Vol. I.

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NOTICES.
The Subscription Price for The China Medical Missionary Journal is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers’ bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gulick, M.D., Shanghai, while Articles intended for The China Medical Missionary Journal may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.
MEDICAL MISSIONARIES TO THE CHINESE.

By J. C. THOMSON, M.D.

1820.

Rev. Dr. MORRISON and Dr. LIVINGSTONE, Surgeon of the East India Co., opened a Dispensary for poor Chinese at Macao. It was conducted by native doctors under their superintendence with a further desire of gaining some knowledge of the native mode of treating disease.

Dr. LIVINGSTONE was "the first person who systematically brought medical aid within the reach of the Chinese."

1827.

January 5th.—Rev. KARL F. A. GÜTZLAFF, of the Netherlands Missionary Society, arrived at Batavia. Here he lodged with Mr. MEDHURST, by whom he was initiated into the Malay and Chinese languages, in which latter he made astonishing progress. In 1828 he went to Singapore, and in June 1831 he set sail from Bangkok in a junk for China, and "after calling at some places along the coast, "reached T'een-tein towards the end of September, and the following month pro-
ceeded northwards up the Gulf of Leaou-tung, whence they returned to the "south, arriving at Macao on the 13th of December. Mr. GÜTZLAFF had com-
mended himself to the natives by the practice of medicine among them, having "also adopted the native garb and assumed one of their clan names; while he "distributed Christian books to a great extent on every available occasion. On the "25th of February 1832 he again embarked in a ship chartered by the East India Co., "for a voyage along the coast of China, Formosa, Corea, and Loo-choo, in which "he acted as interpreter and surgeon. On the 12th of October he undertook "another voyage to the north in the 'Sylph,' from which he returned to Canton in "April 1833." Continuing this work much of the time for the next year in various vessels on the coast, he made another trip to the northward during the same year.
"with ample stores of medicines, which were in great demand." He died at Hongkong, August 9th, 1851.

It was the appeal of Gutzlaff to the churches of Great Britain and America on behalf of China, that inspired David Livingstone, the great African missionary, with the desire to be a missionary, and China was the country to which his heart was turned, as it was in prospect of going to that country that he resolved to obtain a medical education. The noble faith and dauntless enterprise of Gutzlaff, pressing into China over obstacles apparently insurmountable, aided by his medical skill and other unusual qualifications, must have served to shape Livingstone's ideal of a missionary, as well as to attract him to the country where Gutzlaff labored.

But in consequence of the Opium War his lot was not cast there, though throughout his whole life he had a peculiarly lively interest in the country that had been the object of his first love.

1834.

October 25th.—Rev. Peter Parker, M.D., of the American Board of Missions, arrived at Canton as the first regularly appointed medical missionary to this Empire. With Drs. Colledge and Bridgman he originated the Medical Missionary Society in China, of which he is still the President, and founded its Canton Hospital. During 1841-2, the operations of the Hospital being interrupted by war, he visited the U. S. and Great Britain, and by his lectures on Medical Missions, delivered before the most prominent audiences in both countries, such an interest was aroused that several societies were formed as auxiliary to this one, notably the Edinburgh Medical Missionary Society, in 1841. Returning to his hospital work in 1842, after some 20 years of faithful service and upwards of 55,000 cases on the hospital records, the care of that institution being transferred to Dr. J. G. Kerr, in 1855, he again went to the U. S. in 1857, where he still resides in Washington, D. C.

1836.

M. B. Hope, M.D., D.D., of the A. B. C. F. M., went to Singapore as a missionary to the Chinese in the latter part of 1836, but retired from the service in 1838, on account of ill health.

Stephen Tracy, M.D., of the A. B. C. F. M., went as missionary in the latter part of 1836 to Bangkok, but retired from the Mission in 1839 and returned to America.

1837.

Rev. Wm. J. Boone, M.D., appointed missionary to the Chinese by the Am. P. E. Board, arrived at Batavia in the early part of 1837, where he commenced missionary labors among the Chinese. Arriving at Macao in 1840 he was engaged there and at Amoy till 1843, when he embarked for the U. S.
Receiving there the degree of D.D., and appointed "Missionary Bishop" for China, he returned thither in 1845; also elected a Vice-President of the Medical Missionary Society in China. After years of service at Shanghai he died there, July 17th, 1864.

1838.

Rev. Dyer Ball, M.D., appointed a missionary to the Chinese by the American Board, arrived at Singapore in the autumn of 1838. There he was successfully employed for a time in preaching, printing tracts, and attending to the sick. In 1841 he removed to Macao, and in 1843 to Hongkong, where he resumed his Missionary labors by superintending the Chinese printing, administering medicine to the sick, and conducting religious services with the natives. In 1845 he went to Canton and combined medical practice with his other missionary labors. In September his offer of services was accepted by the Medical Missionary Society, and in 1848 he opened a dispensary in Ham-ha-lan, Canton, which was continued till 1853. For some years a Vice-President of that society. After a quarter of a century of missionary labors he died at Canton in 1866.

1839.

Wm. Lockhart, F.R.C.S., of the L. M. S., arrived at Canton. Having offered his services to the Medical Missionary Society, he was appointed to the charge of their hospital at Macao, opened by Dr. Parker in 1838. But soon the enforced departure of all Chinese from the premises virtually closed the hospital, and a short time after he, in company with all British subjects, was obliged to leave Macao. In 1840 he returned and re-opened the hospital, but Drs. Diver and Hobson having arrived meanwhile and been given the care of the Macao institution, he very soon left for Chusan, where he opened a hospital in September and till February 1841 treated upwards of 3,500 patients. Returning to Macao during the period of the war, in 1842 he went to Hongkong, where he was detained till the spring of 1843, superintending in the interval the building of the Medical Missionary Society's hospital, moved thither from Macao. In July he again returned to Chusan and opened a hospital, but left at the end of the year for Shanghai, and in February 1844 opened a hospital in a Chinese house, where it continued till 1846, when a large building was erected by the liberality of friends in Shanghai and England, building and land costing $3,200. Returning to England in 1857 he was while there made F.R.C.S. of London, and coming back to China, arrived at Peking in September 1861 as physician to the first British Legation, where he established a hospital. Here he remained till the spring of 1864, when, on the 6th of June, he left Shanghai and returned to London, where he has since been actively engaged advocating the cause of Chinese Missions, latterly as President of the London Medical Missionary Association. During twenty years as medical missionary in the East he attended more than 200,000
individual patients in Java, Macao, Hongkong, Chusan and Shanghai, by far the larger proportion at the latter place, where he was located fourteen years. Beside thirteen Annual Reports of his hospitals he published a volume,—"The Medical Missionary in China," a Narrative of 20 years' Experience, and various other papers.

September 27.—Wm. Beck Diver, M.D., of the American Board, arrived at Macao. His services accepted by the Medical Missionary Society, he assisted Dr. Lockhart at the Macao Hospital until Dr. Lockhart's retirement to Chusan, when that institution was placed under his care in conjunction with Dr. Hobson. In December 1840, his health failing, he was compelled to take a voyage for its recovery, whence he proceeded to the U. S. and did not return.

December 18.—Benj. Hobson, M.R.C.S., of the L. M. S., arrived at Macao. Offer of services accepted by the Medical Missionary Society, he assisted Dr. Lockhart at the Macao Hospital till the departure of the latter to Chusan, when in conjunction with Dr. Diver he assumed charge of that institution, but was soon left in sole charge by the failure of Dr. Diver's health.

Early in 1843 he removed to Hongkong to take charge of the Medical Missionary Society's hospital there, removed thither from Macao and opened for patients June 1st. In 1845 he went to England, and returning in 1847 resumed charge of the hospital. Going to Canton in 1848 he opened a dispensary, and in June began the full work of the Kum-li-fan Hospital. The outbreak of hostilities in October 1856 compelled his removal to Hongkong. In February 1857 he went to Shanghai, and at the close of the year, on Dr. Lockhart's departure, took charge of that hospital.

As the first medical bookmaker for China, he was the author of a series of medical text-books which became very popular and have been sold extensively over China and Japan. Shanghai foreign merchants subscribed $2,000 to aid their publication, and the Canton Viceroy re-published the first of the series soon after it was brought out,—"of incalculable benefit to the Chinese, they are worth the labor of a lifetime." Early in 1859 Dr. Hobson returned to England and died there in 1873.

1841.

Jas. C. Hepburn, M.D., of A. P. M., arrived at Singapore. Accepted by the M. M. Soc. on his arrival at Macao in 1843, he proceeded to Amoy, reaching there in November. In January 1844, in conjunction with Dr. Cumming, he opened a hospital, but owing to the ill health of Mrs. Hepburn, left for the U. S. in 1845. In 1859 Dr. Hepburn returned as the first Protestant Medical Missionary to the Japanese, among whom he still resides.

1842.

Wm. H. Cumming, M.D., a medical missionary unconnected with any society, arrived at Macao. Reaching Amoy in June he opened a dispensary in
the house of Rev. David Abeel, where it continued till 1844. In conjunction with Dr. Hepburn in January 1844 he opened a hospital in the city. Dr. Hepburn leaving in 1845, the hospital was placed in the sole charge of his colleague, under the auspices of the M. M. Soc. In 1847, owing to failure of health, Dr. Cumming was obliged to embark for the U. S.

1843.

February.—Daniel J. Macgowan, M. D., of the Am. Baptist Board, arrived at Hongkong. In November he opened a hospital at Ningpo, closing it after three months. Again re-opened in April 1845, he having meantime become an agent of the M. M. Soc. During the summer of 1848 he spent some time at Chusan, where he had large opportunities of administering medical relief to the natives. In 1859 he took a voyage to England, and after travelling through a great part of the United Kingdom, delivering lectures on China and Japan, he returned to America in 1862. Afterwards returning to Shanghai he became engaged in private practice, and later as the C. I. M. Customs' physician at Wen-chow. He has written much of general interest.

1844.

February 19th.—D. B. McCaree, M. D., of the A. P. M., arrived at Hongkong and appointed an agent of the M. M. Soc. He arrived at Ningpo in June, where, in the face of wild opposition from the Chinese officials, he rented quarters in a Taoist temple within the city walls, at the North Gate, and opened a hospital with an attendance of sometimes more than 200 patients a day. After many years of faithful service he was sent in 1872 on a special mission to Japan, and received a medal from the Chinese Government for services rendered at that time. Afterwards, at the invitation of the Japanese Government, he accepted a professorship in the University of Tokio, and was decorated by the Mikado for services rendered to the cause of medical education in Japan. After a residence of almost 40 years in China and Japan, he returned to the U. S. in 1884, since when his name appears among the Managers of the New York Medical Missionary Society.

October 22nd.—Rev. A. P. Happen, M. D., of the A. P. M., arrived at Macao. Removing to Canton in 1847 he opened two dispensaries for the natives, and was for a year in charge of the Kum-li-fan Hospital. Many years a Vice-President of the M. M. Society he returned to the U. S. in 1884, after a residence of 40 years in China. There he has been since earnestly pleading the cause of Missions in China, while his name appears on the Advisory Board of Directors of the New York Medical Missionary Society.

October 22nd.—Rev. T. T. Devan, M. D., of Am. Baptist Missionary Union, arrived at Hongkong. Soon afterwards he opened a dispensary there, and in April 1845, removing to Canton, he opened one there in Lün Hing Street, but on
account of failure of health he returned to the U. S. in 1847. He published a small volume in the Canton vernacular, containing the terms in anatomy, lists of diseases and medicines, and medical phrases in English and Chinese, which was later revised and enlarged in 1858, and re-published by Dr. Lobscheid in 1861.

1846.

December 27th.—Rev. Wm. Speer, M.D., of A. P. M., arrived at Macao. Soon afterwards removing to Canton, he remained there till 1849, when he went to the U. S., afterwards beginning the Mission to the Chinese in California. He wrote much in their behalf, conducting The Oriental, a newspaper in English and Chinese, and published a large volume entitled "China and the United States."

1847.

July 29th.—H. J. Hirschberg, M.R.C.S., of L. M. Soc., arrived at Hongkong and took charge of the hospital there in the beginning of 1848, which he conducted, with two out-stations, one in the Bazaar and one across the harbor at Kowloon, till the middle of 1853, when he went to Amoy. Here, after several years of devoted labor, his health began to fail, and he returned to England about the end of 1858.

1848.

March 25th.—Rev. J. S. James, M.D., of S. (U. S.) Baptist Conv., arrived at Hongkong. After a visit to Canton, on his return the schooner "Paradox" was overturned by a sudden gust of wind, and Dr. and Mrs. James were drowned in sight of Hongkong.

July 22nd.—Jas. Hyslop, M.B., of L. M. Society, arrived at Hongkong. Reaching Amoy in December he resumed in part the medical operations suspended by the departure of Drs. Hepburn and Cumming. In 1851 he retired from missionary service, and in 1853, being wrecked on the Australian coast, he fell into the hands of the natives, by whom he was massacred.

