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

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

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

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

By Dr. H. W. Boone, Delegate from China.

As the Medical Missionaries of China appointed me one of the delegates to represent them at Washington, it may interest them to have an informal report of that gathering. The medical men began to arrive in Washington on the 1st of September. Went to the Riggs' House, opposite the Treasury Building, to call at the temporary office of Surgeon-General Hamilton, of U.S. Marine Hospital Service, the Secretary-General of the Congress. The Head-quarters of the Secretary-General were at the Riggs' House during the meeting. All were kindly received and sent on to Willard's Hall to register, receive their certificates of membership, badge, and cards of invitation. The crowd increased, and on Saturday men from all parts of the known world could be seen in Willard's Hall and in the neighbourhood. The men who have lifted medicine to a higher plane by their efforts, were eagerly pointed out; introductions were sought, or offered, and a genial tone of friendly feeling prevailed. Washington is a beautiful city; and the members were scattered about—walking, riding, or driving, to see the sights. The Capitol, the White House, the Monument and grounds, the Smithsonian, the National Museum, Arlington, the Soldiers' Home, and many other points of interest were visited. The Army Medical Museum and Library were of prominent interest to medical men, and well did they repay the visitor. The collection is simply superb. Whether we examine the pathological specimens, the injuries to bones and joints from missiles (representing the history of the late war), the Anatomical preparations, the casts of different parts of the body, the collections of skulls, the collections illustrative of Comparative Anatomy and Physiology, or examine the collection of instruments, the microscopes, the instruments of precision, or any portion of this vast collection, we are struck with its superior nature,—the system, the order, the wise forethought which has brought this collection to such magnificent proportions.
It would take weeks, months, to master this Museum and to fully appreciate the value of the library. Suffice it to say, it was the admiration of all beholders. On Monday, September 5th, at 11 a.m., the entire body of medical men met in the Opera House. The upper gallery was reserved for the ladies. President Cleveland opened the meeting with a few well-chosen remarks. Dr. N. S. Davis, of Chicago, was duly chosen as President, and Dr. Hamilton as Secretary-General. A list of the Vice-Presidents and Officers was read and approved. Mr. Bayard, Secretary of State for the United States, then made a most charming address of welcome. President Davis read the opening address. The different foreign delegates responded briefly, and the business began. The sections and their work were announced, as per programme already in the hands of the members. We were to have a general meeting in the Opera House every morning, when an address would be read. The meeting would then adjourn and the Presidents of sections would hold their meetings in the places allotted for their business. Your correspondent, while visiting other sections occasionally, gave the most of his time to the section on General Surgery, of which Dr. Briggs of Nashville, Tennessee, was the President. This was one of the largest sections; here could be seen assembled in one hall men whose honored names were famous throughout the whole world. Most of the papers read were of a high order of excellence. Those on the surgery of Gunshot Wounds of the Abdomen, on the surgery of the Hip Joint, and on Brain Surgery elicited the greatest amount of discussion. The discussions of these and of other papers were among the most interesting and attractive features of the meeting. Your correspondent soon discovered that the meeting was for purely Medical and Surgical business. During the hours of meeting nothing else was wanted; he therefore joined in the debates when he could say anything of interest touching surgery in China which would bear on the topic under discussion, and was kindly received by the audience. Out of business hours the members showed an interest in Medical Missionary work, were quite willing to talk and hear about it, and to examine our Journal and Photographs of work done in China. Your delegate received invitations to visit nearly every important city in the United States and some in Europe, and was promised a hearing on Medical Mission Work in China. The various sections were well attended, and many papers of high interest were read and discussed by those specialists whom they concerned. The meeting was held so early in September that nearly everybody of any note in Washington Society was out of town. Congress was not in session. Those who remained in town made up by their lavish hospitality for the absence of others. A Conversazione at the noble "Pension Hall," was held on Monday night. This building has a vast Central Hall surrounded by galleries. Brilliantly lighted with electric lights, draped with the flags of all nations, adorned with plants and flowers, it presented a striking appearance. Suffice it to say, that 6,000 promenaded or sat listening to the strains of music from the band without crowding the spacious building.
On Tuesday night the President and Mrs. Cleveland received the members of the Congress at the White House. At 8 p.m. precisely the great doors were thrown open; the superb band of the Marine Corps struck up a lively air; and we entered. Passing through the entrance hall, we turned to the cloak-room at the right hand, then across the Central Hall, decorated with the portraits of the former Presidents of the Republic. We then passed through one room into the Red Room. Our names were called by two army officers in full-dress uniform, and we shook hands with the President and Mrs. Cleveland. They had a word for nearly all the foreign members of the Congress. The crowd passed through several handsome rooms into the great banqueting hall, where chairs were placed for the ladies. The conservatory was brilliantly lighted and was a favourite resort. From this reception many of the members and their families visited the Corcoran Art Gallery, which was thrown open to them. On Wednesday evening, dinners and receptions were given by senators, members of Congress, the Surgeons-General of Army and of U.S. Hospital Marine Services. Commissioner Duet entertained a lawn party, while some of the members enjoyed the hospitalities of the Clubs. On Thursday evening a Grand Banquet was given to the members and their friends at the Pension Hall. On Friday evening the Foreign Members were entertained at "Grasslands," the country house of Secretary Whitney, the Secretary of the Navy. On Saturday the Foreign Members of the Congress visited Mount Vernon and the tomb of Washington. They were conveyed on U.S. men-of-war, placed at their disposal, while the American members of the Congress went in the ordinary river-steamers. As we broke up, parties were arranged for Niagara and other points of interest, the R. R. Companies offering reduced rates to all the members of the Congress. The whole meeting was thoroughly enjoyable; an air of friendly good feeling prevailed; many new friendships were formed, while every day old friends and class-mates, who had not met for a quarter of a century or longer, clasped hands and renewed their youth in the reminiscences of the past. Much intelligent interest was shown in the subject of medical mission work; it was generally approved of; many questions were asked about it; and your correspondent has reason to believe that the work done for this cause at the meeting by Dr. George Post, of Syria, and the few other medical missionaries present at the meeting, will bear good fruit in due season. The fact that two medical missionaries, Dr. Post and your correspondent, were placed on the Committee to arrange for the next meeting of the Congress, shows that we were fully acknowledged and welcomed as a part and parcel of the Great Medical Fraternity.

