general. Many officials have shown their approval and sympathy by subscribing towards it, and by presenting complimentary scrolls and tablets. The Premier Li Hung-chang in appreciation of the services of Dr. McKenzie (surgeon of the London Missionary Society) built a hospital in Tientsin and invited him to take charge of it. Over twenty years ago YING Taotai of Shanghai (Superintendent of Customs), recognizing the virtue of vaccination introduced by Dr. Lockhart and his successors and others, started a Vaccination Institute in the heart of the city, and engaged a Chinese assistant of the London Mission, a Christian man, to be at the head of it. The late Cantonese merchant Mr. Lee Chiu-bing and his friends gave a lot and a building to the American P. E. Mission hospital, costing Mexican \$10,772, for the good done to their fellow provincials. At the opening ceremonies of the hospitals of the American P. E. Mission, and of the American Women's Mission, and of the American Seventh Day Baptist Mission here, respectively, several mandarins were present to show their interest and goodwill.

Medical students (in most cases educated gratuitously) have opened drug stores in small towns, and foreign medicines are valued everywhere by those who know about them.

The blessings of Christian medical missions cannot be told: they may be judged from the superiority of Western pathology, which is a *science* to our empirical and oftentimes superstitious medicine. Vaccination *alone* has saved millions of lives. In this respect medical missionaries are the Jenners of China, and Jenner was a benefactor.

At present it is ignorance which leads the people to favour the hospital, and to despise the Church, refusing to believe that they spring from the same source of the Love of God to men."

In a letter to ourselves dated 15th May 1893, Mr. Yen further expresses himself:—

"The hospital wherever established is largely availed of, which shows that it is in favour. Ordinarily there is no opposition to it. Certainly less than evangelistic work, simply because it does not attack that which is dear to the heart, and on the other hand because it gives benefits which our people can see, they being practical in all things. Among the Hunan pictures and leaflets there was no attack on hospitals which is good evidence of the popular feeling in regard to them. In times when the people are intensely excited, of course they would destroy everything foreign, just as in the West, mobs destroy the property of the rich indiscriminately."

The following extract is taken from the *North-China Daily News* of May 14th:—

"We now notice the troubles which arise from *the medical work*. It may seem ungracious, when so much good is being done by the medical missionaries, and such hearty recognition has been given it by some of the leading men of the land as well as by the common people, to refer to any mishaps or to imply any mistakes. But we are sure the more experienced are the ones who know more than ourselves the great need of the highest caution, and how one imprudent or unfortunate occurrence may stir a whole city into a flame of passion. We have already made mention of an incident, how when the late Governor of Shantung died in the presence of a foreign physician, sent by H. E. Li Hung-chang, riots were at once threatened against the resident missionaries, and rumours of foul play ran everywhere throughout the province. It is also generally believed that the riot in 1868 which occurred in Yangchow was hastened by a physician, who put a human foetus in a bottle and allowed it to be seen by the Chinese. A short time ago there also appeared in the papers a reference to rumours set afloat in Nanking by a physician taking out the eye of a lad, which was replaced by a glass eye, while the eye itself was kept in the possession of the physician, until the

danger necessitated its return to the lad through the local authority. Such dangers can be understood, when it is remembered that the Chinese have a superstitious fear of being buried without all the organs and parts of the body. The very giving out of pills may be viewed as a scheme with sinister aims, and the cutting off of a man's leg, if he dies from the effects, be a source of annoyance and even peril to the missionary, as we know actually to occur. The use made of the body of a dead man by Shanghai hospitals has become known to the Chinese, and magnified into a stupendous crime. These cases, however, are not frequent, and it is possible for the work to be so conducted that few evils will arise or dangers ensue, and the work will be regarded by all, as it is already by not a few, as one of the most commendable undertakings and greatest charities of the Protestant missionaries.<sup>1</sup>

While admitting the foregoing and heartily appreciating the kindly spirit in which it is written, we must yet join issue with regard to the justice of a specific charge against the *medical* missionary. We maintain, the facts advanced by Mr. Reid notwithstanding, that the very methods of practice assigned to us cannot themselves altogether be dissociated from Chinese practice: and that it is the *foreign* element imported into the case which occasions the charge, and distinctly accentuates the situation. The very accusation itself must needs recoil on themselves, for the most authoritative work on Chinese materia medica states "that portions of the human body have valuable therapeutic properties." Dr. Macgowan tells us that "thirty-seven forms of remedies are compounded with such ingredients. That human muscles are deemed especially helpful in cases of consumption. Flesh offerings are often made by children for parents. A recent story is told of a man who cut off a joint of one of his fingers that a broth might be made for the healing of his mother. The imperial decrees, published in the *Peking Gazette*, often give *special commendation* to those who have mutilated their own bodies in order to provide remedies for sick relatives." Why then, if there exists such belief in the potency of these remedies, does not the charge, *if made in all honesty of purpose*, equally apply to the Chinaman, who receives 'special commendation' for such practices?

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Our attention has been drawn to the fact that no response has been forthcoming to the Venerable Archdeacon Moule's request that we, *i.e.* the Association, should make 'an authoritative utterance' in connection with the opium question in China. \*

<sup>1</sup> The Sources of the Anti-foreign Disturbances in China. By the Rev. Gilbert Reid, M.A.

\* *China Medical Missionary Journal*, September, 1892, pp. 171 and 172.

Archdeacon Moule's 'Challenge' as our correspondent words it, was given to the Journal now some six months since, and comment is to the fore that no reply has been given. If by this it is intended to imply that we have been remiss, we may at once rejoin by stating, that whenever the opium habit has at all been touched upon in the Journal, (and many times it has been within its seven years' history) *it has been referred to in no sense other, than in terms of unreserved condemnation in all its possible phases.*

Further with regard to any collective official action being apparently lacking, we beg to reply, that the 'Declaration of Opinion' which was submitted to the House of Commons in London, contained the signatures of as many medical missionaries as could be procured at the time. To accentuate our justification, it may suffice to quote the last paragraph of the Declaration in question as it gives 'an authoritative utterance' not only sufficiently satisfactory we trust to Archdeacon Moule, but in distinct accord with the views held by the Medical Missionary Association of China. We quote: "We believe that we express the unanimous opinion of the medical missionaries labouring in China, now numbering considerably upwards of 100, when we add that it is difficult to speak too strongly of the physical and moral evil, and of the social misery which is being wrought in China by the wide spread and increasing indulgence in the use of opium."\*

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### In Memoriam.

THE LATE REV. L. N. WHEELER, D.D.

Since the issue of the last Journal we have to note and mourn the departure of one, the influence of whose life and work was wide and deep, yet so unobtrusive that the loss will be more privately and poignantly felt than loudly and ostentatiously mourned. Dr. Wheeler was only 54 years of age when the call came, yet his life was full of earnest continuous work for the Master.

Of his early life and young manhood we know little, excepting that before he began preaching at nineteen years of age, he had acquired a practical knowledge of printing and acted as editor of a paper. This implied much constant hard work; but this experience peculiarly fitted him for much of the work he was afterwards so successful in. In his 27th year he responded to the appeal of the Methodist Episcopal Church for a man to go to Foochow to take charge of the Mission Press there. Whilst engaged in this work in 1867 he was instrumental in starting the *Chinese Recorder and Missionary*

\* *China Medical Missionary Journal*, June, 1892, p. 132.

*Journal*, or as it was originally called and described:—"The *Missionary Recorder*, a Repository of Intelligence from Eastern Missions and a Medium of General Information."

In the Missionary Intelligence department of the *Recorder* for January, 1869, we read: "Rev. L. N. Wheeler and family left for Peking on the 20th inst. Mr. Wheeler's health required a change to a northern climate, and he with Rev. H. H. Lowry, who will soon follow him, will commence the North China Mission of the Am. M. E. Church." The success of his work as founder of the mission is already well known. The writer calls to mind the thankful, joyful satisfaction with which Dr. Wheeler spoke of the great proportions to which the work had grown, as seen in his visit to Peking last year.

After three years' service his health broke down, rendering it necessary for him to return to the U. S., where he remained for eight years labouring in the ministry. After that time he returned to open the new work of the Methodist Episcopal Mission in Western China, at Ch'ungking, Szchuan. At the weekly missionary prayer meeting in Shanghai, shortly after Dr. Wheeler's death, a C. I. M. brother from that region paid a high tribute to the pioneer work done by Dr. Wheeler in Western China, and the respect and love with which his memory was held by the brethren there. After having laid broad and deep the foundations for future work, Dr. Wheeler's health again broke down, and once more he was compelled to return to the U. S.

After six years' work at home he returned to China to take up the agency of the American Bible Society, left vacant by the death of Dr. Gulick. Among the many labours he undertook, one of the most congenial was the editing of the *Recorder*, which had grown in size and influence since the time he helped to launch it.

In the midst of his many labours he was called home on the 20th April, after a ten days' illness. He was ripe for the change. The simplicity and depth of his confident hope are seen in his last message to his fellow missionaries: "Tell them, Blessed be God: All is well! All is well! I am trusting in my Redeemer."

Our heartiest sympathies go out to his bereaved widow and children. We pray that they may be sustained and comforted under this sore affliction. To the great body of missionary workers who mourn the loss of such a gifted comrade, Dr. Wheeler has left the legacy of a noble example and the hallowed and stimulating memory of a truly consecrated life. The leading traits in his character were his modesty and gentleness, allied to a painstaking and indefatigable industry. As pioneer in mission work, as Bible Society agent, secretary of the Shanghai Missionary Prayer Meeting, or as Sabbath school teacher he showed a marked spirituality and a tender solicitude for others.

As editor of the *Recorder* he displayed great tact, wide knowledge and an alertness in seizing important points. He also had a sagacious hold on the tendencies of things. These important points also characterize the work he published when home: "The Foreigner in China." When it appeared it was spoken of as the simplest, clearest and most complete statement of the relations of China and the Chinese to Western civilization to be found in the English tongue. It will always be valuable as the mature fruit of close intelligent study.

Much more might be said of the life and work of this most untiring yet retiring worker, but space forbids. May our life be as pure, our work as faithful and our end as peaceful as his.

GILBERT MCINTOSH.

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### The Rev. Professor C. P. Thwing, M.D., Ph. D.

BORN 1830, DIED 1893.

It is with much regret that we learn of the sudden death of Dr. Thwing from typhoid fever. Dr. Thwing will be re-called to many who had the privilege of meeting him at the General Conference of 1890. The late Dr. Thwing was a great traveller—a voluminous writer of a peculiarly epigrammatic style, the author of several works, mostly on the Orient, and a very eloquent speaker.

Among the many societies with which he was connected in different parts of the world may be mentioned—The Medical Missionary Association of China. Dr. Thwing's personality was distinctly impressive of a deep earnestness of purpose for the welfare of those to whom he had devoted his life. We deeply sympathize with the widowed lady, now bereft of him, who with God's blessing, brought her out of a like danger, and who, exhausted after many weary days of loving ward, himself contracts the fell disease, and dies.

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### In Memoriam.

JAMES GOLDSBURY, JR., M.D.

For the first time since its establishment eleven years ago, the Shansi Mission of the American Board has been called upon to mourn the death of one of its active members. About noon on the twenty-third of March, Dr. James Goldsbury of that Mission entered into the enjoyment of the rest that remaineth for the people of God. He died of typhus fever.

Dr. Goldsbury was a native of Davenport, Iowa, U. S. A. He was born in 1860. Brought up in a home where the law of Christ was the rule of life, he was early led to yield to the divine claims by surrendering himself to be a willing sacrifice upon the divine altar. Ever afterwards to him duty was a privilege and the service of God his supreme delight.

After graduating from the Medical College, Dr. Goldsbury practiced one year in the St. Barnabas Hospital, Minneapolis, Minn., U. S. A. Subsequently he took one year of post-graduate study in the Medical College of the State University of New York, in connection with the N. Y. Medical Missionary Institute. He afterwards travelled as medical guardian to a gentleman who was in ill-health. These travels were extended over England, Scotland, France, Italy, Turkey, Syria and the Holy Land. But long before undertaking these travels, Dr. Goldsbury had consecrated himself to the service of the Master in the foreign missionary field; and in January, 1889, he received his appointment under the A. B. C. F. M. and was designated to Shansi. On June 28th he was married to Miss M. Grace Fisher, of Charlestown, Mass., and early in July they left the home land for the scene of their future labors in China.

For a while after his arrival Dr. Goldsbury was the only physician in this part of the province, and there was no other doctor within 300 miles of him. Consequently he had many calls, and no call was ever made to him in vain. It was always a gladsome service which he thus rendered, done heartily as to the Lord Himself.

Dr. Goldsbury possessed excellent missionary qualifications. He took an lively interest in China and the Chinese. He was full of sunshine; always happy, always seeing the bright side, hence always cheerful. He was permitted to spend less than four years in China; but we thank God for his life here, short as it was. It was a life full of faith and of good works and lived for the glory of the great Head of the Church.

Dr. Goldsbury leaves a widow and one child; a large circle of friends now mourn the premature death of a brother beloved.—*Communicated.*

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The Right Rev. John Horden, D.D.,

*Bishop of Moosonee, Canada.*

BORN 1828, DIED 1893.

In the far off Canadian North, where winter has but now passed, and the mighty rivers there cast out their icy freight, the burden of the Indian Camp-fire tale will be, for many a long day to come, of him who has so lately passed away. Of him, who for two and forty long years (for years are *very* long in the Pole-star lands) lived his life among them as father and friend,

pastor and bishop. To the writer from his position in the Hon. Hudson's Bay Company's service, the news of the old friend's death comes as a great shock, even as it will be one of much regret to those of his grand mission in China, who knew him.

It is not that the late Bishop Horden was our dear and valued friend that we now write of him—it is because we deem it well to tell of him to those who were not privileged to know of the noble life spent under the conditions of oftentimes hardship and privation we ourselves wot of, right well. Bishop Horden, the son of a journeyman printer and himself apprenticed at an early age to a foundry, volunteered at twenty-five years of age for missionary work in Canada, and was directed by the Church Missionary Society to provide himself with a wife as a condition of his engagement—this he did at twenty-four hours' notice—and upon his arrival at the scene of his labours set himself to work to learn the language and dialects of the several tribes of North American Indians by which he was surrounded. As a philologist, he soon became remarkable; and Cree, Eskimo (dialects of Eastern and Western shores of Hudson's Bay) and Ojibeway, were soon familiar to him. Within a very short time he was able to preach to his congregation in Cree, to compile a grammar of that strange language and to translate the Bible, Prayer book, hymn book, Bunyans Pilgrims' Progress and many others, into it.

In 1892 Dr. Horden was consecrated a Colonial Bishop, and then he turned his mechanical knowledge to account, and built considerable portions of his *Cathedral* with his own hands. He has been accustomed in his visitation journeys through his vast diocese to depend entirely on his own resources, to drive his dog sleigh, pitch his tent, to 'paddle his own canoe,' and to cook his own food; besides which he has invariably been his own tailor and shoe-maker. Not only was he a voluminous writer but he printed and bound much of his own writing. Further Dr. Horden was much interested in medical missionary work. He was truly a man of whom any church might well be proud. For year after year he patiently toiled on in the 'great lone land' travelling thousands of miles by canoe and on snow-shoes, shepherding his Indian flock with tender care, cheering his scattered colleagues by kindly counsel and fatherly encouragement, and writing home letters which stirred all hearts and nerved others to strive after like endurance and devotion. His unswerving faithfulness, his life-long energy, and his singleness of aim are a heritage of inspiration to our Church.