May 22nd.—Rev. Dr. Wm. Lobscheid, of the Rhenish Mission, arrived at Hongkong. In connection with his missionary labors on the mainland he engaged in medical practice, and during the occupation of Canton by the allied Commissioners, going thither at the request of Sir John Bowring, he examined "more than 600 prisoners and treated their wounds, filing off the irons over "which the flesh had grown, and applying ointments to ankles which had been "crushed by iron hammers." He published at Hongkong, in 1855, a Treatise on the new English method of Vaccination, a modification of Dr. Pearson’s tract, published in 1805, a third edition of Dr. Devon’s book containing the terms in anatomy, lists of diseases and medicines, and medical phrases in English and Chinese, in 1861, and a Tourist’s Guide and Merchant’s Manual in 1864,
containing "all the known names connected with Chemistry, Pharmacy, etc., in Court and Punte dialects, compiled from all available sources."

August 18th.—Rev. Chas. Taylor, M.D., of A. M. E. M. (S.), arrived at Hongkong, and at Shanghai in September. He left for New York in 1853, and has since been residing in the U. S.

1850.

Jas. H. Young, M.D., arriving in China in 1846, after several years in private practice at Hongkong, he became connected with the E. P. M. as its first medical missionary to China, on the recommendation of Rev. W. C. Burns, whom he accompanied to Canton. Remaining there some months he went to Amoy and opened a dispensary for the Chinese. Returning to England in 1854, he died soon afterwards.

March 29th.—Rev. Wm. Welton, M.R.C.S., of C. M. Soc, arrived at Hongkong. After a brief stay with Dr. Parker at Canton, he reached Fuchow in May. Here he opened a dispensary and hospital for the natives. After a laborious service his health gave way, and he embarked for England, September 10th, 1856. He died suddenly in 1858.

1851.

June 17th.—Rev. Isaac W. Wiley, M.D., of A. M. E. M., arrived at Hongkong, and reached Foochow, his destination, on July 9th. His health failing, he returned to America in 1854. Afterwards as Missionary Bishop, while on an official tour to China and Japan, he died at Foochow, November 22nd, 1884.

1852.

March 25th.—Geo. W. Burton, M.D., of A. B. M. (S.), arrived at Shanghai. In consequence of illness he left for America towards the end of the year, but returned in 1854. He finally left China about 1861.

1854.

March 1st.—Rev. Jas. Hudson Taylor, M.D., of C. I. M., arrived at Shanghai. In 1856 he was engaged for some months at Swatow in co-operation with Rev. W. C. Burns. The same year he went to Ningpo. On account of failure of health he returned to England in December 1859, but returned in the autumn of 1866, and still continues actively engaged in missionary labors as the Superintendent of the China Inland Mission.

May 15th.—John G. Kerr, M.D., of the A. P. M., arrived at Canton, and was given charge of two dispensaries of that mission there. In May 1855 the care of the Ophthalmic Hospital, then already in his charge for some time
by reason of the absence of Dr. Parker from China, was transferred to him. In 1865 the Kum-li-fan Hospital was also put under his conduct, and became a branch of the Medical Missionary Society. So, for over 30 years he has been busily engaged, with a record since May 1855, when he assumed full charge of the Canton Hospital, of what has been mainly his individual work,—of Out-patients 535,222, In-patients 21,270, about one third being women, and Surgical Operations 24,515. The operations of Lithotomy and Lithotrity have been upwards of 1,000 at that institution, mainly at the hands of Dr. Kerr. During the past 50 years, at the various agencies of the Medical Missionary Society, not less than a million patients have been treated, the larger proportion of these at the Canton Hospital, under the administration of Dr. Kerr. His duties could not have been more multifarious,—the erection of buildings, care of thousands, of sick-class instruction, book-making, etc. In the latter field much has been done, as no less than twenty-seven volumes in the form of Chinese text-books have been issued by him, besides a number of tracts and charts and many Annual Reports in both languages, as well as much in English on the same general subject. A most worthily bestowed honor is the recent one of the Presidency of the "Medical Missionary Association of China."

September 17th.—Rev. D. C. Kelly, M.D., of the A. M. E. M. (S.), arrived at Shanghai. He left for the U. S. in March 1856, in consequence of his wife's ill health, and did not return.

November 27th.—Wm. Parker, M.D., of the C. Evang. Society, arrived at Shanghai. Removing to Ningpo in November 1855, he established a mission hospital there. Mrs. Parker dying in August 1859, Dr. Parker shortly after embarked for England. Returning, he arrived at Shanghai, March 20th, 1862, and proceeding at once to Ningpo, resumed his work among the Chinese. In January 1863, while crossing a stone bridge in the city, on horseback, one of the slabs gave way and he was precipitated with his horse into the stream. He died a few days after, on February 2nd, from the effect of the injury.

1855.

Rev. Heinrich Göcking, M.D., of the Berlin Missionary Union, arrived at Hongkong in the early part of 1855. He carried on missionary labors and dispensed medicines in Kwangtung Province, chiefly in the San On district, till 1864, when he returned to Germany.

Melancthon W. Fish, M.D., of A. E. M., arrived at Shanghai. The following year he retired from his connection with the mission and accepted the office of U. S. Vice-Consul. In 1857 he was appointed one of the three foreign Inspectors of the C. I. M. Customs at Shanghai. The same year he left for the U. S., but returned in 1858, when he again returned in 1861.
1856.

August 17th.—Rev. R. H. Graves, M.D., D.D., of S. (U.S.) Baptist Conv., arrived at Canton. In February 1860 he established himself at Shin Hing, the old capital of the Province, and has also conducted dispensaries at a number of other points in the Province. As first one of its agents, Vice-President and Chairman of its Managing Committee, he continues to manifest much interest in the Medical Missionary Society in China.

1857.

January.—Wong Fun, L.R.C.S. Edinburgh, of the L. M. Society, a native of China, arrived at Hongkong from Edinburgh, where he had been several years engaged in study by the benevolence of some Hongkong foreign merchants. A graduate in medicine at the Edinburgh University, he was the first Chinese on whom a medical diploma had been conferred. On arriving at Hongkong he conducted a dispensary there, but the following year he removed to Canton and re-opened the Kum-li-fan Hospital, of which he had charge till 1860, when he resigned his connection about the end of the year, though still residing at Canton. During most of 1867 he was in charge of the Medical Missionary Society's hospital at Canton during the absence of Dr. Kerr. He died, October 12th, 1878.

1858.

Rev. Wm. H. Collins, M.R.C.S., of the C. M. Soc., arrived at Shanghai in the early part of 1858. In 1863 he removed to Peking, where he resided for some years. He published the 13th Annual Report of the Shanghai Chinese Hospital, from January 1st, 1859, to April 23rd, 1860.

1859.

John Carnegie, M.D., of the E. P. M., arrived at Amoy about the end of 1859. Having dissolved his connection with the mission at an early period he continued to conduct a hospital very successfully and efficiently under the auspices of the M. M. Soc., supporting himself by private practice, while giving his services gratuitously to the mission cause until the spring of 1865, when he left for Europe. Ever after a warm friend and advocate of medical missions, he died at Chesterfield, May 4th, 1884, and "was carried to his grave, mourned by a whole city."

1860.

March 23rd.—James Henderson, M.D., of the L. M. Soc., arrived at Shanghai. Immediately on his arrival he took charge of the Chinese Hospital there, which had been temporarily held by Mr. Collins, leaving for England January 8th, 1862. Returning, he arrived at Shanghai, September 8th of the
same year. Failing health obliged him to embark for Japan about the end of June 1865. Arriving at Nagasaki, after lingering for a few weeks, he died on July 30th, and was buried in the European cemetery there.

Besides a number of Hospital Reports he published several papers, as "The Medicine and Medical Practice of the Chinese," "Shanghai Hygiene," etc.

1861.

April 10th.—Rev. Adam Krolczyk, of the Rhenish Mission, arrived at Hongkong. He afterwards lived at Ho-an, Shik-lung and other places in the interior, much of his time being occupied in travelling through the Province, combining medical practice with his other missionary labors. As an agent of the M. M. Society his reports are combined with those of Dr. Kerr. Many years connected with that Society, he died in 1872.

1862.

February.—J. R. Carmichael, M.R.C.S., of L. M. Soc., arrived at Canton. In charge of the Kum-li-fun Hospital till March 1863, he then dissolved his connection with the Society and settled in private practice at Chefoo.

1863.

John Parker, M.D., younger brother of Wm. Parker [see 1854] arrived in China in the early part of 1863, and establishing himself in medical practice at Ningpo, at the same time took charge of the missionary hospital which had been commenced and carried on by his brother. In 1865 he became the recognized agent of the U. P. Ch. of Scotland. In May 1867 he left Ningpo, and on the 7th embarked from Shanghai for England.

September.—William Gauld, M.D., of the E. P. M., arrived at Swatow, and spent a term of years in faithful medical missionary labors among the Chinese there. Returning to England, "still working and praying for China," he appears afterwards as Secretary and a Member of the Executive Committee of the London Medical Missionary Association.

December.—John Dudgeon, M.D., of the L. M. Soc., arrived at Shanghai. Going to Peking in March 1864 he assumed charge of the hospital opened by Jfr. Wm. Lockhart. Here he has continued in labors, also lecturing to classes, preparing Chinese text-books, and writing much of medical interest.

December.—Jas. L. Maxwell, M.D., of the E. P. M., arrived at Shanghai. Soon leaving for Amoy, towards the end of May 1865 he left there to commence a mission on the island of Formosa, where he landed at Ta-kow on the 29th, where he was long occupied in medical missionary labors. Returning to England in 1885, a warm advocate of China missions, his name appears on the Executive Committee of the London Medical Missionary Association, of whose monthly journal (Medical Missions) he is the editor.
JOHN STEWART, M.D., of the Society for the Propagation of the Gospel in Foreign Parts, arrived at Hongkong in the spring of 1863. After a few weeks he went to Peking, where he commenced the first mission station of the Society in China. In the summer of 1864 he left for Shanghai, and his connection with the Society ceased. After a few months he settled in private practice at Foochow.

December.—JAMES GENTLE, M.D., arrived at Shanghai the first week in December 1863. He removed to Chin-kiang shortly after, where he commenced practice among the foreign residents, and at the same time opened a dispensary for the benefit of the Chinese. In the autumn of 1865 he was appointed medical officer to the Chinese Hospital at Shanghai, of which he took charge November 1st, being received into connection with the L. M. Soc. His health failing, he left in February 1866, going to Singapore and Penang, where his disease (consumption) made a rapid inroad on his system, and he died on April 25th.

1864.

April 25th.—FREDK. PORTER SMITH, M.R.C.S., Associate of King's College, London, of Eng. W. M., arrived at Shanghai. He reached Hankow, May 15th, and opened a dispensary in the latter part of June, where he for some years continued his efficient labors. Besides his Annual Reports and various articles, he published a valuable volume on "Chinese Materia Medica."

April 25th.—Rev. E. FABER, of the Rhenish M., arrived at Hongkong. In connection with his missionary labors he long did faithful service as an agent of the M. M. Society in medical practice at Fumun, Tung-kun and vicinity, in Kwangtung Province.

1865.

July 24th.—S. P. BARCHET, M.D., of the C. I. M., arrived at Ningpo and engaged in work there, but in 1868 became connected with the American Baptist Missionary Union, in which connection he still continues his labors.

1867.

Rev. J. NACKEN, of the Rhenish Mission, arrived in China. In connection with his other missionary labors, as an agent of the M. M. Society, he conducted dispensaries at Fuk-wing and Tung-kun, Kwang-tung Province.

A. O. TREAT, M.D., of the American Board, arrived, and engaged in service at Kalgan. After a few years labor he returned to the United States, where he died.

1869.

T. P. HARVEY, M.R.C.S., of the C. I. Mission at Bhamo.

January.—Dauphin W. Osgood, of A. B. C. F. M., arrived at Foochow. Here he labored faithfully for ten years and established the Mission Hospital, attending at it no less than 51,838 patients, while during two years some 1,500 patients underwent treatment for the cure of opium-smoking. With health enfeebled through overwork, he was smitten with sunstroke, and after a very short illness, died at the early age of thirty-five, August 17th, 1880. "For the last four years, every hour that Dr. Osgood could spare from the active pursuit of his duties, has been devoted to the translation into the Chinese "language of a standard work on Anatomy. The work will shortly be published, "bound in five volumes, and is illustrated by numerous plates of almost perfect "execution. Too great a value cannot be assigned to this work, the first of its "kind in the Chinese language. It may safely be predicted that, for many years "to come, it will remain a standard book, and conduce in no mean degree to the "improvement of Medical Knowledge, hitherto so imperfect in this vast Empire."

—Foochow Herald.

1871.

Brown, J., M.D. Dickson, M., M.D. Galt, J., M.D. MacKay, Rev. G. L. Patterson, W., M.D.
E. R. M. E. P. M. C. M. S. Can. P. M. A. P. M.

1872.

Porter, H. D., Rev., M.D.
A. B. C. F. M.
Pang Chuang, Shantung.

1873.

Combs, Miss L. L., M.D.
A. M. E. M.

1874.

Bunn, A. C., M.D. Southwaite, A. W., M.D. Frazer, Dr. Mason, Miss L., M.D. Trask, Miss S., M.D.

1875.

Mackenzie, J. K., M.R.C.S., L.R.C.P. Tarbell, W. E., M.D.
L. M. S. A. M. E. M. (N.)
1876.