Locust Grove, Kent Co., Md.

September 15th, 1887.
THE STEARATE OF LIME AS A SURGICAL DRESSING.

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

Wherever cheapness combined with efficiency becomes as much of a desideratum as it does in the conduct of our Mission Hospitals, where we have to use such quantities of supplies, the introduction of an article combining both qualities in a marked degree may be a real service, especially when it may be prepared from materials readily obtained and by the regular staff of assistants.

This must be my excuse for calling attention to the substance known to engineers as the Stearate of Lime, and sometimes used for the waterproofing of brickwork.

The name is not inappropriate, for although as ordinarily made it is not with stearic acid alone, yet, as a fat should be selected which is composed in as large proportion as possible of stearine, with minor proportion of alcine or even margaine, it may fairly be called a stearate, without captious criticism.

As it is not an article of commerce, it becomes necessary to make it; this, however, is easily done, as I hope to show in the following note on—

The Process of Manufacture.

Take of fresh, burned lime in lumps, ninety catties (90); of beef-suet, chopped fine, twenty catties (20); boiling water, a sufficient quantity.

As beef-suet may not always be readily obtainable, one may substitute here in the north the tallow-chandlers' cakes of mixed tallow, as prepared for the candle manufacturers. The quantities given above are more than can be easily manipulated in the largest of the iron food-kettles; a small kong, or half barrel, may be used; smaller quantities may be manipulated, but the quantity of lime should not be too small, else the heat generated by the slacking may not suffice to complete the reaction. To the quicklime the boiling water and the fat are rapidly added, and the boiling mass continually stirred. This is very important, both to insure complete mixture and extinguishment of the fat, and to avoid burning the latter. Enough boiling water should be added to bring the mixture to a creamy consistence, and the stirring should be continued until it is somewhat cooled and no pellicle of free fat can be seen floating on top.

The surplus water is then to be evaporated—a little drying in the stove oven or exposure to the sun will be sufficient—and the result will be a soft, white powder, which has lost the harsh alkaline feeling of lime, but is unctuous to the touch, like the oleate of zinc.

It is evidently an insoluble lime-soap, similar to that found in the Linimentum Calcis, and practically a stearate.
Surgical Uses.

This preparation has replaced to a large extent in my practice the oxide and oleate of zinc, as very many of the cases of cutaneous disorders yield to it as well as to these more expensive drugs; and yet it is often mixed with those mentioned, with bismuth, or iodoform, etc., combinations according to the nature of the case, such as would readily occur to any surgeon.

It seems to us unavoidable in our circumstances to give out a great deal of medicine, to be taken to their homes, to patients whom we may have seen but once or twice, or even not at all. This preparation often serves us excellently in appropriate cases, in this way:—for instance, a routine treatment in purulent otites is to give a package of this powder, with instruction to have it blown into the ear through the little reed tube of the spinning bobbin found in almost every home, and in the majority of cases the discharge is stopped without any further treatment; if not successful, the surgeon must take the case in hand in person.