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## HOSPITAL REPORTS.

THE CHI-CHOU MEDICAL MISSION IN CONNECTION WITH L. M. S. 1892.

Trusting in the Lord your God,  
Onward go :—

Are the words frequently ringing in our Compound, as the servants go merrily singing to their respective duties. We gladly select it as our motto for the year.

Although still working single handed, through the absence of my sick colleague at home, the past twelve months have been in every respect one of forward movement.

As in other missions, many patients have come to us with diseases hopelessly incurable. They have run the round of their native physicians, converted their stomachs into wholesale dispensaries, spent all their money, and, as a last resource, come to us. It is hard to see such cases leave the place, and go home to die.

*Dispensary.*

New patients, 3,579.  
• Old patients, 5,134.

Previous opposition to foreign medicine and surgery is fast breaking down. Native doctors not only consult us, but come themselves for treatment. Most amusing and elaborate are the descriptions they give of the ailments, pointing with their long, unclean, finger-nails to anywhere but the seat of disease.

As in past years, we conduct prayers with the patients, morning and evening, and, in the afternoon, when the dressings are changed, and operations over, we have a catechising service in the wards. It is at these informal gatherings, where free discussions take place, and interest is created, that you can sow the seed of the kingdom, and get at the true spiritual condition of those whose bodily sufferings you seek to alleviate.

Three patients have been received into the Church, as direct result of medical work. These have since proved their sincerity in the Truth, by not only witnessing for the Master in their own villages, but showing a true Christian spirit, when persecuted by their neighbours.

We have made, only here and there, an excerpt from a cheerful report. The theme of the score is in Dr. MACFARLANE'S closing words :—

As we pursue our daily routine of work, and sometimes become absorbed in an interesting or uncommon case, may we ever seek to follow in the footsteps of the great Healer Preacher, keeping in view the grand object for which we have come to China,—to win our patients to the Lord Jesus Christ. "G."

THE TONG-KUN MEDICAL MISSIONARY  
HOSPITAL. 1892.

In the above an account is given of some systematic attempts to injure the work which were fortunately abortive.

We quote from Dr. KUHN'S report: "Until now the troubles that have been experienced elsewhere in China have not affected us, but during the past year the waves of anti-foreign feeling reached Tung-kun, and assumed a form that was very annoying. One morning in June, unknown enemies laid down the entrails of some animal near our gate, and then went through the city, spreading the report that we had killed one of our patients, and used his brain and eyes for medical purposes. The hospital cook, when he went to make his morning purchases, was beset by eager questioners as to the truth of this rumour, but the fact of his being in our service

prevented his denials being of the slightest avail. The story was carried to the Yamên, and repeated to the Mandarin, with a request that he should order the hospital to be closed. This, however, he declined to do without proof of the murder with which we were charged, which not being forthcoming he dismissed the case. Other means of a similar character were used to frighten away our patients; as, for instance, only a few days after the events above mentioned, a dead child was laid at our door in a basket, and new reports were spread about this. At that moment it happened that we had under treatment a servant belonging to the Yamên, and he and all the other patients hastened to assure us of their confidence, and to promise that they would exert themselves when they left hospital to counteract the evil effects of such rumours as have been mentioned. On the whole, we can look back only with thankfulness to the kindness and courtesy we have experienced at the hands of all who have come under our care."

Among the out-patients presenting appearances worthy of note, was the case of a child three days old, the subject of a meningocele or encephalocele of the occipital region, the protrusion being as large nearly as the child's head itself. The mother had already applied a hair ligature to the base of the tumour, and requested us to complete the operation, but we declined.

"Brossage" as a surgical treatment for granular lids has been tried repeatedly, and has in some cases been followed by a rapid clearing of the cornea. We use cocaine as an anæsthetic. Retroverting the lid, we cut open, or remove, the largest of the granulations, and then gently brush the whole surface; following this by the application of corrosive sublimate solution, 1 in 500, with wool, and a subsequent irrigation with the same solution, 1 in 5,000. It is in the dry forms of granular

conjunctivitis, as WÆCKER has pointed out, that success by this treatment is to be expected.

A few notes regarding the case of the removal of a bullet from the back may be of interest. AH HO, with her husband and a little boy, was in a boat anchored at Chan-tsün, a village not very far from Canton, having a sum of forty taels in her possession; when a party of five armed men attacked the boat, two remaining on shore and the other three coming on board. They searched about until they found the box containing the money, and the boatman trying to resist their search was shot down with a revolver, expiring almost immediately. His wife, trying to save some clothing received the wound for which she came under treatment. The bullet passing behind her left arm caused a lacerated wound of the upper arm, and lodged in the back near the angle of the shoulder blade, where it was felt some two inches from the aperture of entry, and removed by a counter-incision. Such murders are frequent, and too often remain unpunished, none of the boatmen around thinking of interfering in such a case to arrest the robbers, for fear of the personal risks they would run.

Two children were operated on for imperforate anus. In one of them the bowel was easily reached, and the child relieved; but in the other, where a free communication existed between the rectum and the bladder, all efforts to do so failed, and a proposal to perform colotomy was declined.

Four adult patients were baptized during the year.

The usual tables are appended. Out-patients 10,694, in-patients 255, operations 262. "G."

THE MEDICAL MISSION AT T'AI-YUEN-FU,  
SHANSI.

The report opens with account of progress in building a house for the resident physician

and alterations of a building for dispensary and hospital purposes.

Two patients have been admitted on probation.

Out-patients 1,205, in-patients 140, mid-wifery cases 16, visits 105. 98 surgical operations performed.

Dr. EDWARDS gives an account of a curious superstition in regard to women dying undelivered which is another instance of the cruelty of the tender mercies of the heathen. "They believe that a woman, thus buried, is transformed into a very malignant spirit, which they call 'the tiger of the grave.' This spirit is believed to return to the house where the woman died and do great harm to all the inmates. To avoid this supposed calamity, they have several expedients of their own. One is to invite a geomancer to the house, who, after sundry incantations, writes certain symbols on paper, which are put up in the house; and these are believed to effectually destroy the influence of the spirit. Another method is to deliver the dead woman at the mouth of the grave, and then bury mother and child together. They have two ways of doing this. One is to open the abdomen and uterus with a knife; the other is to place a piece of quicklime on the abdomen, and thus make an aperture through which the child can be removed. Still another method of "laying the spirit" is to place the mother, with the child *in utero*, in the coffin, and then, when the coffin is lowered into the grave, to drive a long nail through coffin, mother and child. This, it is believed, will prevent the spirit leaving the grave."

"The means taken to resuscitate a man unconscious from coal-gas poisoning is to say the least novel. His cue was unplaited, and the hair placed in a basin of water! This was supposed to be an infallible cure. Still, however, the patient remained unconscious, and I was then sent for but, by that time, he was dead."

During the year, about thirty cases of

poisoning by opium have been treated. Not a few of these have been very young children, who have found the opium when crawling about on the brick bed, the opium, made into small pellets, ready for smoking, having been carelessly left lying about. In these cases, it has been impossible to ascertain the quantity taken; but, when the child has been brought, before quite comatose, great benefit has been found from the administration, hypodermically, of minute doses of sulphate of atropia, repeated until the pupil dilated.

WESLEYAN MISSIONARY HOSPITAL, FATSHAN,  
SOUTH CHINA.

Dr. WENYON reports that the year has not been uneventful. In the summer, the business people of the town combined to close their shops and ware-houses as a protest against the arbitrary and exorbitant exactions of the Chinese Custom-house. A riot ensued, in which several persons were killed, and a considerable number wounded, by the native soldiers. The officials of the Custom-house fled, the Mandarins from Canton were refused admission to the town, and for several days the street gates were closed, traffic and business being almost entirely suspended. It was deemed advisable to send the missionary's family to Canton, and to give up for a time the services at our Preaching Hall, but the doors of our hospital were opened every day as usual from dawn to dark, and it speaks well for the influence of our work upon the town that during such a time of riot and excitement no molestation whatever was offered to us.

The usual time for visits to native doctors in this part of China is in the early morning, from about 6 to 9 o'clock. This portion of time, every day except Sunday, we devote to the gratuitous healing of the poor. We spend the rest of the day in attending to our in-patients, and in

receiving ordinary patients as general medical practitioners.

Our friends at Fatshan have been making a successful trial of self-support. We give below the result in their own words.

It is now twelve years since we opened this Wesleyan Missionary Hospital in Fatshan. For the first six years, with a few exceptions, we made no charges, rich or poor were operated upon or supplied with medicine at the expense of European contributors. During the last six years we have worked on a different system. Still giving gratuitous treatment to the poor, we have tried to obtain funds for doing this by charging fees to those who could afford to pay.

We adopted this system as an experiment, our encouragement to do so being, First, its harmony with what we understand to be the plan of medical missioning enjoined by Christ, that is, to depend for our necessary resources upon those who are the recipients of our benefits, and, Secondly, our observation of the fact, that most of the suspicions entertained with regard to us and our work, and most of the rumours which have, from time to time, endangered the property and lives of missionaries in China were, in some way or other, connected with this—to the Chinese, inexplicable fact, that our dispensing of medicines was indiscriminately gratuitous.

This experiment, in Fatshan, was made by circumstances particularly difficult, but, so vast an extent of this empire remaining still untouched by missionary influence, and it being obviously impossible to greatly extend the area of our work on present expensive lines, it seemed to us worth while to face the difficulty, and practically test the feasibility and value of the self-supporting method Christ enjoined.

Our income this year, derived from the fees of patients, amounts to nearly 2,500 dollars. This sum has not only been sufficient for the working expenses of the hos-

pital, including the salary of our European House Surgeon, but has left a balance out of which the sum of 200 dollars has been paid to the Wesleyan Missionary Society, towards the expenses of its aggressive evangelical work.

There are some interesting items of work which we shall be obliged to pass over having given so much space to this interesting subject of self-support.

More than 8,000 dispensary patients with 230 in-patients have received the benefits of the Fatshan Hospital while contributing to its support. "G."

CHURCH MISSIONARY SOCIETY,  
HANGCHOW. 1892.

"Among the many kinds of good work which are carried on in Hangchow for combating the evil and hastening the Kingdom of Christ, the medical mission occupies a prominent place. It is not necessary, at least in this part of China, for the medical missionary to adopt *native dress and native lives*, in order to get near to the Chinese, with him the difficulty is rather, how to get *far* from them. "No one is better suited to soften prejudice, disarm suspicion and make his way amongst the people, and bring to them the healing message of the Gospel, than the medical missionary." "In a benevolent work like ours, where we work from the outside to the inside, and where we have to give prominence to the life that now is, in order to reach the heart through practical kindness, a properly equipped hospital is a *sine qua non*."

"In the dispensary we passed through our hands about 10,000 new patients and had many opportunities for relieving pain and cheering the suffering." "All heard the Gospel preached, and although some were too much occupied with their trouble to think of anything else, most of them listened with attention and interest to the Gospel story, and carried it away in hand, head, or heart to their homes."

Over 600 in-patients were treated during the year, and most of them were suffering from long standing chronic diseases, which had baffled the Chinese physicians.

The success of the medical part of the work is most satisfactory when the difficulty of treatment is taken into account. For spiritual work this is our harvest field. In the wards we not only preach but practice Christianity. There we have many opportunities for closer spiritual dealing than is possible in the dispensary or in a public address. Many of the patients remain long enough with us to know the object of our mission, and when they leave they take with them in many cases, an intelligent knowledge of the Truth.

"One hundred and twenty-four poor creatures were admitted to the opium refuge to be cured during the year. Opium-smoking is a sad business, and no one is brought more into contact with its baneful effects than the medical missionary. They who say that the Chinese can smoke opium with impunity, talk pure and undiluted nonsense. Of those admitted most of them looked ill and emaciated, with a leaden pallor of the skin, which made them look more like living skeletons than human beings. It is difficult to overestimate the evil produced by the degrading vice. It produces moral and physical debasement—the opium-smoker falls an easy prey to disease—and leads to crime and ruin."

We have culled a few extracts as above. In regard to the treatment of opium smokers Dr. MAIN states:—

We can speak of a few reclaimed and renewed into decent members of society, and many wretched homes made happy.

As experience is our best teacher some conclusions arrived at by Dr. MAIN will be interesting.

We were called in to see, and called upon by, not a few of the educated Chinese and had many opportunities of introducing the subject of Christianity, and it is our experi-

ence if they are wisely approached, and the subject judiciously broached, that they listen with interest and respect.

**Medical Class.**—Much of our time is given to this part of our work, which we consider to be most important. I am convinced that thoroughly trained natives are urgently needed, and the amount of good they can do, if their hearts are right is incalculable.

**Evangelistic.**—In a work like ours where it is impossible to keep in touch with the thousands who come to us every year for treatment, it is difficult to estimate the amount of spiritual good that is accomplished, still we are satisfied that the good done is far greater than what can be represented by mere figures. At the same time we are thankful for very tangible blessings that have been bestowed by the Great Healer, after whose example, and at whose command, the work is carried on. We can speak of at least ten who were baptized during the year, as the direct fruit of the hospital. One of the patients who was baptized, is a very interesting old man. When he came to us some months ago, to enter the hospital as an in-patient, he told us that he came not so much for his disease (chronic rheumatism) but that he might hear the Gospel. His daughter had been a patient in Mrs. MAIN'S ward, and had shown considerable interest in the Truth, and when she went home, she began at once to make known to her father what she had learned in the ward, and pressed him to go to the hospital, so that he might hear for himself of Jesus, who came to save sinners.

**Leprosy.**—During the year 14 lepers were treated. The tubercular form predominates, but both forms are often combined.

We find that all our leper patients suffer from fever, and with each attack the symptoms become worse, and the dreadful disease goes on its course, interrupted from time to time by a temporary check and slight improvement.

The essential cause of the disease is yet unknown. Under ordinary conditions it

does not appear to be contagious. Still a mucous membrane or raw surface coming in contact with an ulcerating tubercle will doubtless produce the disease. The lepers we have treated have almost all been field labourers from malarious districts, and we associate the disease with *malaria*, and believe that the poison is introduced through the skin.

Mrs. MAIN in charge of the women's ward gives some interesting particulars in regard to evangelistic work among her patients, from which we make a few extracts.

Ten years of continuous work have not been in vain; but have helped to disarm prejudice and overcome superstition, and in a great measure won the confidence of the people. We cannot estimate the good that is done by those who have received benefit from their sojourn in the wards when they go back to their homes. Through them the precious message of Salvation is carried to many distant and out-of-the-way places, and more probably, is accomplished in this way to spread abroad the Truth than we shall ever know.

In speaking of a Bible woman Mrs. MAIN throws out a kindly hint.

Her work, like all Bible women's, is very trying and difficult; and unless kept alive by the power of the Holy Ghost, they are apt to become indifferent and hopeless as to the spiritual results of it. Should we not pray more for them than the

"Might of His good Spirit go with every faithful word;

And by hearts prepared and opened be their message always heard."

