

The China Medical Missionary Journal.

EDITED BY

J. G. KERR, M.D., *Canton.*

J. K. MCKENZIE, M.R.C.S., L.R.C.P., *Tientsin.*

E. REIFSNYDER, M.D., *Shanghai.*

REV. L. H. GULICK, M.D., *Business Manager, Shanghai.*

VOL. I.

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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.



DR. ALEXANDER PEARSON,

Senior Surgeon of the Hon. East India Company at Canton.

[From a Steel Engraving of the Original Painting by CHINNERY.]

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VOL. I.

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CHINA'S FIRST FOREIGN MEDICAL BENEFACTOR

DR. ALEXANDER PEARSONS,

Senior Surgeon of the Honourable East India Company at Canton.

THE art of VACCINATION was introduced into China by Dr. ALEXANDER PEARSON, Senior Surgeon of the Hon. East India Co., at Canton, in the year 1805—the first event in the introduction of Western Medical Science into that great Empire.

In the same year he wrote a treatise on the theory and art of Vaccination, which was translated into Chinese by Sir GEORGE STAUNTON and published at Canton. "In it, beside giving directions for the use and preservation of the virus, he stated the discovery to have been English (JENNER, 1797); but an edition was very soon after published in which not one word was retained as to its origin, nor any trace by which it could be known that the discovery of Vaccination was other than Chinese."—*Davis.*

In 1806, among several Chinese instructed in the art was YAU HO-CHÜN—otherwise called "A HEQUA" and "Dr. LONGHEAD," from the extraordinary length of his head—formerly purveyor to the E. I. Co., remarkably qualified for the practice by his cast of judgment, method, and perseverance. He became Dr. PEARSON'S principal assistant and the chief disseminator of Vaccination. Encouraged by his countrymen, he also had marks of distinction conferred upon him by the higher functionaries of the local government, and, under the especial patronage of the senior hong-merchant HOWQUA, he long continued the practice (every eighth day), as well after the departure of Dr. PEARSON, in the old "Consoo House" (洋行會館) or public hall of the hong-merchants, in 13, Hong St., Canton. A HEQUA was at one time sent to Peking to there introduce the art, and he has stated that "during a practice of thirty years he vaccinated upwards of a million persons."

“The foreign art of vaccination was communicated by YAU HO-CHÜN, of Nam-hai district, to his oldest son CHÉUNG. In regard to vaccination, it came from the West. In the 10th year of the Emperor KA HING (1806) my honored father, HO-CHÜN, first obtained and disseminated it everywhere. Verily it is an advantage that they may escape the heaven’s flowery pestilence (small-pox). Wherever there are other establishments for vaccination they all originated from my honored father’s hand.”—*From Yau Yam-teng’s “History of Vaccination” (Kerr’s Canton Hospital Report, 1860).*

“In the 19th year of KA HING (1815), after consultation, application was made to the hong-merchants to establish a vaccine dispensary for the purpose of transmitting the virus that it might never be lost.” * * “In the 22nd year of KA HING (1818) my honored father commanded me to devote myself exclusively to this art, in the dispensary.”—*From Yau Yam-teng’s “History of Vaccination.”*

On February 18, 1816, Dr. PEARSON submitted his first Report to the Board of the National Vaccine Establishment, “respecting the introduction of the practice of vaccine inoculation into China, A.D. 1805, its progress since that period, and its actual state.”

In 1818 a treatise of 100 pages on Vaccination was published by YAU HO-CHÜN, Dr. PEARSON’s chief assistant. Three other volumes were added, consisting of odes in praise of Vaccination, composed by those appreciative of its benefits; one was by H. E. YUEN YUEN, the distinguished Governor General of the Two Kwang Provinces from 1817-26, whose literary talents were said to have been of the highest order, and afterwards Principal Chinese Member of the Imperial Cabinet and 2nd Minister of State—(his wife a descendant of CONFUCIUS). A copy of the ode in large characters, suspended in Mr. YAU’s Canton office, begins,—“The poison of opium has been brought to China, and although the most stringent means are used to prevent it, they do not succeed. But this foreign art of vaccination may be carried into all the Provinces, and it will only prolong life.”

In 1820 the Report of the Board of the National Vaccine Establishment was translated into Chinese through the agency of Dr. PEARSON.

1821.—On March 19th, Dr. PEARSON’s second Report on Vaccination in China was issued. Later, two further Reports were issued showing its firm establishment in Kwangtung, and extension to other Provinces as far as Peking.

1832.—With untiring zeal through many years Dr. PEARSON continued to superintend the practice among the natives whom he had instructed, and to urge this boon upon the “largest associated population in the world,” so that before he left China in the autumn of 1832 he had the satisfaction of knowing that the practice was “not only well established at Canton, but that it had spread to nearly all the provinces of the Empire.” * * “Few, if any, individuals who

have ever left this country, are more worthy to be remembered by the Chinese than Dr. ALEXANDER PEARSON. He carries with him the high esteem and regard of all who knew him, and may justly cherish the recollection of having benefited thousands who can never enjoy his acquaintance."—*Bridgman*.

"The name of PEARSON will ever stand on the records of our profession scarcely less honorable than that of JENNER, a bright example to allure others to like labors of benevolence and charity."—*Kerr*.

In 1833 the practice of vaccination was very extensive in Canton, as the small-pox was unusually prevalent.

1847.—"In the 27th year of TAN KWONG (1847) I was indebted to PWANTINQUA, a mandarin holding the rank of Treasurer, for an invitation to go to the Imperial City, at his cost, for the purpose of disseminating vaccination. Fortunately it has spread over all the Provinces like echo answering to sound."—*Yan's "History of Vaccination."*

1850.—"In the first year of HIEN FUNG (1850) my honored father (A HEQUA) departed this life. When he was near death, with many earnest charges he committed to me the art of Vaccination, saying, 'You, my eldest son, have received my instructions for more than thirty years; hereafter it devolves upon you to disseminate abroad this benevolent art, and never permit it to be lost.' I did not dare to disregard the command of my departed father."

1852.—"In the 2nd year of HIEN FUNG (1852), by the favor of the old hong-merchants HOWQUA, PWANTINQUA and others, the vaccine dispensary was re-established, and they invited me to superintend the business. Now the virus which I use is derived directly from that brought by the hong-merchants, and before it is used a man skilled in detecting leprosy examines the child, and thus all danger is avoided. Those who wish to request me to vaccinate will please come to my house in the West end of 12th Street. It is necessary to inquire carefully for the right place to avoid deception, because of late my name has been basely counterfeited. So will my most ardent desires be fulfilled."—*Yau Yam-teng's "Vaccination Circular."*

Now, as then, the art is carried on in 12th Street, Canton, but the *grandson* handles the lancet by natural transmission *à la chinoise*. His mode is to make four or five transverse incisions in the arm, half an inch long, with the lancet, and then dipping it in the mature vesicle, the lymph is transferred directly from one arm to the other. During the summer and winter months a sufficient number are hired to submit to vaccination to keep up a supply of the virus. Many now devote themselves exclusively to the practice, and some have made fortunes, while those who first engaged in it have obtained an enviable fame among their countrymen as benefactors of the race. In Mr. YAU'S office hangs the steel engraving of Dr. PEARSON, given by him to his first assistant, and handed

down through son to grandson. This is the only one known to exist hereabouts, and from it was taken the photograph presented.

In 1855 was published a "Treatise on the New English Method of Vaccination" in Chinese, a modification of Dr. PEARSON'S tract, published in 1805, by Dr. WM. LOBSCHNEID at Hongkong.

In 1859 a "Tract on Vaccination" in Chinese was published at Canton by Dr. KERR, who has done much to promote the art in various ways through many years at the Canton Hospital.

As yet no Chinese Anti-Vaccination Society has been discovered, though charlatans abound, and if needs be supply the demand with the virus from small-pox patients or *condensed milk*.

Dr. PEARSON'S Report being so inaccessible we append it almost entire:—

"REPORT, submitted to the BOARD OF THE NATIONAL VACCINE ESTABLISHMENT, respecting the Introduction of the Practice of Vaccine Inoculation into China, A.D. 1805, its Progress since that period, and its Actual State. Dated Canton, February 18th, 1816.

"It having devolved upon me to conduct or superintend the introduction and practice of vaccine inoculation in this part of the world, during the last eleven years, I beg leave to submit to the Board of the National Vaccine Establishment the following Report of its commencement, progress, and present state. * * Almost from the period at which rational proof was afforded of the efficiency of Vaccination for its end, the Hon. East India Co. had, in their own territories, promoted the practice by every aid and countenance in their power to afford, and especially so by a munificence of expense for the end which few governments have incurred in behalf of their subjects, in mitigation of mere personal and domestic evils and sufferings, however great and general they might be. Their relations with this Empire being merely commercial, and its institutions so peculiar, no construction of duty called for, nor did their influence admit of, such effectual interference. Notwithstanding, they have all along sanctioned the end, in consequence of which many attempts were made to introduce the practice from British India, but unsuccessfully.

"In the spring of 1805, and whilst JAMES DRUMMOND, Esq., was at the head of their affairs in this country, the vaccine was brought by Mr. HEWIT, a Portuguese subject, and a merchant of Macao, in his vessel, upon live subjects from Manila,—His Catholic Majesty having had it conveyed by suitable means and under the care of professional men across the South American continent, to his Settlement in the Phillipine islands. I observe that one of them (D. F. X. BALMIS) states himself to have introduced the practice in this country; but before his arrival in China it had been quite extensively conducted by the Portuguese practitioners at Macao, as well as by myself among the inhabitants there and the Chinese, and the accompanying tract, drawn up by me, had been

translated by Sir GEO. STAUNTON into Chinese and published several months previous to his arrival. As I deemed the inoculation among subjects connected with the foreign society, or with the Settlement of Macao, nugatory towards an establishment of the practice in China, it was from the beginning conducted, first at some expense, by inoculations at stated periods among the natives, and of them necessarily the poorest classes, who dwelt crowded together in boats or otherwise, so that (the small-pox being invariably an annual epidemic in this province) its efficacy soon came to the test. By the time the British Factory removed from Macao to Canton in that season a degree of confidence had been established in its favour, and in the course of the winter and spring months of 1805-6 and during the raging of the small-pox (of which the annual period of attack is in February and of its decline early in June) the numbers brought for inoculation were great. At that time it was considered judicious to endeavor to give the practice extension by vaccinating as many as possible, not fully aware of the characteristic apathy of the Chinese to what does not immediately appeal to their observation through the exigency either of their sufferings or interests, and erroneously thinking that such a benefit to be appreciated required but to be known. Very many (I believe I may state thousands) were in the course of twelve months inoculated, and even under the circumstances stated, and in that early stage of the pursuit, I heard no imputation laid against the success of the practice, which admitted of being traced,—an instance of good fortune the less to have been expected because, in order to fulfil the views I had taken of the most proper means for its dissemination, I had instructed several Chinese in the details of it, after the best manner I could, and they practised it extensively as well at a distance from, as under my inspection. When the small-pox ceased to be epidemic, the evil and the remedy against it were equally forgotten, and I found great difficulty in procuring a sufficient number of subjects by means of which merely to preserve the vaccine. In fact, since its first introduction into China, it has been twice extinct, and in both instances again brought from the island of Luçonia. At two other times, when lost at Macao and Canton (at which places only I had it in my power to exert any care respecting it), it has been found to have been kept up in country districts at a considerable distance from either but still within the province of Canton. * * It certainly has spread greatly here from among the lower classes of society, so as to have become general among the middling rank, and to be frequently resorted to by those of the higher conditions. The class of Chinese who are now the vaccinators are generally taken from those who are or have been employed about the British factory. From their medical men, especially those who devote themselves peculiarly to the treatment of small-pox, it at first met with strenuous opposition, and it still meets with little acceptance. Alarms of failure have been occasionally spread, and although the difficulty of tracing such when stated is a great incidental drawback, I have had occasion to see

variola measles, pemphigus and cutaneous eruptions, which had been supposed to arise from variolous infection in persons previously vaccinated. Yet upon the whole the confidence in its efficacy, though gradually conceded, has become full, grounded upon ample and annual evidence before adverted to, with fewer obstacles from prejudice than could be anticipated, especially in a Chinese community. * * Some of the principal members of the Chinese commercial corporation, in whom is vested the exclusive privilege of conducting the foreign trade, have established a fund for affording gratuitous inoculation to the poor at all times, especially framed, and judiciously so, to allot small premiums to those who bring forward their children at that objectionable period (the hot season—to preserve the supply of vaccine). The practice is conducted at their hall for meetings, by the Chinese vaccinator whom I have before mentioned; and from 15 to 40 (when the number of applicants requires limitation) are, at that place, inoculated every ninth day. I am now released from the laborious and here peculiarly irksome task of personally conducting the vaccination, my care being limited to inspection of the pustules from which the lymph is taken, and that for form only, in consequence of malicious rumors having been circulated of the Chinese vaccinators not having been circumspect in the choice of the matter they used.

“As far as the medical servants of the East India Co. in China are concerned, the practice has always, and to all descriptions of persons been gratuitously dispensed. But it is no way unfavourable, either to the chances of dissemination or preservation of the practice, that it has become a source both of reputation and emolument to the Chinese who have engaged in it and who conduct it extensively throughout the city of Canton and country around, as well at the station specified. * * I am unable to form to myself any probable estimate of the number of persons who have been benefited by vaccination in the districts of and around Canton and Macao, but in the period I have specified it must have been very great, so much as to render a connection between the greater mildness of the small-pox when epidemic and the dissemination of the practice, not impossible. The mode in which the practice has been conducted corresponds to that deemed most proper in Europe; the difficulty of again seeing the patients or testing them rendering it necessary to guard against the chance of failure by an increased number of insertions, generally four.”