Although it is often preferable to use it dry, as we have learned to do nowadays with most surgical dressings, still I have often used it to advantage mixed with oil, vaseline, or lard, and it certainly lends itself to the formation of an ointment quite as readily as any of the substances commonly used.

As a dressing of operation-wounds, absorbent, and diluent of various antiseptics, it also fills a useful purpose, and will, I hope, prove as serviceable to all who may use it as it has to the present writer.

Williams' Hospital,

P'ang Chuang, Shantung.

AN ANGLO-CHINESE STANDARD VOCABULARY OF MEDICAL SCIENTIFIC AND PHILOSOPHICAL TERMS.

By H. T. Whitney, M.D.

A question of considerable importance is now facing medical missionaries and others who give instruction, through the medium of the Chinese language, in Medicine, Chemistry, Botany, Natural Philosophy, Geology and Biology. It is a question of how we can convey right ideas in the most accurate, concise, and rhythmical form. This is the aim, or should be, in all languages. Every-
thing else must first give way to accuracy. The second object is to convey accurate ideas in as few words as possible. And if, in addition, we can use rhythmic language, we have attained the perfection of form in teaching.

The proper use of language, then, is to convey accurate ideas to others, which, in other words, means, to give instruction. And the drawing out of another's ideas, clothed with appropriate words, constitutes the process of education of one by another. Medical missionaries and other teachers are called upon to fill both these relations with their pupils. Consequently, the application of the above principles to the subject in hand will be readily seen upon a moment's reflection.

Perhaps there is no language better adapted to convey simple ideas than the Chinese, though it is not capable of conveying accurate ideas on all subjects, for it is manifestly very deficient in many realms of thought. Still, wherever it can be used, it can be generally employed accurately and with a good degree of conciseness, and, in many cases, rhythmically. But its great deficiency for conveying Western ideas, coupled with our ignorance of how it might be used in many more ways than it is, make it necessary to consider the question of proper terms.

Three methods have usually been employed in providing terms. The first method is to use the native terms as we find them,—as rhubarb, yeast, vinegar, etc. The second method consists of uniting one or more characters to indicate the simple elements of which any substance is composed; and also, by combining numerals with the character, the degree of oxidation and the atomic combination is also indicated. This method is essential in providing proper chemical terms. The third method consists of a phonetic transliteration of foreign terms, without conveying any idea of their meaning. It is the same as it would be to transliterate into English from a foreign language any term for which the English had no equivalent.

The first method might be called "original," because we take the original term as we find it. The second is properly the "chemical method," and the third the "phonetic method."

There are, of course, difficulties in the use of each of these methods, but there is no uniform system by which this term-making can be regulated. Hence we are shut up to the three methods named above. The original method is by far the most practical, and should always be adhered to if possible, though it has not been in a large number of instances where it might have been. The Chemical method is very essential in Inorganic Chemistry, and, to some extent, in Organic Chemistry. The Phonetic method, on the other hand, ought never to be employed except in special cases for the sake of brevity, or when neither of the other methods can be used to advantage.

But if we apply these rules to the vocabularies now in use, we shall find them sadly defective in the "original" and "phonetic" methods. This whole
field, therefore, ought to be carefully reviewed by competent scholars familiar with Chinese,—correcting, revising, arranging, and enlarging by the addition of scientific and philosophical terms, to supply the need in fields kindred to Medicine. There is but little advantage to be anticipated from any detailed discussion. We all know that the vocabularies now in use are defective; and the main object should be to eliminate the defects as far as possible, make needed additions, and combine the whole in one standard volume, which could be had for ready reference by those engaged in teaching or translating, etc.

The responsibility of a work of this kind properly belongs to medical missionaries, because it affects them more than any other class; they being the most numerous of those constantly in need of these terms; and as we now have an Association, it seems proper that it should take up this work and carry it to a successful issue. But since what is everybody's business is nobody's, I would like to make a focusing move by suggesting that a Committee, of say five, be chosen by the Association to undertake this work, and bring in a majority decision which the Association shall accept as final and take measures to have published.

The decision, of course, would embrace a revised, enlarged, and corrected alphabetical list of all the preferred terms of the Committee. Also, in their appropriate places, would be written all the non-preferred terms that have been and are still in use,—As, for instance, nitric acid (which has no less than five different names in Chinese), would have first the preferred term with the others following. An arrangement of this kind would enable any one to see at a glance all the terms ever used for any one thing, and which one was now preferred.