Gulick, L. H., Rev., M.D. A. Bible Soc. Shanghai.

1877.

Anderson, Miss Sara J., M.D. A. P. M. Chefoo. Retired.
Jones, Miss, M.D. " Shanghai.
Whitney, H. T., M.D. A. B. C. F. M. Foochow.

1878.

Anderson, Peter, L.R.C.S.E., L.R.C.P.E. E. P. M. Taiwan-foo, Formosa.
Daniells, Miss C. H., M.D. A. B. M. (N.) Swatow.
Kelsey, Miss A. D. H., M.D. A. P. M. Tungchow. At work in Japan.
Taylor, B. Von S., M.B. C. M.

1879.

Hunter, Rev. S. A. D., M.D. A. P. M. Ching-chow-foo. Retd. to London
Kitts, Rev. J. T., Dr. E. B. M. Swatow. [in June 1884.
Lyal, Alex., M.B.C.M. E. P. M. Hankow. Died in England Nov. 17, 1886.

1880.

Boone, H. W., M.D. A. E. M. Shanghai.
Grant, David, M.B., C.M. E. P. M. Amoy.

1881.

Jeremiassen, C. C. A. P. M. Hainan.
MacLeish, A. L., Rev., M.B., C.M. E. P. M. Amoy.
Murdock, Miss V. C., M.D. A. B. C. F. M. Kalgan.
Riddell, W., Rev., M.B., C.M. E. P. M. Ung-kang-phu, near Swatow.
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<tr>
<th>Year</th>
<th>Name</th>
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<tr>
<td>1881</td>
<td>Smith, H. R., M.D.</td>
<td>A. P. M.</td>
<td>Wei-hien. Retired.</td>
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<td>Stubbert, J. E., M.D.</td>
<td></td>
<td>Nankin. Retired.</td>
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<td>Thomson, Rev. J. C., M.D.</td>
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<td>Yueng-kong (Kwangtung).</td>
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<td>Fatshan (Kwangtung).</td>
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<td>Main, D. Duncan, L.R.C.S. &amp; P. Edin.</td>
<td>C. M. S.</td>
<td>Hangchow.</td>
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<td>Gillison, Thos.</td>
<td>L. M. S.</td>
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<td>Niles, Miss M. W., M.D.</td>
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<td>Canton.</td>
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<td>Taylor, J. B., M.D.</td>
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<td>U. P. M. Scot.</td>
<td>Newchwang.</td>
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<td>C. I. M.</td>
<td>Han-chung.</td>
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<td>1882</td>
<td>Horder, E. G., L.R.C.S. &amp; P. Edin.</td>
<td>C. M. S.</td>
<td>Pak-hoi (Kwangtung).</td>
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<td>A. P. M.</td>
<td>Nankin. Went to Corea.</td>
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<td>Cousland, P. B., M.B., C.M.</td>
<td>E. P. M.</td>
<td>Swatow.</td>
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<td>McPhun, J. F., M.B., C.M.</td>
<td>E. P. M.</td>
<td>Ng-kang-phu, near Swatow.</td>
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<td>Mathewson, J. M., M.D.</td>
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<td>Reifsnider, Miss E., M.D.</td>
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<td>Swinney, Miss Ella F., M.D.</td>
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<td>Hoog, Miss L. H., M.D.</td>
<td>A. M. E. M. (N.)</td>
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<td>Fulton, Miss M. H., M.D.</td>
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<td>Hempel, A.</td>
<td>Berlin M.</td>
<td>Tai-ku, Shansi.</td>
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<td>Parry, H., L.R.C.P.</td>
<td>C. I. M.</td>
<td>Foochow.</td>
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Medical Missionaries to the Chinese.

1885.

Cameron, Jas., M.D. C. I. M. Chefoo.
Coltman, Robt. J., M.D. A. P. M. Chennanfoo.
Gloss, Miss A. D., M.D. A. M. E. M. (N.) Tientsin.
Lang, Jno.*, L.R.C.P.E. E. P. M. Taiwanfu.
Luscher, L. W., M.D. M. M. Soc. Formosa.
McCandliss, H. M., M.D. A. P. M. Hainan.
McCown, Miss Ruth, M.D. A. B. M. (S.) Shanghai. Removed to Japan, April 9, 1885.
Swan, J. M., M.D. A. P. M. Canton.
Watson, Mrs. Dr. J. R. " " The first English female medical missionary to China.

1886.

Hopkins, N. S., M.D. A. M. E. M. Teunhua.
Pray, Miss S., M.D. A. M. E. M. Foochow.
Pritchard, E. T., M.B., C.M. L. M. S. Peking.
Stewart, J. C., M.D. C. I. M. Taiyuen Fu, Shansi.

Beside this noble company of upwards of 150 China medical missionaries, a number of honorable names might be added of those who, though not commissioned as medical missionaries, have blessed our cause by self-denying efforts in its behalf. Such are Pearson, Livingston, Collège and Anderson of the old E. I. Co., Canton; Dr. Wm. Jardine, founder of Jardine, Matheson & Co., who with Mrs. Collège and Anderson, was prominent in the organization of the Medical Missionary Society in China; Dickson and Kane also at Canton; Johnston at Shanghai; Manson at Amoy and Hongkong; Adam at Foochow; Johansen Myers and Rennie in Formosa, and Young Jordan, Hartigan and others at Hongkong, and Dr. Bell at Amoy; Delaporte at Swatow, and Cox at Canton.

February 22nd, 1887.

A CASE OF CRYPTORCHIDISM, WITH MALIGNANT DISEASE OF ONE TESTICLE.

By R. A. Jamieson, M.A.,

Consulting Surgeon to the Imperial Maritime Customs in China.

The following case is imperfect inasmuch as it lacks postmortem confirmation of the diagnosis; but apart from the question of disease, the retention of both testicles in the abdomen is a condition sufficiently rare to merit record. Hunter saw only one case "in the human subject where both testicles continued in the "abdomen. . . . . We are led to conclude that they were perfectly formed, "as the person had all the power and passions of a man" (Works, Ed. Palmer, iv. 17). Marshall (Hints to Young Medical Officers in the Army, p. 207), among nearly 11,000 recruits, also met with but one instance in which neither testicle had descended. In the Transactions of the Maryland Medical and Chirurgical Faculty, for 1884, there is an admirable table of 89 cases of retained testicle, compiled by Dr. R. W. Johnson from the medical literature of the last three centuries. Unfortunately, there is no certain indication of the number of observations of complete cryptorchidism. In 8 cases no testicles could be found postmortem; in 18 both testicles were in the inguinal canals; in 8, one was in the canal while the other was undiscoverable. Ten cases are specified as having had children, and one case of double retention was the offspring of a monorchid. "Some are found effeminate, others manly; some hairy, others beardless; "some with other deformities, others deficient in this one respect." (Johnson, l.c.)

Curling (Diseases of the Testis, pp. 334, 479) refers to the frequency of malignant degeneration of testicles retained in the groins. Those who are interested in the literature of the subject will find in the Bulletins de la Société de Chirurgie de Paris (Séance du 10 décembre 1879) a paper by Monod on 42 cases of inguinal castration for "sarcocèle" (sarcoma?). The same series, along with 8 other cases in which castration was performed for non-malignant affections of the retained gland, forms the subject of an extremely valuable and exhaustive paper by MM. Monod and Terrillon in the Archives générales de Médecine, 1880, i. 129, 297. This paper may now be regarded as classical. Its general conclusions are (1°) that castration is advisable to relieve the severe suffering frequently arising from undetermined causes in undescended testicles; and (2°) that where an undescended testicle is removed on account of cancerous degeneration, if the operation be not itself fatal, the disease inevitably recurs with rapidity.
It will readily be understood therefore that, while proposing castration in the case now to be related, I did not press the operation.

Ho, aged 51, native of China, first seen 16th July 1886. Unmarried. Leads a very laborious life which involves much travelling, alternating with sitting in a constrained position for several hours at a time. Travelling by boat, barrow or sedan fatigues him considerably, but he is never sensible of absolute exhaustion except after his spells of sitting. Has always been subject to epistaxis and has frequently spat blood at the same time that his nose bled. His health has in general terms been delicate, but he continued reasonably well up to the end of April 1886. At this date, without any assignable cause, the lower part of the abdomen began to swell and become hard, and retention of urine occasionally occurred. There were never any chills or fits of sweating, and he denies having ever suffered from malarial fever. The swelling has never been very sensitive to pressure; but it has given rise to uneasiness sufficient to interfere with sleep, and within the past fortnight, this uneasiness has developed into constant agonising pain. Quantity of urine much diminished, and the act of micturition is performed at long intervals, 24 hours or more. The urine leaves no deposit, but is dark, not blood-stained. There is a slight burning sensation in the urethra immediately after passing water. The stream sometimes stops suddenly as if a tap were turned. No pain in glans penis or down thighs. No history of intermittent lumbar pain. No thirst. Complete anorexia. Has wasted much since appearance of symptoms, but is still a well built, fairly muscular man. Does not cough. Bowels habitually constipated.

The urine was acid, deep yellow, containing no blood or casts. Flocculent deposit of mucus with bladder epithelium. Had a peculiar earthy odour. Contained no sugar. No deposit with heat and nitric acid; slight deposit with citric acid and ferrocyanide of potassium. S. G. 1029. Average daily excretion 240 c.c.

The tongue was somewhat glazed; pulse 84, regular, compressible; no hardening of arterial wall. Heart and lungs healthy, but respiration feeble, and slight dyspnoea induced by suddenly lying down. Slight upward increase of hepatic dulness, from displacement. From umbilicus to pubes the abdomen is occupied by an absolutely smooth, ovoid tumour upon which the muscles glide freely. It is hard, gives no sensation of fluctuation, is perfectly symmetrical, very slightly sensitive to pressure, almost fixed, but susceptible of restricted lateral movements. It curiously resembles a pregnant uterus of about the sixth month. On deep exploration a prolongation can be felt on the left, [to the side of the pelvis just below the anterior inferior spine. Nothing corresponding to this prolongation can be found on the right side. The lower border corresponds to the posterior surface of the horizontal rami of the pubes. The tumour has displaced the intestines backwards. It is dull on percussion, though there is some conduction from tympanitic bowel in either lateral region of the abdomen.
The urethra easily admits a No. 22 (French) short beaked sound, which however cannot be manoeuvred in the bladder. Gentle exploratory movements are not painful, and, so far as can be judged by touch, the vesical mucous membrane is healthy. The point of the sound can be turned over slightly towards the left side of the bladder, but not at all to the right. No calculus was felt. Rectal examination negative; base of bladder and prostate normal. A few drops of blood-tinged urine followed the withdrawal of the sound, but there was no aggravation of any of the symptoms after the exploration.

While examining the rectum I noticed that the scrotum was represented by a mere roughening of the anterior portion of the perineum, and that there was no trace of testicles. Nor was anything resembling a testicle discoverable in the right inguinal region. There was no scar on the undeveloped scrotum. The patient presents none of the characters of a eunuch. He has a good moustache, and there is as much hair as usual for a Chinaman on the pubes. The penis is well developed. His voice is not cracked; his skin emits no peculiar odour; he confesses to sensual feelings and has had occasional pollutions, but I have special reasons for knowing that he has always been absolutely chaste.

Those who have had much medical practice among the Chinese well know that a native has always some story ready, generally false, to account for every peculiarity observed during a physical examination of his person. I was not therefore surprised to learn that at the age of 6, in consequence of some combined internal and external treatment for a disease about which he could give no information except that it was of great severity, his testicles and scrotum dried up and disappeared.

He was ordered milk and Vichy water, and 1 gramme of chloral hydrate every four hours. Sleep and appetite returned for a few days, but as he soon tired of the milk diet, and the chloral speedily lost its effect, the patient abandoned all faith in foreign treatment and placed himself in the hands of a succession of native practitioners. Each guaranteed cure, and administered quantities of medicine, dieting him carefully, but in the most fantastic fashion. One of his attendants, for example, made him live for ten days exclusively on ducks. I received news of him from time to time, but never saw him after his repudiation of foreign treatment. His medication appears to have been mainly sedative, in spite of which he suffered horribly and was almost sleepless. There was comparatively little change until the beginning of December, when the tumour suddenly began to enlarge with great rapidity, so that within three weeks it occupied the entire abdomen and encroached largely on the thorax. At the same time there was a notable diminution of pain, but dyspnoea became urgent and sleep impossible. The patient died exhausted on the 28th December. No postmortem was allowed.
A CASE OF RESECTION OF MORE THAN ONE-HALF OF THE LOWER JAW-BONE FOR AN OLD NECROSIS.

By H. Mason Perkins, D.D.S.,
Honorary Dental Surgeon to St. Luke's Hospital, Shanghai, China; Honorary Dental Surgeon to St. Xavier's School, Shanghai.