The next Report, dated March 19th, 1821, was suggested by documents from the Board, and the European accounts and publications about that period narrating occurrences, and numerous ones, of attacks of a secondary, though modified small-pox, after vaccination, which became a source of considerable solicitude, with a corresponding desire to ascertain if, and how far we had proved instruments of spreading delusions instead of a benefit. After stating that the practice of vaccination had been uninterruptedly continued, and was receiving a steady and

great extension with increasing confidence in its efficacy; it was added, that the circumstances which in England had shaken the public confidence as to the practice, had been communicated to the Chinese inoculators (the Board's Report of the preceding year was translated into Chinese for them), and that it was endeavored to see or learn the details of every case of rumored failure. The result proved satisfactory, although in the preceding and that season, the small-pox had prevailed in an unusual degree of severity, and attended with mortality. Two descriptions of cases were traced, one in which the supposed vaccination had been with spurious matter, or otherwise imperfectly or unskillfully conducted; the other, when a modified small-pox had actually ensued after inoculations which had been made and which had proceeded regularly. Of the first description, though numerous, none presented themselves who had been vaccinated under inspection or at the Canton institution; of the second, the number was few but too many to allow of any doubt as to the occurrence. In such cases, with from 50 to 200 eruptions, the fever was slight; it went off when the eruption appeared, and that desiccated about the 5th day, leaving no marks, answering closely to the real phenomena of the chicken-pox, with which the Chinese are familiar, as occurring after small-pox, or variolous inoculation practised in their mode, and their general reliance on the security from the practice has not been shaken by this knowledge more than it was by our statements.

Written queries were furnished to the Chinese vaccinators, to be put and answers obtained, in case of reported failure; and inspection was to be observed and enjoyed wherever that was possible, as well as strict attention paid to the rule of inoculating with at least four insertions, leaving two pustules to dry untouched wherever it was possible to do so.

It had then extended to the adjoining province of Keängse, but again dropped there, having been met by the hostility of the priesthood, who in that province had a double interest in the preservation of the small-pox by being much employed in the inoculation after the Chinese method, and in ministrations with their deities to avert or mitigate the scourge. The breaking out of the scarlet fever afforded plausible ground of crimination against a practice which was said to retain the poison in the system, to appear at a future time in still worse shapes.

In the autumn of 1820, *Mons. DESPIANA*, French Surgeon in the service of the King of Cochin-china, arrived, bringing a letter from *Mons. VANNIER*, then acting as Minister to that sovereign, requesting furtherance to his mission, which was to convey the vaccine to Cochin-china, for which place he departed in February 1821, having succeeded in his object.

Two reports have been made since that of March 19th, 1821, copies of which have not been preserved. It may be stated as a summary of their purport, that the practice has in the interval acquired great stability and extension among the Chinese of Canton province of every condition; that it is known to have been

conveyed again to Keängse, as well as to Keäng-nan and Fuhkeën provinces; that it reached Peking, but unfortunately was again lost there; that its anti-variola efficacy is universally known and confided in; and that its preservation during the period specified has greatly and almost exclusively resulted from the well adapted system pursued at the Institution, and the agency of the Chinese vaccinators, the principal of whom, A-HE-QUA (who has been engaged in the practice since 1806), is a man remarkably qualified for the business by his cast of judgment, method and perseverance. He has been encouraged in his laudable exertions by the favorable opinion of his countrymen, and by marks of distinction or consideration which have been conferred upon him by the higher functionaries of the local government. The reports in question also contained a summary of what evidence had presented itself that the practice of vaccination fails occasionally, however unfrequently, in affording a perfect security against the occurrence of variola disease, though still modified and mitigated in character by the previous experiment.—A. P., *China Repos.*, II. 35-41., *December 26th*, 1832.

“VICEROY’S” HOSPITAL MEDICAL SCHOOL.

By J. KENNETH MACKENZIE, M.R.C.S., L.R.C.P.

IN the Article on Medical Education in China, occurring in the 19th July issue of the *North China Daily News*, it was stated that His Excellency LI HUNG CHANG, having become convinced of the value of Western medical knowledge, “Endeavoured, by sending students to be educated at home, to provide a supply of competent medical men for the naval and military services.”

This statement is quite inaccurate, as to my personal knowledge His Excellency LI HUNG CHANG has never sent students either to Europe or America to receive a medical education. Inasmuch, however, as the subject of the Viceroy’s interest in medical education has been thus publicly brought forward and misstatements have been made, it may not be out of place for me to put on record what really has been done in the way of medical education under the patronage and with the support of the Viceroy.

In the year 1881 the students sent to America in connection with the Chinese Educational Commission were summarily recalled for reasons it is not necessary here to enter into. These young men had been resident in the United States for from 7 to 10 years, living in American homes and occupied in acquiring a general English education.

H. E. LI HUNG CHANG had already shown his interest in Western Medicine by engaging foreign doctors for his own family, and by personally opening and becoming the patron of a hospital in Tientsin, called the “Viceroy’s Hospital,” for the treatment of Chinese subjects upon foreign methods and by foreign surgeons.

The return of the band of students from America was thought to be an opportune time to make a further advance in the interests of Western Medicine. With the kind co-operation of Mr. W. N. PETHICK, of the United States Consulate, a Memorial upon the subject was drawn up and presented to the Viceroy. In it was set forth the desirability of providing trained surgeons for the army and navy, especially in view of the increase in the number of the foreign-built ships of war forming the North China Squadron. It was pointed out, that every other nationality sending ships of war to the Chinese ports invariably included amongst the officers a trained surgeon, and it was suggested that His Excellency should take steps to provide similar officers. Of course it is beyond question that until the Chinese Government are prepared to establish a fully equipped medical college, with a complete staff of teachers, it would be better policy for them to send a batch of students to some European or American medical school for training. But it was evident in 1881 that even our enlightened Viceroy was not prepared for such a step as this, and we therefore proposed a scheme likely to be sanctioned rather than one that would inevitably have been shelved. In the Memorial referred to, the present writer offered to undertake the medical training of eight students for a period of three years, adopting the length of the American curriculum, should the Viceroy be willing to place them entirely under his charge. The proposal met with a favourable reply, and our small Medical School was inaugurated on the 15th December 1881, under the Chinese title of 醫學館 (*I hsüeh kwan*).

The students brought up in cultured American homes and schools had all received a good English education and were trained to study. We adopted the following as Class Books:—GRAY’S *Anatomy*, KIRKE’S *Physiology*, BUCKMASTER’S *Inorganic Chemistry*, GARROD’S *Materia Medica*, BRYANT’S *Surgery*, RINGER’S *Therapeutics*, and ROBERTS’ *Medicine*; and in addition they were taken through LENIEL BEALE’S *Slight Ailments* and FOTHERGILL’S *Handbook of Treatment*, with selections from LAWSON’S *Diseases of the Eye*, TILBURY FOX’S *Skin Diseases*, GUY’S *Forensic Medicine* and LLOYD ROBERTS’ *Midwifery*. For teaching Anatomy and Physiology our Armamentarium consists of Articulated and Disarticulated Skeletons, FORD & ELLIS’ Anatomical Plates, WITKOWSKI’S and other Atlases; a full-sized papier maché model of the male subject, the muscles of one half of the body all being removeable and showing the vessels and nerves *in situ* (this beautiful model costing £150 sterling in Paris); a full-sized female model, with all the organs removeable; separate models of the heart, female pelvis, brain and eye, enlarged and in sections, also a large assortment of

microscopic slides showing the various tissues of the body. Unfortunately it is impossible at this stage of progress in China to obtain subjects for dissection, but with the help of occasional post-mortem examinations, and the study of these extremely accurate models, a very satisfactory knowledge of Anatomy can be obtained.

For medical and surgical training we have the out-patient department and wards of the Viceroy's Hospital, which last year had a daily average of 42 in-patients.

The teaching is conducted much as general school-work is done at home. Each pupil having his own class books, prepares a given amount, and is examined in it daily while his instructor explains and illustrates the text. For the first set of students the teaching was mainly in the hands of the writer of this paper, though for a period of eight months Dr. ATTERBURY, of Peking, had the entire charge and instruction of them, he having in the most generous way given his services in a time of great need. And, well-nigh without an exception, most of the medical officers belonging to the American and English navies resident in this port during the winter months, have rendered valuable help in the training of the pupils. Examinations have been held three times a year in the presence of H. E. the Customs' Taotai and an English speaking official appointed by the Viceroy, and conducted by independent medical men, both orally and by written papers. For the examinations, especially the important ones constituting the "Primary" and "Pass"—the former held at the completion of 18 months of almost continuous study, and the latter at the end of the curriculum—the School has been indebted to Drs. FRAZER & IRWIN, whose ready sympathy and kindly help on so many occasions I cannot too gratefully acknowledge. These gentlemen, together with the naval officers above mentioned, and any medical missionaries staying for the time being in Tientsin, have constituted the board of examiners. I have before me one of the certificates given at the primary examination of the first class; it is signed by—

ANDREW IRWIN, *Customs' Medical Officer, Tientsin,*
 ARTHUR G. CABELL, *P. A. Surgeon, U. S. Navy,*
 THOMAS EDWARD HENRY WILLIAMS, *Surgeon, Royal Navy,*

as Examiners, and by

JOHN KENNETH MACKENZIE, *Medical Officer, Viceroy's Hospital,*
 as Tutor.

Out of the eight students forming the class at the commencement, one left and entered upon a business career, a second was transferred to the navy in another capacity, but the six remaining succeeded in passing through their full course to the satisfaction of their examiners, and at its close received diplomas in Chinese and English, signed by the examiners and stamped with the Government seal. The Viceroy graciously obtained for them civil in place of military rank.

The head student was enrolled in the 9th degree and had conferred upon him a crystal button and honorary 5th rank (civil), while the remaining five were also placed in the 9th degree and were given white buttons and honorary 6th rank (civil). In a land like China this matter is one of no small moment, affecting so materially the social position of the recipient.

But one who is at all acquainted with Chinese officialdom will readily understand that with the completion of the school career and the launching forth upon the sea of active life, the real difficulties of a new and as yet untried scheme began to present themselves. We need no experiments to show us that the Chinese youth are capable of acquiring a scientific education; what we do want is some evidence that the powers that be will appreciate it when obtained.

Let me give a short sketch of the career of these surgeons since they obtained their diplomas in 1885; it will best illustrate the nature of the obstacles to be met with.

The head of the class was permanently appointed to the School and Hospital, and renders valuable assistance both in the instruction of students and the treatment of patients. A *second* was also for a time attached to the Medical School, but he now holds the position of Medical Officer to the new Military College in Tientsin, where he has the medical oversight of some 200 students. This is a good appointment but is unfortunately underpaid. A *third* was placed at the service of General CHOW, who has the command of a body of troops, said to number 15,000, encamped some 20 miles from Tientsin. Soon after he had joined the General's staff an interesting though curious, and possibly unique experience awaited him. At the central camp, where the General's head-quarters were located, there resided a native doctor who professed to treat upon foreign principles, but his practice fell sadly short of his profession, indeed it was of the most elementary kind, consisting in the administration of a few simple drugs backed up by much skill in rhetoric. He had the faculty of adapting his medicines to the theoretic notions of his patients, which is in China a great gift.

The question arose, should the newly-arrived man be retained at head-quarters and the old occupant of the post be removed to another camp, or should the newcomer be placed elsewhere. A brilliant idea originated in the mind of the great man. He himself, aided by the other red-buttoned generals under his command, would sit as a sort of court of inquiry and investigate into the respective abilities of each. The order went forth, and on a fixed day, under a canvas pavilion erected for the occasion, the generals and colonels, attended by their respective staffs—and even a colonel requires a staff in China—assembled in full paraphernalia, and seated themselves in order of precedence. The two unfortunate medicos were then called in, and before this august assembly and in presence of each other underwent an examination, the court putting the questions and deciding the verdict. Each candidate for the favour of the Court was expected to show

all he knew, but considering that one of the parties was an astute man of the world of 50 odd summers, equally conversant with Chinese etiquette and with Chinese ideas of anatomy and disease, while the other had not long entered upon man's estate, whose knowledge of human nature was drawn from the standpoint of the American youth of the 19th century, while his anatomical and medical learning, though agreeing with that of the Western Schools, differed *in toto* from the innate knowledge held by his examiners, the result may readily be imagined. The elder was adjudged the victor and was retained at his post, while the younger was placed at a small cavalry camp some distance away. The examiners, scarce one of whom could read or write, as became men who have to wield the sword rather than the pen, returned to their quarters satisfied, no doubt, that they had upheld the dignity of their country. This surgeon is, however, comfortably situated, having better allowances than any of his fellow students, and complaining chiefly that he has too little to do.

A *fourth* entered the navy, and is now surgeon on board one of the cruisers; but he is greatly dissatisfied with his position. He sees the executive officers and engineers, many of them his old comrades in America, promoted in rank and pay, while he remains stationary with no prospect of his position improving unless a war breaks out.

When they leave the Hospital each successful student is provided with a good set of surgical instruments and a supply of drugs sufficient to start him with.

The *fifth* was appointed to a camp in the northern part of the coast. While his drugs lasted he was very popular. He opened a dispensary and had numerous patients daily, but when in course of time his stock began to diminish, and he applied to the General under whose charge he was placed for a fresh supply, his difficulties commenced. He was urged to write and get more drugs from his old Hospital, and every imaginable excuse was invented, but no money was forthcoming for supplies. Then it was alleged that Chinese doctoring was cheaper than foreign, and it was discovered that a relative of the General's was a native doctor in the camp. By and by his original stock gave out, and his dispensary had to be closed. For several months he was idle. He appealed to me for help and I did what I could for him. Finally his relations with his commanding officer became so strained that he begged to be removed to another position, and his request being granted, he was transferred to the navy. Here again he found that things did not run smoothly, so some months ago he sought and obtained leave of absence, from which he has not returned. I heard later that he had received through the help of friends the position of interpreter to one of China's Consulates abroad.

The *sixth* was likewise attached to the navy, but after serving for some 18 months, he too retired upon plea of leave of absence, and obtained a more congenial situation ashore.