#### *Patients.*

"'ANNA' is the Christian name given to a blind woman who was baptized a few months ago." "From the first day of her sojourn with us I was interested in her pleasant, almost sightless face, which so quickly lighted up whenever we told her of the Lord Jesus and His power to restore physical as well as give spiritual sight. Her interest in Bible narratives and her desire to know

more about Jesus, were apparent from the first, so that we gladly kept her with us in order to teach her, and with the hope that she would believe in Jesus. How interested she became, and what a pleasure it was to teach and tell her about Him who came to give sight to the blind! One day during our little Sunday class, each of the patients was asked when she meant to decide for Christ. Three of them answered, including ANNA." She became a candidate for baptism, and Bishop MOULE, being quite pleased and satisfied with her intelligent answers, baptized her last autumn. Since returning to her daughter's home she has been witnessing in her humble earnest way for the Lord Jesus, teaching her daughter and little grand daughter the hymns, commandments, etc., that she learned in the hospital. Her neighbours also are not forgotten as they drop into the house; and we feel sure that she will be the means and medium of much blessing to them. A nephew brings her to the hospital every Sunday morning when she is able to walk so far; and one of the nurses takes her to Church; she then returns to the hospital and has dinner with the patients, returning after the class to her home, to which she is led by some one her daughter sends for her.

"Mercy."—On three other occasions she had been an in-patient for a month or two at a time, and had received a good deal of instruction during these times, but never seemed much impressed with it or inclined to let us know how she felt about her spiritual condition, although there was something about her that impelled us to "follow her up" every time she went home. She was very ill when admitted this last time, but quite softened and repentant, and acknowledged that it was fear of man that had hindered her confessing her belief in Christ earlier. She assured me that she really believed in the Lord Jesus, and that when she got well she would like to be baptized. The Word of God seemed truly to

have gained an entrance into her heart; and during the last days of her illness she was most patient and at perfect rest. As she could not recover it was thought right to comply with her wish to be baptized, so she was admitted by baptism into the visible band of Christ's followers.

Mrs. LI.—She became an inquirer some years ago after being in the hospital, but was lost sight of for some time until she returned to the hospital in the beginning of 1892. Her great difficulty in becoming a Christian, while in the service of the heathen Chinese, was quite evident, as it is almost compulsory when acting as a servant to buy idol paper, candles and incense to burn twice a month at least or oftener, and to take part in other heathen practices. But she had no other way by which she could make a living. Unfortunately we have not been able to help her much in her struggle to live a Christian life; but I think that the obstacles that have been in her way have helped her to see that we could not make her Christian, and that if she trusted in the Lord He would open her way to live as a true Christian ought. She has shown a good deal of determination in the midst of her difficulties to become a Christian. I fear we cannot always appreciate as we ought, or sympathize as we should, in the trials and temptations that beset those who are struggling to do the right thing.

“G.”

THE ALICE MEMORIAL HOSPITAL,  
HONGKONG. 1892.

An extract from the report will show the advance of the work as to accommodation and proposed changes.

(1). That the present building be retained intact.

(2). That two of the wards be transformed into a large out-patient department, with rooms for laboratory, museum, and other purposes that at the present time render

the operation room less suitable for its primary objects, at the same time leaving the present out-patient rooms in the basement floor free to be utilized as stores and coolie quarters.

(3). That a supplementary hospital be erected, on a higher level and in a more open situation, to accommodate the larger proportion of the in-patients, including the whole female in-patient department and all serious cases of whatever nature.

The advantages of the improvements and new buildings are set forth as follows:—

(1). Since it consists of a single line of buildings, there will be through ventilation everywhere.

(2). The male and female surgical wards, placed on the two sides of the operation room, have each direct communication with it.

(3). The female ophthalmic patients will now have a properly darkened ward of their own, instead of having to share the general female ward.

(4). There are small wards for isolation and obstetric or gynecological purpose.

The out-patient department is under the charge of a number of foreign and one native physician.

Total number of cases treated as out-patients in 1892 was 18,210.

Vaccination is practised and dental diseases are treated at special hours.

In-patients numbered 875, and are received with few exceptions without charge. 152 operations were performed under the influence of an anæsthetic.

No account is taken of the many minor surgical operations.

Daily exposition of Scripture is conducted in the out-patient room in connection with every consultation, and in each of the five wards there are morning and evening prayers with similar Scripture reading and exposition, while conversational work is systematically carried on among such in-patients and out-patients as are willing to

hear, or anxious to enquire, the way of life more fully. Evangelistic effort and professional work proceed side by side in the hospital throughout the whole day, yet all is so arranged that neither in any sense interferes with the other.

“G.”

—  
THE LONDON MISSION HOSPITAL,  
HANKOW. 1892.

We shall confine our extracts from this report chiefly to the account of two extremely interesting cases.

In October 1891 an old gentleman, Mr. Ko, came to the hospital . . . about a tumor which had been growing for some time just below his right ear. An attempt was made to remove the growth, but parts of it could not be taken away.

An extract is given from a letter written by Dr. JOHN, probably the concluding chapter of Mr. Ko's earthly history.

“As we were passing along we met a young man just as he was coming out of his house. He had been in our hospital at Hankow some months previously, with his aged father, who was suffering from a tumor in the neck.”

“The young man was delighted to see us and pressed us to enter. We found them living in a large, respectable, well furnished house. I inquired after the father's health, and he told me that he was very ill indeed, and not expected to live more than a few days. ‘But, continued he, this is strange. My father had a wonderful dream last night, in which he saw you coming to visit him, accompanied by a number of people. He told me all about it this morning. He thought you had come to lead him to a better place. I will go and tell my father that you are here.’ He went and his father requested him to bring me into the bedroom. I was sorry to see the old man looking so ill. I endeavoured to lead his thoughts to God. He told me that he had been doing so; I

asked him if he would like me to pray with him. His reply was ‘yes.’ He asked his son to raise him up in the bed so that he might join me in prayer. I would have had him rest just as he was but he insisted on being raised. I then prayed for him and I believe with him. I closed the prayer with the usual Amen. ‘And that means’ said the sufferer, ‘such is my heart's sincere desire.’ I then spoke to him of the Saviour as the one to whom he should keep looking, and of the hope I cherished that he and I should meet ere long in the better land. The old man said again, ‘Such is my heart's desire.’ I withdrew from that chamber of death feeling that I had been near the gates of heaven. This is the first case of the kind that has actually come under my notice during these thirty-six years. But how many cases are there over China of a similar nature? Who can tell? People come to our chapels or to our hospitals, hear the truth and return to their homes without having made a profession of faith in Christ. Their names are not on our Church registers and we do not count them among the saved. This was a surprise to me. There are many such surprises awaiting us in heaven. Let us not be weary in well doing.”

This case is also reported by Dr. JOHN, and appeared in the *North-China Daily News*, but many may not have seen it, and it is worthy of circulation.

“On the 7th of last month two Chang-sha men came to the London Mission Hospital at Hankow, one afflicted with a hare lip, the other a companion. The name of the former is JEN CH'EN-SIANG . . . . It is Mr. JEN's intention to proceed to the Capital early next year, to claim certain emoluments which are due to him . . . He felt he could not appear in the Capital with this disfigurement upon him, so he came to the hospital to have it removed.”

“But young JEN had his difficulties. Both he and his companion HUANG have had a good deal to do with CHOU HAN, and

they were thorough believers in all the vile reports which have been circulated by him concerning the foreigners and their doings. They very much wished to come down and see the foreign doctors; but the thought of entering a foreign house or a foreign hospital filled their souls with dread. Fortunately they met a nephew of the Marquis TSËNG, and he advised them strongly to come to Hankow, assuring them at the same time that they would be treated kindly by the foreign missionaries. At last they mustered sufficient courage to leave Hunan for Hankow. They landed on the Wuchang side of the river and tarried there for a day or two, hesitating as to what they should do. They resolved to come over to the Hankow side, and have a look at the terrible barbarians, but they returned to Wuchang without having called at the hospital. They came across the next day and timidly entered the waiting hall of the London Mission Hospital; but again their courage failed them, and they returned to Wuchang without having seen the doctor. On the morning of the 7th ult. they were at the hospital gate once more, but in great perplexity as to whether it would be safe to enter. Fortunately the gate-keeper who is a very good old man, saw them and spoke kindly to them. They asked him if the rumours about foreigners gouging people's eyes, cutting out people's hearts, etc., were true. The old man assured them that all such rumours were false, and they felt half inclined to believe him. At that moment I made my appearance, on my way to the chapel, where a marriage between two natives was about to be performed. The old man advised them to follow me, and witness the ceremony. This they were afraid to do; but one of our Hunan converts happened to be present, and he prevailed on them to accompany him. They were much surprized to see what they saw and to hear what they heard. Here was a fine opportunity for the perpetration of all the wickedness with which

the missionaries and Christians are charged. But they saw nothing of it, and, as they have told me since, they were simply astonished at the fact. At the close of the marriage service which seems to have impressed them greatly, they were introduced to me, I took a great liking to them at once, invited them to come and see me at my house, and gave them a letter of introduction to the doctor.

"Doctors MACKAY and THOMSON took the case in hand, and, to the infinite delight of Mr. JËN, they have succeeded in giving him a perfect lip. I asked Mr. JËN why he hesitated to come to the hospital, and this was his reply: 'I was afraid that if I once entered I might never come out again. I thoroughly believed that the foreigners did gouge the eyes, and cut out the hearts of men, women, and children. I now know that it is all false; and this is to be ascribed to the fact that I have seen, I believe that if CHOU HAN himself could only see, his feelings would change as mine have.'

Then he told me that in Chang-sha ninety-nine out of every hundred, at least, thoroughly "believe these reports about the foreigners and their doings. If two or three experienced missionaries could settle down in Chang-sha, and carry on their work of preaching and healing at Chang-sha as they are doing at Haukow, a great revolution would soon take place in the Hunan sentiment with regard to us. I pray that day may soon come." "G."

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FIFTH ANNUAL MEDICAL REPORT OF LIN-  
CH'ING STATION OF A. B. C. F. M.,  
NORTH-CHINA. DEC. 31ST, 1892.

While admitting the excellence to which Dr. WAGNER has attained as a mimeographist (!) still for reviewing purposes, prithee, give us type. *Verbum Sapienti.*

The opening words of the report thankfully record gratitude that "the lives of our little community have been spared." So many having been attacked with typhoid.

Then with regard to evangelistic work which is next touched upon we quote:—

“More attention has been paid to the evangelistic work in connection with the dispensary than heretofore. The wisdom of this is shown in an increase of adherents, and the opening up of places for Christian work which would not otherwise have been found. Mr. CHAPIN and helper CH'ŭ have visited the dispensary daily, striving to let some of the Gospel light shine upon minds darkened by sin and superstition, and enfeebled by the bodily ailments for which they came to be treated. Our student at T'ung-chou spent his summer vacation assisting in the work of teaching and preaching at the dispensary. Two patients have joined the Church on probation, while many others have heard the Gospel, and carried home with them tracts and portions of the Bible. One of the two referred to owes his life to the treatment he received at the dispensary. When he came, his right thigh was in a horrible condition, completely riddled by burrowing abscesses. The other is the grateful father of a little patient with hip-joint disease.”

Then a paragraph gives us the doctor's plaint with regard to the treatment of hip disease, of universal applicability we imagine:—

“Seven cases of hip disease were treated during the year. Several of these patients were from the practice of one native doctor, who seems to have acquired some reputation in this line. The treatment of these cases has not been very satisfactory for two reasons: first, you cannot get the patients to do their part toward a cure by securing immobility of the joint; second, they will not listen to an operation. The best treatment found practicable so far is that advised by Dr. Jos. C. HUTCHISON, viz., supplying the patient with a high-soled shoe for the foot of the sound side and a pair of crutches.”

We are then told something of Chinese

medical ethics—of one professional gentleman—“who actually came right into the foreigner's hospital to seek for patients.” Though naturally we sympathize with Dr. WAGNER with such colleagues, still we must admit we rather admire the gentleman, if only for the one he did secure.

The statistics read as under:—

*Statistics.*

Number of new patients 1,991, of which 507 were female.

Number of in-patients 158, of which 20 were female, averaging 11 days in hospital.

Total treatment 5,464, and the operations total some 200.

*Assistants.*

There have been two medical assistants, and part of the time three. In addition to reading on subjects suggested by the work at the dispensary, Dr. PORTER's Physiology has been reviewed preparatory to entering on a systematic study of GRAY's Anatomy, as translated by Drs. OSGOOD and WHITNEY. The first assistant has accompanied Mr. CHAPIN on several preaching tours, at which times he treated nearly 300 patients.

“P. M.”

Dr. MERRITT, of Pao-ting-fu, sends the following report:—

“I have made two short tours recently and have decided, since I was made ill in both cases, not to attempt another in cold weather until we can be provided with small foreign stoves at the out-stations. I am more and more impressed with the importance of frequent visits to our out-stations, and, next to preaching the truth, the shepherding of these new Christians is most necessary. This branch of our work has of necessity been sadly neglected for years, and can only be met by a strong force at the station.

“The second of the tours mentioned was made to the newest of our openings, Po-teh, and I was inclined to think it the most promising of all. The earnestness manifested was beyond anything I have seen in my

seven years' experience. The country and villages were also the best I have seen in China, and the outlook for a good self-supporting Church in the near future seems very hopeful.

At Neu-ko-chuang a chapel has been purchased for \$12.50, and at Wang-tu for \$50. These are paid for by contributions from natives and foreigners, and the deeds are registered at the yamên in the names of the Churches of said places. These chapels are ordinary Chinese houses, so arranged that a helper can be accommodated and the foreign missionary made

slightly comfortable as well. My present idea is that with a small foreign stove to protect one from the fumes of charcoal or hard coal, as the case may be, medical work can be undertaken at regular intervals to great advantage.

"The records for the year 1892 are as follows: Baptisms, 25, probationers, 48, deaths, 8. The medical work is much the largest on record, being 18,448 treatments. I see no reason why this should not be annually increased, as we are gaining the confidence of the people everywhere."—*Missionary Herald.*



## NOTICES OF BOOKS.

The May issue of *Woman's Work in the Far East* is an interesting number, perhaps the best we have read. Glancing through it superficially, one smiles, and asks, "Is it one big interrogation point?" Haven't these missionaries found out yet the true inwardness of the Chinese girl? Is there still an unsettled question as to how these missionaries shall spend their leisure moments, and how many leisure moments they may rightfully have? No one answers the questions, and it is not our province to do so. We shall look anxiously in future numbers to see whether a missionary who plays tennis or reads Harper's is violating missionary ethics, we want to know how we can spare the rod, and not spoil the child, we shall be unspeakably grateful to the wise woman who will tell us how to make the Chinese girl speak when she won't. But there are many precious answers in this little magazine—answers to prayers—answers to unbelief, enough to make her hide her face for shame, pale unbelief. Read "after many days" ye who think it is waste of means to keep up girls' schools. Listen to Mrs. McKee: "Within the past twelve months four of these old school girls, after nearly thirty years of wandering, have been brought into the fold. Some years ago two others were found after being about twenty years out of school. Ever since their admission to the Church these have been among our most earnest, devoted Christians. We find a great difference between these former pupils, and women of the same age brought into the Church without early knowledge of the Gospel." We read the article from Sung-kiang, and we sigh, "After four years of

labor, we have not a convert from the resident women of the city. But we need only turn to 'some phases of work in Shantung.'" "It is only about thirty years since the American Baptists and Presbyterians first began work here," this on the first page, but in the fourth page we read, "that there are now in Shantung, in connection with the Presbyterian Church, 6 mission stations, 52 foreign missionaries, 660 pupils in boarding schools, 1,004 in day-schools, 3,622 communicants and a vast number of persons, who while not yet Church members, cannot be considered heathens." It is an older missionary, in newer work than that in Sung-kiang who says, "Oh! my sister workers, all over China, I wish I could encourage you with *all my heart* never to lose faith in the power of the pure, and simple Gospel . . . Let us sow the seed in *hope*, and wait with *patience* the harvest time. Never mind if it be years before the abundant golden grain appears be sure when it does come, it will be *grain*, more precious than gold, holding the self-propagating life power." Grain? Yes "garnered grains" says Mrs. JUDD and she tells of old Mrs. LIN whose neighbors thought her mind was wandering, because she kept saying, as she lay a-dying, "I am trusting Jesus, I am going to heaven." The life and death of AH-MUN, adds another to the "witnesses" who have gone to their eternal reward. No wonder "heaven seemed very near" to those who stood by her as she entered the valley of the shadow, with "the smile of triumph" lighting her face as she said, "I am so happy; I am not the least afraid; all is bright above me, and I just keep my eyes fixed on Jesus."