Hoong Doono Foo, aged 32, married, a shopman, was admitted into St. Luke's Hospital on July 29th, 1886. His own and his family history were good. Present trouble began more than two years ago, when he had pain and swelling of the left side of his face, followed by the discharge of pus. From that time until now the disease has gone on until he can scarcely open his mouth. The note on admission was as follows:—Strong, well nourished, medium-sized man, rather pale; chest sounds normal; no albumen in urine. The left side of the patient's face was swollen and the contour of the lower jaw much altered. There was a large sinus with gaping edges and foul granulations just below the angle of the jaw; through this, bare bone could be felt. Another sinus also leading to dead-bone, was located near the symphysis. After some difficulty a finger was passed into the mouth. It was found that the bone was fractured near the ramus, and it was freely movable. The patient having consented to an operation, he was given a cathartic, had another bath, the sinuses were cleansed and carefully syringed out with a 1 in 2,000 bichloride solution, and his face and neck thoroughly cleansed and disinfected. July 31st.—The patient having had a hypodermic of atropia and morphia, chloroform was given by Dr. Ding Ming, the house surgeon, and, assisted by my colleagues, Drs. Jamieson & Boone, I proceeded to operate. An incision beginning at the zygomatic arch behind the condyle was carried downwards behind the ramus to the angle, and under the body of the bone to a point one-half inch below the symphysis menti, then upwards to, but not through the mucous surface of the lip. A flap was raised, the facial artery divided and tied with cat-gut. With a periostial elevator the bone was freed from its attachments. That portion of the bone midway between the symphysis and the ramus was found to be broken into several pieces. A tooth was extracted in the median line, and, on dividing the bone with a saw, at the symphysis, it was found to be of a stony hardness. As the disease extended further, the bone was freed and one inch more was removed from the right side. The fragments of necrosed bone were now extracted. The ramus of the jaw was seized with the lion forceps, raised from its bed, and its attachments carefully separated. A probe-pointed bistony was carried beneath the zygomatic arch, and behind the coronoid process, the tendon of the temporal muscle was divided and
the bone depressed to disengage the process and luxate the condyle. The bone was pulled strongly outwards from the vessels, in order to avoid especially the internal maxillary artery, and after dividing the pterygoid muscles and the articular ligaments, it was removed. The bleeding vessels were tied or twisted. The foul granulations at the lips of the sinuses were pared away with curved scissors, and the sinuses were scraped with a sharp spoon. The surface of the wound was then dusted with finely-powdered Iodoform. The edges of the line of incision were brought together with cat-gut sutures. A saturated solution of Iodoform in collodion was painted over the line of union, and the sinuses were left free for drainage. No drainage tubes were used, and no further dressing was applied. The patient was then sent to his bed in Li Chu Bing Ward, where there were 13 other cases. His highest temperature, was 99½° on the morning after the operation. He was fed by inserting a soft rubber tube into the oesophagus and slowly syringing the milk, or other fluids, through this, to prevent any food from finding its way to the wounds. Three or four times a day the sinuses were wiped dry with lint dusted with Iodoform, and Iodoform powder blown into them with an insufflator; the saliva flowing out was caught by the patient on oakum, which was removed by the nurse. August 6th.—The small anterior sinus had become blocked up. It was opened with a director; a very small fragment of bone was found and extracted. The patient went on without a single bad symptom, and he was discharged cured at 7 a.m. on the 22nd of August, three weeks after the operation.

Remarks.—The chief interest of this case centres in the fact that his wound was left open. There was free connection with the outer air through the two sinuses, and yet he recovered without one untoward symptom, except that due to the small piece of dead bone which was seeking an exit. When this was removed he got well at once. But that the boat for his native town left on a special day, he might have returned home sooner.

Our operating-room is in a detached building. The strictest attention is paid to cleanliness. All our instruments and appliances are clean, the wards are large, sunny, and supplied with a constant current of pure air. Still, this man was in a ward with cases of compound fracture, a case operated on for radical cure of hernia. A man who had just had two carious ribs and a part of the transverse processes of two of the vertebrae removed for empyema occupied the bed on his left, and a patient with compound fracture of the skull had the bed on his right. No drop of water, medicated or other, ever touched his wound; and Gamgee would say that had something to do with the happy issue of the case. Be that as it may, I have seen many other cases in the hands of my colleagues treated in the same way, with like results.
CONCERNING WILLIAMS' HOSPITAL,

P'ang Chuang Station, in Shantung, of the North China Mission A.B.C.F.M.

By A. P. Peck, M.A., M.D.

With surprise and gratification we in this little corner of this vast Empire find that there is a fraternity of 80 odd medical missionaries in connection with the various missionary societies in China; and although these societies are careful to maintain that the medical department of their missions are not established from motives of philanthropy, for the alleviation of bodily ills, as are our elemosynary institutions at home, that being no part of missionary business, this large increase in the number of medical men and women is an indication of two things: 1st, an increase in the number of preaching missionaries and their families whose health needs to be cared for, and therefore an increase in the missionary spirit in the home churches; and, 2nd, that hospitals and dispensaries are an important auxiliary to evangelization.

For this revelation of numbers we are indebted to the establishment of our "Society" and our "Journal," whose beautiful first number lies before me. How it may affect the others, I do not know, but I feel in my own heart a warm and fraternal regard for each one whose name is in this roll of honor, although, I am ashamed to say, there are some of whose existence I never knew before. But, from this indication of my own feelings, I am inclined to hope that one happy result of the establishment of our Journal will be an increase of the esprit de corps which is so inspiring to any aggressive body. And as I hope to learn more of these brethren of mine, their circumstances, and their doings, I will even do as I would be done by, and write a few words about my own station, at the risk of exposing myself outside the shade of that modest impersonality which is supposed to be the egis of professional life and etiquette.

Know then, friends, that the station of P'ang Chia Chuang (the village of the P'ang family, although the P'ang villains are all extinct) is a small community of about 100 families, lying 460 li S.S.W. of Tientsin and 20 li from the Wei river, which here forms a link in the Grand Canal system. It was opened as a separate station just after the famine, during which many in this region received help distributed by our missionaries. The medical department has always been in the charge of Rev. H. D. Porter, M.D., until in the autumn of 1884 the writer was transferred from the city of Pao-ting-fu, in accordance with Dr. Porter's urgent desire to be allowed to devote himself exclusively to preaching.
There has been no hospital for these many years, most of the cases being attended in dispensary practice, a few comparatively finding accommodation in the village, in which there is no inn that deserves the name. At the death of the Hon. S. Wells Williams, it was found that by a clause in his will he bequeathed the sum of $500 "for the medical work under the care of Dr. H. D. Porter." This unexpected gift we resolved to make the nucleus for a hospital, and in honor of that eminent sinologue, to call it "Williams' Hospital."

Our Board responded generously with a grant in aid of all that we asked, and our principal business the past year has been to so expend the small sum at our disposal as to give the benefit of the best modern surgical and sanitary practice to the greatest number of patients. We cannot expect in such a location the expensively appointed hospital of the port cities.

Our aim is to keep the style of building and all arrangements as near to that of the vicinage, to which the people are all accustomed, as is consistent with needful sanitary precautions. As land is comparatively cheap, we can make the fullest use of that most sovereign antiseptic, sunlight, and secure by free ventilation a circulation of pure air whenever it will circulate. To this end all ward buildings have south windows of glass with transoms over them, and ventilating frames like Chinese windows in the north wall.

The question of beds still puzzles us. In this region the common people have a habit of building for themselves k'angs of mud-bricks in the fall, and warm them during the winter, utilizing for this purpose the waste heat from the food-kettle, the smoke passing through the k'ang into the chimney, and supplementing this heat, if necessary, by stalks or other fuel burned under the k'ang. In the spring these k'angs with the collected soot are torn out and spread over the fields as a fertilizer, the family sleeping on wooden beds during the summer. Whether we shall adopt some modification of this plan, or confine them to beds and try to warm the wards during cold weather, remains still to be decided, the latter plan most consonant with our foreign ideas, is most at variance with the habits of the people, but to it Dr. MacKenzie has come in his hospital in Tientsin. This is the only testimony I know of, as to experience in this latitude.

My surgical experience with the Chinese has convinced me that, notwithstanding their filthy habits, it is comparatively easy to secure good antisepsis. Our hospital buildings all have independent frames to support the roof, and the walls are filled in with adobe brick which can be torn out at any time if they become infected. These walls, we hope, with well limed surfaces inside and plastered ceilings, will make healthful wards.

Floors are a very important consideration. The native fashion is brick; but they are very absorbent, and must soak up discharges and filth of various kinds. It was my privilege to suggest to Dr. MacKenzie the use of cement floors, which are water-proof. He tried one, and now tells me that he is so well satisfied with it that he is putting in another. He having so kindly tested the question for us,
we can go ahead with full confidence, and put them down as fast as we get the money to do it with.

Now if there are any other of our good neighbours who will give us practical points out of their experience, we are just like everybody else, always glad to receive good advice, and then to do as we've a mind to. And, finally, may this gossipy and neighbourly communication, which is in no wise a profound or elaborate article, break the ice, and prove at last that Williams' Hospital has the best intentions ("teo yia") toward the professional fraternity of China.

METHODS OF DISPENSARY WORK.

Read before the Medical Missionary Association of Shanghai, April 5th, 1887.

By Elizabeth Reifsnyder, M.D.

In the consideration of such a subject as this, I realize in the very beginning my utter incompetency to bring forth anything new or even to speak very much from experience, having been in China but three-and-a-half years, and having had a dispensary only about two-and-a-half years of this time; still, we have met together for mutual edification, and what I fail to bring forth, I feel sure the rest of the Society present will readily supply.

We all come to this land with some ideas of dispensary work at home; that is, the most of us have had more or less to do in this direction, and while at home the dispensaries are free, and for the poor only, here in China all classes come to us, hence we are not justified in giving indiscriminately at this day, when so many of the Chinese know the value of foreign medicines; therefore, I would say, charge a small fee. Let it be understood that all are expected to pay this fee each time, but let it also be understood that one unable to pay will be seen just as readily as one that pays. You might suppose that advantage would be taken of this plan of procedure, but so far in my experience almost all have paid that could, while the fact that the very poor were seen for nothing seemed to be taken as a matter of course. It might be well to add in this connection, that a special stamp is kept for charity patients, and when I see their slips I know at once their impoverished state. We find that the majority that come to us prefer to pay, feeling that they are giving something for what they receive. No doubt the idea prevails that what is given for nothing is worth nothing.
I would also add, that all receptacles for medicines that must be supplied ought to be bought. The actual value cannot be obtained, but something ought to be given in exchange, and it helps the patients to remember to bring something with them, wherein to put the medicines.

I fully believe that medicines obtained in the way just described will be more readily taken; not all, it may be true, but the greater part.

It is not my intention to say what I do, yet a little of our experience at the Margaret Williamson Hospital for Chinese Women and Children may be interesting. The entrance fee is 28 cash; in one month last year, the month of May, over 67,000 cash were received, and during the year over 429,000. It is a question whether there would have been any more patients had no fee been charged. Before leaving this subject of pay, it might be well to note that the rich ought to be asked the full value of the drugs received. I think all will agree with me on the point. Some dispensaries have "free days," that is, one or two days in the week when no fee is asked, hoping that the poor will take advantage of these days. Such a plan might work in a city, but with us out in the country, having patients that find it difficult to keep track of Sunday, and many coming long distances, it is doubtful whether one could institute such an order of things. Would not many not poor take advantage of the "free days" also?

The one object and the great object in having Mission Dispensaries is, as we all know, to enlighten these people concerning the Doctrines of Christ and to point them to the True God. By making them pay to listen to a doctrine they do not care for, it looks as though we were laying a trap for them. And some may maintain that we ought to give them their medicines for listening to our preaching. This question I do not pretend to decide.

How much medicine shall be given at one time to each patient? I claim, enough to do some good or have some effect. True, risks are run, but risks must be taken, especially if the majority come 10 li (three miles) or more. Really, the wear and tear on one coming and going such a distance is not a small matter. Not infrequently we are asked to give more, owing to the long distance and the difficulty of getting to the hospital. If the patient is known, enough is given to last several weeks. None of us want to waste good drugs, yet if treatment does not tell, what is the use of treatment? Are we justified in having dispensaries with the two-fold object in view—the dispensing of that which we deem the most important, the healing balm for their souls, and yet slightly care for these bodies which the Chinese consider of vastly more significance? In so far as it lies in our power, let us see that both receive the very best consideration that can be given unto them.

How are we to diagnose and prescribe for the great numbers that come? For instance, an average of 155 for days, which is not uncommon with us, and often almost 200. The majority of these to be seen after 1 p.m., and but one
physician and one druggist; all patients to get written prescriptions. True, about one-half are prescribed for at a glance, as scabies ascarides, the different types of Ague, etc. But questions must be asked, answers must be gotten, the tongue ought to be looked at, and to ease the mind of the patient, as well as for one's own gratification, the pulse must be felt. Other questions there are of equal importance, and when the dialect is a very peculiar one, it is almost impossible at times to get any satisfactory history, brief as it must of necessity be.

There is one great difficulty in connection with work for women and children only, that does not present itself in the general dispensary work, and that is, what to do with the men. I must admit that I am puzzled. At home, woman is to a certain extent a free moral agent, certainly so far as going to a dispensary is concerned. She it is that takes the children or child to be treated. Here, the husband invariably comes with the wife, the father with the daughter, and the father, too, it is very often that brings the baby, or comes with it and the mother or nurse. Now, the man may have sore eyes, chills, indigestion or scabies. Am I to refuse to prescribe for this man under these circumstances? I think not, and and I attend to his wants. But now another difficulty arises. There is nothing at all the matter with the woman, but she brings the man, and claims that, as they came together, he is eligible for treatment. Sometimes such persons are seen once, not at all if the parties are known and have already been directed elsewhere. But it is, no doubt, hard for a man that has come five miles, to be told to go two or three miles farther. These are difficulties that are not met with by the other members of this Society; yet some ideas on this very troublesome point are most desirable. The line must be drawn somewhere. I know that some of my sisters in the work elsewhere, do very much as I do; others see both classes. All, no doubt, are governed by circumstances.