Thus, two out of the six who completed their course have for the time being abandoned their profession; yet, I believe that in both cases they would prefer, under more favourable circumstances, to continue the practice of medicine. But they have to contend against many real difficulties. In the first place the pay is too meagre; it averages about Tls. 30 a month, and such men find they can command larger salaries in comfortable business positions on land. Then, again, trouble commences whenever they have to draw allowances for drugs, etc., from their commanding officer. A Chinese doctor’s services can be obtained for about Tls. 7 a month, while the patient pays for his own medicines, thus relieving the mandarin of the obligation of disbursing these payments.

In the navy especially the *raison d’être* of the surgeon’s presence is hardly yet recognized. The crew of a ship of war is presumably composed of able-bodied men, so that in times of peace the post of surgeon on board, even in Western navies, is not a very arduous one; but he is there in readiness for the exigencies of war. Now the average Chinese captain fails to grasp this idea. He sees the surgeon drawing his pay and having perhaps an easy time of it, and he cannot possibly see the necessity of his presence. It is too far for him to look ahead and contemplate the value of the help to be given by trained men in times of warfare. Viewing the medical man therefore somewhat in the light of a useless loafer, is it to be wondered at that the latter’s position on board becomes far from enviable, and ceasing to esteem it an honour to serve king and country, he takes the first favourable opportunity of retiring from the Service.

Things will not work smoothly and satisfaction prevail until the Government establishes a distinct department for its medical officers, allowing them to draw supplies from central depots, and arranging a fair scale of salaries and promotions, which will give stability to the service and a career to the men.

Second Class.—In 1883 a second class, consisting of four students, was added to the School. They had undergone training as teachers of English at the Normal School, Hongkong, and through the courteous assistance of Mr. WRIGHT, head master of the Central School, they were permitted by the Hongkong Government to leave, and take up medical study. This class has turned out most satisfactorily in every way. The students applied themselves with great energy to their studies, and passed their examinations in a very creditable fashion; after enjoying a few months’ holiday at home they are now back in Tientsin awaiting their appointments.

Third Class.—Under the stress of difficulties with France, and the possibility of war coming into North China, His Excellency determined upon the addition of a larger number of students to the School, and again with the kind help of Mr. WRIGHT twelve young men were obtained from the Hongkong Central School, and entered the Medical School in October 1884.

Taking advantage of this renewed interest, I memorialized the Viceroy, requesting him to engage a medical man from England, who should come out prepared to give his full strength to the work of medical education. My object in making this proposal was to ensure that the School should have a better chance of growing into a thoroughly satisfactory Institution, with in time a staff of teachers and a large number of pupils. Besides, as a medical missionary, I thought I was in danger of being drawn too deeply into purely educational work, and while I could not forbear taking the various steps which have been narrated above, in the belief that I was thereby advancing, in the best way in my power, the interest of Missions, I yet wished to be freed from the heavy burden entailed, or at least to share with others the growing responsibility. However, the Viceroy was not prepared for this forward step. He permitted me to retain the service of my former pupils, but would not agree to the expense of procuring the services of a trained teacher from home, and so establishing the School upon a thoroughly satisfactory basis.

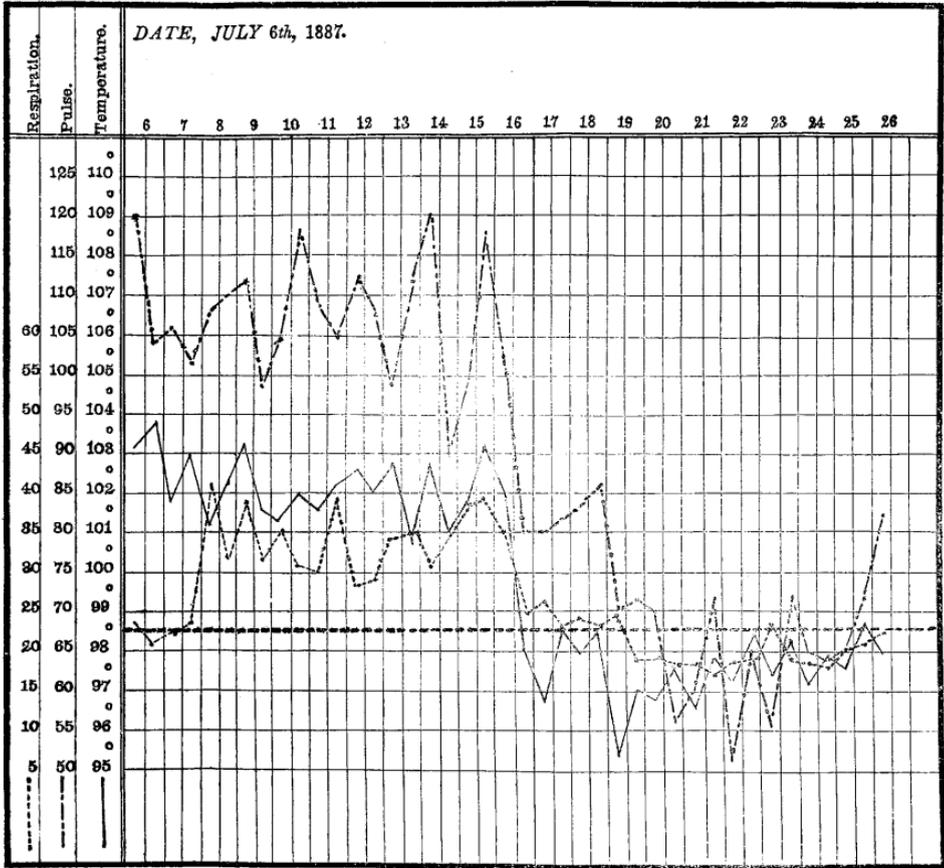
About this time, with the consent and kind assistance of His Excellency, I was enabled to arrange a small Ambulance Service for seven surgeons, with a very complete supply of everything necessary, should war come into this quarter. Happily it was not required.

With the arrival of the third batch of students it became evident that the number of young men with a sufficient command of English and willing to study medicine, was limited. Fully one half of this class of twelve were not sufficiently advanced for the study of medicine in English; two of them were for this reason transferred to the Telegraph School, and a third returned home. There are now nine remaining engaged in a more prolonged course of study than their predecessors needed.

London Mission,

Tientsin, August 17th, 1887.





CASE OF ERYSIPELAS OF FACE AND NECK.*(With Chart.)*By W. K. AITKEN,—*Surgeon C.M.S.S. Co.*

DURING the early part of summer the atmosphere is particularly dry, days warm and nights cool or even cold. A number of coolies sleep outside on the ground without any covering beyond their ordinary clothing, and not unfrequently suffer from an attack of fever, rheumatism, bronchitis, or erysipelas. Several cases of this latter disease have come under my observation this year, the general details of which are all very similar to each other, only varying in degrees of severity. The following is a typical case, only rather more protracted than usual.

W. C. F., aged 27, contractor's coolie, came to the Dispensary on the morning of July 3rd, complaining of dull, frontal headache, vomiting, and nausea; mouth dry and tongue coated with thick brown fur, and marked with the teeth; Pulse 125, Temp. in the Axilla 103°.8 F. Gave a Purgative and Quinine gr. x. Requested patient to come into the hospital, which he refused.

July 4th.—All the symptoms increased. Intense thirst, Pulse 135, Temp. 104°.6 F. Ordered Quinine gr. x, Tinct. Digitalis m. xxx, Mouth-wash of Potas. Chlor. gr. x to the ounce. Still refused to become in-door patient.

5th.—Much worse. Eyelids swollen and painful, pain at angles of jaw, and enlargement of lymphatic glands, stiffness about sides of nose. Erysipelas was diagnosed. Temp. 105° F., Pulse 125. Tinct. Ferri Perchlor. m. xxx. Again refused to remain in hospital.

6th.—Came requesting to be admitted as an in-door patient. His wish was at once complied with. Eyes almost closed, Nose had the appearance of being bruised, Ears and Neck swollen and tender to touch, Pulse 120, Temp. 103°.2 F. Tinct. Ferri Perchlor. m. xxx every 4 hours, to relieve thirst Potas. Chlor. gr. x—1 oz. In the evening low muttering delirium set in. Diet: Rice ground into flour and cooked with condensed milk, it being quite impossible to obtain fresh milk.

7th.—Swelling much increased, Eyelids of peculiar shining appearance, due to the tension of Skin, Lips also swollen, and face presents a hideous expression. Lies in a somnolent state; occasional delirium; can be roused to take food.

8th.—Features cannot be recognized, owing to the swollen state of Face and Neck. Redness greatly increased and sharply defined. Deeply comatose, taking no interest in surroundings; when roused will take medicine or nourishment.

11th.—Redness becoming more diffuse, especially round the edges.

13th.—Marked reduction in redness and swelling; small blebs exuding a serous fluid.

14th.—Swelling still more reduced. Redness very faint and diffuses. A hard swelling in the submaxillary region painted with Iodine. Can be roused much easier and takes nourishment readily; does not at once lapse into comatose state.

16th.—Hardness in submaxillary region more defined. Complete return to consciousness; answers questions and has no recollection of past week.

17th.—Ordered Syr. Eastonii m. x three times a day as a tonic.

19th.—Abscess in submaxillary region opened; about four ounces of pus evacuated, and dressed with Corrosive Sublimate. Small abscess in eyelids also opened.

Remarks.—A few years ago a great deal was written about the treatment of Erysipelas, and Iodine was brought forward as an infallible remedy. I quite admit that it has been proved to be of great value, but it has also very great drawbacks, and particularly in Erysipelas of Face and Neck, viz., Acute Meningitis. Several cases of meningitis have followed the use of Iodine in Erysipelas of Face and Neck, and one case occurred a few years ago, of which I was a witness, treated with external application of Iodine. The Erysipelas was cured with marvellous rapidity, but the patient died in a few days of Meningitis. I certainly think that we are not warranted in running needless risks unless as a last resource, when all other treatment has failed, which will be very seldom when one has such a sheet-anchor as Tinct. Ferri Perchlor. In the present case Iodine was used on the 14th inst., ten days after the development of the disease and when it was beginning to subside, and the chance of Metastasis considerably lessened.

During convalescence very low temperatures were recorded,—95°.4 F. on the morning of the 19th inst., and a pulsation on the 22nd of 52 beats per minute. The observations were taken at 8 o'clock a.m. and p.m.

Kaiping.

EXCISION OF UPPER JAW.

By J. G. KERR, M.D.

THE occasion for this operation is not sufficiently frequent to give many surgeons a very large experience. The notes of three cases occurring recently in the Medical Missionary Society's Hospital are given as possibly having something of interest for the younger men who are engaged in hospitals for the Chinese.

Case 1.—The patient was a native of Pwan-Yü District, a teacher by occupation, and had a growth in the alveolar process of the right side for about a year, when he was admitted nine months ago for treatment. The tumor was about as large as a moderate sized orange, and as it seemed to be confined to the alveolar process, it was thought that it could be removed without excising the jaw. This was done as was supposed thoroughly and the bone scraped, but it proved insufficient, for the disease returned in a few months and grew rapidly.

The patient was again admitted, and on the 7th of April the entire jaw of the right side, with half of the malar bone, was excised, thus removing the attachments of the cancerous growth. The patient made a fair recovery, and was dismissed April 26th.

Case 2.—This was a female 60 years old, of Nan-hai District. A large tumor, occupying the left side of the face from the nose and eye to the alveolar processes and roof of the mouth, and displacing the malar bone outwards, had been growing for three years.

On the 13th of April an incision from the upper lip along the border of the nose to the corner of the eye, and a transverse incision half way between the border of the lip and the eye, laid bare the tumor. The nasal process of the superior maxillary, the orbital and the zygomatic processes of the malar bone, were then divided with cutting forceps, and the superior maxillary bone separated from its fellow on the median line and at its junction with the palate bone, the mucous membrane of the mouth on the median line and behind the border of the tumor having been previously divided. With lion forceps the mass was dislocated, and after separating points of attachment, was removed. There was considerable hæmorrhage, which was controlled by ligature and actual cautery.

The recovery of this patient was rather slow, on account of the severe shock and loss of blood, but she was able to be about in a month, and was dismissed June 17th.

Case 3.—A young man, 25 years old, native of Heung Shan District, farmer by occupation, was admitted to the Hospital with a tumor of the left superior maxillary bone, about the size of a goose-egg, occupying the antrum.

An opening was made in the alveolar process, and a mass of melanotic substance removed and the bone scraped. This, as in the first case, proved insufficient, and the disease returned in a few months. On the 5th of May, the superior maxillary bone of the left side, and half of the malar bone, were excised. The patient made a good recovery, and it is hoped that the removal of the bone with all the attachments of the tumor will give permanent relief, although the chances of return are greater in cases of melanotic disease than of fibroid cancer.

Remarks.—The excision of the superior maxillary is a formidable operation, and the surgeon is often inclined to try partial measures where the disease is not too extensive. In most cases, however, it is better to deal radically with the tumor and excise the maxillary bone, to the limits of which the disease is usually confined. Thus, permanent relief may be confidently expected, and the deformity is much less than might be expected. The operation, although so formidable, is seldom fatal. In some ten cases operated on in this hospital, in which the entire maxillary of one side and the malar bone were excised, none were fatal, and if in any there was a recurrence of the disease, they did not return for treatment, and some have been seen in good health afterwards.

Canton, China,

August 12th, 1887.

MY FIRST EXPERIENCES IN CHINA.

By S. S. McFARLANE, L.R.C.S., L.R.C.P.

WHAT lively recollections will this title awaken in the minds of many of our brethren. The first operation—the responsibility—the after treatment.