The convenience and utility of such a work can hardly be overestimated. And yet, perhaps, the Association may not wish to undertake it; and for this reason I have expressed my own views, and hope the other members will do the same. And as things move slowly in China, it may not be too early to suggest now the names of those whom it would be desirable to constitute a Committee in case the work was undertaken by the Association. For one, I should be glad to vote for Dr. J. G. Kerr, of Canton, for Chairman; John Fryer, Esq.; of Shanghai, Dr. J. Dudgeon, of Peking, Dr. B. van Someren Taylor, of Fuhning, and Dr. S. A. D. Hunter, of Chefoo.

The June Number of this Journal solicited the discussion of Chinese Medical Terms in its columns, and it seems to the writer that the plan proposed above promises the greatest and most practical results. A discussion in detail of single terms, or picking vocabularies to pieces piecemeal, would tend to gender strife and create hard feeling—the very result we wish to avoid. Our clerical brethren have "discussed" a "term question," with not very flattering results, and medical missionaries need to be careful. A few competent persons can discuss and settle such matters far more satisfactorily than the many. Let us choose some "deacons" to "serve tables" while we continue in our appointed work.
THREE CASES OF STRICTURE OF ŌESOPHAGUS.

By Dr. R. Coltman, jr., M.D.

This is one of the rarer forms of disease, and having met three cases within a week the past summer, I feel called upon to report them. In the United States, during attendance upon four years' clinical lectures, I recollect but two or three cases of strictured œsophagus, and they were nearly all due to the ingestion of lye, sulphuric acid, or other corrosive poison, swallowed by mistake. Knowing, however, that Cancer and Syphilis are causative of the disease, helps considerably in a diagnosis. The following cases were treated at the Wei Hsien Dispensary, by Dr. Hunter, last summer, during my residence there.

Case I.—Man, æt. 37, brought to the hospital on a stretcher, being unable to walk or even stand. He had not eaten nor drank anything for six days, and was in a condition of great exhaustion, voice feeble, tongue flabby, coated, and trembling. Dr. Hunter diagnosed the case correctly, and having failed to pass a bougie, requested me to see him. Upon questioning him, I elicited the fact that he had formerly had a venereal sore, though, as far as we could learn, no secondary symptoms. Thereupon we agreed to try specific treatment. The most urgent call was for nourishment, as our patient was nearly starved. I succeeded in passing into the stomach, with considerable difficulty, a tube of a stomach-pump, and through this we pumped into him a pint or more of warm condensed milk containing grs. 10 of Potassium Iodide.

The passage of the tube revealed the fact that the stricture was an inch or two above the cardiac orifice and of considerable density. A great quantity of yellowish tenaceous mucous followed the tube when withdrawn.

The tube conveying nourishment and medicine was introduced three times daily. After the second day the resistance was less and less marked upon each passage of the tube, and in a little over a week the man was able to swallow comfortably. From this time on his improvement was very rapid, and in two weeks he went away, taking a good supply of medicine, but promising to return in a month for examination, which, with Chinese customary regard for truth and gratitude, he failed to do. The medicine used was Potassium Iodide (grs. 10) three times daily.

Case II.—Man, æt. 55, tall, thin, and emaciated, walked to the hospital. Stated he had been unable to swallow food for two days. We gave him a cup of tea, and upon attempting to swallow it was regurgitated back into his mouth. He reported that last year he had had a similar attack, lasting two or three days, which disappeared without treatment. Introduction of the
stomach-tube revealed a stricture opposite the sixth dorsal vertebra. It was more resisting than in Case I, and the forcible passage of the bougie gave considerable pain. Same treatment was followed as in Case I, but the result, though good, was not as rapid or as permanent as in the previous case. Patient denied having had syphilis.

Case III.—I did not see this case but once, but got the history from Dr. Hunter. Symptoms much the same as in Case I, but patient denied any venereal disease. Passage of bougies in increasing sizes soon gave him relief, and Iodide of Potassium worked wonders, so that he was discharged cured.

Remarks.—I regard Cases I and III as syphilitic in origin, and their rapid improvement and apparent cure under Potassium Iodide seems to warrant that view. In regard to Case II, I am inclined to think it Spasmodic. These cases all bore the Iodide well, which disagrees with my previous experience in the Chinanfoo Dispensary. I have produced Iodism in several cases by 5 grs. of Iodide of Potassium three times daily. The Chinese appear to be remarkably susceptible to Iodine. Dr. Hunter has remarked the same thing; and I would like to hear the views of our brethren in the south upon this subject. In giving Iodide of Potassium, I always dilute it well with water, and do not see much evil effects in the stomach, but it produces unpleasant frontal headache and painful acne. This is possibly due to the fact that many of the Chinese in this locality are already anemic and living upon poor food. Syphilis is very prevalent here, as, I suppose, it is in all the large cities.

Chinanfoo,
October 21st, 1887.