Last, but most important of all, is the evangelistic part of our work, which we come to carry out or have carried out, and if we fail to do so, we are not doing the work that has been appointed us. We do not come here merely to attend to these perishing bodies. Yet how is it possible to do all? Many of us are overpowered already with medical work, executive duties, and numberless matters in connection with the mission, that are never met with by any hospital doctor at home. If we cannot ourselves talk to the people that come daily, let there be an earnest devoted native to speak to them an hour or more before the work begins; or, better still, let there be in connection with every hospital or dispensary one foreigner, not necessarily a medical person, to have for her or his special office this one branch of the work, including, of course, the ward patients. The physician may not have time or strength to preach daily, but he or she can do a world of good by kindnesses shown, by gentleness—in fact, by living Christ, much can be done for Him. The Chinese are, as we all know, most observing, and our daily lives are more to them than all our words. To them, however, that have the time and the language, I certainly would say, preach all that you can, and may the Lord's blessing go with your words.
A MEDICAL MUSEUM.

By H. W. Boone, M.D.

There are at present more than 80 medical missionaries scattered throughout the provinces of China. Nearly as many more medical men are engaged in the practice of their profession at the various ports of trade. All of these gentlemen have from time to time the opportunity of seeing rare or interesting cases of great medical or surgical interest. Some of these doctors have taken every opportunity to prepare and preserve specimens illustrative of the various diseases that have come under their observation. Many more would be willing to take the same trouble if the results of their labors could be made available for the benefit of others. Many valuable specimens, if preserved in some small port or interior station, would only be seen by one or two medical men. Shanghai, from its location, is about the most convenient and central point in China. The Coast and River Steamers center there, and all the great European and American lines terminate at the same port. A large number of the medical men in China pass through Shanghai in going to or coming from their places of abode. What could be more appropriate than to have a Medical Museum at Shanghai? There are 14 or 15 medical practitioners living there, and, without doubt, one among the number with special qualifications for such a post could be found willing to assume the important position of Curator of the Museum. There are four or five hospitals, with out-door departments attached to them, all at work in Shanghai, and these alone could make valuable contributions if there were some regular place of deposit, with a proper custodian. There are good reasons for hoping that a regular medical library will soon be established in Shanghai, and what more appropriate than that the library and museum should go together. We need a nucleus around which good medical work can grow; so far our efforts have been too scattered to be productive of very much good. With a Medical Association for all China, the Secretary residing in Shanghai, with a Medical Journal published in Shanghai, and a Library and Medical Museum, we would be on the high road to good work in the near future. It is earnestly requested that medical men take an interest in these matters. Every medical missionary is a member of our Association. Every respectable medical man can become an honorary member by applying or signifying his desire to join. We beg all medical men in China to remember the Medical Museum.
A GLANCE THROUGH THE WARDS OF A MISSION HOSPITAL.

By J. Kenneth Mackenzie, M.R.C.S., L.R.C.P.

It may not be uninstructive, as showing the amount of surgical relief bestowed upon the Chinese, to note down some of the operation cases at one time in the wards of a Mission Hospital. This day, April 22nd, 1887, there are 54 in-patients occupying the wards; amongst them are the following cases:

Calculus in the Bladder:—Stone removed weighing over 3 oz. and as large as an egg.
Abscess in the Liver:—Operated on three weeks ago.
Two cases of Epithelioma of Lower Lip:—In each case the entire lip had to be removed.
Amputation of Leg for dry gangrene of foot.
Cancer of Penis, involving the entire organ:—Removed by Wheelhouse's method.
"Shell" explosion, causing compound communicated fracture of right tibia, destroying the right eye and smashing the right arm:—Amputation of right arm. Fracture has united after several months' treatment, and he is nearly able to go home.
Extirpation of Eyeball for rodent ulcer.
Necrosis of lower jaw:—Partial removal.
Fibrous tumour removed from Parotid region.
Cataract, senile, double:—Extraction. Good vision in both eyes.
Cataract:—Soft. Needle operation to both eyes.
Three cases of Iridectomy for Leucoma.
Epithelemia of iridectomy of right eye:—Excised.
Fracture of left tibia.
Amputation of big toe.
Hare lip in adult.
Two cases of Fistula in Ano.

London Mission,

Tientsin, April 22nd, 1887.
**OFFICIAL NOTICES.**

To the Editors,
Medical Missionary Journal of China.

DEAR SIRS,—I take pleasure in informing the Members of the Medical Missionary Association of China, that Drs. Lyall and McCarree have been unanimously chosen to represent the Society as delegates to the International Medical Congress, _vice_ Drs. Parker and McKenzie, who were unable to serve.

Faithfully yours,

E. M. GRIFFITH, M.D.,
Secy. & Treasurer.

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**OFFICIAL NOTICES.**

To the Editors,
Medical Missionary Journal of China.

DEAR SIRS,—I take great pleasure in acknowledging the receipt of Initiation Fees and Yearly Dues for 1887 from the following Members of the Medical Missionary Association of China:

1. Dr. L. H. Gulick,
2. Dr. W. H. Parks,
3. Dr. E. M. Griffith,
4. Dr. J. M. Swan,
5. Dr. Mary W. Niles,
6. Dr. Mary Fulton,
7. Dr. J. C. Thomson,
8. Dr. H. M. McCandless,
9. Dr. J. G. Kerr,
10. Dr. H. W. Boone,
11. Dr. Sydney Hodges,
12. Dr. Robt. Beebe,
13. Dr. P. B. Cousland,
14. Dr. W. W. Riddell,
15. Dr. J. F. McPhun,
16. Dr. B. C. Atterbury,
17. Dr. G. K. Crews,
18. Dr. J. K. McKenzie,
19. Dr. Herbert Hickie,
20. Dr. Jas. B. Neal,
21. Dr. Duncan Main,
22. Dr. R. G. McDonald,
23. Dr. J. W. Hunter,
24. Dr. D. Grant,
25. Dr. A. L. McLeish,
26. Dr. V. C. Murdock,
27. Geo. Yardel Taylor,
28. Dr. D. Christie,
29. Dr. J. R. Watson,

Very respectfully,

E. M. GRIFFITH, M.D.,
Secy. & Treasurer.

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**A WORD FROM COREA.**

_Seoul, Korea,
May 30th, 1887._

Rev. L. H. Gulick, M.D.
Shanghai.

DEAR SIR,—A copy of the _China Medical Missionary Journal_ came recently to my notice. I like its plan so well and hope to gain so much profit from it, you will please find my subscription price enclosed for first year.
You have one serious omission,—The Methodist Episcopal Church has had representatives here for two years and has done medical work here during that time. We have only one medical worker, but he has treated or assisted in treatment of several thousand patients during the past two years.

Our Hospital and Dispensary has been completed and in use for one year. Dispensary work alone was carried on during the year previous to completion of Hospital. During the month in which I now write we have had a daily average attendance of a fraction over twelve. We have ward accommodation for 40 or more patients, but at no one time as yet have we had more than 5 inmates. Medicine is very readily taken by the Koreans, but surgery has rather a slow growth in their favor. We are, however, as they become better acquainted with our foreign ability, having more and more to do in that line.

The Government is very favorably disposed to our work and has sent us official recognition.

Wishing the Journal success and yourself success in your work.

I remain,

Yours very sincerely,

WM. B. SCRANTON, M.D.
Medical Missionary,
Methodist Episcopal Church,
Seoul, Korea.

WOMAN’S HOSPITAL IN SOOCHEW.

A correspondent writes us:—"Dr. MILDRED M. PHILIPS, of the Woman’s Board of Missions, M. E. Church South, intends to erect in this city a Hospital for women and children, with ample accommodations in every department, which it is hoped will be completed in the autumn of the present year. Meanwhile, the Doctor has opened a small temporary Hospital for this class of patients on the mission property. The building contains a waiting-room, room for medical clinics, dispensary, operating-room, etc.; also a ward with space for five beds, and one apartment for first-class patients. From the date of its opening last month, or 3rd March, up to April 8th, 253 patients have been treated, including three in-patients, 426 prescriptions have been filled, and five operations were performed by the Doctor.

"Morning prayers with the employees of the Hospital are held daily in the waiting-room, where, also, the patients and their friends attending the daily clinics are addressed three times a week by a Chinese preacher, and a Bible-woman is present every afternoon to converse with them. As the number of friends is usually double that of patients, probably so far upwards of 400 women have heard in this waiting-room of the Gospel and its truths.

"Thus Dr. PHILIPS has entered with most encouraging prospects the sphere of labor she is so eminently qualified to fill, and has the cordial good wishes of many friends that she may long and with ever-increasing success prosecute her chosen work."
BERI-BERI.

By P. B. COUSLAND, M.B., C.M.

[The value of the following paragraphs on the comparatively recently recognized disease of Beri-Beri or Kakê, induces us to reproduce them entire from Dr. COUSLAND'S Report for 1886 of the hospital under his care at Swatow.—EDITORS.]

"There was an outbreak of the atrophic variety of this disease in the middle school for boys and the girls' school of this Mission at Swatow. The boys' school reassembled after the New Year's holidays by the beginning of March. The girls' school did not break up at the Chinese New Year. The first cases were noticed about the beginning of May, when several boys who had been under treatment for dyspeptic symptoms began to complain of numbness of the skin of the abdomen and legs, and a little enquiry elicited the usual symptoms. Before long seven boys were down with it, and as nothing had the least influence in checking the course of the disease, they were sent sixty miles inland to the highland Hakka country, and placed under Dr. McPUN'S care at Ng-kang-phu. This was on the 26th of May. Three days afterwards, as seven more boys and the native teacher were affected, the school was broken up and the boys sent home.

"On the 2nd of June one girl was attacked, on the 11th another, and on the 17th two others. As 5 or 6 more had slight prodromata, the summer holidays were anticipated and the school dismissed.

"The symptoms in those attacked differed but slightly. There was first a rheumatic sensation in the affected parts, and in many cases evidences of gastric catarrh. Then followed numbness of the anterior tibial and femoral regions, and of the abdomen as far up as the umbilicus. At the same time the muscles of those regions became hard and painful. The pain was of a hot, crawling, and cramping description, and in some cases prevented sleep. This was followed in a few days by marked flabbiness of the affected muscles and loss of power. The accompanying paresis was brought home somewhat forcibly to some of the boys by their legs suddenly giving way under them. This compelled them to take to bed. There was also pain in the knee, aggravated by stretching the leg. In some cases the partial anesthesia eventually extended to the forearms, but in no case, with one doubtful exception, to the lips.

"The areas of anesthesia were not the same in all cases. One boy had none of the femoral region. Others had the calves and back of the thighs affected as well as the front. The ankle-clonus and knee jerk were absent: unfortunately I have not kept a note of the skin reflexes. In the boys last attacked pain in the knee and in the Tendo Achillis behind the ankle-joint were the most prominent symptoms. Dyspnœa was pretty marked among the worst cases in the boys' school. In only two cases was there any œdema. In one there was slight œdema about the ankles. He had a systolic murmur in the mitral area. The œdema disappeared in a few days on the administration of Digitalis. In the other case, where the face was slightly puffy, there was reduplication of the second sound in the aortic and pulmonary areas. The dyspnœa was most marked in these two cases. In the others auscultation revealed only a somewhat tumultuous cardiac action. In all the boys there was tenderness on percussion of a varying number of the upper Dorsal vertebrae. This could not be elicited in the girls. The excretions were quite normal.

"In the case of two of the girls the onset of pain in the legs was quite sudden—one was seized while in the class-room and had
to be carried howling upstairs. On the whole the girls suffered less than the boys. Before the girls' school was broken up, those affected were all able to shuffle about a little. The disease did not go on steadily from bad to worse as it did in the other school. Five or six girls had slight premonitory symptoms for a number of days but they never came to anything.

Of the boys who were sent to Ng-kang-phu, four soon recovered so far as to be sent to their homes. The other three remained at Ng-kang-phu for a month and a half. One of these is still at home. The other two returned to school this winter, 1886-7, and have been under treatment for some degree of stiffness and atrophy of the muscles of the calf. The others who were sent directly home recovered completely in the course of two or three weeks. I should have noted that strong and weak, older and younger, were attacked indiscriminately. Of the three worst cases two had previously enjoyed good health, while the other had been in bed for a month with chronic articular rheumatism.

"No medicinal treatment was found of any value, but the curative effects of removal from the site of infection were most marked. For the sequelae, cod liver oil, strychnine, and Faradism were of some service. Prohibiting rice to those affected produced no apparent benefit.

"I did not diagnose Beri-beri until the boys' school had been dismissed. The descriptions in the text-books are quite inapplicable to the dry form. Fortunately I came across Dr. SIMMON's article in the Customs' Medical Report for 1879-80 which removed all doubts as to the nature of the outbreak.