Having come out as an agent of the L. M. S., for the purpose of opening up a new inland station in connection with our Tientsin Mission, my time is at present divided between the study of the language and assisting Dr. MACKENZIE at the hospital. The following cases may interest our readers:—

CASE 1.—*Gunshot Wound of the Forearm.*

Patient *æt.* 30. Admitted July 2nd, suffering from a gunshot wound of the left forearm, the result of an exploded shell. For several months past, patient had been in the habit of earning his livelihood by collecting spent shells around Chinese camps, and selling them for old iron. On the present occasion he attempted to break open the shell, when it suddenly exploded, blowing off his left hand, and there were facial injuries described below. In this semi-unconscious and

helpless condition he lay for four hours exposed to the heat of the sun. A mandarin happening to see him, ordered some coolies to carry him to hospital, he accompanying the procession for two miles. Thinking, however, the man was not worth this trouble, the poor fellow was eventually thrown into a ditch to die.

Though much exhausted from hæmorrhage, he managed to crawl out and hop for 500 yards to a corn-merchant's shop. Seeing a large basket of meal, he overturned it with his sound arm and coiled himself inside.

The owners of the shop, to get rid of him, carried him in a basket to the hospital gates, where he was left outside to die.

The remarkable fact about the case is, that only six months ago he was engaged in the same occupation when the shell exploded and took off his left leg. He was then admitted and a circular amputation was performed below the knee at the seat of election. One would have thought such an experience might have proved a permanent lesson to him. Even Chinese are slow to learn!

State on Admission.—Extreme collapse. Pulse feeble from the excessive hæmorrhage. Left hand blown away about two inches above the wrist, leaving an ugly ragged wound covered with dust and flies. Upper portion of right arm severely singed with powder. Over bridge of nose was a deep laceration, also on the upper lip. Upon the right cheek, right upper eyelid, posterior edge of frontal bone, palmar surface of right wrist, were observed punctured wounds, the results of exploded pieces of shell. There was also a deep cut over the right tibia, exposing the bone. No mental impairment. Patient was able to converse intelligibly. He has previously been addicted to opium-smoking.

Treatment.—The facial and other wounds were immediately washed, stitched, and dressed with strips of plaster and carbolised lint, after which the patient was put under chloroform and a double circular amputation was performed just below insertion of pronator radii teres. Arteries being carefully secured, the flaps were brought together and stump dressed antiseptically with Iodoform and marine lint. With exception of diarrhœa on fifth and sixth days, and slight attacks of malaria, the patient had no bad symptoms throughout. Drainage tube was removed on the 11th day and wire sutures on 24th day. Patient left hospital with his wooden leg four weeks after admission. Doubtless a military career would be advisable, as he seems such a difficult subject to kill.

CASE 2.—Necrosis of Metatarsals of Right Foot.

Duration of disease = 4 months.

Patient admitted July 17th. Operation July 22nd.

Discovered, on making flap incision, that all the metatarsal and phalangeal bones were involved. LISFRANC'S operation was performed together with the removal of ends of tarsal bone by saw. Patient still in hospital. Progressing favourably, with no bad symptoms up to the present time.

CASE 3.—*Osteo Sarcoma of Back of Hand.*

Duration of growth = 5 months.

Patient admitted May 26th. Amputation by double circular above wrist. Antiseptically dressed with Iodoform and marine lint. Union by first intention took place. Wire sutures removed on 12th day. There was no rise of temperature, and patient went home three weeks after operation.

Interesting as the account of the first case may seem, his spiritual history is not less so. When under treatment last January for his first injuries, he obtained such a thorough knowledge of the Catechism that he could repeat it without a mistake. Alas, it was all head and no heart. During his recent stay in hospital the following conversation took place, which clearly revealed his state of heart. Referring to the fact that we were all sinners in the sight of God, we asked him if he knew what sin was. His reply was a blank, vacant stare. Have you ever offended your conscience?—Never. Do you ever recollect disobeying your parents?—Never. Have you ever been guilty of stealing?—Never. To numerous other questions he always gave a decided negative reply. We then explained to him the nature of sin, and asked him if he could recall one sin, however trivial, that he had committed. It was touching to see the poor, ignorant man lean forward, and putting his hand to his brow, resting his elbow on his knee, try hard to recall one small sin of his past 30 years' life. After a long pause, he suddenly exclaimed, "I have gambled — if you call *that* sin." Poor, dead soul! How I felt for him. Oh for the Spirit of the Living God to sweep over China and cause these dry, dead souls to live and throb with love to Him who gave Himself for them. How can they feel their need of a Saviour until they have first proved the reality of sin? And how can they hear without a preacher?

Brethren, ours is a real work. We are weak in ourselves but strong in God. Let us go forth on our mission with the motto on our banner, the prayer of our heart, "Oh that I were a flaming fire in the service of my God." What an honour to tread so closely in our Master's steps and carry on a work of which He was the founder. The world may frown below, but He above smiles. Let the dying words of one of China's most faithful workers ever stimulate our flagging zeal.

"A little while for winning souls to Jesus,
Ere we behold His beauty face to face;
A little while for healing soul's diseases
By telling others of a Saviour's grace."

Tientsin, August 9th, 1887.



MEDICAL MISSIONARY WORK IN PEKIN.

By B. C. ATTERBURY, M.D.

THE beginning of medical missionary work in Peking dates from the arrival of W. LOCKHART, M.R.C.S., at the British Legation in September 1861.

His first Hospital Report to the Directors of the London Missionary Society states, that at first but two or three patients a day applied to him for medicine. This number, however, soon largely increased, and at the close of 1863 there were treated during the year 10,251 separate cases. In the spring of 1864 Dr. LOCKHART left for England, leaving the medical work in charge of Dr. DUDGEON, who had just arrived in Peking. Up to 1865 the hospital occupied premises which formed part of the English Legation, but during this year a Buddhist temple was bought, after much trouble, and the hospital removed to its present most advantageous quarters on one of the great streets in the Eastern city. Here, for more than twenty years, there has been accomplished a grand work, reaching thousands of Chinese with healing influences, and touching their hearts by Christian kindness shown to them when in trouble. At present Dr. PRITCHARD, who came out in 1886, is in charge. He states, that the hospital has accommodation for thirty patients. The total number of visits at the dispensary for the past year was over 15,000, and four medical students are under instruction. During the session of Fung Wên Kuan, or Imperial College, ten or so of the students who are interested in the study of medicine attend a weekly clinic at the hospital, thus getting a practical insight into Western methods of surgery and practice of medicine.

As coming next in point of time, the medical work undertaken in the West city by Dr. JOHN STEWART, of the S. P. G. Society, and afterwards carried on by the Rev. Mr. COLLINS, of the Church Missionary Board, must be mentioned. These two missionaries arrived in Peking in the same year (1863) but the former remained a few months only. The Rev. Mr. COLLINS, while devoting most of his time to his regular preaching duties, likewise did quite a dispensary work. He returned to England in 1880. The Society for the "Propagation of the Gospel," which at present occupies the premises of the Church Missionary Society, has no medical man connected with it.

The year 1873 is a notable one, not only in the history of medical work in Peking, but in all China. It was then that the first female physician to Chinese women reached the Celestial Empire. Miss Dr. COMBS, the forerunner of the more than twenty-five doctors of her sex who have since followed her to this country, was connected with the American Methodist Episcopal Mission. When Dr. COMBS left for the United States, in 1877, Dr. HOWARD (now Mrs. KING) succeeded her. After two years she was called to Tientsin, and commenced the

work which has since been so eminently successful in that city. For several years, till the arrival of Dr. DENNY in 1884, the Methodist Mission did nothing in the medical line. He, however, returned home the following year. The Rev. W. R. LAMBETH, M.D., before going to his present field in Japan, spent some months in Peking after the departure of Dr. DENNY. At present this medical work is in the charge of Dr. CREWS, who was last year compelled to retire from Ssü Ch'üan. He has a fine medical class started, and a good dispensary practice, with a hospital accommodating ten in-patients.

Dr. TREAT, who belonged to the American Congregational Board, arrived in 1867, and did some medical work in connection with that Society. But since his return and death in the United States, no one has been sent out to succeed him. The arrival of Dr. ATTERBURY, in 1879, was the beginning of the medical work now carried on by the Presbyterian Board. At first a dispensary was opened in connection with the street chapel. Building was commenced on the present premises last year. The Presbyterian Hospital has room for about forty-five patients. The last Report gives the number of total visits of patients as 16,318. Those treated in the opium refuge were 105, and 111 in-patients were received into the hospital. There are six medical students who are being taught the various branches of medicine. Dr. G. Y. TAYLOR came out last spring as a colleague in the work. A pavilion holding seven beds, with waiting and dispensing rooms attached, has been already erected for the use of a female doctor who is expected to arrive in the fall.

While speaking of medical work in Peking, the name of Dr. BUSHELL must not be forgotten. He, although attached as physician to the British Legation, has several times had charge of the L.M.S. Hospital during the absence of Dr. DUDGEON.

Dr. DUDGEON, although at present not in the service of any missionary Society, continues his medical lectures to the students of the Imperial College. He is also busy in preparing translations of several books which will be of great use to the profession at large in China and to native medical students.

Such is the record of what Protestant Societies have done for the relief of physical suffering in Peking since the opening-up of the Chinese capital to foreign residence by Lord ELGIN. Had we time, something might also be said of the hospital and several dispensaries under the charge of the Roman Catholics. These are conducted with the same regard for efficiency and cleanliness that characterizes all their efforts in these directions in other places.

Judging from reports received from other parts of China, notably Tientsin, it would appear that medical work in this city has not as yet reached as many of the higher classes, or found so many of the wealthy Chinese willing to take a substantial interest in what is being done, as is the experience of others at some of the ports. Here the official atmosphere is most conservative, and it may

perhaps be long before very many of the highest in authority will deign to notice the foreign doctor.

The common people, however, receive us gladly, and these twenty-six years of medical work have broken down many of their prejudices and relieved many aches and pains. But more than this has been accomplished. There are those—not a few—who, by thus coming in contact with the Christian physician, have not only taken his medicines with benefit to their bodies, but have, as a result of his personal teachings, given up their idols and embraced Christianity. The doctor in China can do far more than merely confine his efforts to giving out medicines, leaving all else to the clerical brother. Human nature is the same here as elsewhere. When the sky is clear and everything favorable the Chinaman goes gaily along, forgetful of all but pleasure and profit. Soon, however, clouds arise and threatening winds blow. Doubts as to his ability to weather the storm enter his mind. He wants a ray of light to show to him the harbor, and a friendly voice to warn of dangers ahead. The doctor can not only relieve the pains, but has better opportunities than others to speak of the true light which has come into the world. Christ is the example for the true missionary physician. He went about both healing and teaching, curing the sick and telling them to go and sin no more. By thus combining both “preaching and practising” the missionary hospital will exert the greatest possible influence in any locality in which it may be placed.

MEDICAL PUBLICATIONS IN CHINESE.

By REV. J. C. THOMSON, M.D.

By Foreign Authors.

——— Brief Treatise on *Anatomy*. By some of the Jesuit Fathers. Illustrated by a few plates.

1805.—Treatise on the Art of *Vaccination*. By Dr. ALEX. PEARSON, Surgeon of the E. I. Co. Translated into Chinese by Sir GEO. STAUNTON. Canton, 1805.

Several editions were issued. “Very soon after, an edition was published by the natives in which not one word was retained as to its English origin nor any trace by which it could be known that the discovery of Vaccination was other than Chinese.”—Sir J. F. DAVIS.

1841.—Letter addressed to Chinese residents at Malacca on the subject of *Cholera*. By Dr. JAS. LEGGE. Malacca, 1841.

1847.—The Beginner's First Book in the Chinese Language (Canton Vernacular), containing the *Terms in Anatomy, Lists of Diseases and Medicines*,

and *Medical Phrases*, in English and Chinese. By Rev. T. T. DEVAN, M.D. 161 pp. Hongkong. Revised and enlarged in 1858, and a third edition published by Dr. WM. LOBSCHIED in 1861.

1850.—An Outline of *Anatomy and Physiology* (全體新論) by Dr. BENJ. HOBSON. 99 leaves. Canton. "The first work on scientific medicine ever issued in China." The first issues contained seven folding sheets of lithographic plates, afterwards replaced by wood-cuts. This treatise was republished shortly after its appearance by YEH, the celebrated Viceroy of Canton. He had the illustrations re-cut and printed separately, and made up into rolls according to a favourite Chinese custom.

1855.—Treatise on the New English Method of *Vaccination* (英吉利國新出種痘奇書). A modification of Dr. PEARSON'S Tract, published at Canton in 1805. By Dr. WM. LOBSCHIED. 7 pp. Hongkong.

1857.—First Lines of the *Practice of Surgery* in the West (西醫略論). By Dr. B. HOBSON. Illust., 194 leaves. Shanghai. Three parts: the 1st and 2nd treat in detail of various branches of the surgical art, and the 3rd contains a classification of medicinal agents. The first issue had a Table of Contents of eight pages, in Chinese and English, which was not afterwards appended.

1858.—*Practice of Medicine and Materia Medica* (內科新誠). By Dr. B. HOBSON. 2 parts, 112 leaves. Shanghai. Appended to this volume is a list of medical terms in English and Chinese.

1858.—Treatise on *Midwifery and Diseases of Children* (婦嬰新說). By Dr. B. HOBSON. 73 leaves. Shanghai. The last five leaves contain a series of recipes for making plasters, pills, powders, etc.

The foregoing four volumes, with another on "Natural Philosophy," by Dr. HOBSON, form a series, profusely illustrated with beautiful wood-cut plates in the first style of Chinese art. The different volumes as they appeared were republished by the natives, and the whole five have been reproduced by the Japanese in a style of execution worthy of the original. The foreign merchants of Shanghai expressed their approval of these valuable works by subscribing \$2,000 for the publication of a large edition of this series, and Dr. KERR was authorized to re-edit them by Dr. HOBSON after he had left China.

1858.—*Medical Vocabulary* in English and Chinese. By BENJ. HOBSON, M.B. Lond., of L. M. Society. 75 pp. Mission Press, Shanghai.

1859.—Tract on *Vaccination*. By J. G. KERR, M.D. 8 pp. Tsang Sha, Canton.

1859.—Tract on *Hernia and Intermittent Fever*. By J. G. KERR, M.D. 6 pp. Canton.