*Bloodless amputation at the hip-joint by a new method. By Nicholas Senn, M.D., Ph. D., Chicago.*

Not only is the text clear and explicit, but five admirably executed photolithographs further illustrate this new method of bloodless amputation.

The following conclusions represent the principal advantages of the operation as described by Dr. SENN, to whom we are indebted for his most interesting work:—

1. Preliminary dislocation of the head of the femur and clearing the shaft of this bone of all soft tissues down to the proposed line of amputation through an external straight incision requires less time, is attended by less hæmorrhage and shock than when this part of the operation is done after circular amputation as advised by VON ESMARCH and others.

2. The external straight incision is the same as VON LANGENBECK incision for resection of the hip-joint differing only in length.

3. After dislocation of the femur the soft tissues are tunneled with a hæmostatic forceps which is entered through the external wound on a level with the trochanter minor to a point on the inner aspect of the thigh behind the adductor muscles and about two inches below the ramus of the ischium where a counter opening two inches in length is made.

4. Bloodless condition of the limb should be secured by elastic compression or vertical position prior to tying the elastic constrictors.

5. An elastic tube three quarters of an inch in diameter and about four feet in length is grasped with the forceps in the centre and drawn through the tunnel made by the forceps.

6. After dividing the elastic tube in the centre the base of the thigh is constricted by drawing firmly and tying the anterior

constrictor in front of the anterior section, while the posterior after being drawn tight behind the posterior section the two ends are closed and then made to encircle the whole thigh, when the ends are again drawn firm and tied or otherwise secured above the anterior constrictor.

7. A long and a short oval cutaneous flap should invariably be made in all amputation at the hip-joint.

8. In preference a long and a short posterior flap should be selected.

9. The transverse section through the muscles should be somewhat conical in shape, the apex of the cone corresponding to the tunnel made by enucleation of the upper portion of the shaft of the femur.

10. Resection of the end of the sciatic nerve and ligation of all vessels that can be found should be done before the removal of the constrictors.

11. The femoral arteries should be secured by a double catgut ligature half an inch apart the one on the proximal side including also the accompanying vein.

12. The posterior constrictor should be removed first, and all hæmorrhage arrested by ligation and compression before the anterior constrictor is removed.

13. The upper part of the wound corresponding to the acetabulum should be drained with an iodoform gauze tampon and the remaining part of the wound by one or more tubular drains.

We are indebted to the eminent publishing firm of Messrs. CASSELL AND COMPANY, London, Paris and Melbourne for the YEAR BOOK OF TREATMENT FOR 1893. This work is so well known, that it is unnecessary for us to do anything other than to acknowledge the pleasure we have in the acceptance of so admirable and so critical a review of the advance of medicine and surgery for the year.

## CORRESPONDENCE.

SHANGHAI,  
8th May, 1893.

MY DEAR DR. GILLISON.

Permit me to congratulate you upon your return from the 'auld countrie,' and to express my sense of pleasure that you have taken over the duties of the office of Treasurer, to which you were appointed during your absence in England. You will I am convinced find them a charming relaxation, and a stimulus to other work of a less exciting character. Apart from the satisfaction of expressing to you how much I realize that my successor will promote the interests of the Association, I wish to touch upon yet another subject, and would beg to draw your attention to your copy of the Journal for June 1891, so as to simplify explanations. At page 127, you will note a correspondence between Dr. LYALL and myself with regard to a proposed reduction of the Association dues. The amendment there referred to was negatived on purely stated technical grounds, grounds which however I did not follow, but seeing that they involved a re-submittal of statement to the Association and that official changes were pending, the matter, much to the annoyance of many members of the Association, was for the nonce, dropped. But now feeling that if the desired change is to be made, it must be arranged and brought forward in this number, so that I will briefly state my reasons for again proposing the discontinuance of the present system.

(1). The fact of keeping two separate accounts consisting of small amounts many hundreds of miles apart is not only an anomaly but is perfectly unnecessary and entails a ridiculous amount of trouble. There should be one payment to one official.

(2). As to the amount to be paid, many think with me that it is unnecessarily high.

Now as the second paragraph need only come under consideration I wish to ask if you are prepared to second me so as to submit to the Association the following amendment to Article VII of By-Laws: "The yearly subscription to the Association shall be Three Dollars in advance and shall include the Journal of the Association." To take effect January 1894. And again, to avoid any confusion as to the reading of the article amended, as a whole I repeat it as under:—

*Article VII (By-Laws).*

"The initiation fee required from all active members shall be one dollar. There shall be no fee from honorary members. The yearly subscription shall be Three Dollars in advance and shall include the Journal of the Association." To take effect January 1894. Should this amendment be carried it will of course rest with you as to whether you wish to assume sole charge of the accounts as I did, or pass them over to the publishers. The fact that members, *i.e.*, those who have the *honour* of belonging to the Association—are placed upon the same terms (pecuniarily) as non-members is one, that, under the circumstances, cannot be remedied.

Sincerely yours,  
PERCY MATHEWS.

HANKOW,  
20th May, 1893.

MY DEAR DR. MATHEWS.

It is with much pleasure that I fall in with your views and second the proposed amendment to Article VII of the By-Laws.

With your approval I would further suggest a somewhat more extended form of amendment to the effect that the publishers

be authorized to collect the subscriptions referred to. Begging that you will submit this letter together with the proposed amendment in the usual form to the Journal.

I am, yours sincerely,  
THOMAS GILLISON.

CHI-CHOW MEDICAL MISSION,  
*May 3rd, 1893.*

DEAR DR. MATHEWS.

Your letter just to hand. Your orders shall be promptly obeyed. . . . My colleague being still at home, both medical and clerical work develop on me. Thus I glory in the miscellaneous offices of parson, doctor, secretary, treasurer, committee, registrar and general bottle washer! You will ere this have received my report for the past year and noticed in glancing down the list of cases, that eye diseases predominate. Chi-chow evidently is the hot-house for the growth and development of cataracts. During the past year, forty-five cases came for treatment. Some were not ripe for operation; others were afraid of the knife, so that only twenty-six were admitted into hospital. Of these 19 had sight completely restored; 5 no improvement; and 2 lost from panophthalmitis. In one case the patient went home on the second day, in the other, the poor fellow was so pleased at being able to see, immediately after the operation, that he removed the bandages the same evening and took a quiet constitutional outside, with the above result. Last month I had six cataract patients seated in a row, in my study, all awaiting ophthalmoscopic examination.

Regarding the method of operation, the plan of incision I invariably adopt is that of GRAEFFE'S modified linear, with this exception—the incision is made in the corneal substance, and not in the sclerotic. I have tried the latter method, but partial loss of vitreous with troublesome hæmorrhage from the seat of section, has induced me never to do so again.

Just before leaving for our annual meeting in Tientsin we had a special service on Sunday afternoon in one of the wards, where I had the joy of baptizing two patients, father and son. The son came three months ago with necrosis of nearly all the carpal bones of his right hand, necessitating excision of wrist joint. He is himself a Chinese doctor, but informed me that this disease, from his standpoint, was incurable. He is now on the high road to recovery, but is still in hospital awaiting similar treatment to his right foot. About a month after the operation on his hand, we had at morning prayers, the subject of the man with the withered hand. Our friend, his face beaming with joy, remarked, "Ah, if the same Jesus were to walk into this hospital and see me lying here, He wouldn't put me on a table, give me sleeping medicine, and then cut me with knives, but He would call out, 'Lao Wên, stretch out your hand.' I would just do as He told me, and it would be healed." On the day of his baptism we had all the children of my wife's girls' school into the service besides preachers and assistants. The recollections of that service will linger long in the memories of those who were present.

Oh that we may ever keep to the forefront the object for which we have come to China—to win our patients to the Lord Jesus Christ. Let no interesting case or rare operation so absorb our time that our spiritual ardor will be thereby petrified, but may the words of that sainted missionary DAVID BRAINERD be the earnest prayer of every medical missionary in China, "Oh that I were a flaming fire brand in the hand of my God."

I am, yours,  
SEWELL S. MCFARLANE.

LONDON MISSION,  
*Chungking, April 27th, 1893.*

MY DEAR DR. MATHEWS.

I take this opportunity of writing a line to you as I have a little spare time. My wife and I have had a three weeks' holiday

on a house-boat, up to Lu-chow and are now nearing Chungking again. I expect you have often wondered why I have let a year go by and never sent you a line. Well you see the desire has been present or I would not spend a part of my holiday thus. I wished at the end of the year to make up a report of our years' medical work. Sickness removed Mr. and Mrs. WILSON, and left us alone with all the work of the station for three months and I have had no spare time to do it. The past year was a very, very trying one in every imaginable sense but the Lord graciously preserved us through it all and added blessing with it.

I am glad to be able to tell you that we have purchased a large property, which gives us an opening on to a busy street, and will provide us with hospital, dispensary, street chapel and boys' school. The three latter are well nigh finished and will be in working order very shortly: the hospital has not been touched as yet, it will require a little alteration to make it useable and a great deal to make it as it should be. Time and patience will I hope see it a fit place where many will be helped and brought to the knowledge of the Truth.

Our medical work has developed steadily and I am glad to say that this year's end sees us with two men who are seeking baptism. One was one of my earliest patients, and the treatment he then received seems to have touched his heart. The other is a young man I was called to see when we were at morning service one Sunday morn. I found crowds in the house, he having received a severe scalp wound in a brawl. A good neighbour was dabbling on some horrible dirt, and the general condition of the poor man was decidedly pitiable for he had been pitched into some cesspool. However by calling the district elder to come and keep order, and by bringing the dirt to the light, and the free use of scissors and water we got a clean exposed wound some six inches long. Coming to him next day to

change the dressings the crowd recognized the superiority of Western art to the dabbling on of more filth, and remarked that "the work was good." I took the man in our hospital and he lived there 40 days at the expense of his would-be slayers, who got the bamboo as well. He did very well. At one time I feared necrosis of the bone, but it revived and for six months he has come to our services and bought Bible and hymn book and asked for admission. By the case being a Yamén one it gets widely known and one prays that it may lead to our work and cause being advanced. One day a man brought in his son with strumous disease of his ankle. They had come some 6-700 li from Kwei-chow province to seek relief. After two years' suffering the lad of 19 had got very thin and his father fell on his knees asking me to help and cure him—his only son. I assured him I would do all I could, and took him in, and fed him up. I felt sure the foot must come off and told the father so. He gave consent for me to do what I thought best and when under chloroform I found I should have to remove the leg low down. He made a very good recovery except one or two small fistulous tracts which have not yet healed. The father wishing to go home for the New Year left his precious son with us till he should return. The lad has put on flesh, and generally wakened up and regularly attended our school and all the services so that he has a good knowledge of the Gospel (and may he get to know of its power to save too).

I have been more than ever struck with the power a medical mission has of drawing, and influencing, and preparing the way among the people. Its influence is unlimited, and one never knows where the work is spreading. If only we had that Power of the Spirit of God upon us that every one who comes under us would return home to talk about that, as much as the surgery and medicine is talked of. I have

felt very much of late how easy it is to let the one get ahead and forget the other, while it is for the other we have come to China. This wretched climate, and trying people, make one so irritable, and hasty, and often simply wanting to get our work done: we forget we are God's sent-ones and according as these people see us—perhaps for only once—so will they measure us and our Christ. I have not my books by me so can only give you rough figures. Last year we had over 2,000 new cases and some 5,000 old visits paid to the dispensary. In our hospital we had some 30 patients during the year. If we open only part of our new hospital we can take in 20-30 at once.

In coming up the river the other day we had a man visit us at 6 in the morning bringing a present of some sweets, &c. He is a Roman Catholic and keeps an inn at the mouth of the Hsien Yamèn at Kiang-tsin. Last year chairs and boats refused to carry him, lest he should die in them, when he wished to go down to Chungking (180 li) to see the foreign doctor. He was in our hospital some time with dropsy, &c. I removed 30-40 lbs. of fluid on one or two occasions and generally got his organs into better working order. I sent him home with little hope of permanent good, and told him so. However there he was practically well before us, and well able to attend to his business. He says his "cure" has caused a good deal of talk and he tells them that we did it.

I also operated on a scholar with hare lip from this city last year. He was a nice man and did very well shewing much interest in the Gospel. On returning he called in and saw the native worker at the C. I. M. at Kiang-tsin. The other day I was called to see some patients in our guest room and found 4, with their friends, all of whom had come down at the advice of this scholar. I took three in and treated the other as an out-patient. One had a cystic tumour in the neck which came away easily and he

made a rapid and good recovery. He has gone back now and who knows what will be the result. With lots of our hospitals all over this country having incidents, and results, such as this, surely a great harvest will one day spring up to the honour and glory of our Saviour. We so want to see results, and pin them on to our name and work, not content to do the work for our Master leaving it in His hands after we have done what we could.

One more example and I will close.

We tied up the other day under the bank "by chance" to spend the Sunday. We were some 30 li below Ho-kiang Hsien. Last year two wives of a military official were seen by us, and called on us afterwards at our house. They were very nice, and quite ladies. Their house is at Ho-kiang. After breakfast we climbed up on the bank and walked a little way till we found we were near a gentleman's house and garden. They invited us in and we entered the terrace in front. The gentleman and my teacher began talking, and of course wanted to know who we were. He was told and my teacher asked if he knew where these military people lived—we did not know them. I saw that man change at once and he asked us in and got tea, &c. He had heard of their visit to us we found out. Of course he asked us to see his wife who had been ill two days. I did not know it at the time but there in our midst was a Chinese doctor who had been called over the river to attend her ladyship. Poor fellow he had to eat humble pie, and see the barbarian ride over his head.

A beautiful house and garden they had. The gentleman is wealthy, two of his brothers being in office somewhere. He himself came down to the boat for medicine and we told him of the Gospel and I gave him a tract. But it did not end there. In the afternoon he brought in another gentleman a military B.A. who lives over the river. We had a long and interesting talk together—my teacher explaining our faith. The B. A.

was a very nice fellow. He wanted me to go over and see his old mother the other side of the river. At 630 next morn to my surprize instead of my having to cross to see her she turned up in her chair on a small boat. In the night we had had a very heavy storm. I feared all our ropes would go. Surely it shewed faith in us that the old body should venture over at that time to be seen. I fear my medicine could not do much for her but I hope our intercourse may do something. They sent down all that way—some 150 miles I suppose—to Chungking to get medicine. One feels in meeting these “upper classes,” it is more or less like running your head against a brick wall, the effect is so small. Still many heads will make some impression and I am content to be one unfortunate one if the result be obtained.