"As to the cause of the outbreak it is difficult to arrive at a satisfactory conclusion.

"In the same compound with the affected schools are the mission houses, and Theological Seminary, while the Hospital is close by, and yet nobody outside of the schools was attacked. The food suggests itself as a probable vehicle for the introduction of a specific poison, especially as it has been stated that the spores of the suspected Bacillus have been found adhering to rice, and a large quantity of rice was being imported from Mid-China, Japan, and Siam at this time. But in that case there should have been some cases among the other Chinese in the compound and in Swatow, in fact all over the country. As it was I could not hear of a single case, and besides it was found on inquiry that imported rice was not used in the schools. Why such an outbreak should have occurred in two well ordered, clean, airy schools, built somewhat recently, like the rest of the mission buildings, on land reclaimed from the sea, and having no communication with each other, in a district where Beri-beri has hitherto been unknown, while among the Chinese all around not a case seems to have been known, is a problem that awaits solution. The season, it may be remarked, was an exceptionally dry one. I believe that in the summer of 1884 there was a solitary case in the boys' school of what must have been Beri-beri.

"Since the outbreak above described ten cases of Beri-beri have been treated in the Hospital. Two of those came from the neighbouring district of Hai-yang, and I have but little doubt that they were examples of the dry form of Beri-beri. Of the others, seven came from Singapore and one from Penang. They were all of the tropical variety. The sea-voyage had apparently a beneficial effect, for by the time they reached Swatow the anasarca had almost disappeared, even when, according to their own statements, it was quite marked on embarking. The muscular atrophy and anesthesia were in the same localities as in the dry cases. In addition there was dyspnoea, a systolic murmur over the pulmonary area, and constipation. The affected muscles regained strength very slowly.

"Recent investigators in Malaysia have stated that Beri-beri cases can infect a locality. Might it not be that its occurrence in the schools has some connection with the constant importation of these cases from the Straits Settlements?"
ENDEMIC GOITRE IN CENTRAL ASIA.

Surgeon G. M. Giles, M.D. Lond., surgeon to the I.G.S. Investigator, who was sent on special duty with Colonel Lockhart's Mission to the Gilgit and the Paman Plateau, furnishes an interesting paper to the Indian Medical Journal on the Prevalence of Goitre among the denizens of the Highlands of Central Asia. Dr. Giles is inclined to attribute the disease to the habits of the people who live in dark mud huts with no entrance for light but the door, and to the absence of trees on the surrounding hills. He speaks very highly of the treatment by injections of iodine into the cysts, at intervals of a week or so, and lays great stress on the use of a watery, not an alcoholic, solution of the drug. His highly favourable opinion of the efficiency and harmlessness of iodine is founded on the result of some three hundred injections.—Lancet.

MEDICAL REPORTS OF THE IMPERIAL CHINESE MARITIME CUSTOMS.

"More than half the last number of the Medical Reports (II. Special Series: 32nd issue) published by the Imperial Chinese Maritime Customs, consists of an exhaustive paper by Mr. W. W. Myers, M.D., on the 'Filaria Sanguinis hominis' in South Formosa. Four years since we noticed a paper from the same pen on the same subject, which has given rise to some discussion in medical circles. Mr. Myers now gives us the benefit of his further researches, and maintains his previous convictions. The subject is too complex to be entered into in the brief space at command in a review. The following extract will, however, give the result of the investigations:—

'From these and other observations I feel justified in reasserting that the filarial mosquito, or at least that species which acts as such on the mainland, is absent from the south part of this island; while judging from the absence of filarial diseases all over Formosa it is almost certain that this essential intermediary, for some reason as yet unknown, cannot or does not exist at all in the island. People are constantly coming and going from Amoy, water-tanks arrive every day, but still the closest search has failed to discover a trace of the Amoy insect anywhere in the southern half of Formosa.'

"On the health of Takow and Taiwan-fu for the two years and a-half to September 30th, 1886, Dr. Myers reports that the general health of the foreign community was good. He states that the two first candidates trained at the David Manson Memorial Hospital had passed a satisfactory preliminary examination at Hongkong. Dr. Rennie states that foreigners had suffered at Tamsui from malarial fever during the six months ended September, 1886, but that they do not suffer so much as the natives do and generally resist the attacks better. He accounts for this in consequence of the 'deficiency of nerve energy' in Chinese, and the fact that Europeans are better nurtured. The reason for the greater prevalence was that the soil was being much turned for new earthworks. It is curious to notice that dwellers in two-storied houses, who numbered sixteen, were not attacked at all, while sixteen out of eighteen, living in one-storied dwellings, had it more or less severely; he consequently suggests an improvement in the one-storied houses. Drs. Ringer (of Amoy), J. H. Lowery (of Hoihow), and Rennie (of Foochow), all report the health of the foreign communities as being good. The latter reports two or three cases of beri-beri amongst natives, and a very severe breaking out of cattle disease amongst imported animals. Dr. Daly states that the health of Ningpo was fairly good for the six months to Sept. 30th last. He strongly recommends Dalansan (where exists a high plateau) as a summer health resort. Dr. Jamieson reports a higher death rate at Shanghai, and with his report the present issue closes."—London & China Express.
THE CONSTRUCTION OF HOSPITALS.

The subject of Hospital Construction must necessarily be one fertile in interest to every medical missionary. In the home lands only the privileged few amongst medical men are able to obtain hospital appointments; many are thankful to get their names enrolled upon the staff of one of the many dispensaries, but the great bulk of the profession with their student days cease their connection with such institutions, and their interest in hospital construction is consequently only a secondary one. We, on the other hand, as far as our medical work is concerned, are chiefly hospital surgeons; for we take it that few will be content to confine themselves for years to the, not always satisfactory, field of out-patient work. Most of us are ambitious enough to desire to see permanent and far-reaching results flow from our efforts; and this, whether from a scientific or missionary point of view, is not to be obtained apart from an established hospital. The vast field of medical relief in China being scarcely touched verily compels the most diffident to assume responsibilities and to undertake surgical operations of the gravest nature, from which he would naturally, and especially in his often unaided position, have shrunken. Our interest in this subject then being paramount, let us consider it for a while.

In western lands, when a hospital is to be erected, a commitee of influential men is formed, plans are invited from several architects, sanitary engineers are consulted, and everything is done regardless of expense to ensure a handsome and perfect building; for it is the pride of our western civilization—the outgrowth of our inherited Christianity—that in their time of need the poor shall have the same advantages as the rich.

How different the position of a medical missionary who aims at the establishment of a hospital in this land. He generally has to be his own architect, and as to the sanitary engineer—well, his time has hardly come yet. When the mission is situated in a large port in close proximity to a foreign community who are in sympathy with his work, he may fairly aim at erecting something after the style of the less pretentious home hospitals, though even in these circumstances we think he should bring his western ideas as much in line with Chinese feeling as it is possible to do without sacrificing efficiency.
We cannot expect the Chinese to swallow at a draught all our notions upon the subject of hospital management and hygiene. We require much patience and forbearance in order to gradually educate them to appreciate the advantages of occidental methods. Indeed, in our desire to establish a hospital purely upon the foreign model, may we not possibly be in danger of imitating the well-known housewife who, in her zeal for order and spotless cleanliness, made the lives of her household a prolonged refinement of torture? We are here to conciliate, to win confidence and to present western improvements in as attractive a garb as we can; let us see to it that this garb does not startle them by its strangeness.

But his situation will largely influence his action. Away in the interior the prejudices of the people have to be consulted before everything, and he may be compelled by the very exigencies of his position to utilize an ordinary Chinese dwelling-house as his hospital. Then, again, the matter of finance will be a leading factor in the settlement of the question, for he must cut his coat according to his cloth; though, by-the-bye, do we not suffer sometimes from having a plethora of money?

Our ideal in hospital construction for China at the present day is, single storied buildings, entirely detached; for example, wards of the following dimensions, 48 × 24 × 14 feet, with opposite windows in the sides, capped with transoms, and reaching nearly to the ceiling; the floors and walls to be covered with Portland Cement; this can be swabbed over daily, and thus cleanliness will be ensured while absorption is prevented. The offices should be attached to one end of the ward. By this arrangement, with the use of simple antiseptic dressings in order to isolate the wound, with plenty of fresh air and cleanliness of the ward, you are largely independent of tidiness in the person of the patient, and may have a ward full of surgical operation cases while the air is perfectly fresh.

This style of building too adapts itself readily to Chinese taste, especially as the roof may be modelled after the native pattern, while the grounds around and between the wards can be planted with shrubs and trees. This plan combines simplicity with economy—economy in that, instead of erecting a large block of buildings which will not be required in their full capacity for many years to come, you are able to add ward to ward as the needs of the work develop.

The out-patient department should, we think, be kept perfectly distinct from the hospital proper.

J. K. M.
THE study of the Chinese Materia Medica is one which should engage the attention of Members of the Medical Missionary Association, and the opportunity now presents itself of initiating some plan by which united and systematic efforts may be made in this direction.

The Chinese Pharmacopoeia contains a formidable list of substances used in medicine, and gives one at first sight the impression that to master it is a task of no ordinary magnitude. We may, however, divide the list into three classes, as follows:

1st.—Those common to Chinese and Western Medicine, such as rhubarb, camphor, opium, sulphate of soda, nitrate of potassa, liquorice, anise-seed, cinnamon, musk, assafetida, etc.

2nd.—Those which are inert, as sulphate of lime, pearls, petrified crabs, deer-horns, ginseng, and numerous other articles.

3rd.—Those which are peculiar to Chinese medicine, and of which little or nothing is known.

Eliminating the first and second classes, we have only the third left for investigation.

The first step would be, to have made out and printed a complete list arranged in these three classes, and copies placed in the hands of each member of the Association and of every medical man in China.

The next step would be, to divide those articles to be investigated and experimented with, among such as would be willing to undertake a share of the work; reports to be published from time to time in this Journal.

As aids to beginners in the study of Chinese medicines, there are two or three books which will be of service. The first is the Pharmacopoeia of India, which contains descriptions of many drugs native to that country, some of which must be identical with, or nearly related to, similar species in China. Identification of these by their Chinese names would give us the benefit of study given to them by the Profession in India. Another book is Dr. Porter Smith’s Chinese Materia Medica, published at the Presbyterian Mission Press, Shanghai.

In this we have an outline of what information the Chinese Herbal (the Pun Tso) gives concerning the properties and uses of Chinese medicines, as well as valuable facts collected from various sources.

The late Dr. Hance, the distinguished botanist, who devoted so much time and attention to the study of the flora of Southern China, has written descriptions of 633 hitherto unknown plants, among which are, no doubt, some possessing medicinal properties.
The late Dr. Hanbury has also contributed to our knowledge of Chinese medicine.

In Hongkong, Mr. Ford, the Superintendent of the Botanical Gardens, and Mr. Caow, the Government Analyst, are engaged in investigating medicinal plants.

Mr. Ford has all facilities in the Botanical Gardens for cultivating medicinal plants, and would, no doubt, receive seeds or plants from any member of the Association.

It will be no small advantage to medical missionaries to have a knowledge of the medicines which their patients are accustomed to use; and, we trust, the time is now near at hand when we shall know not only the virtues attributed by native doctors to their medicines, but also the chemical composition and physiological action of all those which possess any real power to combat disease.

J. G. K.

A REVIEW.

A Vocabulary of Diseases in English and Chinese.

Canton: E-Shing, Printer, 1887.

We are indebted to Dr. J. C. Thomson, of the Canton Province, for this valuable collection of medical terms in Chinese and English. From the preface we find it is issued with the imprimatur of Dr. Kerr, and should certainly be in the possession of every medical missionary.

Dr. Thomson gives us in alphabetical order the English names of the various diseases side by side with their Chinese equivalents. In many instances we have the technical name and a colloquial native term both given; this is a good arrangement, but we are of opinion it might be improved by the addition in a subsequent issue of the more common colloquial terms in use in other great centres besides Canton. For instance, "Ague" is rendered by the characters 疟症 and also by two colloquial expressions, presumably in common use in Canton. In the North of China, the term in general use is 驱邪子, pronounced fa yao tz, while, if we mistake not, 大牌寒 is generally used in Hupch.

Frequently the same disease appears under two different foreign names in the Vocabulary; and we notice that there is in each case a different rendering in Chinese. This seems unfortunate, as it tends to the multiplication of artificial terms, which we would gladly avoid. Thus, "Leprosy," which has the good Chinese
equivalent 異常, is given under its synonym of Elephantiasis Grecorum as 腫脹, which in the North might be confounded with the expression for madness. Again, “Goitre” and “Bronchocele” are differently designated in Chinese, though the disease is the same. “Goitre” is rendered 甲状腺, which may be translated “enlargement of the glands of the neck,” while “Bronchocele” is more accurately defined 突下腺生大 (enlargement of gland below thyroid cartilage). But why not in both cases use 瘤 or 瘿袋, which is given in Williams’ Dictionary as the Chinese name of the disease?

“Squint” and “Strabismus” are also translated differently.

Would it not be well, when the Chinese have a name clearly denoting a particular disease, to prefer this to a new one, unless there is some serious objection to the native one. Why not use 脱節, the common Chinese term for Dislocations? It would seem preferable to 跌挫骨髄.