1864.—*The Tourist's Guide and Merchant's Manual*; an English-Chinese Vocabulary of Articles of Commerce and of Domestic Use; also all the known names connected with the Sciences or Natural History, *Chemistry, Pharmacy,*

etc., in Court and Punte dialects, compiled from all available sources. By Dr. WM. LOBSCHIED, for the Publisher. 152 pp. Hongkong.

1865.—Annual Report of the Medical Missionary Society's Hospital in Canton (奇症畧述). By J. G. KERR, M.D. 3,450 copies, many wood-cuts. Published yearly.

1871.—The *Principles of Chemistry* (化學初階). By J. G. KERR, M.D. 2 vols., illust. with electrotype plates. It met with a favorable reception and was given a commendatory preface by CHEUNG KWAN, Tartar general, of Canton. One hundred copies ordered for the Imperial College at Peking, and sale found for it even to Japan. A third volume was issued in 1872 and a fourth in 1875.

1871.—*Manual of Materia Medica* (西藥略釋). By J. G. KERR, M.D. Canton. Revised and published in two volumes in 1875, with Glossary in English and Chinese, and in 1886 revised and enlarged to four volumes, with illustrations in a 3rd edition.

[The translation of a standard work on *Anatomy*, commenced in 1870 by Dr. KERR, was at this time laid aside temporarily in order to complete the *Chemistry and Materia Medica*.]

1871.—*Classification of Medicines*. By J. G. KERR, M.D. Canton. DOOLITTLE'S *Vocabulary and Handbook of Chinese*, Vol. II., pp. 295-300.

1872.—*Essentials of Bandaging* (裹扎新篇). By J. G. KERR, M.D. Canton. 44 pp.; illust.

1872.—*Chemical Terms*. By J. G. KERR, M.D. Canton. DOOLITTLE'S *Vocabulary and Handbook of Chinese*, Vol. II., pp. 543-549.

1874.—*Manual of Cutaneous Diseases* (皮膚新篇). By J. G. KERR, M.D. Canton. 116 pp., English index.

1874.—CURLING'S *Diseases of the Testis*, and *Notes on Lymph Scrotum*. By PATRICK MANSON, M.D. 3 vols, with twelve superior lithographic plates. Amoy.

1874.—*Manual of Symptomatology* (內科闡微). By J. G. KERR, M.D. Canton. 71 pp.

1875.—*Treatise on Syphilis* (花柳指迷). By J. G. KERR, M.D. Canton.

1876.—*Contributions to Chinese Materia Medica* (藥性總考). By Dr. F. PORTER SMITH, of Hankow. 1 vol.

1878.—*Anatomy* (全體微闡). Translated and compiled by Dr. D. W. OSGOOD, of Foochow. With vocabulary of terms. 4 vols.

1880.—*Manual of Eye Diseases* (眼科撮要). By J. G. KERR, M.D. Canton. Many wood-cuts.

1880.—*Gray's Anatomy* (全體闡微) By D. W. OSGOOD, M.D. 6 vols., fully illustrated. Foochow. Under revision.

1880.—*Western Healing News* (西醫新報); a quarterly medical journal. By J. G. KERR, M.D. Canton.

1881.—*Manual of Operative Surgery* (割症全書). By J. G. KERR, M.D. Canton. Largely illustrated.

1881.—Treatise on *Inflammation* (炎症). By J. G. KERR, M.D. Canton.

1881.—Treatise on *Fevers* (熱症). By J. G. KERR, M.D. Canton.

1881.—BURGOYNE, BURBRIDGE & Co's *London Drug Circular* and various *Lists of Medical Books in Chinese*. By J. G. KERR, M.D. Canton.

1882.—Treatises on Diseases of the *Lungs, Liver, Heart, Kidneys and Spleen*, of the *Nervous System* and on *Eruptive Fevers*. By J. G. KERR, M.D. Canton. These, with the Treatise on Inflammation, were afterwards combined in a *Manual of Theory and Practice*.

1883.—Treatise on *Hygiene* (衛生要旨). By J. G. KERR, M.D. Canton. As invited by the China Missionary Conference of 1877.

1883.—*Manual of Theory and Practice of Medicine* (內科全書). By J. G. KERR, M.D. Canton. 6 vols., illustrated.

1883.—*Anatomical Atlas* (體質窮源) MILLER's, with many colored Plates. By J. G. KERR, M.D. Canton.

1884.—*Manual of Physiology*, HUXLEY and YOUMANS' (體用十章). By J. G. KERR, M.D. Canton. 4 vols., largely illustrated, with Glossary in English and Chinese.

1884.—*Opium-Smoking*, Exhortations to Abandon, containing a chapter on the medical aspects of the opium cure, and several prescriptions. By Rev. D. HILL, G. JOHN, and Dr. DUDGEON. pp. 32, 12 illustrations, colored. Hankow Tract Society.

1884.—List of many *Medicines* in Chinese and Japanese. By Dr. W. N. WHITNEY, Tokio, in the *History of Medical Progress in Japan*. (*Trans. As. Society of Japan*, Vol. XII, Part IV., pp. 400.)

1886.—*Anatomy and Physiology* (全體圖說). Two wall-charts with hand-book. By W. & A. K. JOHNSTON. Translated by Dr. DOUTHWAITE for the "School and Text-Book Series." 1 vol.

1887.—*Vocabulary of Diseases*, in English and Chinese. Canton Hospital. 12 pp.

1887.—*The Eye and its Diseases* (眼科撮要). Compiled by Dr. DOUTHWAITE, of Chefoo. 1 vol.

1887.—*Instructions for the Medical Department of the British Army: Treatment of Sick and Wounded*. War Office. (臨陣傷科便覽). 4 vols.

1888.—*The Physician's Vade Mecum* (內科理法). By Dr. HOOPER. Translated by Dr. V. P. SUVOONG. 8 vols.

Lessons in Physiology, for the Young. Dr. PORTER.

Synopsis of Chemistry (化學紀畧). By Rev. E. FABER.

A General Outline of Chemistry. By Rev. G. JOHN.

Pharmacopœia in China. By Rev. S. A. HUNTER, M.D. Chi-nan-foo.
(May be not yet completed.)

Real progress can only be made by knowing what has been done, and on that foundation rearing aloft the superstructure; so, in pursuance of the suggestion in No. 2 of our *Journal*, the above List will show how much (or how little) has been provided of that *Medical Literature* of which this great Empire stands in such sore need.

WORKS PREPARED BY REV. J. EDKINS, D.D.

Among those of MACMILLAN'S well-known scientific and historical primers which have been published in Chinese are the following, which bear on medicine:—

Chemistry 化學啟蒙 *Hwa hio chi meng.* By Sir WILLIAM ROSCOE;

Physiology 生理啟蒙 *Shen li chi meng.* By Professor MICHAEL FOSTER;

Botany 植物學啟蒙 *Chi wu hio chi meng,* by Sir J. W. HOOKER.

They have been translated by Dr. EDKINS, at the instance of Sir ROBERT HART, Inspector General of Customs, and they are printed in the Chinese way on blocks, with the illustrations cut partly on blocks and partly on horn. In selecting names of substances and native plants, the translator had the assistance, kindly rendered, of Professor BILQUIN, Dr. DUDGEON and Dr. BRETSCHNEIDER.

LIST OF MEDICAL WORKS IN CHINESE BY DR. J. DUDGEON.

1.—*Chuen t'i t'ung k'au* (全體通考). Systematic work on Anatomy. 16 vols. large 8vo. Vol. I. comprises prefaces, contents and history of Anatomy from the *Encyclopædia Britannica*. The last two vols. are illustrations (over 600) forming a complete atlas, which can be had separately; wood-cuts by native artists. Vols. II and III are osteological—a translation of HOLDEN'S work. The remainder is a translation of GRAY'S work. The work is printed and published by the T'ung-wên College Press. Cost Tls. 5.

2.—*Chuen t'i kung yung* (全體功用). A translation of MORRANT BAKER'S *Kirke's Physiology*. Last edition, illustrated. Companion work to the *Anatomy* [in preparation and almost completed].

3.—*Anatomical Atlas* (*Shen t'i kuh ko pu wei, tsang fu hsiéh moh chuen t'u* 身體骨格部位, 臟腑血脈全圖). 1 vol. folio; numerous coloured plates.

4.—*Miscellaneous Medical Essays* (*Hsi i chü ü* 西醫舉隅). 2 vols. 8vo., copiously illustrated with some of the plates of the Atlas. The Essays were contributed to the *Chung hsi wên chien lu* (*Peking Magazine*).

5.—SQUIRE'S *Companion to the British Pharmacopœia*. 14th edition, with an Introduction consisting of GRIFFITH'S *Lessons in Prescriptions and Prescribing*:

Ying kwoh kwan yao fung (英國官藥方) [in the Press]. *To ying chi kwan* (脫影奇觀).

6.—*Principle and Practice of Photography*. 5 vols. 8vo., illustrated. Vol. I. is devoted to the Optics and Chemistry of the art, and the Appendix embraces a treatise on the Magic Lantern.

7.—*Tract on the Cure of the Opium Habit*. Published by the Hankow Tract Society. Illustrated by native drawings.

8.—Sheets (1) on Vaccination, (2) on the Opium Vice and Cure, several (3) on the *pai yao fen* (白藥粉) [a foreign remedy containing hydrochlorate of morphia and starch], etc., etc.

9.—*A Medical Vocabulary*. 6 vols.

1.—List of Terms employed by the author in the work on Anatomy, with the corresponding terms employed in Japan, and by Drs. HOBSEN & OSGOOD.

2.—A List of all the Anatomical Terms used in Chinese medical works, and all the terms relating to the Human Body found in *Kanghi's Dictionary*.

3.—An Alphabetical List of all the Terms used in Vols. I and II, the *wên li*, *kwan hwa* and *suh hwa* terms being indicated; those in use at Peking and a suggested Chinese anatomical and physiological nomenclature.

4.—The philosophy or physiology of Chinese Medicine.

5.—A comparison of Chinese Medicine with Ancient Western Medicine. [In preparation.]

6.—A Vocabulary of Physiological Terms used by the author.

MEDICAL PUBLICATIONS IN CHINESE, AND WORKS BEARING ON MEDICAL SCIENCE,
By JOHN FRYER, Esquire.

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Already Published.
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1870.—化學鑑原 *Principles and Applications of Inorganic Chemistry*; adapted from WELLS' Treatise. 4 vols.

1871.—化學分原 *Introduction to Practical Chemistry*; adapted from BLOXAM'S work. 2 vols.

1875.—化學續編 *Treatise on Practical Chemistry—Organic*; adapted from BLOXAM'S work. 6 vols.

1876.—化學補編 *Treatise on Practical Chemistry—Inorganic*; adapted from BLOXAM'S work. 6 vols.

1876.—**儒門醫學** *Handbook of Medicine*. By Drs. RAYLE & HEADLAND, translated. 4 vols.

1880.—**化學易知** *Manual of Chemistry for Schools*. Compiled for the "School and Text-Book Series." 1 vol.

1880.—**化學器具材料** *Chemical Apparatus and Reagents*. From B. GRIFFIN'S *Chemical Handicraft*. Reprinted from the *Chinese Scientific and Industrial Magazine*. 2 vols.

1880.—**化學衛生論** *The Chemistry of Common Life*. Adapted from Professor JOHNSTON'S work of that name. Reprinted from the *Chinese Scientific and Industrial Magazine*. 2 vols.

1884.—**化學材料中西名目表** *Vocabulary of Names of Chemical Substances*. 1 vol., pp. 37.

1885.—**化學考質** *Chemical Analysis—Qualitative*. By FRESSENIUS. Complete edition, with coloured spectra plate. 6 vols.

1886.—**西藥大成藥品中西名目表** *Vocabulary of Names of Materia Medica*, etc. 1 vol., pp. 68.

1886.—**化學求數** *Chemical Analysis—Quantitative*. By FRESSENIUS. Complete edition. 14 vols.

1886.—**化學須知** *Outlines of Chemistry*. Compiled for the "Outline Series." 1 vol.

1887.—**西藥大成** *Materia Medica and Therapeutics*. By Drs. RAYLE & HEADLAND; with addenda from latest edition edited by HARLEY. [To be issued during the present Autumn]. Fully translated, with illustrations. 16 vols.

In course of Publication.

1888.—**英國洗冤錄** *Forensic Medicine*. Translated in full from GUY & FERRIER'S work. 12 vols.

1888.—**顯脉表論** *Handbook of the Sphygmograph*. From Dr. BURDON SANDERSON'S work. 1 vol.

1888.—**身體須知** *Outlines of Anatomy and Physiology*. Compiled for the "Outline Series." 1 vol.

1888.—**化學圖說** *Wall-Charts illustrating Chemistry*, with hand-books. By W. & A. K. JOHNSTON. For the "School and Text-Book Series." 4 vols.

The above 18 works comprise 84 Chinese volumes.



CORRESPONDENCE.

A TRIBUTE TO DR. B. STEWART RINGER.

Amoy, 3rd August 1887.

DEAR SIR,—In your valuable Article, in your June Number, on Medical Missionaries to the Chinese, I regret to notice that the name of Dr. B. STEWART RINGER is omitted. Surely such work as he did for eight years in North Formosa should not be omitted in such a record.

Dr. RINGER'S "valuable professional services rendered *gratuitously*" were cordially recognized by the Presbyterian Church in Canada by a handsome Testimonial in 1881, and they ought never to be overlooked by anyone interested in Medical mission work to the Chinese—as they were exceptional.

Yours very truly,

FRANCIS CASS.

MEDICAL WORK IN KWANGTUNG.

[Such Medical Notes as the following are very acceptable. We trust we may be favoured with many such, from all parts of the Empire.—ED. *Med. Journal.*]

Dr. HORDER, who recently made a trip to Australia for his health, has returned to Pak-hoi, in the extreme S.W. of Kwangtung Province, and opened his new hospital there. The time originally fixed was the first of the Chinese year, but ill health delayed it. We trust Dr. HORDER will have great success in his new field.