I have been too busy to take many notes on any cases such as might be printed in the Journal and cannot just now. What I have told you will shew that our work is growing. You may perhaps from other quarters get many such examples of growth, and not think it worth while making use of these in the Journal. “History repeats itself.” Thank God if it does, and may it do so until all these people know the blessed sound, and give honour and glory to Him who has given us all we have. You will see how much good our three weeks’ holiday has done me, in stimulating me to write so much for you to wade through.

Yours sincerely,  
CECIL J. DAVENPORT.

#### WUCHANG NOTES.

MY DEAR DR. MATHEWS.

There are a few notes from Wuchang in answer to your letter. It is nearly six years since I left this place and I find now on my return some important changes and the place greatly improved.

The Viceroy has put up his cotton mill

and iron works, and introduced the telegraph. Wuchang though at one time in great danger during the riots escaped being added to the list of places so disgraced, by the action of the Consuls and captains of the men-of-war in Hankow. All we are glad to say is now quiet, and mission work steadily going on.

A new mission has been started by the Swedish Mission, and the London Mission has built and opened a new hospital. The American Church Mission has purchased two more lots of ground, one by the school, giving the boys a fine play ground, and the other lot enlarging the hospital grounds.

Two more new wings have been added to the boys’ school, and two houses have been built for the native clergy.

The hospital lot still needs to be completed by buying the remaining corner lot in front, and it is hoped that before long the new hospital for men will be added to the mission’s premises.

The medical work among the women will be greatly helped on now that Miss MACRAE has joined the mission.

While speaking of the medical work Dr. MERRINS has made a very successful experiment with a bamboo boot for a cork one. Two large sections of bamboo are cut down as thin as possible and then bound together side by side with cotton cloth, a piece of leather top and bottom completes a very light though thick sole.

Some day I want to call your attention to a tree, the sap of which the natives use for ring worm, as it seems a successful treatment.

Mr. GRAVES has lately given a prize for the best native essay on Christian Hospitals. I do not know if he means to publish it as a tract.

With respect to the school I am glad to say there has been great progress. Twenty years ago we were only too glad to get any boy that would come, now we can hold an entrance examination, and besides, we now

have a large class who pay their own expenses.

Our teacher of mathematics has published a very useful little arithmetic at 12 cents per vol. He is one of our old scholars, and studied under Mr. YEN at St. John's College.

Some years ago we started a reunion dinner for the old scholars. Last year at the dinner they subscribed a sum of money among themselves, and with it opened a day school, they wish if possible to maintain a fund among themselves for some Christian mission work.

Other new things of note during the six years I might mention had I time, but I must not forget the new and handsome Church. Our dear late Bishop has gone to his rest, but the work in Wuchang with which he was so much connected, the school, the Church, and the hospital, have all grown up to their present importance during his episcopate, and from the little temporary buildings which were erected during the early years of his missionary life in Wuchang.

Faithfully yours,

H. SOWERBY.

CANTON,

*May 3rd, 1893.*

MY DEAR DR. MATHEWS.

Dr. SWAN loans me some old numbers and I was amused as well as vexed at the withdrawal of the very general commendation of our asylum purpose on page 216, for fear of committing our "Prot. Med. missionaries to it"—when the Conference number of the Journal 1890 already has printed the emphatic approval of these same Prot. Med. missionaries in reference to the plan of Dr. KERR.

To us in America—to medical men particularly—the delay in undertaking this form of medical enterprise is inexplicable. Dr.

KERR distinctly stated it was not a religious or missionary venture but a philanthropic one.

Very truly yours,

E. P. THWING, M.D.

[A pathetic interest cannot but be attached to the foregoing, written but six days before Dr. THWING'S death. In connection with the protest here inferred, it must be borne in mind that the Conference could not altogether be representative of the individual views of the members of the Association, seeing to the fact that not one-third of its membership were present. Further to add by way of respectful surmise, we believe that the majority of those who did attend, knew at that time, as much or rather as little of the advantages of the projected scheme as the writer.—Ed.]

832 EXCHANGE BUILDING, BOSTON,

*March 29, 1893.*

PERCY W. MATHEWS, M.D., F.R.G.S.,

Shanghai,

China.

DEAR SIR.

I am now preparing the new edition of the Inter. Scientists Directory to be issued in December.

Being desirous that your country shall be more accurately and fully represented, I have taken the liberty of asking if you can find a few moments in which to correct the enclosed names, from the last edition, and send such new ones as you think should be included.

This will greatly assist me in the preparation of the new edition. Hoping to hear from you by an early mail and thanking you in advance.

I am,

Yours respectfully,

S. E. CASSINO,

*Editor.*

MEDICAL PROGRESS.

OLEUM TIGLII IN THE TREATMENT OF  
FRACTURE OF THE BASE OF  
THE SKULL.

Dr. B. F. PARRISH in the *New York Medical Journal* for March 11th thus sums up a most interesting article:—

“Each and every time the oil was administered the delirium and paralysis diminished and the patient’s condition was improved.

Its advantages are:—

1. It is easy to administer. Frequently it is difficult to get the patient to swallow anything at all. This is easily given on the tongue.

2. It is a powerful derivative.

At the same time the blood-vessels of the alimentary tract are much dilated and filled with blood. Both of these results so diminish the blood and blood-pressure in the brain that inflammation is allayed and the exudation absorbed.

The disadvantages of oleum tiglii are:—

1. It is very apt to cause the bed to be soiled by its precipitate action. This, however, can generally be avoided by giving the oil in the morning and placing the patient on a good-sized bed-pan and keeping him there until the bowels move, which time will vary usually from half an hour to two hours. Enough oil should be given to produce free purgation.

2. Its irritative action upon the alimentary canal. I do not believe its action upon this tract is so deleterious as to cause much trouble when the oil is given in two-drop doses not oftener than each second or third day. Of course it is not to be given oftener than the symptoms demand. I have frequently given the remedy in cases of delirium tremens without bad effects

upon the digestive organs. Indeed, I invariably order two or three drops of the oil in a little pulverized sugar or gum acacia in beginning delirium tremens, and also after the symptoms have become well established, when I do not see the patient before that time. I have always secured the happiest effect with but little lasting irritation. It is wonderful how the cerebral congestion is relieved, and how the nervousness or delirium disappears under this treatment. So I feel that, compared with the beneficial results, the evil effects are extremely insignificant. I do not think any of the milder agents are to be compared with the oil.”

QUININE IN DISEASES OF THE RESPIRATORY  
ORGANS.

429. IGLESIA (*Der Kinder-Arzt*, October, 1892) says that quinine proves useful:—

1. In all cases of larvated asthmatic affections of a pernicious character.

2. In broncho-pneumonia, quinine in combination with preparations of ammonia, alcoholic remedies, etc., is indicated.

3. In whooping-cough quinine frequently yields good results.

4. In pulmonary hæmorrhages and pulmonary congestions the salts of quinine act as hæmostatics.—(*Condensed Extracts.*) *Canada Medical Journal.*

BLOOD IN URINE.

Differentiation between Vesical and Renal Hæmorrhage.—ULTSMANN (*Deutsche medicinische Wochenschrift*, No. 32, 1892) uses the following method to distinguish vesical from renal hæmorrhage:—

He washes out the bladder, then injects 50 grammes (f oz. XIIss) of a 1½% solution of iodide of potassium. Fifteen minutes

later he examines the saliva for iodine. If it is found, there must be epithelial defects in the bladder, i.e., the hæmorrhage as well as the absorption must have taken place in the bladder, as intact vesical mucous membrane is not capable of absorption.—(Ib).

#### CAN COCAINE BE DISPENSED WITH?

Dr. K. L. SCHLEICH re-asserts that absolute local immunity from pain, even during protracted operations, can be obtained without resorting to general narcosis of the patient, so that a sufferer may remain perfectly conscious during the amputation of his hand or foot, or exposing himself to the danger of syncope ever present in the operating room. Sub-cutaneous injections of a solution of sugar or salt, or even of simple cold distilled water, will produce exactly the same local anæsthetic effects as cocaine. This discovery has already borne the test of numerous experiments, and will be tried in Vienna on a larger scale. The explanation of the phenomenon is simple: Local insensibility to pain is caused in the case of cocaine by purely chemical changes; while cold water acts mechanically by means of high pressure and low temperature. Under the influence of the high pressure and sudden lowering of temperature the blood and lymph are driven from the region operated upon to places where the pressure is less. The tissue is thus deprived of its supply of blood, and temporary paralysis of the nerves results. It is affirmed that the importance of this discovery is all the more undoubted seeing that if, in a given case, cold water alone should fail to produce the needful degree of insensibility, a weak and absolutely harmless solution of cocaine would prove certainly efficacious.—*Medical Record, New York.*

#### SMELLING-BOTTLE FOR COLD IN THE HEAD.

Dr. TUCKER WISE has found the following highly satisfactory: Fill a wide-mouthed ounce bottle with coarsely pounded car-

bonate of ammonia, and add eucalyptia, dr. ss., dissolved in spirits of chloroform (double strength), dr. jss. This bottle should be applied to the nose as ordinary smelling-salts every half-hour, and the pocket-handkerchief be used gently when absolutely required, not violently trumpeting the nasal organ on every occasion that the passage becomes blocked. With the addition to this simple treatment a hot foot-bath may be taken, and steam inhalation at night.—*Medical Record, New York.*

#### CHOLERA AND CHLOROFORM.

Dr. DESPREZ, after an experience of twenty-five years, recommends a compound mixture of chloroform in this disease. He finds (1) that his mixture calms the gastric spasm which prevents the ingestion of medicine and food; (2) that it actively stimulates the functions of the skin, which are so closely allied to those of the alimentary canal and kidneys; (3) that he can introduce into the economy, when absorption is possible, substances capable of re-establishing the normal composition of the blood, and the remedies destined to render it more fluid, and which fit it to enter the capillary circulation and make it susceptible to hæmatisis. His formula is: Chloroform, 1; alcohol, 8; acetate of ammonia, 10; water, 100; syrup of the hydrochlorate of morphine, 40. Of this the dose is a tablespoonful every half-hour. He claims, by this treatment, 80 to 90 per cent. of cures, laying special emphasis upon the toxic effect of chloroform upon the micro-organisms of this disease.—*L'Union Médicale (University Medical Magazine).*

WERNER (*Medical Record, New York*) again recommends chloroform in typhoid. He says: "After an experience covering one hundred and seventy cases. At first I give a dessertspoonful of a one per cent. solution every hour or two, day and night.

In the period of decline only every two or three hours. It appears to diminish the diarrhoea and meteorism."

URTICARIA OF CHILDREN.

R. Chloral hydrat.,  
 Pulv. camphoræ,  
 Pulv. gummi arabic ... .. āā dr. j.  
 Triturate to liquefaction and add  
 Cerat. simplicis ... .. " j.  
 M. S.: Apply topically.—*L'Union Méd.*

ACUTE INFLAMMATORY EAR-ACHE.

The *New York Medical Journal*, October 29, 1892, gives the following abstract of a paper, bearing this title, read by Dr. J. H. CLAIBORNE at the meeting of the Medical Society of Virginia:—

"He alluded altogether to cases of acute catarrhal otitis media, such as were caused by the causes of acute colds in general. He did not approve of opening the drum of the ear, unless it was done by an expert. He recommended instead the use of the Eustachian catheter and gradual long-continued inflations three or four times every few hours to empty the middle ear. He did not apply silver nitrate in acute cases, but in subacute cases he applied a four-per-cent. solution of this salt. Sometimes DOBELL'S solution sprayed into the nose and throat acted well. He placed his confidence in the following plan of treatment:—

"1. Hot ten-per-cent. solutions of cocaine instilled into the outer ear, retained from five to ten minutes. 2. Hot solutions of boric acid instilled into the outer ear, while spongio-piline soaked in hot water was applied over the whole ear-surface. Hot salts might be used. 3. Inflation by the bag and by the continuous method with the Eustachian catheter. 4. The administration of a drastic dose of Epsom salts.

"After the acute stage was passed, blisters behind the ear might be useful, but they did no good during the acute stage."—*International Medical Magazine.*

THE PERIOD OF INCUBATION OF MUMPS.

JESSOP (*Brit. Med. Jour.*, June 4, 1892) reports a case of a boy who was brought in contact with a person recovering from mumps on March 17th. On April 19th, having been in perfectly good health during the interval, he developed a typical attack of mumps; no other exposure was known. On the day of the onset of his disease—April 19th—his two sisters kissed him. They were then removed and did not see him again. Twenty-one days later—on May 10th—they also were attacked with mumps. This places the period of incubation in these cases definitely at three weeks. All the children were perfectly well during the interval between the exposure and the development of the disease.—*New York Medical Journal.*

Dr. P. PARR THOMPSON relating his brilliant results with sulphate strychnine hypodermically in cases of collapse in typhoid fever due neither to perforation nor hemorrhage, asks whether this treatment "has been previously used and recorded." He is thus answered by Dr. I. KAUFMAN: "Allow me to notice in this connection that Dr. MANUEL DOMINGUEZ, in his article on "Typhus," in Hare's "System of Practical Therapeutics," says: "If profound prostration and collapse supervene, . . . sulphate of strychnine hypodermically is the remedy to be employed. . . . I can highly recommend this method," etc.

CHOLERA INFANTUM AND DIARRHŒA.

Pure air to breathe and pure water to drink will often work wonders in a very short time in many cases. Take the patient out of doors on a cot under a tree, and give the purest water possible. Wash out the bowels with boiled water. Feed on barley water and whey for a day or two. Keep in open air as much as possible. Don't give much medicine, but depend on making the child clean inside and out.—*Dr. Musgrove, Med. World. Dietetic and Hygienic Gazette.*

## DYSENTERY IN NICARAGUA.

(*Therapeutic Gazette*, December 15, 1892.)

By Dr. JUDSON DALAND.—There are three varieties of this disease met with in Nicaragua,—the malarial, the endemic, and the epidemic. Of these three, by far the most common is the malarial. The prodromal symptoms are malaise, pain in the back, in the head, and in the umbilical region, shooting toward the pubes. Mild cases show slight febrile and circulatory disturbances. In the more severe cases there is a moderate elevation of temperature, varying between 102° and 104° F. The stools are at first composed entirely of pure mucus. They are small in quantity and often attended with tenesmus; soon the mucus is streaked with blood.

Acute hepatic congestion and acute hepatitis, associated with jaundice, are not infrequent complications. Hepatic abscess is rare. Dr. BERMUDEZ, who has had a great deal of experience with these cases, has found that the following treatment is the most successful: For an adult, six grains of quinine morning and evening in conjunction with

R Ammonii chloridi, gr. v;  
Pulv. ipecac.,     ,, v;  
Tinct. opii,         gtt. x-xv.

Sig.—To be repeated every two hours.

In the way of food nothing is permitted except milk, or milk and lime-water, to which sago may be added.

Dysentery is prevalent at all times in Nicaragua, and is one of the most common diseases to which the natives are subject.