“Shingles” is curiously translated 大水泡 (large blisters). Why this term, surely more applicable to Pemphigus than to Herpes Zostro, is used, we cannot quite see. 小水泡 might do, though this would only apply to Herpes generally, and would not define Shingles in particular. In North China the Chinese are well acquainted with Shingles by the phrase 蛇經癢.

The name for Cataract (睛珠變質), given in Hobson’s Works, commends itself more to our mind than the one given here (睛珠生膜).

“Hare lip” is translated 崩口; evidently a localism. Would not 缺唇 be more generally understood. “Itch” is translated 痘. This name is not known here. The character 痘, which is its North-China designation, might be appropriately added.

The Cantonese name for Itch reminds us that this is the character (癬) used for leprosy by our learned sinologues in translating the Scriptures. What are our wise clerical brethren about that they still cling to a term which is deemed unsuitable as a rendering for leprosy in a medical vocabulary, and which evidently has such very unpleasant associations connected with it in the South of China? Would not 大麴瘡 or 麻瘡 be better than 痘?

We hope the readers of the Medical Journal will use its columns for the discussion of this subject of Chinese medical terms. We append the following in the way of suggestion:

<table>
<thead>
<tr>
<th>English Term</th>
<th>Chinese Term</th>
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<tbody>
<tr>
<td>Alcoholism</td>
<td>酒癤</td>
</tr>
<tr>
<td>Amenorrhœa</td>
<td>經閉</td>
</tr>
<tr>
<td>Anæmia</td>
<td>血癤</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>氣癤</td>
</tr>
<tr>
<td>Breast Tumour</td>
<td>乳癤</td>
</tr>
<tr>
<td>, Cancer</td>
<td>乳癤</td>
</tr>
</tbody>
</table>
CARBUNCLE  
CHANCRE  
DYSPNOEA  
ECZEMA  
EPISTAXIS  
FISTULA IN ANO  
HERNIA  
PARAPLEGIA  
SEA-SICKNESS  
STAMMERING

It is our pleasant duty to notice several Reports of Hospitals kindly sent us. As we look over these interesting pamphlets we cannot but hope the time will soon come when the physicians and surgeons in charge of these various institutions will let us have at other times than annually, and directly for the China Medical Missionary Journal, the varied and instructive results of their experience. These brief Reports do not more than allude to many matters which cannot be fully discussed in pages for non-medical friends and readers.

THE CHINA INLAND MISSION HOSPITAL AND DISPENSARY, CHEFOO.

Dr. A. W. Douthwaite speaks of Drs. Pruin, Parry & Cameron, of the same Mission, as having carried on the medical work from June 1884 to February 1886, during which period no Reports were made. Dr. Cameron is now associated with Dr. Douthwaite.

An out-station dispensary has been opened at Fu-shan, twelve miles west of Chefoo, which place is visited once a week. Work is to be opened at Ninghai-cheo, twenty-five miles to the east.

The out-door work at Chefoo will soon be removed to premises which have been secured in the town itself, while the hospital will remain at East Hill, about a mile out of town, at the Mission Station. Of dispensary cases there have been 5,635 new cases treated during the year ending February 28th, 1887, making a total of 7,648, including 620 at Fu-shan.

Of the Hospital, Dr. Douthwaite gives the following very interesting facts that strikingly coincide with statements on preceding pages of this number of the China Medical Missionary Journal:
"The arrangements of this institution are in accordance with the tastes and habits of the people, as far as they can be consistent with cleanliness. We have a few beds kept for surgical cases, but most of the patients prefer the brick k'ang to which they are accustomed. The k'ang is a brick platform, 6 feet wide, raised $2\frac{1}{2}$ feet above the floor, and extending across the room. The top is composed of stone slabs, plastered over with clay, and is warmed by burning grass or other fuel in the flue, which ramifies beneath it. It is covered with straw matting in summer, and padded quilts in cold weather. On these hard, comfortless beds the patients will lie or sit for weeks, quite happy and contented, and really prefer them to the spring mattresses which are provided for those who desire them. One advantage of this arrangement is that the bed can be covered with a clean sheet of whitewash whenever necessary. This necessity arises very often, and the mats the patients have slept on require drenching with boiling water after being used a short time. The reason for this is obvious."

Regarding the classes of in-patients, and their ability to pay, it is reported:—

"Only 79 patients have been admitted to the hospital, as most of those who apply for admission are too poor to contribute to their support, and we have no funds for providing food for them. A few have been assisted, and several accident cases have been taken in and provided for, but our rule is to insist on the payment of 70 cash ($3\frac{1}{2}d.$) a day for food, which is prepared for them by the hospital cook. Small as this sum is, many are turned away every month because they have no means of obtaining money when not working. The in-patients are of a higher class than those who attend the dispensary, most of those admitted this year being naval and military officers and tradesmen. The governor of an adjoining camp was under our care for several weeks, and over a hundred of his soldiers have received aid in the dispensary."

The expenses of the hospital and dispensary, additional evidently to the fees from patients, have been the very modest figure of $589.71, of which $444.00 were from mission funds, the rest donations from friends. We do not learn what was received from the patients themselves.

Three native students are being educated, one of whom commenced study five years ago and will soon be qualified for independent work. Each student binds himself to study at least three years, and agrees to work as "medical missionary" for a few years under the general superintendence of a foreign missionary. No charge is made for tuition, and there is a small fund for helping students not able to support themselves.

Acknowledgements are made of indebtedness for valuable assistance from the late lamented Dr. A. R. Platt, of the foreign community of Chefoo.

Several pages of medical notes are given, several of which are of considerable interest. The following, regarding the "anger disease" is of special importance:—

"The number of cases brought under our notice, which the patients attribute to 'passion,' are too many and varied to mention here. Two women were in our
The China Medical Missionary Journal.

care for the relief of glaucoma, brought on by fits of anger, and we frequently meet with cases of total blindness due to the same cause. An officer of the Taotai's yamen presented himself here a few months ago, suffering from pericarditis, which he declared had commenced during an attack of what he called the 'anger disease;' and scarce a day passes without our receiving applications for medicine for the cure of some gastro-hepatic derangement caused by uncontrollable anger. The patients are not in the least ashamed to admit that anger is the cause of their complaints, for they consider themselves the irresponsible victims of a disease which they cannot control, and don't try to."

The following case of inhumanity may, no doubt, be paralleled in many other parts of China:—"In England there is a 'Society for the Prevention of Cruelty to Children,' and if such a society is needed in such an enlightened country, we need not wonder that, in this heathen land, female children especially should be subjected to much ill usage, and their lives considered of little value. Of this sad fact we meet with many evidences, and the following case is only one of many: A little girl, aged 11, was brought to the hospital by her uncle, who is a member of our church. He stated that the child had been suffering from intense pain in the stomach for many months, and that her father had decided to kill her because she cried and disturbed his peace. A few doses of santonine brought away a number of large ascarides, and so removed the cause of her suffering. Note the difference between the heathen father and the Christian uncle. One would murder his own offspring because her cry of pain annoyed him; the other rescued the child, paid for her support while in hospital, and hired a woman to nurse her during the three or four weeks she was under our care."

Regarding opium-smokers, Dr. DOUTHWAITE says:—"As with the habitual drunkard of our own country so with the Chinese opium-smoker,—there is little hope of permanent reformation unless he is truly converted and so enabled to look to God for power to overcome his enslaving habit. Opium-smoking is not so common here as in other ports, most of the people being too poor to indulge in that luxury to any great extent. The importation of foreign opium into this province has decreased considerably during the last few years. This, unhappily, is not due to decrease of the amount consumed, but to the increase and improvement in quality of the native product."

The Foochow Hospital, in connection with the A. B. C. F. M. Mission.

This Report covers a period of sixteen months, ending April 1887. The burning of the Foochow Native Hospital, May 23rd, 1886, threw so much work on Dr. H. T. WHITNEY that he was laid aside for two months; besides which he has been absent in the country during four and a half months. In the absence of Doctor Whitney the hospital has been cared for by the native students.
and assistants, with occasional visits from Drs. Rennie and Adam, of the Foreign Community.

It does not appear how many students are studying medicine, but it is said:—"Medical Instruction has been continued part of the time in Anatomy, Physiology, Materia Medica and Therapeutics, Theory and Practice of Medicine, Surgery, and Hygiene. The Anatomy and Physiology were occasionally supplemented by demonstrations upon the viscera of hogs, sheep and goats. Surgery is, of course, well applied in the operating-room, and the abundance of clinical material helps to fasten in the minds of the students the prominent ideas of nearly all branches of medical science. It must not be supposed here that one physician can look after the treatment of seven or eight thousand patients a year and teach exhaustively all the branches of medical science from Anatomy to Hygiene, for no mortal is sufficient for such a task even in his native language, much less in a foreign tongue. At Canton and Soochow, and perhaps a few other places, the physician gets some help in teaching from others, but that millennium has not yet reached Foochow."

The institution has evidently been cramped for want of means. Appeals have been made to Chinese officials and to compradores, who are not, however, moved to do much, though $300.00 are acknowledged from Chinese officials through the kindness of J. C. A. Wingate, Esq., the U. S. Consul.

"At the hospital, in-patients are received at all times. We tried the experiment of furnishing the patients' food, but we found they could not afford to pay more than 80 cash per day, and they would eat upward of 100 cash worth. So we were compelled to return to the old way and let each man furnish his own wood and food, and we furnish a man to do the cooking, and charge 20 cash a day each. This plan on the whole works the best with us."

The foreign community have subscribed $517.00, and the native community $571. The whole number of out-patients were 5,860 new, and 630 old cases. Of in-patients there were, in the hospital 602, at the bedside 104, total 706. The total of cases treated in Foochow and in Shaowu, which place Dr. Whitney visited, was 8,266. There were five cases of Beri-beri. In the neighboring Opium Asylum, under Doctor Chang, a former assistant, 171 cases have been reported cured.

**HOSPITAL AT FUH-NING FU, IN CONNECTION WITH THE CHURCH MISSIONARY SOCIETY.**

Fuh-Ning Fu is a prefectural city of some 10,000 inhabitants, about four days north of Fuchow. Medical work has been carried on there for three years. With reference to this work, Dr B. van Someren Taylor says:—"The majority of medical cases are sufferers from constitutional diseases—ague and general debility. But I have to note an almost entire absence of leprosy, even although
a spot is pointed out as an old leper hospital. There is a tradition to the effect that about 70 years ago a mandarin, knowing the serious nature of the disease, invited all the lepers to a great feast, surrounded the house with soldiers, and then set fire to it, so that by this means the disease became stamped out."

The number of patients since March, 1883, are given as follows:—

<table>
<thead>
<tr>
<th></th>
<th>Dispensary.</th>
<th>Hospital.</th>
<th>Total.</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1883–Sept. 1883,</td>
<td>938</td>
<td>1,412</td>
<td>50</td>
</tr>
<tr>
<td>Sept. 1884–Sept. 1885,</td>
<td>1,849</td>
<td>2,519</td>
<td>87</td>
</tr>
<tr>
<td>Sept. 1885–Sept. 1886,</td>
<td>3,045</td>
<td>2,783</td>
<td>227</td>
</tr>
</tbody>
</table>

Dr. Taylor says:—

"We make all welcome, be they patient or visitor, talk to them, and ask them to purchase a Gospel or tract. The dispensary is open daily. A small charge of 10 cash (less than ½d.) is made to any patient who takes medicine home. Opium patients pay 50 cents, but all other in-patients receive medicine free."

Regarding the important subject of medical education, we cannot do better than quote Dr. Taylor in full:—

"I have had associated with me during the past year five students. These receive daily systematic and clinical instruction, whilst they assist me in the work. I hope that the day is not far distant when the Native Church may see its way to invite such men to take up true mission work in untouched districts; but I doubt the advisability of foreigners employing such men in such work unless they are able continually to superintend them. But even though these students may not become medical missionaries, I see no reason why the training of them should not be regarded as mission work.

"Surely from a merely humanitarian point of view it is right for us to train men who will be able rightly to treat disease, and thus in some degree put an end to the maiming for life by the Chinese doctor of the present day. When we remember that in this work we have placed with us for about five years men whom we believe to be Christian, at a time when we may be able somewhat to train their character, and thus mould their after life; that we have the opportunity of watching them daily, correcting their mistakes, helping them in their attempts after all that is true, noble, just, and right; of daily bringing them in contact with the Word of God and the Teaching of Christ, I think we have every reason to rank this department as one of the best methods of true mission work and as well worth the time and money devoted to it."
Hospitals at Swatow and Ung-Kang-Phu, in connection with the Presbyterian Church of England.

These hospitals are under the care of Drs. Cousland and McPhun. The number of patients at Swatow is reported as 3,592 in-patients and 1,944 out-patients,—total 5,536, of whom 842 were women, besides whom a large number of trivial cases were treated by the senior assistants out of dispensary hours. The institution is thus described:—

"The hospital buildings consist of three two-storied blocks, one being administrative and the other two having each four large wards—two upstairs and two downstairs. In addition, there are small wards for special cases, private wards, students' rooms, and the former leper hospital, the latter distant a few minutes' walk. Altogether there is accommodation for 150 patients. One ward is reserved for opium-smokers. Formerly no charge was made for this class of patients, but as this proved unsatisfactory a new rule was instituted last year requiring them to pay $1 as a guarantee of good faith. This has had the effect of reducing the numbers coming by more than one half, but the treatment of those who did come was much more satisfactory. I have to gratefully acknowledge receipt of a telephone to connect the medical man's house with the hospital, the gift of Miss Ricketts. In many ways it will be a great help."