CASE OF CONGENITAL UNILATERAL SKIN DISEASE AFFECTING THE RIGHT SIDE.—(Papilloma Neuroticum.)

By B. Cousland, M.B.C.M.

Ng, a Suan, aged 24, agriculturist, from the Hakka village of Tsai-thân, in the district of Hwei-lai, Chao-chow-foo Prefecture, Province of Kwangtung.

As an infant, a few dark tubercles were remarked on his neck and on the anterior border of the axilla, but it was not until he was two or three years old that his parents noticed the dark markings on the body.
The Family History is fairly good. His five brothers and sisters have nothing whatever the matter with them. His mother, he says, is sometimes "out of her mind," and a distant relative was "mad" last year but is well now. There are no cases of Leprosy or Elephantiasis in his village. Ague, Tertian and Quartan types, is fairly common. As a child, he had sometimes Asthmatic attacks.

The Blood was examined for Filariae, with negative results. Examination of the various systems and organs revealed no abnormality. The skin and tendon reflexes were present and equal on both sides.

Distribution of the Eruption.—On the Face there is a line of tubercles from the angle of the jaw to the Tragus, and in front of the ear there is a small group. At the corner of the mouth there is a small patch, and from it a faint line extends to the angle of the jaw. In addition, there are groups over the Malar bone, eyelids, lips and nose; the chin, forehead and middle of the nose being unaffected.

On the lateral aspect of the Neck there are several patches of black, pedunculated papillomata, the larger growths being about the size of barley-grains. Just in front of the anterior edge of the Trapezius muscle is a large, raised, oval excrescence, soft and moist, and presenting a compound cauliflower appearance. It was owing to this growth being constantly injured by the carrying-pole that he came to the Hospital for treatment.

On the anterior fold of the Axilla is a larger, somewhat triangular mass of the same lobulated character. From it a line of papules extends in a comparatively straight line to the Styloid process of the Ulna, passing an inch in front of the inner condyle of the Humerus. The breadth of this line varies from an inch to half-an-inch or less. Springing from the same origin is another more scattered line which slants off to the middle of the elbow, where it ends. In the forearm there is yet another band, running from the elbow parallel to the ulnar one, a little to its radial side, and ending on the anterior surface of the inferior extremity of the Ulna. Reference to Fig. I will show these lines and also the affected areas on the trunk much more clearly than any written description.

On the Trunk there are two large patches. The Pectoral one extends in depth from the fourth to the seventh rib, and from the middle line anteriorly to the anterior fold of the axilla.

Here the lower part of it splits into two, the upper division going round to the back at the level of the seventh and eighth ribs, while the lower takes a semicircular dip down to the tenth rib, and then rises again to end on the middle line behind at the level of the sixth dorsal vertebra. From this pectoral patch a band of tubercles extends up the Sternum and along the right Clavicle.

In the abdominal patch the papillary growths are much more closely aggregated than in the last-mentioned one, and the colour is therefore darker. It lies mainly in the right halves of the Epigastric and Umbilical regions, and stops at the middle line anteriorly in an extremely sharply defined Margin,
The patches in the above wood-cut, on the neck and axilla, are not adequately represented; they should have been drawn as large, black masses. There were no warts on the palm and upper-lip, as the diagram might lead one to suppose; the line of the palm and upper-lip should have been unbroken.
exactly half of the Umbilicus being affected. From this, as a base, it tapers upwards and towards the right to the level of the eighth rib in the anterior axillary line, when it sweeps down as a broad band to the twelfth intercostal space, which it follows to within a short distance of the spinal column. From the abdominal patch a few scattered elevations extend down to the Pubes near the mesial line. On the Back a line of papillomata straggles down from the anterior superior edge of the Trapezius to the fourth dorsal spine.

Lower Limb.—The anterior surface of the upper half of the thigh from the great Trochanter to the Scrotum, the right half of which is affected, is covered with irregular groups, which are larger and darker towards the Pubes and grow smaller and fainter as they disappear just beyond the middle of the thigh. Starting from the Pubes, a well marked band, three inches in width, passes down the adductor surface to the hamstring tendons, where it divides into two, the posterior division curving backwards over the inner belly of the gastrocnemius and uniting with the other three inches above the internal malleolus, on which the reunited band terminates (see Fig. II). A second row extends from the inner side of the head of the Tibia to the dorsum of the foot, where it ends in a well marked patch on the internal and middle Cuneiform bones.

Fig. II.

The Type of the eruption is distinctly papillomatous. The single elevations resemble ordinary warts in shape and character, but nowhere are they hard or dry. The affected parts are moist, cool, almost velvety to the touch, and, according to the patient's statement, perspire like the normal skin. The
Case of Congenital Unilateral Skin Disease.