Hai-nan Island.—Mr. JEREMIASSEN has treated many soldiers at Nodoo, one of his out-stations, about three days from Hoi-hau, and the officials have built a hospital, which

they propose to present to Mr. JEREMIASSEN when it is no longer needed for the soldiers. There has been great mortality among the soldiers sent to fight the aborigines; and, no doubt, fever went on unchecked in every case, until Mr. JEREMIASSEN met it with Quinine and other remedies. Medicine is thus doing its good work in the hands of our brethren in places which were a few years ago inaccessible to foreigners. It is said, that the General in command telegraphed to the Canton Viceroy that, but for the timely arrival of Mr. JEREMIASSEN, most of his troops would have died. It is known that the soldiers do often die by the hundred in Hainan. The military hospital is given Mr. JEREMIASSEN for his permanent use, it is understood.

Our German friends are arranging to open a hospital in *Tung-kun*, a large District City, 50 or 60 miles east of Canton. They expect a physician from Europe, and in the meantime Dispensary work will be begun by Dr. MAK SHUI, a graduate of the school in connection with the Medical Missionary Society's Hospital, who was for some time Medical Assistant in the hospital, but recently engaged in private practice in Tung-kun. Dr. MAK is also an eloquent preacher.

Canton.—MARY FULTON, M.D., has recently opened a Dispensary in one of the Chapels of the Presbyterian Mission, and the attendance of women soon ran up to 70 or 80.

Kwang-tung Province, exclusive of Hong-kong and Macao, boasts six hospitals, three dispensaries, fourteen medical missionary physicians (two of them ladies), and at least 30,000 patients treated in 1886, to say nothing of many native quacks who placard themselves as practising after Western

methods, and some formerly pupils and assistants at the various hospitals, who have lucrative practices. Can any other Province make a better showing?

Dr. KERR and Mr. KUNG KING KO are engaged on the translation of "THOMAS on the Diseases of Women," the first volume of which is in the hands of the printer. It will be well for any who are making translations to give notice, so that two persons may not be engaged on the same work.

The above items show that medical work is extending in this Province. With

the Alice Memorial Hospital in Hongkong, Drs. WENYON & McDONALD'S Hospital in Fat Shan, Dr. McCANDLISS in Kiung Chow, Hai-nan, and Dr. THOMSON in Yeung Kong, we look for the rapid progress of Western practice in this part of the Celestial Empire.

Christianity may not advance as rapidly, but it will surely follow in the steps of rational medicine and scientific education, preaching-by-faith Missionaries and Native Assistants, being the means by which Gospel truth is made known to patients as well as to people generally.

NOTES AND QUERIES.

Is a *partial* course in medicine an economic or advantageous measure for the China missionary?

Sign for a Dentist's shingle:—"Teeth extracted with great pains."

Doctor's Motto—"Small fevers thankfully received."—O. W. HOLMES.

Query.—Ought we not to issue a Circular against the *barberous* practice by which so many eyes and ears are injured in China, and that too mainly at the hands of *foreigners* (*Hak-kas*) at Canton? A brief anatomical lecture, with several instances of the evil effects of the practice, and the seal of our Association affixed, might open many eyes and ears to the subject.

A series of this character of authoritative circulars, say on Foot-binding, Head-flattening, Infanticide, and Prison Management, not to mention Opium-smoking, might prove an effective reminder of the need of reforms in these directions in this Celestial kingdom.

Is a partial course of medical study an advantage or a disadvantage to the mission worker in China? It is recalled by advice

at home to theologues to give a year or so to medicine, etc. I think it a mistake except for *their own* good, but don't have them give out impression they are doctors. One of the Basel missionaries recently wrote home protesting against their custom of each missionary taking a year in medicine. In the days of pioneering, and with such men as FABER and NACKEN, it seemed to do—or JEREMIASSEN—but they had a peculiar *knack* about them; and the custom down this way of native preachers hanging out a shingle and bringing in considerable "pin-money," I think bad practice. Their practice is quack-ing and their preaching is pronounced "alleep samee."

Is Rheumatic Fever common in any part of China? In the Northern part of the Empire we see subacute rheumatism fairly often, but as for Rheumatic fever with high temperature, acutely painful and tender joints, and acid sweats, we heard of the first case only a short time ago. It occurred in a patient under the care of Miss Dr. GLOSS, of the Isabella Fisher Hospital, Tientsin, and yielded quickly to the salicylate treatment.

CHINESE MEDICAL PROVERBS.

Medicine cannot cure an imaginary disease.
Wine cannot alleviate real sorrow.

藥不能醫假病酒不能解真愁

The honest doctor cures the tail, the ignoramus the head of a disease.

道味的醫生治病頭
性實的醫生治病尾

If the medicine does not create dizziness, you will not recover from your sickness.

若藥不眩厥疾不瘳

A doctor has the heart to cut flesh off his thigh to give to his patient, but never the mind to deceive him.

醫有割股之心並無虛假之意

Diseases enter by the mouth, misfortunes issue from it.

Out of ten men, eleven of them have the itch.

Health is the handmaid of Piety.

For want of timely care, millions have died of medicable wounds.

L'occasion est urgente, le jugement difficile.
Sleepiness in an old man, and wakefulness in a young one, are bad symptoms.

No medicine is the safe medium in physic.
(Between that which cures, and that which kills.)

No duns outside, and no doctors within.
(Absence of sickness and debt.)

Diseases may be cured, but not destiny.
Misfortunes issue out where diseases enter in—at the mouth.

When YEN-WANG (the king of hell) has decreed a man to die at the third watch, no power will detain him till the fifth.

Old age and faded flowers, no remedies can revive.

A triple birth is the harbinger of evil.
One sleepless night cannot be compensated by ten nights of sleep.

There is medicine for sickness, but none for fate.

J. C. T.

THERAPEUTIC NOTES.

HYOSCINE, THE CEREBRAL SEDATIVE.

Dr. MITCHELL BRUCE, writing in *The Practitioner* on Hyoscine, the new cerebral sedative, says, "it very rapidly and completely controls those conditions of cerebral excitement variously known as delirium, mania, and insomnia with restlessness." He considers it to be a powerful and safe sedative, and gives numerous cases to show how it succeeds after the Bromides, Chloral and Morphine have all failed. It can be given also when Chloral and Morphine are inadmissible. It does not produce unpleasant dryness of the skin and throat. He has employed the hydriodate prepared according to the following formula:—

Recipe: Hyoscinae Hydriodatis gr. i
Aqua Destillatae gtt. 200

The dose varies from $\frac{1}{200}$ to $\frac{1}{50}$ gr. The average working dose is $\frac{1}{100}$ gr., given either subcutaneously or by the mouth.

THE CONVALESCENCE OF ENTERIC FEVER.

Dr. ALEXANDER COLLIE, who is an authority upon the treatment of fevers, gives it as his opinion, that in severe cases of Enteric Fever, solid food cannot be given with safety until from 10 to 14 days from the time the temperature has been normal throughout the day.

THE TREATMENT OF CERTAIN FORMS OF VOMITING.

Under the above heading Dr. F. P. ATKINSON gives in *The Practitioner* some useful hints how to treat certain very distressing conditions.

For *Bilious Vomiting* he recommends a mixture of 15 minims of Solution of Potash and 4 of Laudanum administered every four hours. The Potash acts as a direct sedative to the stomach, while it is also a powerful stimulant to the secretion of bile.

For the *Vomiting of Pregnancy* he suggests taking a little milk and tea with bread and butter before rising in the morning, and a biscuit or two at various intervals during the day, whenever there is a feeling of emptiness. He explains the rationale of this as follows:—"Digestion under the circumstances is rapid, and there is moreover a determination of the stream of nutrition from the brain and stomach to the fœtus in utero. Frequent very light meals are thus indicated in the interest of the cerebral and gastric circulation." Oxalate of cerium may be tried as an adjunct. In very severe cases cauterization of the cervix with solid nitrate of silver, as suggested by Dr. M. O. JONES, of Chicago, has been found successful.

For attacks of *Sea-Sickness* he advocates the administration of Bromide of Potassium, 15 grains three times a day for a week or two before starting on a long voyage. This for people who are very bad sailors. At the time pressure should be applied over the pit of the stomach, the supine position maintained, and three or four Cocaine lozenges given at intervals.

ANTIPYRINE IN HEADACHE.

Dr. BLAKE WHITE writes, in the *New York Medical Record*, that Antipyrine, when administered in masterful doses, not only promptly relieves the symptom of headache whenever present, whether resulting from disordered digestion, disturbance of the menstrual functions, loss of sleep, undue mental effort or uremia, but also possesses reliable prophylactic virtues against recurrent attacks of cranial neuralgia. He says, he has been much impressed with the promptness of relief which often followed the administration of even a single dose of fifteen grains. The relief usually comes on within half-an-hour; a sense of drowsiness supervenes, followed by a brief but sufficient slumber, and the patient awakes quite free from headache."—(*The Practitioner*.) We learn from a Young French physician, fresh from the Paris Hospitals, that Antipyrine is now

very extensively used by CHARCOT in his wards to relieve the severe neuralgic pains of locomotor ataxy.

COCAINE IN CHOLERA INFANTUM.

Dr. HERR, of Ottawa, after a thorough discussion of the essential nature of Cholera Infantum, recommends Hydrochlorate of Cocaine in doses of one-sixth ($\frac{1}{6}$) of a grain, given every two hours. He believes we have in Cocaine a stimulant to the ganglionic centres and a sedative to the sensitive gastro-intestinal mucus membrane.—*Therapeutic Gazette*.

A CHINESE ANÆSTHETIC.

We clip from one of our Exchanges an item showing that Dr. J. W. LAMBUTH's note in the third Report of Soochow Hospital, regarding the anæsthetic properties of a Chinese remedy, has received attention in the *Now. Remèdes*:—"A substance resembling wax, but harder and semi-transparent, in the form of a tablet, was cut into small pieces and digested in water for twenty-four hours, together with a small, white, woody excrescence. The liquid was then found by Dr. LAMBUTH to possess well-marked anæsthetic properties. It was found that a numbness of the lips and tongue was produced, and that the finger immersed in the solution for some minutes could then be pricked with a needle without any pain being felt. The tablet was described as being the juice of the eyes of a frog. It was probably the substance obtained by the Chinese by placing a frog in a jar containing flour, and irritating the animal, when it exudes a liquid which forms a paste with the flour. This is then dried and made into cakes bearing some resemblance to button lac. If the anæsthetic property be due to the frog's excretion, and not to the white, woody excrescence above mentioned, the fact suggests the possibility of the animal using the secretion to deaden the pain to which it might be subjected by its enemies."

THE TREATMENT OF MALARIAL DISEASES
BY PICRATE OF AMMONIA.

By H. MARTIN CLARK, M.B., C.M., Edin.
In charge of the Amritsar Medical Mission.

During a period of four years and a half, I have treated over 10,000 cases of these diseases with this agent, with the happiest results. So uniformly successful has it been that I have in our very extensive practice here, given up the use of quinine and the cinchona alkaloids for the treatment of intermittent fever, and have substituted picrate of ammonia for them. A record was kept of 5,000 cases of intermittent fever treated with this agent. Of this number, in nine cases only did it fail to cure, and in these quinine succeeded at once. I usually give it in doses of from one-eighth of a grain to a grain and a half four or five times a day in pill. Half a grain is a fair average dose. Thus given the result is soon visible. In the great majority of the cases treated, half-grain doses in the interval prevented the recurrence of the next attack of the fever, while in about 20 per cent. of the patients two or three attacks followed before the fever ceased. In one case of quartan ague, despite large doses of the salt, the fever recurred for six periods, gradually diminishing in intensity, and then yielded to it. It is equally successful in all the forms of ague, but it is a curious fact that the cases in which it failed to cure were all of the tertian variety. I have also employed this agent in the treatment of twenty-five cases of malarial neuralgia of various nerves, six cases of malarial headache, and one of malarial colic. In all these instances it cured completely and speedily. In remittent fever it does not appear to be of use; six cases of a severe type were treated with it without any effect. Neither is the enlarged spleen of ague benefited by it. I have given it in numbers of such cases in conjunction with ergotine with good results, but such results are secured equally by the use of the ergotine alone.

My experience leads me to the conclusion that in all varieties of intermittent fever,

and in malarial neuralgias, picrate of ammonia is a valuable antiperiodic, and it is an efficient and perfect substitute for quinia. It has the following advantages over quinine:—1.—It is much less expensive. This is an important consideration where, as in Indian practice, hundreds of cases of malarial diseases have to be treated annually. 2.—The dose given is very much smaller. 3.—It does not produce the unpleasant effects that quinine does—headache, deafness, tinnitus, &c.; nor does it disorder the digestion or cause nausea, as quinine is apt to do, in the doses in which it has to be given in India.—*Lancet*.

THE TREATMENT OF RHEUMATISM.

DR. FRANCIS MINOT usually employs in the treatment of acute articular rheumatism, ten grains of salicylic acid or fifteen grains of sodium salicylate, for an adult, every hour, or every two hours, until the pain and fever abate; after that, at longer intervals according to circumstances. If there be indications of endo or pericardial complications, sinapisms are applied, followed by fomentations, and quinine is given in two grain doses, three or four times daily. In cases of suspected cerebral inflammation ice is applied to the head, with opium, chloral hydrate, aconite, etc., internally. The affected joints are simply wrapped in cotton wadding. Purging is avoided.

The diet during the acute stage consists chiefly of milk and farinaceous articles. Wine and other stimulants are ordered according to the degree of prostration. The patients are kept in bed at least a week after all pain and swelling have subsided, and the temperature and pulse have fallen to the normal standards.

In the more chronic forms of articular rheumatism, reliance is chiefly placed on quinine and iron. In all cases care is taken during convalescence to prevent fatigue, exposure to cold, and errors in diet.—*Med. News*.

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No. 3.

MEDICAL EDUCATION IN CHINA.