## TREATMENT OF BURNS IN CHILDREN.

Dr. WERTHEIMER says that the absorption of some poisonous product would appear to be the most probable cause of death in burns (*British Medical Journal*). This poison has been said to be a ptomaine not unlike muscarine in action. Ointment-like applications are more efficient than dry ones, although the latter have some advan-

ages, such as not requiring frequent change, etc.; but lymphangitis is more often observed. The object of treatment is to apply some anodyne and antiseptic agent, and to lessen the irritability of the nervous system. Iodoform vaseline is among the best ointments, but the author does not use it in children, owing to the danger of intoxication. Carron oil is a valuable anodyne application, but it is without antiseptic properties, hence the author adds thymol to it (0.05 to 0.10 per cent). Another combination is an ointment containing bismuth subnitrate and boracic acid, with lanoline and olive oil. The author recommends thymolized carron oil for the first two weeks, and then the above-named ointment, or the latter may be used from the first. Morphine, and sometimes chloral hydrate, may be required internally, but in children under two years they are best avoided. Stimulants are more often needed, even apart from the severe collapse which, in adults, requires prompt treatment.

## NOTES ON THE CARBOLIC ACID TREATMENT OF TYPHOID FEVER.

From 1889 until 1892 I have treated 49 cases of typhoid fever, 39 by the ordinary method and 10 by the carbolic acid pills recommended by Professor CHARTERIS.

In each case the patient was isolated, the maintenance of the recumbent position was insisted on, and milk diet was ordered to be taken at stated intervals. Until my diagnosis of typhoid fever was certain I did not prescribe any medicine, but when I was satisfied the case was one of this fever I prescribed a carbolic acid pill—2½ grains—to be taken thrice daily, its effects being carefully watched, special attention being directed to the urine. When the temperature was reduced, which usually occurred within three days of their administration, two pills were given, one at night and one in the morning. When the morning and evening temperature became normal only one was administered for two days.

In 4 cases there was a relapse after the pills had been discontinued for several days, and when this occurred one, two, or three pills were given daily, as the temperature and other symptoms demanded. When the patient improved they were gradually discontinued.

After the temperature had been normal for a week the milk diet was supplemented by light food, as white fish, beef tea, chicken soup, arrowroot, and corn-flour, and, as the patient's recovery progressed, solids were allowed.

The ordinary method of treatment consists mainly in strengthening the system by appropriate diet and by prescribing for urgent symptoms. The carbolic acid treatment strikes at the root of the fever by the destruction of the micro-organisms which are the cause of the malady. In the cases so treated the fever was cut short, no grave symptoms, as hæmorrhage or perforation, ensued, and the process of recovery was quick and attended by no wasting.

My opinion is that the efficacy of the carbolic acid treatment cannot be questioned and I am certain, if adopted early, it would prove, in an epidemic of typhoid fever, a preventive as effectual, or more so, than that of vaccination in small-pox.—H. RODGER SLOAN, M. B., C. M., Galashiels. *British Medical Journal*.

Apropos of the foregoing we take the following extract from the same Journal of a different date:—

#### CARBOLIC ACID PILLS.

Professor CHARTERIS, in an article upon the physiological action and therapeutic use of carbolic acid in typhoid fever has shown that the emetic effect of this acid upon the stomach can be minimised by administering it in the form of a pill coated with keratine. Mr. JOHN McMILLAN, chemist, 17, Great Western Road, St. George's Cross, Glasgow, has sent us a specimen of carbolic acid pills made in accordance with the suggestion of Professor CHARTERIS. We find that these

pills are not affected when placed in an acidified solution of glycerine of pepsin, but they immediately break up in an alkaline pancreatic solution. The pills have a finished appearance, the keratine coating being very perfect. They are firm enough to retain their shape, but a slight pressure with the fingers is sufficient to break up the mass; when thus disintegrated the odour of carbolic acid is well marked. That the acid is active and uncombined is perceived by the characteristic pungent effect produced when a small portion of the mass is applied to the tongue.

#### THE USE OF MENTHOL IN PRURITUS.

(Le Menthol contre le Prurit. *Bulletin Général de Thérapeutique*, July 23, 1892.)  
Par M. COLOMBINI.—The author, after numerous careful experiments with menthol in diseases of the skin associated with pruritus, thinks it of distinct value. Excluding parasitic affections, in which pruritus is symptomatic only of the presence of the parasite, he finds menthol of much value in those cases where the pruritus is associated with more or less dermatitis. In these cases menthol may be combined with medicaments likely to be of service in relieving the latter, such as zinc oxide, bismuth subnitrate, or salicylic acid. In pruritus of a neurotic character some relief may be expected, but the results have not been so satisfactory. Menthol may be employed where no ulcerations exist, in the strength of five or ten per cent. of the solvent or ointment. Its effect on the superficial nerves, producing first the sensation of heat, followed afterwards by cold, is sometimes disagreeable, and interferes with its application over extensive surfaces.

#### SEA-SICKNESS, AND VOYAGING FOR HEALTH.

Dr. THOMAS DUTTON, in his little book (third edition, London, 1892), acknowledges that there is no absolute specific for sea-sickness, but claims great advantages from

the preparatory treatment, consisting of a restricted diet for fourteen days, a laxative pill, saline water before breakfast, and bromide of ammonium three times a day. The preliminary diet for an invalid should be chiefly of bovine, tea made specially, and hard biscuits. Dr. DUTTON advises the voyager to have his own tea made by allowing boiling-hot water to remain on the leaves only four minutes. In the acute stages of sea-sickness, one drop of pure chloroform in two ounces of seltzer-water every half-hour, and a mustard-plaster placed over the gastric region for fifteen minutes, are found to give the best results. Champagne is to be given only in the later stages, for the depression. Ginger-ale is advised; bottled stout is condemned.

Eczema without oozing Veiel treats with dry cold, such as is secured by an ice-bag wrapped in cloths. Glycerine jellies are also advised. In weeping cases dusting powders are best. In chronic eczema salicylic soap plaster, and where the nervous system is involved tar upon patches which are dry. A tar ointment may be gradually increased from one to fifty per cent.—*Medical Record, New York.*

#### CLEANING SPONGES.

Mr. W. J. HENSON (analytical and dispensing chemist, Upper Norwood, S. E.) writes to suggest the following method of cleaning sponges for surgical use. The dirty sponges are placed in a large mortar or earthen-ware bath, with just sufficient commercial hydrochloric acid (strong) to cover them, and squeezed well out with a pestle several times; then transferred to a bath of running water under a tap, and all the acid, etc., well washed out. When properly done the sponges are quite sweet and clean, and retain all their elasticity and absorbent properties.—*British Medical Journal.*

Cocaine is best dissolved in a one-half per cent. boric acid solution.—*Squibb.*

#### PROPER METHOD OF APPLYING OBSTETRIC FORCEPS.

1. Anesthetize the patient and place her in proper position— buttocks well over the edge of the bed, and each limb supported by an assistant.

2. Ascertain the position of the head, introducing within the vagina two or three fingers, or, if necessary, the whole hand.

3. Apply the blades of a HODGE type of forceps to the sides of the head, with the concave edge directed toward the occiput. If, for any reason, this cannot be accomplished, withdraw the instrument, and substitute a SIMPSON (or ELLIOTT), passing the blades to the side of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by re-applying the blades to better advantage.

4. Make every effort to secure antiseptic condition during the operation. The fingers, hands and forearms of the operator, the external genitalia and vagina of the patient, the instruments and the hands of the assistants, should be clean and aseptic.—*Amer. Jour. Obstetrics.*

#### (270) COCAINE AND THE MILK SECRETION.

GUENEL (*Gaz. Med. de Nantes*, February 12th) reports the following observation. In treating a case of cracked nipple with a 1 in 50 solution of hydrochlorate of cocaine, he found that the secretion of milk was stopped by the application. The breasts became flacid, and the nipples lost their erectility. The functional activity of the breast was restored on discontinuing the use of cocaine.—*British Medical Journal.*

#### ALUM OIL.

This is a new drug of an astringent, antiseptic nature, and is described as a naphtho-sulphate, containing five per cent.

aluminium and fifteen of sulphur, light reddish powder, non-hygroscopic, easily dissolved in cold water, but the solution is cloudy in warm water. After a short time in air the powder becomes dark from its reducing power. It is acid, like all the aluminates, in reaction; it deposits albumin, which is re-dissolved by an excess of the latter, more particularly the gelatine series. This property is held to be of service in deep purulent discharges. Its antiseptic properties as tested seem favorable. A one per cent. solution killed the spores of anthrax, pyocyanus prodigiosus, etc., within twenty-four hours, which classes it equal to sublimate in its germicidal power. A solution of 0.1 per cent. retards the growth of anthrax, cholera, pyocyanus prodigiosus, staphylococcus germs in cultures. Small doses, however, can be repeated for any length of time without any adverse symptoms. It has been used with beneficial effects in surgery, in discharging serous surfaces, chronic purulent abscesses, and stubborn fistula. Endometritis, gonorrhœa, colpitis, etc., are rapidly benefited by its application. In dermatology there seems to be no end of cases where the improvement was rapid and efficacious.—*Medical Press.*

VOMITING OF PREGNANCY

Has been controlled in a case of WEIL by the exhibition of about a grain of menthol, or ten drops of a twenty per cent. solution in olive-oil dropped upon finely powdered sugar.—*Medical Record, N. Y.*

BRIGHT'S DISEASE,

SEMMOLA says, as a result of forty-two years' experience, is best treated by milk, which is at the same time the typical food for this condition.—*Ib.*

MEMORIZING DOSES.

Dr. G. A. WIGGINS gives the following rules: 1. The dose of all infusions is 1 to 2

ounces, except infusions of digitalis, which is 2 to 4 drachms. 2. All poisonous tinctures 5 to 20 minims, except tincture of aconite, which is 1 to 5. 3. All wines, from  $\frac{1}{2}$  to 3 fluid drachms, except wine of opium, which is 5 to 15 minims. 4. All poisonous solid extracts you can give  $\frac{1}{2}$  grain, except extract of calabar bean, which is  $\frac{1}{12}$  to  $\frac{1}{4}$  grain. 5. All dilute acids, from 5 to 20 minims. except dilute hydrocyanic acid, which is 2 to 8 minims. 6. All aquæ, from 1 to 2 ounces, except aqua laurocerasis and aqua ammonia, which are 10 to 30 minims. 7. All medicated syrups, you give 1 drachm. 8. All mixtures, from  $\frac{1}{2}$  to 1 fluid ounce. 9. All spirits, from  $\frac{1}{2}$  to 1 fluid drachm. 10. All essential oils, from 1 to 5 minims.—*Pharmaceutical Record.—Ib.*

AN IMPROVED ASPIRATOR.

Dr. SMITH said an aspirator which anyone could make had been first used by him during the civil war. Take a quart bottle, a tightly fitting cork, pierce the latter with a glass tube, attach to this one end of a rubber tube and the other end to an aspirator needle. Put a drachm of ether into the bottle. Put in the stopper, set the bottle into hot water, and when the ether had become vapor, take it out of the water, introduce the aspirator needle, and as the ether condensed on becoming cool, it would form almost a complete vacuum in the bottle, so that nearly a full quart of fluid would be drawn into it.—*New York Academy of Medicine Society Reports.—Ib.*

SUBCONJUNCTIVAL APPLICATION OF COCAINE FOR EYE OPERATIONS

Is discussed by Dr. KALLER (*New York Medical Journal*, January 7, 1893, who says: "First I instil a few drops of a four per cent. solution and wait several minutes, after which the instillation is repeated. Now I insert the speculum and, by means of a sterilized hypodermic syringe, inject a

few drops of a two per cent. solution of cocaine under the conjunctiva, next to that part of the cornea where I intend to make the section. This will be the upper part in most cases. The solution has been sterilized previously by boiling it, and the hypodermic syringe by rinsing with alcohol and then with a two per cent. carbolic acid solution. After the injection the speculum is removed, and one has to wait from five to ten minutes for the artificial œdema at the place of injection to subside, as it possibly would be in the way of the knife. If it is slow to disappear, gentle rubbing will hasten it. The anæsthesia thus attained is complete, and will contribute to diminish that percentage of prolapse of the iris that still adheres to our statistics of cataract extraction."

#### CHLORO-ANÆMIA.

Hot Air Baths.—TRAUGOTT (*Wiener Medicinische Presse*, August 14, 1892) obtained excellent results in 15 cases of chloro-anæmia, with hot air baths . . . He describes his method of administering them, but the following description appended by the Editor of the *Medical Record* is much simpler: "Place a large alcohol lamp upon a cane-bottom chair, cover it with one part of the elbow of a common stove-pipe, introduce the other open end under the bed-clothes, and very soon the patient will be enveloped by an atmosphere heated to 150 degrees."

We now quote from TRAUGOTT: "During the bath, cold applications or an ice-bag are placed upon the patient's head."

After 19 to 42 such baths, the patients were well. The hæmoglobin, the specific gravity of the blood, the number of red corpuscles and the weight of the patients had successively increased; cardiac irritability, anæmic bruits, febrile attacks and neuralgic pains had diminished or disappeared. Disturbances of menstruation and other ailments dependent upon chloro-anæmia also disappeared."

#### HOW TO POULTICE THE EAR.

Poulticing the ear may seem to be a simple operation, but there is nevertheless a right and a wrong way of doing it, and it appears that the wrong way is the one usually adopted. Dr. BUCK says that while heat is one of the best remedies in painful inflammations of the middle ear, and the poultice is one of the best methods of applying heat, as usually put on the poultice has little effect. What should be done, he says, is first to fill the external auditory canal with lukewarm water, the head resting on the unaffected side upon the pillow. Then a large flaxseed poultice, is applied over the ear as hot as it can be borne. The column of water is thus kept warm and acts as a conductor of heat between the poultice and the inflamed surface.—*Medical and Surgical Reporter. The Dietetic and Hygienic Gazette.*

#### TREATMENT OF HEMORRHOIDS.

ROSSOLO (*Annales d'Orthopédie*, tome vi., 7 année, No. 2) warmly recommends chrysarobin in the form of a suppository in the treatment of hemorrhoids. The suppository is made up as follows:—

R. Chrysarobin,	gr. i.
Coca-butter,	" xxx.
Iodoform,	" ½.
Extract of belladonna,	" ⅓.

This treatment is also advocated by MACDONALD, who reports the cure of a most obstinate case in fourteen days.—*The Therapeutic Gazette.*

#### SPRAINED ANKLE.

Douche with warm water, 112° to 115° F., for ten to twenty minutes. Then apply, over thin layer of cotton, plaster-of-paris roller bandage (three-inch-wide SCHORSE'S, or improvised with good dental plaster rolled in crinoline) evenly from the toe well up the calf of leg.—*Hot Springs Medical Journal.*

ECZEMA.

Dr. BULKLEY recommends

R. Tannic acid, dr. i.

Carbolic acid, gr. x.

Vaseline, enough to make one ounce,  
as especially useful for papular and ery-  
thematous eczema.

Dr. GEO. H. FOX uses in dispensary  
practice, for papular eczema and weeping  
eczema in which the infiltration is slightly  
marked, the following:—

R. Salicylic acid,	5 parts.
Subnitrate of bismuth,	25 "
Starch,	25 "
Vaseline (by weight),	65 "

These are both good formulæ; a third  
may be added:—

R. Salicylic acid,	gr. xx.
Boric acid,	" xxx.
Oxide of zinc ointment,	oz. iv.

—Dr. C. R. BARHAM in *International  
Medical Magazine*.