The proportion of hairs, too, seems normal. The warts have a tendency to become dark in colour, and the lobulated masses are almost black. Sensibility to touch and temperature is unaffected except in the two large excrescences, where it is diminished. These excrescences, on excision, proved to be made up of pedunculated branching lobules, closely packed together and springing from a comparatively narrow base.

The tubercles on the neck all show a tendency to be pedunculated, which was not manifested elsewhere, explainable, perhaps, by the absence of pressure from the clothes. On the limbs and trunk the units are small, flat and sessile. The disease seems to have been almost stationary, and increased but little since he was a boy.

Microscopically, sections of the excised lobules, stained with Picrocarmine, presented the usual appearances of a papilloma,—a branching fibrocellular basis supporting many-branched enlarged papillæ, the Rete Malpighii and stratum granulosum much hypertrophied and covered with a thin, horny layer.

The case is evidently an example of the rare form of papillary disease which has been called "neuropathic papilloma" or "papilloma neuroticum,"* but as the descriptions of previously recorded cases are inaccessible to me, I am unfortunately unable to compare it with them. The nervous relationship of some of the affected areas is not quite obvious, perhaps, but the general agreement of the lines and patches on the arm, leg, and trunk, with the Internal Cutaneous, Internal Saphenous and Intercostal nerves respectively, is sufficiently apparent.

English Presbyterian Hospital,
Swatow, October 8th, 1887.

* Dubring, Diseases of the Skin, 3rd Ed. p. 392.
STUDIES WITH THE MICROSCOPE.

I.—A Few Words about the Mosquito.

It would repay the busy practitioner to give but a half-hour a day, at the microscope, to the study of such insects as the mosquito and flea. A half-hour would not suffice for elaborate study, yet would furnish such information as would be of benefit to patients suffering from the stinging punctures made by these little animals.

In the common mosquito the eyes are compound and are situated on the side of the head, and present more than three hundred rounded corneae. The female alone has the wonderful puncturing apparatus. The proboscis, which is placed on the head, between and below the eyes, is composed of seven pieces—the mouth-organs.

The tubular canal, in which the lancets are lodged when at rest, is visible without the aid of the microscope, and is traversed by a longitudinal slit throughout its entire length.

The puncturing apparatus consists of a pair of blunt-pointed, a pair of lanceolate, and a pair of serrated, instruments. The two lance-shaped, one of which is the analogue of the tongue, are each pierced by a delicate canal; while the saws, or mandibles, have two rows of teeth, which occupy about one quarter of the length of the shaft. These teeth are so placed that one row turns up and the other row turns down; the insect is thus sure to wound when she punctures the skin, and to inflict another when she withdraws the lancet.

When these instruments of torture are plunged into the blood-current of a patient suffering from Elephantiasis, it is against these saw-like lancets that the embryos of filariae impinge.

It was thought at one time, that mosquitoes injected a poison when piercing the skin, thus causing a certain amount of irritation, but this is now supposed to be accounted for by the deep penetration of the lancets into the cutis vera.

II.—The Air We Breathe.

During a recent sand-storm at Foochow, a microscope-slide was exposed for a night. The storm was not heavy enough to cause inconvenience to the eyes, but was quite perceptible on the horizon. The slide was placed upon the river-bank, at an elevation of 20 ft. above the surrounding country, and the dust-laden wind first crossed the river (about \( \frac{1}{4} \) of a mile in width), and may be supposed to
have become somewhat purified in so doing. Upon examination the slide proved to contain the following:

1. — Hair.
2. — Minutely divided sand-particles.
3. — Diatoms.
4. — Fibres of Wool.
5. — Fibres of Cotton.
6. — Spores of Plants, in large quantities.
7. — Woody fibre.
8. — Claws of insects.
9. — Dried fungi, entire, resembling leafy plants.
10. — Objects similar to the fully segmented eggs of nematoid worms, in great number.
11. — Flea-egg shells.
12. — Pollen grains.
13. — Colored objects—yellow, brown and blue—with various amorphous unknown matter.

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ON THE USE OF TRAINED MEDICAL STUDENTS TO THE CHURCH, UNCONNECTED WITH THE MEDICAL MISSIONARY.

By B. van Someren Taylor, M.B.

I freely admit that, when I first began to train medical students, it was with the idea that the Church would employ such men, paying them a certain salary, and providing them with medicines from foreign funds; the men to devote their whole time to medical evangelistic work. This plan has been found to work well in India. But as years have gone on, and I have learnt more of Chinese character, and of the methods of mission work, I have begun to doubt whether such a plan would really be beneficial to the Church in China in its present stage. Of course, by the term "Church in China," I refer to that portion of it with which I am connected in this particular Province. That a time may come when the native Church may see its way to invite such men to take up such work, I doubt not; but that time has not yet come, and until it comes, I think for us foreigners to attempt it, would be unwise. This may seem strange to some, but
we must bear in mind that, methods which work well in one country may not
work well in another.