A class of six students was under instruction during the year. Drs. Kerr and Osgood's Works on Materia Medica and Anatomy were used as text-books. "In Anatomy an articulated skeleton was the chief aid, but through the kindness of Mr. J. T. Morton, of London, the students this year will have the enormous advantage of revising their Anatomy on a 'Modèle d'homme complet du Dr. Auzoux.' At the half-yearly examinations a very fair knowledge of the subjects was shown."

A very gratifying result religiously is that of the in-patients; twenty have been received into the Church. Of subscriptions $853.56 were received from foreign friends, and $198.24 from Chinese, besides which Tan Nguan-seng continued his supplies of rice and cash, amounting to 6,000 tickets, worth $191.36; and $19.44 in value of the same kind were given by two other Chinese friends. The sale of medicines, trusses, milk, and receipts from patients, makes a total of $1,045.09. We reserve the valuable remarks on "Beri-beri" for another column.

At Ung-kang-phu, in the Hakka region, and near to the Hoklos, the number of out-patients was 2,225, and of in-patients 315, included in which were 40 female in-patients, 451 female out-patients, and 350 children under 12 years.
HOSPITAL AND DISPENSARY AT TAIWANFOO, FORMOSA, IN CONNECTION
WITH THE PRESBYTERIAN CHURCH OF ENGLAND.

During the absence of Dr. Anderson the work has been conducted by Dr. Lang, and he was able to do but eight months' work. The total of in-patients was 217, of out-patients 1,143, and of subsequent visits of out-patients 1,805. The number of in-patients has been less than in former years, because 80 cash (3d.) per day has been charged for food, for which three full meals have been given. Dr. Lang has been forced, however, to discontinue this plan and to allow patients to bring their own food and cook it for themselves in rooms set apart for that purpose. The total of subscriptions was $798.72 of which the Taotai gave $94.72 and Chinese merchants $185.00. Evangelistic work has evidently been faithfully attended to, and much country work has been done. Every physician, no matter who, is usually greeted in the country as Ma I-seng, the name of Dr. Maxwell, "shewing that the name of the first medical missionary to Formosa is treasured by the people." Several instances are given of the value of medical work in opening the hearts of the people.

Under the head of "Medical Notes," Dr. Lang says:—

"The so-called typho-malarial fever, similar in type to that now attracting attention in other quarters, is not by any means of unfrequent occurrence in Taiwanfoo. At least three cases came under my notice in the course of the year, but the likelihood is that more cases would have been seen, had I been present in the city during the months of August and September. Vomiting and other signs of gastro-intestinal irritation were present in all three cases. In case No. 1, a distinct rose-coloured rash appeared on the abdomen and flexor surfaces of the arms. This case resulted in violent delirium and death. In case No. 2, a rapid impression was made by large and repeated doses of quinine. In case No. 3, the temperature continued to range between 100·6° and 104° F. for three weeks together. Quinine administered both by mouth and hypodermically had little effect. Convalescence was prolonged."
A CORRECTED LIST
OF THE
HONORARY AND CORRESPONDING MEMBERS
OF THE
MEDICAL MISSIONARY ASSOCIATION OF SHANGHAI.

HONORARY MEMBERS.

R. A. Jamieson, M.A., M.D.  CAWAS LALCACA, M.D.
L. Pichon, D.M.P.            W. BURNES THOMSON, F.R.C.S.E.
Neil McLeod, M.D.            Prof. W. H. THOMSON, M.D., LL.D.
W. J. Milles, F.R.C.S.        Dr. G. D. DOWKONTH.
Dr. Lockhart (formerly in charge of the London Mission Hospital at Shanghai).

CORRESPONDING MEMBERS.

Rev. Dr. M. Yates.  
"  WM. MUIRHEAD.  
Rt. Rev. Bishop Boone.  
Rev. E. H. THOMSON.  
"  Dr. FARNHAM.  
Rt. Rev. Bishop MOULE.  
The Ven. Archdeacon MOULE.  
Rev. H. C. Hodges.  
"  J. HUDSON TAYLOR.  

Dr. S. P. BARCHET.  
"  E. F. SWINNEY.  
Rev. ALEX. WILLIAMSON, LL.D.  
"  D. H. DAVIS.  
"  C. F. REID.  
"  Dr. Y. J. ALLEN.  
"  V. C. HART.  
Rev. WM. S. LANGFORD, D.D.,  
22, Bible House, N. Y.

ITEMS AND NOTES.

The Editors of The China Medical Missionary Journal are obliged to the many who have spoken and written kind words about our first number. It is not to be supposed that even the cordial friends of the Journal approve of every line in it;—that were an impossibility; but we understand them to commend the effort, and to be pleased with the general result. We remind our patrons and readers that, as we said in our first Editorial, the Medical Journal will be what they may help us to make it. Our cordial thanks are due to the various contributors who have assisted us in now presenting the second number; and we venture to invite a still larger circle of contributors to assist us in future numbers.
Our cordial thanks are due to those who have so promptly subscribed to the China Medical Missionary Journal, and to the various officers who have in such a business-like method forwarded the money. We are happy to state that the financial success of the Journal for the current year, is an assured fact.

The death of Mrs. Douthwaite, at Chefoo, on the 9th of May, calls for the warmest sympathy of all the numerous friends of Dr. Douthwaite. She succumbed to an attack of pneumonia following a typhomalarial fever.

We see it announced in Nature that Dr. Dudgeon, of Peking, has published a work in Chinese on Anatomy, in six volumes, the whole expense of which has been borne by the Chinese Government. It is illustrated by six hundred plates cut on blocks by native artists. The title-page was written by one of the Chinese Ministers, and there are several prefaces by high officials. A companion work on Physiology is almost ready for the press.

One of our correspondents writes that, he "was about to give instances of 'Woman's Work,' where a woman killed a man by running a pitchfork into his bowels, and then jumping on it to send it clear through; and another killed a woman by beating her to death with a hoe-handle—but I have written enough!" We cannot quite agree with the last clause of this exciting paragraph!

We notice in our exchanges the fact that "Rev. S. B. Myler left New York recently as the first Faith-cure missionary to Africa." We, of course, know in what sense the word "Faith-cure" is here used, but it nevertheless seems to us a perversion of language, and a reflection on the multitudes of non-medical and medical missionaries who have gone out to their work in the fullest exercises of Scriptural faith.

It is with regret that we note the illness of Dr. E. Horder and his departure for Australia, seeking health—which is all the more disappointing as his hospital at Pakhoi, connected with the Church Missionary Society, had but recently been opened.

The Chamber of Commerce at Foochow has done the noble deed of subscribing $1,790.65 for a "Woman's Ward" in the new Foochow Native Hospital. A Tablet bearing the following inscription will be placed in the Ward:

"This Ward was Erected by the Foreign Community of Foochow, in Memory of Sir Harry S. Parkes, G.C.M.G., K.C.B. Her Britannic Majesty's Minister in China, to mark their respect for the service which, in a lifetime devoted to his Queen and Country, he rendered not only to Englishmen in China and Japan, but to the interests of all foreigners in the Far East. "He died in Peking on the 22nd March 1885."

One of our correspondents makes the following valuable suggestion, which we pass on, hoping it will receive the attention it deserves:

"For many years Reports of the various hospitals have been published. These Reports contain, no doubt, much that is valuable, and we would suggest that Physicians in charge of the older hospitals make a condensed statement of such matters on them as may be of permanent value, and place them on record in our Journal."

Another correspondent writes:—"We want a complete list of the Publications of our
**Items and Notes.**

**China Medical Missionaries in Chinese,** to show what is being done for China medically; but others have aided that cause, so the subject ought to be stretched to include all—little enough at best. I would suggest this:

*Medical Publications in Chinese:*

I.—By Foreign Authors.

II.—By Native Authors.

"Following the subject of 'Publications in Chinese' would naturally come those in other languages on *Medical China.*" We trust our friend will act on his own suggestion and send us such Lists, which may be supplemented by others.

The practice of medicine in China develops a singular medley of experiences, from the solemn and sad, to the grotesque and ludicrous. In one of the wards of a medical hospital not far away, several female patients were especially devout after their own manner, spending much time in saying prayers together. They were disturbed as little as possible in their devotions, but when the hour for taking the temperature of one of them arrived, the Chinese medical attendant, with an unexpected combination of piety and business punctuality, approached one of the circle who were on their knees, and quietly inserted a thermometer in her mouth. The patient, with piety and obedience equal to the occasion, simply remained in the attitude of prayer with the thermometer sticking out of her mouth, presumably joining in spirit with the prayers her companions were still uttering aloud. A rather unusual combination of praying and working!

We are happy to acknowledge as already on our list of *Exchanges* the *Sei I Kwai Medical Journal* of Tokio, the *American Medical Journal* of St. Louis, and the *Medical Missionary Record* of New York; and we doubt not that our list will be greatly enlarged with the incoming mails of the next few weeks. The *Sei I Kwai* gives our Association and this *Journal* a very kindly notice.

We would express our thanks to the various papers and journals published in China for the cordial welcome they have given to this our venture. The notice in the *Foochow Daily Echo* is one of the fullest and most cordial.

We can do little more than acknowledge Dr. B. Van Someren Taylor's pamphlet on "The Training of Chinese Students in Medicine and Surgery by Medical Missionaries, in its Missionary Aspect." The subject of this *brochure,* and the many facts and opinions gathered in it, will, we trust, be amply discussed in future numbers of our *Journal.*

The Constitution and By-Laws of the *Nankin Medical Society,* organized September 4th, 1886, and of the *Shanghai Medical Missionary Association,* adopted October 30th, 1886, are both very neat little pamphlets, which ought to have been earlier acknowledged. We would be glad to record the organization of local Medical Associations in other parts of China.

It speaks well for the administrative care of our friends of the Margaret Williamson Hospital, Shanghai, that during the month of May they attended a few over 3,000 patients, and received in all for fees and board a little more than $150.00.

Slight troubles still continue to be experienced by Rev. Dr. Thomson at Yuen Kong, but nothing that yet affects his continued residence there. The people appreciate the medical privileges offered, though the native physicians are troubled. Dr. Thomson has
had the satisfaction, however, of relieving a native physician of the region; which, one would think, would react favorably on the medical men generally.

Medical Missions at Home and Abroad is the monthly organ of the "Medical Missionary Association" in London, edited by James L. Maxwell, M.A., M.D., formerly of Amoy. We have already in this number overrun our usual limits, and so are deprived the pleasure of making extracts from the vigorous and interesting columns of this leading journal representing Medical Missions. It reproduces from the L. M. S. Chronicle Mr. Gilmour's medical efforts in Mongolia; and Rev. John Jameson's reports of Dr. Mackay's practice in North Formosa; there is also a paragraph from Dr. Holbrook.

Mr. Geo. W. Clark, in an interesting report to the Chinese Times, tells of a remarkable mode of practising inoculation by the Mongols in the regions of Kuei-hua Ch'eng, by blowing a powder compounded of Thibetan flowers, pearl dust, cuticle of the pox and resin up the right nostril for a boy, and the left for a girl. He is told that "within seven days after the operation the body is covered with pus pimples!"

We clip the following also from the Chinese Times of Tientsin:

"Chinese medical practice is often absurd enough, but some of their old wives' remedies are as efficacious as they are simple. A cold in the head is rather beneath the notice of our doctors, but it causes a considerable amount of discomfort all the same. The Chinese remedy is very simple. Any Chinese servant can obtain some peppermint leaves, and an infusion of these drunk before going to bed generally effects a speedy cure. For headaches, small discs of fresh radish peel applied to the temples afford great relief."

As an indication of the increasing confidence of the people of Canton in Western practice, in a department in which they are very helpless in cases of emergency, Miss D. Niles has been called in ten days to ten obstetrical cases.

The Medical Missionary Record of New York has, in recent numbers, portraits of Dr. Atterbury, of Peking, and of the late Dr. Osgood, of Foochow, with appreciative notices of each.

Our Notes and Queries for this month are crowded out; but they will keep!

Omissions.—The following names should have been given in our List of Medical Missionaries in our last number:—L. C. Stewart, M.D., of China Inland Mission, Taiyuen Fu, 1886; W. B. Scranton, M.D., of M. E. Mission, Seoul, 1886; Miss Ellers, M.D., Presbyterian Mission, Seoul, 1886; and Ahmed Fahmy, M.B.C.M., London Mission, Amoy, 1887; Dr. Driesback Smith, Am. Presbyterian Mission, Seoul, 1887.

Corrections.—In the List of Missionaries, Dr. Westwater should have been reported as at Newchwang; and Dr. Christie at Mookden.

Arrivals.

At Hongkong, March 28th, Mr. Ahmed Fahmy, M.B.C.M., and wife, for London Mission, Amoy.

Departures.

From Shanghai, May 21st, Dr. W. H. Boone and family, for New York.