## NOTES AND ITEMS.

We are pleased to understand from a letter taken from the *Scotsman* and republished in the *Shanghai Mercury* of the 8th May that a settlement has at length been reached with regard to Dr. GREIG's case. The terms of settlement are as follows: The re-issue at Kirin of the Emperor's proclamation of June 13, 1891 respecting Christianity. The punishment of all culprits. The payment of pecuniary compensation of the sum of \$5,000, and a further sum of \$6,276 claimed by Her Majesty's government on behalf of Dr. GREIG, or in lieu of the latter sum a site for a missionary establishment at Kirin. From a letter written by Mr. JOHN GREIG J. P. to the Earl of Rosebery we take the following extract: "It is very satisfactory to be able to inform your Lordship that Dr. GREIG is now settled in Kirin, that on his first visit after his return he was received in the most friendly manner, that the Governor General had expressed his regret for the assault made on him, that several mandarins and other gentlemen of influence had waited on him for medical advice, that he had received every assistance in securing the lease of a suitable house, and that he was looking forward very hopefully to the carrying on of his beneficent work in that large city in North China."

The Royal Library of Copenhagen possesses a book entitled the "Flatobogen" which has never been translated. It contains the history of the kings of Norway, written on parchment by two monks in 1370-80. The "Flatobogen" proves that LEIT the Happy, son of ERIC the Red, discovered America in 1000. This manuscript was requested to be lent to the American government to be shown at the Chicago

exhibition. A man-of-war was to have gone to Copenhagen to take charge of the precious book, which was to be insured at £20,800. At the last moment the Danish government repented, and will not send it to America, but lending in its place photos of the valuable manuscript.

The speedy return of Dr. MARY FULTON and Miss HARIET NOYES is anticipated with satisfaction. Dr. BLISS has returned from Hainan and reports the improved health of Mrs. GILMAN and Mrs. MCCANDLEISH.—'M.' in *May Recorder*.

We are pleased to note in the *Recorder* the opening of the WILEY GENERAL HOSPITAL, and to congratulate its Superintendent Dr. J. J. GREGORY. We are told that a fine class of medical students has been selected, and, "under the skilful management of Dr. GREGORY the WILEY GENERAL HOSPITAL can scarcely fail to prove a potent instrumentality for the extension of the Redeemer's Kingdom throughout this part of China.

On the 12th instant the Presidents of the Imperial College of Physicians at Peking, held the biennial medical examinations of candidates desiring to enter the College and become members of the faculty. About fifty "medicos" presented themselves, but only about ten were admitted.—*The Shanghai Mercury*, April 21st, 1893.

At the literary examination held at Chao-chow-fu in Kwantung a child of eight years of age was the third in the list for the *Sui-t'sai* degree—163 were successful out of 4,600 candidates.

While exhibits are pouring in for the great World's Fair, Captain BOYTON is arranging the arena lately occupied by BUFFALO BILL, for his "Great World's Water Show." This Water Show which is quite unique in its way, will consist of all kinds of water games. There will be water tobogganing and water foot-ball—well called extraordinary as the players will run on the surface of the water in pneumatic shoes—and just before the opening of the exhibition Captain BOYTON proposes to walk on the Thames with his whole company from Chelsea to London Bridge.—*The Lady*.

With regard to the historical aspect of the introduction of opium into China by the English, we have always contended it was not so. The *Celestial Empire* of Shanghai thus exactly expresses our views: "There is now a whole body of evidence that opium was manufactured in China long before the first English factory was established in India. It was entered in the Chinese tariffs as far back as 1589; the Portuguese carried it to China long before the English flag was seen in the China seas; and when the East Indian Company shipped it there they did so in response to a demand that had long existed, and that had been freely met by the home product and by foreign supplies. Coming down more nearly to our own days, there is one living witness in whose presence it must have required considerable hardihood for the anti-opiumists at Mr. BARTEN'S meeting to assert that opium is forced upon the Chinese. Mr. LAY, who was Chinese Secretary to Lord ELGIN'S mission at the signing of the Treaty of Tientsin, has put on record what actually happened on that occasion. The allegation, be it remembered, is that Indian opium is forced on the Chinese against their will. And this is what Mr. LAY says: "When I came to opium I enquired what course they (the Chinese negotiators) proposed to take in respect to it.

The answer was, 'We have resolved to put it into the tariff as foreign medicine.' I urged a moderate duty in view of the cost of the collection, which was agreed to. This represents with strict accuracy the amount of the 'extortion' resorted to. The Chinese government admitted opium as a legal article of import, not under constraint, but of their own free will, deliberately.' The late Mr. LAWRENCE OLIPHANT, the Secretary to the Mission, confirmed this statement. The evidence, indeed, in the sense is so complete that no honest controversialist can keep up the pretence that opium is sent to China under any compulsion from British government.

A WISH.

"That closer strand may lean to strand,  
Till meet beneath saluting flags  
The Eagle of our mountain crags,  
The Lion of our Mother Land."

JOHN G. WHITTIER.

Dr. BEATTIE and the Rev. O. F. WISNER were summoned to Lien-chau, Dr. MACHLE being very ill. To save time they both walked, the distance across the country being about 200 miles which they covered in a week and returned with him to Canton this week. Dr. MACHLE sails for home on the 6th May with Dr. McCANDLISS.

Dr. WENYON who left Fatshan for England by the Siberian overland route is reported to have safely arrived at Vladivostock. He will join a company of Russian merchants and travel in waggons. He has picked up some Russian and has helpful papers of introduction. His family expect to leave Hongkong on Monday *via* India for London.—E. P. T.' *N.-C. Daily News*, 11th May, 1893.

Now in the Press. "A Vocabulary of Diseases." Based on THOMSON'S Vocabulary and WHITNEY'S Anatomical Terms. Prepared by J. G. KERR, M.D., for the Committee on Nomenclature of the Medical Missionary Association of China. In ad-

dition to the pleasure with which we make this announcement we beg to add that upon completion a copy of the vocabulary will be mailed to each member of the Association.

In a recent article Sir ANDREW CLARK gives a brief list of the benefits mankind have derived from experiments upon animals. He says:—

“By experimental research we have discovered the conditions for using with efficacy and safety almost all the stronger and more useful drugs, such as digitalis, chloroform, ether, chloral, nitrate of amyl, nitroglycerin, and many others. By experiments on animals we have discovered the nature and relations of infectious diseases, and how in some measure to control the development and spread of fevers, cholera, anthrax and septicæmia. Through experiments on animals [the legs of GALVANI’S immortal frogs, ED.] we have received the electric telegraph, and all the various services which electricity now renders to the conveniences and uses of man. And yet with all these services before us, one cannot (in England) scratch the neck of a rabbit for the advancement of knowledge without becoming a legal criminal. But, on the other hand, for your pleasure or for your profit, or for any other object than the promotion of knowledge, you may, without let or hindrance, beat, starve, mutilate or destroy as many animals as you please. Knowledge can now only be advanced by experiment . . . and lastly, if experimental research hardens the hearts of experimenters it is only too plain that an active antagonism to it begets a disregard of accuracy, a violation of charity, and a spirit of calumny that have no parallel among ordinary men.”

AN OLD STORY BUT A GOOD ONE.

“Gentlemen, you do not use your faculties of observation,” said an old professor, addressing his class. Here he pushed for-

ward a gallipot containing a chemical of exceedingly offensive smell. “When I was a student,” he continued, “I used my sense of taste,” and with that he dipped his finger in the gallipot and then put his finger in his mouth. “Taste it, gentlemen, taste it,” said the professor, “and exercise your perceptive faculties.” The gallipot was pushed toward the reluctant class one by one. The students resolutely dipped their fingers into the concoction, and with many a wry face sucked the abomination from their fingers. “Gentlemen, gentlemen,” said the professor, “I must repeat that you do not use your faculties of observation, for had you looked more closely at what I was doing you would have seen that the finger which I put in my mouth was not the finger I dipped in the gallipot.”

SCORPION-STING REMEDIES.

Ten cases were treated with ipecacuanha poultices, as text-books recommend, but only with transient benefit. In two cases chloroform alone was used and gave instant relief, but swelling remained in this instance likewise. In five cases hydrate of chloral pure and simple was rubbed into the part. It answered well, relieving pain instantly, and with this remedy there was no subsequent swelling. The action of chloral was, moreover, less evanescent than that of chloroform. In order to use it in a more convenient and more rapidly absorbable form, it was liquified with the addition of camphor (three parts of chloral and one of camphor), and to render its action still more rapid the part was punctured with a pin or needle before its application. Menthol-camphor, and butyl-chloral-camphor, were also found efficacious.—R. P. BANERJIE, in *The Lancet*, Oct. 1, 1892 (*Quarterly Therapeutic Review*, January, 1893).

A CHINESE PETITION.

The Rev. LL. LLOYD, of the Fuh-kien mission, sends the following quaint petition, received from a native Christian:—“The

Christian Ting Great Grace is continually being persecuted by the heathen. Last year in the ninth moon seven-tenths of his sown corn was hoed up and destroyed; again during the tenth moon eight-tenths of his sugar-cane was stolen. This year on the third day of the fifth moon, a pig worth two thousand cash was stolen; again, on the second day of the seventh moon, his growing crops were destroyed; and a few nights later his fruit trees were stoned. Now he begs the missionary LLOYD to pray for him and for his persecutors."—*Church Missionary Gleaner*.

Buboes are successfully treated by drawing off the pus through as small an opening as possible, washing out thoroughly with 1 to 1,000 bichloride, and injecting ten per cent. iodoform in liquified vaseline and sealing up hermetically.—*Medical Record, N. Y.*

#### CHILD MARRIAGES IN INDIA.

A petition signed by over fifty woman physicians has been presented to the Viceroy of India, protesting against child marriages and praying for the passage of a law forbidding the consummation of marriage until the wife has attained the full age of fourteen years.—(*ib.*)

#### THE ADVANTAGES OF MEDICINE AS A CAREER.

Not enjoyment, and not sorrow,  
Is our destined end or way;  
But to act, that each to-morrow  
Find us farther than to-day.

In the world's broad field of battle,  
In the bivouac of life,  
Be not like dumb, driven cattle;  
Be a hero in the strife!

Lives of great men all remind us  
We can make our lives sublime,  
And, departing, leave behind us  
Footprints on the sands of time.

Let us, then, be up and doing,  
With a heart for any fate;  
Still achieving, still pursuing,  
Learn to labor and to wait.

LONGFELLOW.

#### RETURNING TO HIS FIRST LOVE.

In a recent address on antiseptics, Sir JOSEPH LISTER returns to the use of carbolic acid as on the whole the most convenient and effectual antiseptic. He enumerates its advantages, and points out methods of obviating some of the inconveniences which under the earlier methods attended its use.—*Medical Record, N. Y.*

#### SALTS AND SENNA MITIGATED.

*Lyon médical* gives the following formula: Infuse 10 parts of senna and 15 parts each of magnesium sulphate and roasted coffee in 120 parts of boiling water, strain, and sweeten.—*New York Medical Journal*.

#### MEDICAL MISSIONARY STUDENTSHIPS.

The Society for Promoting Christian Knowledge has made provision for offering studentships for the training for medical missionaries. The studentships will be tenable for periods not exceeding four years. The amount, which will not in any case exceed £150 a year, will be fixed by the Standing Committee of the Society. The Standing Committee will nominate to the studentships, and the following classes will be eligible for appointment:—(1) Medical men who, having completed their professional education, are willing to go through the training needful for ordination, and, after being ordained, to exercise their medical skill and experience as missionaries among the heathen; (2) clergymen who are willing to go through the medical training for the medical profession, and, after obtaining their diploma, to serve as missionaries; (3) medical men who, having completed their medical training, desire to undertake lay mission work among the heathen, and are willing to undergo at least one year's training with that object. Those who hold the studentships will be required to pledge themselves to work as medical missionaries among heathen or Mahomedan races.

## THE WOMAN'S MEDICAL JOURNAL

Is the title of a new monthly journal devoted to the interests of women physicians. It is edited by Dr. E. M. ROYS-GAVITT, and published at Toledo, O. The editorial salute begins with the following tale. There is an early Christian legend that says that when one of the saints applied for a home in a monastery, that the prior refused him entrance on the plea that the monastery was already filled, and there was no room for another novice. Undeterred by this announcement, the pilgrim took a glass of water which was well filled, and in reply placed a rose leaf in it without spilling a drop. It is needless to say he was admitted. This story is not without its moral. They may say, and say truly, that the field of medical journalism is well filled, and that there is no room for another journal. We beg to present ourselves, even as the pilgrim to the monastery, with the rose-leaf in our hands." We wish success to the modest rose-leaf.

A South London glazier is up to date in the art of perforating glass. This is his rule: Stick a piece of stiff clay or putty, where you wish to make the hole; make a hole in the putty of the size you want reaching the glass, of course, and after this, pour a little molten lead, when, unless it is very thick glass, the piece will immediately drop out.

Looking at some missionary pictures lately with a friend who knew Chinese ways, we were puzzled by the quick remark, "Those are Christians." We looked closely at the group. There was a Chinese father with a quaint Chinese baby in his arms, and a Chinese woman sitting beside him. "How do you know?" we asked, failing to see anything in the picture to guide us as to the religion of the family. "Don't you see the father has the baby in

his arms? No heathen Chinaman would think of that!" was the reply. Yes, Christianity is at the bottom of the sacred joys of home.—*Awake*.

*Patient*.—"As we have known each other so long, doctor, I do not intend to insult you by paying your bill. But I have left you a handsome legacy in my will."

*Physician*.—"Very kind of you, I am sure. Allow me to look at that prescription again; there is a slight alteration I should like to make in it."—*Medical Record, N. Y.*

Dr. LOUIS PREVOT, a French savant, is studying the language of chickens, and proposes to give the results of his study to the Academy of Sciences.

## A SCANDALOUS PURGE.

One of the smaller items of expenditure brought to light in the Panama investigation was one of \$120,000 for cathartics.

The following letter was written by Dr. E. FARKAS to the *British Medical Journal*:—

It is interesting to know how the teaching of the antivivisectionists, that one animal might not be sacrificed for a man is in discordance with the teaching of the Holy Bible:

"And ABRAHAM lifted up his eyes, and looked, and behold behind him a ram caught in a thicket by his horns: and ABRAHAM went and took the ram, and offered him up for a burnt offering in the stead of his son." (Gen. xxii, 13.)

"And there was there an herd of many swine feeding on the mountain; and they besought him that he would suffer them to enter into them. And he (Christ) suffered them. Then went the devils out of the man and entered into the swine: and the herd ran violently down a steep place into the lake and were choked." (St. LUKE viii, 32, 33.)

Permit me a quotation more, showing that the experiments performed upon living animals are not quite useless. An eminent authority writes in 1890: "HAMILTON'S beautiful experiments with sponge grafting, all of which I have followed with fair success, were the first light which came to me explaining why LISTER was wrong." This eminent authority is Mr. LAWSON TAIT.

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AMERICAN JOTTINGS.

According to the last census returns, there were, at the time it was taken, 62,622,650 inhabitants in the United States of whom 53,372,703 were born in the States. The coloured population, including Chinese, Japanese, and civilized Indians, was 7,638,360. The number of males was 32,067,880, and of females 30,554,370. During the last decade the increase of males was 25.66 per cent., while that of females was only 24.02 per cent. Here evidently is an opening for ladies who have not found their vocation in the Old World.—The Plaquemines leper colony in Louisiana consists of 27 persons who, Mr. HUTCHINSON will be interested to hear, live almost entirely on fish.

Dr. G. Y. TAYLOR one of our genial and most indefatigable special correspondents writes thus to our Secretary from the Capital: "As regards delegates to the Congress at Rome, it is extremely improbable that Dr. ATTERBURY will visit Europe in the coming autumn, and consequently an election will be an empty honor. Unless the unexpected happens, I trust he will be in Peking again by October."