My object in writing this paper is to point out, what I believe to be, the
drawbacks connected with such a scheme, and to endeavour to indicate how
natives who have been trained in medicine, may be made use of to the mission.

The question of funds presents the first difficulty. Let us presume that the
sum needed for medicines amounts to $200.

The sources from which we foreign medical missionaries derive our income
are, a grant from the Home Board and private Contributions, chiefly subscribed
by the foreign community, provided, of course, that there is a foreign community
to subscribe. Now, I greatly fear that if we went to the Home Board with an
application for an addition of $200 for medicines to be distributed gratis by a
native, we would be informed that the funds did not allow of such expenditure;
nor do I think it likely that the foreign community would be willing to increase
their subscriptions for such an object. But let us suppose that the funds were
forthcoming. We have to consider,—Is the plan of handing over $200 worth
of medicine to a Chinaman, to be distributed gratis, really a wise one?

I thoroughly agree with Dr. Mackenzie, when he says, "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
foreign-trained native alike." I believe the number of patients that such a man
will have is likely to be small. The fact that he is an agent of the Christian
doctrine is against him. Nor is the fact that he distributes medicine free, in his
favor. I do not think the Chinese appreciate medicine because they get it for
nothing,—rather the reverse.

We must also take into account the effect upon the native Church of such
expenditure. Do we not know perfectly well that the natives regard us as the
possessors of great sums of money, and though we assure them that we are not,
yet we do not convince them. Would not the giving of $200 worth of medicines
tend to increase their belief in our unlimited resources?

I feel strongly that the less money the natives receive from us the better, and
therefore I feel that the handing over of such a sum would have a bad effect on
those whom we regard as Christians.

Nor is the question of obtaining proper men, men fit for such work, without
difficulties.

I do not wish to be thought uncharitable, but truth compels me to say, that I
do not know of one man in the mission with which I am connected whom I could
trust with such a sum for such work.

That the Lord of the Harvest will thrust forth fit labourers into the harvest
field, I earnestly pray; but till He does so, I prefer not to enter upon work without
men in whom I have confidence.
There are two special temptations into which a man so placed may fall. The first is, Will he not privately receive fees,—or, as he may term them, presents,—which he will appropriate for his own use? Or, secondly, will he not carry on a little business on his own account with a private stock of his own?

It is a well known fact that catechists sell foreign medicines. Some missions not merely approve of this but obtain the medicines for the catechists; others however, forbid it,—but, although forbidden, it is done.

Now, if catechists, who have never studied medicine, and really know nothing of foreign treatment, sell medicines—and, of course, appropriate the profit for their own use, in spite of edict after edict by the foreigner against so doing—have we not every reason to believe that men who know something of foreign treatment, and having a dispensary in their charge, will do so too?

In medical mission work it is essential that there should be a bond of sympathy between the patient and the physician. Now, we are bound to admit, that sympathy is very often wanting on the part of those whom we employ in mission work. It is, I believe, due to the fact that these men regard themselves as somewhat superior individuals, as agents for the foreigner, and to the fact that they are sure of a certain salary, no matter how they behave, provided that they do not behave very badly. When I first opened my hospital here I soon discovered that the behaviour of the students was anything but satisfactory in this respect. They were injuring my work by their unsympathetic manner. Now, I admit, it is not so; but that it is not so is, I believe, chiefly due to the fact, that I will not allow any unkindness to be shewn to the patients, and also because they now realise that their future prospects in life will to some extent depend upon their behaviour to those whom they have as patients.

If a native be associated with a foreigner, and under his constant supervision, these difficulties considerably diminish in force, but unless the foreigner is prepared to go in heart and soul with the natives, I think it would be far better for him not to commence such work.

Can no use, then, be made of trained medical students in extending the work of the Church? I certainly think that they can be made of much use; that as unpaid workers they will be of more use than as paid.

Unfortunately, this selling of foreign medicine has somehow got into disgrace in the eyes of the foreign clergyman, chiefly due to the fact that a good many catechists, not to mention an ordained clergyman, have left the mission to open a foreign drug store; and also, because certain baptized Christian youths, who have begun to study medicine, and who have in certain cases been dismissed as unfit, have set up as Chinese doctors, or, at least, sellers of medicine, and have, after a time, left the Church. Therefore, the very fact that a man sells foreign medicine is synonymous, in the minds of certain clergymen, with being "a scoundrel and a scapegrace." But a careful investigation into such cases would,
I think, soon reveal the fact, that those who have brought disgrace upon the Church were by no means fitted to be catechists, or even to be baptized.