IN the *North China Daily News* of the 19th July, we read with interest an account of the examination of a young medical student in the subjects of medical study constituting the first professional or "Primary." This young man underwent his medical training in the English language at the hands of Dr. MYERS, the Customs' Medical Officer at Takow, Formosa. It was pleasing to note the hearty support given to this infant scheme of medical education by the medical fraternity of Shanghai who undertook the examination of the student, and the creditable way in which he acquitted himself reflects honour alike upon pupil and teacher. One thing in connection with the proceedings struck us as a little novel, revealing how Western people are apt, often unintentionally, to undervalue the intellectual capabilities of the Chinese. When the certificate was presented to the successful candidate, it appeared from some of the remarks made upon the occasion as though it were accounted something surprising and a cause of wonderment that a Chinaman could acquire such proficiency in scientific subjects as to pass an examination before foreign examiners. Indeed the incident, judging from the newspaper report, created quite a *furor* in the "Model Settlement." Surely this is not very flattering to the *amour propre* of the intelligent and educated Chinese, and one must know very little of them to esteem it a marvel when one of their number shows himself equal to passing such an examination as the ordinary medical student at home successfully encounters at the age of nineteen. From our experience, we believe that bright Chinese youths, when properly trained, make as good students as are to be found anywhere; they are plodding, studious, very amenable to discipline, as a rule extremely quick at comprehension, and with the memory faculty remarkably developed. In fact, one might call them ideal students.

Turning now to the advisability of using a foreign language as the medium of instruction for Chinese medical students, we would give it as our opinion that, *at the present time*, if the student is to become *thoroughly proficient* in the science and art of Medicine and Surgery, it is necessary for him first to acquire the knowledge of a foreign tongue—say English. The reason for this, we take it, is the sparseness of medical literature in the Chinese language. We have now, it is true, good translations of standard works on Anatomy and Physiology,

but in the broad fields of Medicine, Surgery and Therapeutics, the literature within the reach of the student is of too elementary a character to enable him to advance far up the heights of medical knowledge. In order to attain proficiency and (what is of vital moment, unless he is to lose ground in after life), in order to keep up his reading and study when he has passed from the class-room into the active duties of his profession, it is requisite that he have at his command text-books and works of reference, together with periodical publications, to which he can turn in the hour of need.

The question may be fairly put, and as a matter of fact it is often asked, "Granted that it is best for the present at least to teach in a foreign tongue, why do you medical missionaries not adopt this method? Your efforts now result only in the manufacture of a half-finished article. Why not elaborate your system and give us the hall-marked article at once?" But the subject is not so easy of solution as would appear at a superficial glance. And in the first place we would remark, that medical missionaries *have* been engaged for some years in teaching medical students in English, and in giving them as complete a course as it is possible under the circumstances. But such efforts are necessarily curtailed, first, by the limited number of English-speaking students willing to apply themselves to the study of medicine. A mere smattering of English will not suffice to enable the most intelligent to read technical books, as he will fail to understand them, however simple may be your explanations. His acquaintance with English must be a really workable one; he should be able to read fluently and to understand what he reads in any ordinary English book; then he can take up the text-book, and, aided by his medical dictionary and tutor's help, may hope to see daylight as he goes along. Yet, alas for science, the promising youths with this amount of English—and there are not so very many of them—can command a better income in the mercantile world, or in the diplomatic or Customs' services, than he is likely to get out of doctoring, and we have failed as yet to meet men with the enthusiasm of a *VESALIUS*, who will love science for her own sake. Then again, the *openings* for such men are very few indeed, and the demand necessarily regulates the supply. We have been told that the best teas go to the Russian market; they fail to fetch their price in England, and consequently are not sent there. Now, the important question is, do the Chinese *want* expensively trained medical men?—for the full curriculum in English means the outlay of considerable money. *We* may say that they do; but when a business man imports goods for sale, he is not guided in his selection by what *he* considers the poor benighted heathen need, but by what *they* want—in other words, what will sell and bring him a profit. And so with regard to the market open in China for doctors, the outlook for highly trained Chinese medical practitioners, enabling them to reap the income they have a right to expect, is a very poor one. In such places as Hongkong or Shanghai, where foreign influence is rapidly producing a hybrid type of Chinaman, who might attach some

importance to a foreign-stamped diploma, room might be found for a limited number, but where else? In the army and navy? It is true that His Excellency LI HUNG CHANG is, in Tientsin, doing something to meet the need for military surgeons, but only in a very half-hearted manner, and neither he nor the Central Government are prepared to organize and support energetically a military medical department, without which there can be no large measure of success. Many attempts have been made to induce the authorities in Peking to form such a department, but all seem to have been unsuccessful so far. An American, Dr. LUSCHER, fresh from the care of wounded soldiers in Formosa, visited Peking at the close of the French war, with a full-fledged scheme for the organization of an army medical service, but failed to accomplish anything.

Then, as to the openings for private practice in purely native cities and towns, we believe that the fully trained man, expecting a fair income, would generally be disappointed; for we must disabuse ourselves of the notion that the sick Chinese are eagerly seeking the benefits of Western medicine. They look with distrust and suspicion upon the foreigner and the foreign-trained native alike. It is true that good work will always tell, and that wherever a medical missionary is located it will be his own fault if he does not succeed; yet it does not necessarily follow that the foreign-trained native will thrive much better in family practice than his neighbour without any training at all. But is this state of things in any way strange; the nation has first to be educated, and to become appreciative of science before she will have her cities full of scientific practitioners; the advance, in fact, must be equal along the whole line. We do not to-day look for our discoveries in medical science to Turkey or even to Spain, but rather to those nations where education and liberty of thought have spread more rapidly.

These remarks may in some measure explain why, for the most part, medical missionaries have aimed at a less ambitious standard of attainment in their students, judging that without the knowledge of a foreign language they could obtain a useful working acquaintance with Western medical treatment, empirical, no doubt, in the main, yet correct and accurate as far as it goes. Such men, while being considerably superior to the native practitioners, can yet successfully compete with them, and for private practice will best meet the demand of the market for some time to come.

As for the army and navy, China needs fully trained surgeons, with such status and pay as will attract capable men into their ranks, but they should be formed into a distinct corps and not remain dependent upon the caprice of the commanding officer. It seems, however, as though many other reforms must come about before this one is ripe.

J. K. M.

CHLOROFORM INHALER.

IN the *New York Medical Record*, April 23rd, Dr. LEWIS A. SAYRE describes a Chloroform Inhaler which he has used for many years, and with satisfactory results. He says, "It is simply a German-silver cup to place over the mouth and nose, with a notch in its upper border, to fit over the latter organ. A wire gauze is placed over the lower half of the cup at about its centre, and behind this is to be placed the sponge to hold the anæsthetic. Beneath the sponge is an opening for the admission of air on inhalation, and opposite the mouth is another opening for the expulsion of air on exhalation. These openings are alternately opened and closed at each inspiration by the small wooden balls which act as valves, so that no air can be inhaled except such as passes through the impregnated sponge, and the impure air is exhaled through the upper opening.

"Ten, twenty, or thirty drops of chloroform administered in this manner will almost invariably produce anæsthesia by a very few inhalations."

Dr. SAYRE has "practised this method for many years," and the small amount of chloroform required, the rapidity with which it takes effect, and its safety in careful hands, are recommendations for its use in China.

The inhaler is made by JOHN REYNDERS & Co., 303, Fourth Avenue, New York.

J. G. K.

ANNUAL OF MEDICAL SCIENCES.

WE have just received a circular announcing the establishment of a new publication, to be called the *Annual of the Universal Medical Sciences*. Its object is "to present at the end of each year, in the English language, a Report of the progress of every branch of medicine, during that year, in the different parts of the world." "In addition to procuring information upon the progress of general medical science among medical men, efforts will be made to investigate the methods employed by uncivilized races in their efforts to treat disease, in the hope that among the many crude measures practised by them, some valuable remedy or procedure may be discovered." The Chief Editor is Dr. CHAS. E. SAJONS, one of the Professors of the Jefferson Medical College, Philadelphia. He is supported by sixty-four Associate Editors, drawn from the pick of the profession in America, and by 150 Corresponding Editors, located

in the great medical centres. Besides these, the idea is to have eventually correspondents in all parts of the world—civilized or uncivilized.

The work will consist of five royal octavo volumes of about 500 pages each, fully illustrated with wood-cuts, coloured plates and maps. The price is to be \$15, and the Publisher is F. A. DAVIS, 1217, Filbert St., Philadelphia.

We heartily wish success to the new scheme, though we think it would find more favour could the new material, to be collected annually, be brought within a smaller compass.

FRIENDLY NOTICES.

IN the July number of *Medical Missions at Home and Abroad*, the Editor notices very kindly the first copy of this Journal. Referring to the fact that professional material is likely to be much more easily obtainable than missionary experience, he goes on to add, "there will be a danger, on that very account, of degenerating in the direction of a purely medical journal." He trusts that this may not happen. We repeat these remarks very gladly, because they express what may become, unless we as a body of medical missionaries are on the watch against it, a very real danger ahead. While giving due scope to the purely professional side, let us also keep the missionary aspect of our work well to the front. Will every reader of this Journal bear this in mind, and let us have from time to time items of missionary experience as well as cases of professional interest.

The *Medical Missionary Record* of New York City gives the *China Medical Missionary Journal* a very happy welcome. It speaks with surprise of the possibilities of "producing so excellent a literary and typographical journal in the Chinese Empire," and says: "In this latter respect it surpasses anything we have seen produced in China, and places it on a par with any similar magazine published in Europe or America"—a commendation well deserved by our enterprising Publishers. It says further: "We shall be pleased to act as agent in America for the new journal, and would ask a similar favour on our own behalf,"—an arrangement we are more than ready to accept.

CUSTOMS' MEDICAL PUBLICATIONS.

IN the recently published *Catalogue of Customs Publications*, we notice Thirty-two Medical Reports, from October 1870 to September 1886. The most of the numbers are sold at a dollar each, though three numbers are fixed at two dollars. This valuable series, many numbers of which are illustrated, contain a great amount of information on such topics as the *Filaria Sanguinis Hominis*, The Plague in Yunan, *Tinea Imbricata*, Cholera Epidemics in Japan, Lithotomy Statistics from Canton Hospital, Epidemic or Continued Fever, *Trichnia Spiralis* in Chinese Pork, the Relations of Microscopic Organisms to specific Diseases, the *Bacillus* of Enteric Fever, Typhoid Bacteria in Drinking-Water, the Etiology of Leprosy, the Fevers of Chefoo, Operative Treatment of Hepatitis and Hepatic Abscess, *Diostoma Hominis*, Sprue, an Affection of the Sympathetic Plexuses of the Intestinal Wall, Attempt at Chinese Vital Statistics, the "Black Lime" of China, Diseases encountered in the Foreign Hospitals of Shanghai. We learn from a note, that the substance of the information contained in Nos. 1 to 24 will be found systematically arranged in "An Epitome of the Reports of the Medical Officers to the Chinese Imperial Maritime Service, from 1871 to 1882, with Chapters on the History of Medicine in China," etc., compiled and arranged by Surgeon-General C. A. GORDON, M.D., C.B. LONDON: BAILLIÈRE, TINDALL & Cox, 1884.

HOSPITAL REPORTS.

REPORT OF THE CANTON MEDICAL MISSIONARY SOCIETY.

THE full and correct name of this body is the "Medical Missionary Society in China," and the Report before us covers its forty-eighth year, closing with December 1886. There is first a Report of the Annual Meeting, then a Report of Hospital, by Drs. KERR & NILES, which latter includes Reports of a Dispensary by MARY W NILES, M.D.; of Dispensary Work at Sz Ur, by R. H. GRAVES, M.D.; of the Yeung-Kong Dispensary, by Jos. C. THOMSON M.D.; and of the Kiung-Chow Hospital, by H. M. McCANDLISS, M.D. Admirable Tables give a large variety of information regarding the multifarious work of this oldest and most vigorous of the medical organizations in China. There were 2,233 Surgical cases treated in Canton; 1,287 In-patients; and 5,660 Out-patients. The number of cases of Lithotomy were 38, and of Lithotrity 13—a large proportion of which were boys and young men. A wood-cut illustration is given of a case of Tumor of the Parotid Space, before and after operation; also a

case of Tumor of Lower Jaw. "Worms" seem to be a quite "popular disease" in Canton, 2,977 worms having been passed by patients under the operation of Santonine, in which, the Report says, Chinese have such confidence that they say it will bring worms away whether worms are present or not!

The Medical Class consists of 16 students, 4 of whom are females. The fee charged has been nominally \$20.00, but in many cases half that sum has been taken. The students have always paid their own expenses, save when employed to assist in dispensing medicines. About 150 names have been enrolled as students during the many years that students have been under instruction, showing that far more has been done in this department than many, even of medical men, are aware. The corps of teachers numbers five, including Drs KERR & NILES, the remaining teachers (three) being natives, formerly pupils. The instruction has been altogether in the Chinese language. The Report of the Canton Hospital closes with the following passage:—

"To place the School on a satisfactory basis, a higher grade of Scholars is needed than most of those who have applied for admission, and a number of endowed Scholarships to assist suitable young men who are without means, is a desideratum. If we had the means to pay the expenses of students, as is done at Tientsin, the class might soon be doubled in number, but we regard the system of self-support, as a general rule, the one that will in the long run give the best results. We would suggest to the friends of medical education among the Chinese, that the endowment of a number of Scholarships for the purpose above stated is worthy of their consideration. The sum of \$5.00 per Month is sufficient for all expenses."

Three men and five women have been received into the church from among the patients.

We are interested in the fact that the income of the Hospital proper gives such items as the following: Entrance Fees, \$125.58; Special Fees, \$75.56; Fees from Medical Students, \$70.75; Rent of Rooms, \$366.29; Subscriptions and Donations, \$206.38; Medicines and Instruments sold, \$320.89; Milk sold, \$118.64; Bottles sold, \$38.12; Books sold, \$166.40. By the Cash Account of the Medical Missionary Society itself, we learn that at least \$1,131.00 were subscribed by Chinese, mainly high officials. The total expense of the Hospital at Canton seems to have been, for 1886, \$3,170.00, beside \$615.31 spent in building. Dr. THOMSON reports 6,044 out-patients, and 293 Surgical Operations, mainly minor ones, at Yuen Kong. Dr. McCANDLISS reports 12,127 out-door patients, and 984 Surgical Operations at Kiung-chow.