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POTASH-FORMING INSECTS.

At a recent meeting of the Entomological Society of London, Mr. OSWALD LATTEr stated that the imago of the *Dicranura vinula*, in emerging from the cocoon, produces, probably from the mouth, a solution of caustic potash for the purpose

of softening the cocoon. The solution was obtained for analysis by causing the moths to perforate artificial cocoons made of filter-paper. Professor MELDOLA said that the larva of *Dicranura vinula* secretes formic acid, but the fact that any animal secreted a strong caustic alkali was a new one.

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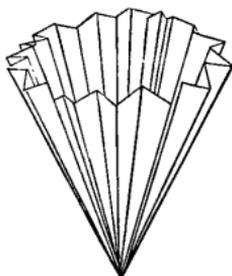
According to the *Boston Medical and Surgical Journal*, Dr. PARKER SYMS, in a recent discussion on appendicitis, at the New York Surgical Society, referred to a case in which during oöphorectomy the vermiform appendix came into view, and although healthy, was removed because of its length (5 inches), which it was feared might cause future trouble. By way, perhaps, of proving that it was not only healthy but exceptionally vigorous, the appendix, after removal, proceeded to indulge in a *pas seul* of a remarkable character, "it continued to squirm and turn on the plate very much as a grub worm might do, and finally a formed fecal movement took place from it." A morbid imagination might see in the last act of this interesting performance an expression of resentment on the part of the unfortunate appendix at being mutilated, like a too eloquent contributor's "copy," solely on account of its length.

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We understand that the class of army surgeons at the Army Medical School, Netley, preparing for service in India is now being instructed by Professor Wright in the method of conferring immunity from cholera by the vaccination procedure of M. HAFKINE, recently worked out at the Pasteur Institute. Upwards of fifty doctors and students of medicine have voluntarily undergone these vaccinations in Paris, among the first being Professor HANKIN, formerly of Cambridge but now of Agia. The results have been harmless and afford room for encouraging anticipations. M. HAFKINE has been invited to Netley, and has kindly and generously accepted the

invitation, with a view to completing the teaching of Dr. WRIGHT by practical laboratory instruction. This method of conferring immunity from cholera may be of great value to our Indian army and to the population of India, which now incur immense annual expenditure of life and money from the ever present ravages of cholera.—*British Medical Journal*.

Filtration is wonderfully facilitated, in general pharmaceutical work, by plaiting the filter-paper into the form here shown. In forming these folds, the creases should



not be extended entirely to the apex, but discontinued at a point about one-half inch from it; otherwise the point at which all the creases converge will be so weakened that the weight of a filter-ful of liquid will generally rupture it. \* \* \* While pouring liquids into the filter, do not deliver the stream upon the weakened and exposed apex, but rather let it fall upon the sides where the paper has firm support. \* \* \* Always return the first portion of the filtrate, as it usually contains fibres from the paper.—*Bulletin of Pharmacy*.

Two incidents recently reported by our missionaries in China may be taken as illustrating the growth of kindly feeling on the part of the natives. Dr. and Mrs. PECK write that on reaching Pang-chuang, on their return to China, they were cordially welcomed by the natives, and had not been in their compound an hour before a deputation of village elders, not Church members,

came to pay their respects and express their satisfaction. Mr. KINGMAN, of Pao-ting-fu, speaks of a tablet nine feet high, in blue and gold, with the Commandments engraved upon it, which he had prepared for the new chapel. For this purpose the Commandments were written out, as an act of friendship, by the literary chancellor, now residing at Pao-ting-fu, a *Han Lin*, the highest literary degree in China, and a personal friend of the Viceroy. This is in striking contrast to the hostility manifested toward missionaries in some parts of the empire.—*Missionary Herald*.

Private letters from Swatow describe an exceptional pressure of work in the hospital. Dr. LYALL having on his hands some two hundred in-patients, a larger number than have ever before been in hospital at one time. Spite of this great strain, we are glad to learn that Dr. LYALL's own health continues to be good, better than any summer since his return to China. The Church will rejoice and give thanks with him that there now seems every prospect of his being able to stay at his post until the time at which his next furlough falls due, a length of service which a year or two ago appeared almost impossible.—*The Presbyterian, Eng.*

Since the above appeared Dr. LYALL has been compelled to go to Japan. Our earnest good wishes for his welfare, follow him.—(ED.)

#### PRENATAL BAPTISM ACCORDING TO GREGORY.

The *Province médicale* for April 1st quotes from a letter said to have been written by DIDEROT to Mlle. VOLLAND in 1760, recounting that a certain English physician named GREGORY, being convinced that in the next world it would go hard with any child that had died without having undergone sprinkling of its head with cold water, accompanied by a certain verbal formula, always baptized the child *in utero* in cases of difficult labor. Having first

pronounced the formula, "Child, I baptize thee," he filled his mouth with water, then applied it suitably (*appliquait convenablement*), and squirted the water as far as he could. As he wiped his lips with a napkin he was wont to remark: "It takes but the hundred-thousandth part of a drop to make an angel." We are not told the Gregorian method of dealing with a difficult case of breech presentation.

The Decennial Conference of Indian missionaries which was held at Bombay at the close of December last, has achieved an unexpected though not a desirable celebrity. Its inability to pronounce, as a Conference, on the three evils which are a conspicuous hindrance to the progress of the Gospel in the East—the opium traffic, the drink traffic, and the legislative sanction of and practical encouragements to impurity, each of which evils enjoys the fostering patronage of the Indian government—is and must remain to ordinary minds a sore puzzle,—*Medical Missions at Home and Abroad*.

A young doctor ordered a first class self-registering thermometer. A few days after receiving it he wrote that he had had it on ice three days, but couldn't get the mercury down. The dealer shook it down and the doctor was satisfied.

DR. W. E. MACKLIN and family are leaving this week for the United States. They will be greatly missed by our missionary community. Many good wishes follow them in their journey home, and hearty welcome awaits their return.—Own Correspondent. *N.-C. Daily News*.

We believe that we are well within the scope of cool dispassionate expression when we assert that Professor DEWAR'S great scientific discovery of the liquifying of permanent gases and the use of vacua to pre-

serve great cold mark one of the most important additions to the chemical science of the century. We append a few extracts taken from a *Pall Mall Budget's* representative who interviewed this maker of liquid air: "You see at present we've got these gases down to 210° below zero, and the lowest possible temperature is 274° below. If we could get some 30° lower down we might liquify hydrogen; hydrogen has never been liquified in a free state yet." "Now, it's a strange thing, that air can be made into homogeneous fluid. You would think, as oxygen can be liquified at—182° and nitrogen not until—192° that as you made the air colder and colder the oxygen would become liquid first and then the nitrogen but it does not—he went on to explain how the influence of atmospheric pressure on the different volumes of nitrogen and oxygen in air makes them boil almost exactly at the same temperature. Now that in the old teleological days would have been taken as a providential dispensation. The strange thing is that when liquid air evaporates again they are under the same pressure, and the nitrogen goes off first as you would expect. Now as to ozone. Ozone can be liquified by acting on the vapour given off from liquid oxygen by electricity; it is a splendid dark blue colour, almost as dark as indigo. Ozone has not the same molecule as oxygen, and the electricity breaks up three twos into two threes; that is the secret of it. The queer thing about liquid ozone is that when it goes back into a gas again it explodes. It is stronger than dynamite as an explosive. It's simply because the ozone goes back into the molecular form of oxygen so fast; the force that comes from the electricity makes it explode without meeting with any outside body. It's a tremendous explosive. The other day I'd got some liquid ozone in a test tube—hardly any of it—perhaps 10 grains—I let it evaporate—and having some idea what was coming, I put it carefully between two sheets of stout plate-glass—before I had looked at

it a couple of seconds there was a crash and the whole thing was in powder. Now all the physical constants of matter will have to be investigated afresh in the new media. Yes, the field for investigation is simply unbounded. We have discovered that liquid oxygen acts as a lens; it is so transparent to heat, so to speak, that even at 182°—you can focus heat on it from one side and light a piece of paper by it on the other. That's just what happens in the earth; the sun's heat gets focussed on to the earth through the lens formed by the vacuum of space which is so cold that it hasn't any temperature at all—absolute zero. Then again metals conduct electricity better at these very low temperatures than they do at normal ones. For example, iron usually has one-seventh of the conducting power of copper, but when you get it at -200° it has half as much again as copper in the normal state. And if by this vacuum method we could get metals down to the absolute zero they would be perfect conductors. No expenditure of energy would be experienced, and a wire once charged would run on for ever. If a low enough temperature could be attained we should know whether cohesiveness is a matter of molecular motion—that is, of heat, or is dependent on gravity—that will mean the solution of one of the greatest problems of the world."

Our authority goes on to say that he left the professor in fierce anger inveighing against the pot hunting, superficial, scientific education of to-day. "This is the true education—research is what educated great men like FARADAY and DAVY. But the scholarship-hunting and fellowship-hunting stamp out all originality and individuality from young men." It cannot but occur to us that certainly Professor DEWAR's work had not had that effect upon him.

A very sad accident took place on Tuesday the 18th April at Nanking. We quote from the *Shanghai Mercury*: "The infant son

of Dr. JELLISON, while out of his mother's sight for a few minutes, fell into a large water jar and was submerged so long that, though, by the careful attention of Dr. BEEBE, breathing and circulation were somewhat restored, the little patient died next day. A death of one of our little community, especially such an unexpected death is a great blow, as the foreign community here is really like one family."

With reference to the *Casualty* Department of St. BARTHOLOMEW'S, London (142,745 casualty cases last year) the special correspondent of the *Therapeutic Gazette* speaking of the predominant ailments and their remedies, tells us:—

"That which is used in by far the greater number of cases is the "queen iron," mixture as they call it, a simple mixture containing ferric chloride and quassia, the taste of which leads the patients to think they are taking quinine, hence their name for it. This seems to do a wonderful deal of good in the cases of atonic dyspepsia, struma, general wretchedness, etc., which are engendered by working for long hours in the crowded, hot rooms which so many of them have to frequent. Two or three bottles of this generally suffice to make cases of this sort feel all right again. Perhaps next in favor comes the "haust. menth. sulph. c. mag. sulph."

R. Mag. sulph.,	gr. lx.
Acid. sulph., dil.,	Mx.
Syr. papav. rub.,	Mxxx.
Aq. menth. viuid.	to oz. i.

This is, besides being one of most efficacious, one of the cheapest mixtures in the pharmacopœia. Next comes the "haust. gentiana c. rheo."

R. Inf. rhei,	oz. ss.
Tinct. gent. co.,	dr. ss.
Sod. bicarb.,	gr. xviii.
Sp. chloroformi,	Mx.
Aq. menth. pip.	to oz. i.

The efficacy of this mixture in a large proportion of the cases of dyspepsia is without question."

We are sure that all our readers will regret to hear that Mrs. THWING the widow of Dr. F. P. THWING who died of typhoid fever at Canton rather more than a month ago, has now herself succumbed to the same disease, after a long struggle, on the 18th inst.—N.-C. D. N.

At the time of our writing Egypt is one of the great political features of the day. Does it recur to us, how this ancient country, famous in the history of the civilized world, still affords a standing verification of the prophecy enunciated by EZEKIEL (xxx. 10-13): "I will make the land waste and all that is therein, by the hand of strangers . . . and there shall be no more a prince of the land of Egypt." For twenty-three centuries the valley of the Nile has at various times been conquered, wasted, and ruled by Persians, Macedonians, Greeks, Romans, Arabs, and Turks; but the home of the proudest and most ancient royal line of kings, the land of the Pharaohs, whose imposing sepulchres still show no signs of decay, has never more been ruled by a prince of the land of Egypt.

#### TO CLEAN A STOVE PIPE OF SOOT.

This can be done without taking down the pipe and imperilling the combination. Take about two pounds of strip zinc, and when you have a large bed of coals put in your zinc and open the draught in the chimney—if this is done every three or four days the pipes will be effectually cleaned.

The "Life" of Mrs. BOOTH by one of her daughters has lately appeared, we cannot forego quoting the following from the *Leisure Hour*, speaking of her funeral—"the very harlots hushed each other in the streets, and the rough unaccustomed cheeks of the poorest and most depraved were wet with tears as they watched the speechless, yet eloquently silent body pass by of the woman who from her very childhood had

held their cause first at heart, and who had so unwearingly fought their battles. We scarce know which touches our hearts the more deeply, the cloudless sunrise of the child champion, or the glowing sunset of the soldier-saint."

Without touching any of the questionable operations of the Salvation Army, we can only say that CATHERINE BOOTH, the "mother of the army" was as truly a saint as most of those whose names appear in the Calendar of the Churches.

We beg to acknowledge with thanks the following books, etc., which have been courteously sent us:—

*Methods of Precision in the Investigation of Disorders of Digestion.* By T. H. KELLOGG, M.D. Modern Medicine Pub. Co., Battle Creek, Mich., 1893.

*The Structures in the Mesosalpinx: Their Normal and Pathological Anatomy.* Edinburgh: OLIVER and BOYD. 1893. By J. W. BALLANTYNE, M.D., F.R.C.P.E., F.R.S.E., and T. D. WILLIAMS, M.D., B. Sc.

*A Case of Eczema with Urticaria as a Complication, and Unusual Mode of Transmission in a case of Dermatitis Venenata.* By T. ABBOTT CANTREAL, M.D., New England Medical Monthly. 1892. Philadelphia.

*Annual Report of the Canadian Presbyterian Mission in North Honan for 1892.*

*An Historic Pharmacy.* By JOSEPH HATTON—and illustrated by W. H. MARGETSON. Reprinted from the English Illustrated Magazine for December 1892 by the kind permission of Messrs. MACMILLAN & Co.

*An Examination of the Eyes of 311 Students with Charts.* By W. F. SOUTHARD, M.D. (Harv) Oakland, Cal. Reprinted from *Pacific Medical Journal*, October, 1892.

#### BIRTH.

On the 24th December of last year, at Hanchung Fu, the wife of Dr. WILSON of a son.

## ARRIVALS.

At Shanghai, February 28th, Miss RITTA GIFFORD, M.D., of Woman's Board, Canadian Methodist Mission, for Chentu, Szchuen.

At Shanghai, April 14th, A. ROSS, M.D., from England for China Inland Mission.

FROM the United States via Europe, the Rev. H. G. UNDERWOOD, D.D. and Mrs. UNDERWOOD, M.D. and child for Seoul, Korea, of American Presbyterian Mission.

At Shanghai, May 5th, Dr. R. J. GORDON, of Irish Presbyterian Mission, for Newchwang.

At Shanghai, May 20th, the Rev. Dr. COLLINS of the American Protestant Episcopal Mission, for Hankow.

## DEPARTURES.

FROM Shanghai, April 14th, Dr. and Mrs. MERRITT and family for New York.

FROM Shanghai, May 8th, Dr. and Mrs. MACKLIN and three children for Montreal.

FROM Shanghai, May 27th, by the *Empress of Japan*, Dr. and Mrs. BUSHELL, two children and amah for London.

ON the same date, Miss E. F. SWINNEY, M.D., for Philadelphia and Dr. W. H. and Mrs. PARK and child for New York.

FROM Shanghai, on the 17th June, Dr. and Mrs. HOPKINS and two children for Boston, U. S. A.