A valuable Addenda of Historical Notes, supplementary to the Report of 1885, from the accurate and indefatigable pen of Rev. J. C. THOMSON, M.D., closes this interesting pamphlet. We might be tempted to reproduce this so-called Calendar, but that very many of the facts will appear in the papers by Dr. THOMSON which we are publishing in the *China Medical Missionary Journal*.

THE HANGCHOW MEDICAL MISSION.

Dr. MAIN apologizes for the late appearance of his Report for 1886, from the pressure of work. The Hospital was closed for six weeks while being painted, and consequently the number of patients reported was less than for 1885. Besides work at the Dispensary and Hospital, Dr. MAIN finds no small or unimportant part of his work among missionaries and their families. In comparison with many parts of Chekiang, Hangchow is, Dr. MAIN says, comparatively healthy, "and no one need fear seven or eight years hard work, who has got a sound constitution and takes ordinary precautions. At the end of such a period the mental as well as the physical frame requires, at least deserves, a rest, and we believe a visit to the old country is the proper line of action"—and we know no one who will more richly deserve it than Dr. MAIN himself, when the time shall come.

The number of Patients during 1886 are reported as follows:—Out-patients (registered only on first visit), 7,326; In-patients, 312; Suicides, 87; Patients visited at their homes, 186; Patients seen in the country, 840; Number of visits paid to Foreigners and Natives, at their homes, 611; Number of suicides treated at home, 10; Number of accouchements treated at home, 3; Number of visits paid by Out-patients to the Dispensary, 10,926. The General Diseases are classified thus:—Intermittent and Remittent fever, 908; Rheumatism, acute and chronic, 609; Opium Smokers, 408; Unclassified, 319; Eighty-two cases of Opium-Smokers were admitted for cure, and many tabulated facts are given regarding them. While admitting that many do take a moderate quantity of opium for a long time without any apparent injury, Dr. MAIN speaks of the habit as "one of the greatest evils in China, filling thousands of homes with sorrow and desolation, and is one of the greatest obstacles to the progress of Christianity. If those who are ever anxious to minimise and doubt the evil effects of opium-smoking on the Chinese, could spend a few days in the capital of Chekiang, we fancy they would rapidly come to the conclusion that of the physical ruin, harrowing scenes, beggary and misery consequent on opium-smoking, the half has never been told." "The Medical Class has been continued as usual," but we find no statement as to the number of students. It is hoped that some of the young men may become "medico-evangelists" when their courses of study are completed. Evangelistic efforts occupy a prominent place, as ever, and some of the patients "have manifested by a changed life that they have undergone a change of heart." We must not fail to notice the very creditable illustrations on the cover and in the body of the pamphlet, which give it a special character among the Reports of 1886.

FOURTH ANNUAL REPORT OF THE SOOCHOW HOSPITAL.

Dr. W. H. PARK was in charge the entire year 1886; Dr. J. W. LAMBETH, who commenced the work, having left for Peking and finally for Japan. The

total number of patients at the Dispensary, new and old, was 11,973, but Dr. PARK speaks of the In-patients as not so numerous as he would like, prejudice still being strong in the minds of many. New buildings have been erected, at a cost of \$1,792.00, for the chaplain and native Superintendent, the Rev. C. K. MARSHALL, whom Dr. PARK speaks of "as almost as necessary to the existence of the Hospital as the Foreign Physician himself." The Medical School is now in its third year, but there is no indication of the number of students. Miss M. M. PHILIPS, M.D., and Rev. W. H. PARKER assist Dr. PARK in the instruction, besides three native teachers, who prepare their lectures from English Text-Books with some aid from Dr. PARK, but who deliver their lectures in Chinese.

The charges seem to be well arranged and efficiently managed. Out-door patients of the first class pay 56 cash as an entrance-fee, besides paying for their medicines; while the second class pay 28 cash, and presumably have their medicines free. In-door patients, in the Medical and Surgical wards, of the first class pay 50 cents *per diem*, of the second class 25 cents, and of the third class 5 cents; while patients in the Opium Refuge, of the first class pay \$6.00 each, of the second class \$4.00, and of the third class \$2.00 each. In the concise and clear Cash Account of the Treasurer, \$1,181.94 are acknowledged as Hospital and Dispensary Receipts; \$205.58 from sale of Drugs; \$154.25 from Donations; and \$45.00 Fees from Foreigners—all which shows the care taken to prevent the medical work from exerting a pauperizing influence.

The classification of the Diseases, the Surgical cases, the occupations of patients, etc., is unusually full and complete; and there are several Medical and Surgical Notes of interest, which our space does not allow us to quote. Dr. PARK speaks of Cocaine being as good as Osmic Acid in Sciatica, and Aqua Fontis better than either. Ascites is very common, 42 cases having been operated upon, removing on an average two gallons at a sitting.

ITEMS AND NOTES.

OUR friends will, no doubt, receive with full appreciation the photograph of Dr. ALEXANDER PEARSON, with which they are presented in this number. This beautiful and valuable picture is a donation to the readers of the *China Medical Missionary Journal*, by our President, Dr. J. G. KERR, and Rev. J. C. THOMSON, M.D., to whom we render hearty thanks on our own behalf and on behalf of all who will take pleasure in possessing such an interesting historical memorial.

We would also draw attention to the lithographic diagram accompanying Dr. AITKIN'S Article. As our first attempt in that line, we trust it will be leniently criticised.

Dr. KERR, our Medical Chief, wrote late in August of being about to start on a trip to the province of Kwangsi, to be absent several weeks. He will undoubtedly visit Kwai Ping, the scene of the riot in May of last year, when Dr. A. M. FULTON'S incipient hospital was destroyed.

We acknowledge with much pleasure the receipt of two important medical works in Chinese. We are much indebted to Rev. J. C. THOMSON, M.D., for a copy of YAU'S *History of Vaccination*, illustrated. A HEQUA, or "Dr. LONGHEAD," took up the art in 1806, and this work is by a descendant of the third generation, who still practises it in Canton. We are also in receipt of Dr. P. MANSON'S translation of CURLING'S treatise on *The Diseases of the Testis*, published in 1874. Both works shall receive fuller notice in due time, and they, with any others we may receive of a similar nature, will go to help form the Medical Library which Dr. BOONE has suggested.

We have all enjoyed at some period of our lives the interesting occupation of picking up shells upon the sea-shore. But many of our readers may be unaware that the Chinese enter with zest into the same pastime on the plains of Chihli; though gathering "shells" on the Chihli plain is evidently much more exciting than the very tame occupation of our childhood. Indeed, there is an element of danger in it which to the adventurous spirit might prove almost equal to that of tiger-shooting in the jungle. In another column Dr. MACFARLANE relates the case of a man who lost a leg while pursuing this fascinating pastime, but, nothing deterred by so unfortunate an experience, six months later he is found needing the surgeon's skill to relieve him of an arm, likewise the result of devotion to his favourite amusement. It is not always true, evidently, that "the burnt child dreads the fire," for certainly here we have an exception.

We are all familiar with the strange coincidences so often occurring in medical practice. Who can explain them? Here is an example. On the same day there came into a mission dispensary, almost in succession, two men, each of whom had a fatty tumour, the size of a child's head, situated on the right buttock. The size and site certainly not common, yet here in one day are almost identical cases.

Dr. D. CHRISTIE writes, July 14th, from Moukden:—"I am very busy just now over the building of a new Hospital. I experienced some difficulty in getting a good site, but a few weeks ago secured a most

suitable one. Hitherto we have laboured under a good deal of inconvenience from want of accommodation, but hope soon to be supplied with a well-equipped Hospital."

We clip the following from *The Chinese Recorder* of August;—Dr. RUSSELL WATSON, of the Baptist Mission, Tsing-Cheu Fu, Shantung, writes:—"At present we are going 'dead slow;' have moved into our new compound, with dwelling-house, two-storied hospital and dispensary, all convenient to each other. Will be in full work again in the autumn."

We learn from the home papers that Miss MAY E. CARLTON, M.D., who pursued a post-graduate course in New York City, has been appointed to the Woman's Hospital Nankin, and was to leave America in September.

Among the recent graduates of the Woman's Medical College in New York City is KIN YAMEI, a Chinese girl, who had taken the highest position in the class.

We must not omit to note the arrival in Japan of Rev. HENRY MARTYN SCUDDER, M.D., D.D., as a volunteer missionary. His father, the Rev. JOHN SCUDDER, was for many years a missionary to India, and he himself and several of his brothers have also been missionaries in that land. Several of his own children, and the children of his brothers, are abroad as missionaries. One son and one daughter are stationed at Niigata, on the North-western shores of Japan, and it is to join them that Dr. SCUDDER has resigned the pastorship of a large Congregational Church in Chicago.

We learn with regret of the failure of Dr. PRAY'S health, and of her return to America. We can ill afford to have our number so reduced, but will hope that her place may be speedily filled. The Ven.

Archdeacon WOLF, of the Church Missionary Society, writes of her, though her connections are with the Methodist Episcopal Mission: "Dr. PRAY'S departure is a great loss to this place, and it is feared she will not be able to return."

The last number of the *Medical Missionary Record* of New York contains a portrait of the late Dr. OSGOOD, of Foochow, and a well-deserved tribute to his memory. He was called away in the prime of life and in the midst of his usefulness. During the short period of his service he had made for himself a name for earnestness and devotion to his work, which secured the confidence and respect of the natives and the admiration of Europeans who were witnesses of his unselfish devotion to the welfare of his patients. In the translation of GRAY'S *Anatomy* he has left us a valuable work, and an earnest of what he would have done had his life been spared.

Dr. PARRY, of the China Inland Mission, writes from Ch'entu, Szechuan, that he has "already found an open door to several official families, in this great city, and a good number are attending the dispensary twice a week. There is a church of thirty members here, and we are hoping for much blessing." Dr. PRUEN, of the same Mission, writing also from Ch'entu says, "We have opened a new house for our Mission in this city near the Manchurian Garrison, and so are having crowds of visitors. The Gospel is being preached, and I am seeing patients twice a week."

Though a little late in doing so, we must not omit all notice of the kindly recognition of the Medical Missionary Work of Dr. J. THOMPSON, of Petchaburi, Siam, by the enlightened and progressive King of that land. At an interview granted the missionaries of Petchaburi early in February, "The King first of all expressed to Dr. THOMPSON his gratitude for his services to the wound-

ed sailors, and then for his medical work among His Majesty's subjects, assuring him of future aid, urging him to carry on the work to the best of his ability, and exhorting him to train a native force in medicine."

We learn that a passenger by the steamer *Abyssinia*, due next week, is a Chinese lady, Miss Y. MAY KING, M.D., who has been in America for some years studying medicine. Dr. KING graduated at the head of her class in May 1885 at the "Woman's Medical College of the New York Infirmary," and has since pursued special post-graduate courses in Philadelphia, Washington and New York, and has served as resident physician for some months in the New York Infirmary and in the Children's Asylum at Mt. Vernon, near New York. She has had unusually good advantages, and has established already a high reputation for ability and thorough acquaintance with her profession. She is also a skilful photo-micrographer, and has been elected an honorary member of the Washington Microscopical Society. Miss Dr. KING was brought up as an adopted daughter in the family of Dr. D. B. MCCARTEE, for many years a medical missionary of the American Presbyterian Church in Ningpo, and afterwards Professor in the Imperial College, Tokyo, Japan. Dr. and Mrs. MCCARTEE, on returning to the United States some years ago, gave Miss KING every advantage of education and improvement, and they now accompany her to her future home [Amoy] where she is to be connected with the mission of the Reformed Church as Medical Missionary. Doctor MCCARTEE and Miss Dr. KING will no doubt visit the hospitals for Chinese in Hongkong, Canton, and Fat-shan, where we bespeak for them a cordial welcome.—*China Mail.*

The New York Medical Missionary Society has now become the "International Medical Missionary Society," electing a number of additional Managers and putting on its Advisory Board, among others, the names of

Dr. J. C. HEPBURN, of Japan, Dr. J. G. KEER, of China, and Dr. C. R. BACHELOR, of India.

The "Alice Memorial Hospital" at Hongkong, under the care of the London Mission, the foundation stone of which was laid June 3rd, 1886, was opened" to the sick of all creeds and nationalities, February 17th, 1887. The name is given in memory of the wife of Dr. HO KAI, who undertakes the expense of building. The London Missionary Society contributed some \$14,000 for the site, which cost \$22,000, and Hon. E. R. BELLIOS contributed \$5,000 for the purchase of medicines, while Dr. CHALMERS and others collected considerably more. To it the services of Drs. YOUNG, MANSON, HARTIGAN, and JORDAN are given gratuitously. It is expected after a time to open a clinical school, and to train students for three years in the various medical branches of European practice.—*China Mail.*

We see by American papers that Dr. ELLEES (now become Mrs. BUNKER) is physician to the Queen of Corea, at a salary of \$18,000.00 a year.

MARRIAGE.

At Seoul, Corea, July 5th, Miss ELLEES to Rev. D. A. BUNKER.

DEATHS.

At Nankin, August 24th, the infant Son of Dr. BEEBEE, of the Meth. Epis. Mission.

At Shanghai, September 19th, the infant Daughter of Dr. G. A. STUART, of Methodist Episcopal Mission, Wuhu.

ARRIVALS.

At Amoy, July —, Miss Y. MAY KING, M.D., for the Dutch Reformed Mission.

At Shanghai, Dr. D. E. OSBORNE and wife, returning to the mission of the A. B. C. F. M., Shansi.

DEPARTURE.

From Foochow, September 1st, Miss S. PRAY, M.D., of the Methodist Episcopal Mission, for U. S. A.