But let us assume that this selling of foreign medicine is beset with particular temptations; that a man who sells medicines is more likely to yield to temptation than a man who sells cloth, or who works in the fields. Should not that very fact call forth a deeper, a more careful, a more watchful interest on the part of the clergyman? I firmly believe that, if an interest were taken in such men, they would be found of much use to the Church.

What we want in mission work is, men who will work for Christ, unpaid for it; men who are well educated; men whom the foreigner really knows something of. Now, if a man be associated with a foreign doctor, who has striven to teach him, he ought to be educated and known; besides, he ought to be able to make his own living, unpaid by the foreigner, and be willing to work for Christ unpaid. Such men will be almost certain to remain in cities. Is it not the case that mission work in cities has not been very productive of results? I cannot help thinking that this is so because much of such work has been left to paid agents of the mission; and the very fact that he is a paid agent causes him to be regarded with distrust. Now, such distrust will by no means be shewn to an unpaid agent. Moreover, a trained man will in all probability be able to reach quite another class of people, and a greater number of people, than if he were a paid agent.

If an interest be taken in such men by the foreign clergyman, if they be recognised as true workers, I feel sure that the native church would soon take some action in the matter. I think that they would willingly subscribe to rent a small house and furnish it with a few beds, where patients could reside for a time,—in other words, open a small hospital. Such a plan would be an advantage both to the native clergyman or catechist as well as to the native doctor. It would provide a good field for evangelistic work as well as enable the native doctor to more satisfactorily treat his cases. Or, such a plan might be tried on a self-supporting basis. Or, I think, another plan might be tried. Certain Christians might form a company, providing the capital, and invite a trained native to take charge of it; such a shop being used as a centre for mission work. Such a plan, I know, is being tried in our Church—not merely with medicine—but it has not been tried for long.

Thus have I striven to indicate my reasons for abandoning a plan of mission work employed in other countries.

Fuh-Ning,
Fuchow.
"THE HEAVENLY FLOWERS"

(天花痘)

Otherwise called the "Bean-like Eruption" (出痘) and the "Periodic Disease" (时行痘)

By Rev. J. C. Thomson, M.D.

"This is one of the nine Branches of Medicine recognized by the Imperial Medical College under the present dynasty, and was known in China in the 2nd century."—Wylie.

"Small-pox was introduced into China in the first century, from the then foreign region of Hupeh, by the army of the renowned hero Ma Yuan."

"Small-pox arose in the north and came south during the Han period (B.C. 206–A.D. 220), called 'Hun-pox' because communicated by the Huns, the hereditary enemies of China. Still more precise is the statement of the Eastern (Korean) Precious Mirror of Medical Practice, that small-pox first appeared B.C. 256–205. Indubitably, then, it made its first appearance (since history began) in the middle of the 3rd century B.C., whither it came from Mongolia; two-and-a-quarter centuries later it entered China from the south, regarded as a new disease, called the 'disease with bean-shaped pustules.'"

"The art of Inoculation for Small-pox was first taught by a nun in the reign of Jen Tsung (A.D. 1023–63).—Correct Treatment of Small-pox.

"Evidently Inoculation was taught by some Thibetan monk who had acquired his art in India, where it appears to have been known in high antiquity."—Customs Med. Rep., Mar. 1884, Dr. Macgowan.

"Inoculation was practised in China before the 9th century."—Wylie.

The Preservation of Infants by Inoculation is the title of a short treatise published by a Chinese physician. He supposes that small-pox arises from poison introduced into the system from the mother's womb, which is said to be proved by the occurrence of this disease but once during life. This poison is, in the Chinese system, associated with the principle of heat, and remains concealed till it is developed through the agency of some external exciting cause. There being thus a constant liability to this disease, it is very advisable that means be adopted for modifying its virulence. The means is found in inoculation, at such times and seasons as appear most advantageous, and when the system of the patient is in a healthy condition. The ancients possessed the knowledge of inoculating for (or planting) the small-pox; it has been handed down from the time of Chin-Tsung (Jen Tsung above) of the Sung dynasty (1014 A.D.), and was invented by a philosopher of Go-mei-shan, in the Province of Sze-chuen. The disease, when it
breaks out spontaneously, is very severe, and often fatal; whereas, when introduced by inoculation, it is generally mild, and casualties do not occur oftener than once in ten thousand cases. The author concludes his introductory remarks by saying, "to discard this excellent plan, and sit waiting for the calamity, is "much to be deprecated; it ought to be pressed upon the attention of all as a most "beneficial thing for their adoption; and all persons that have children ought to "confide in it, so that the lives of their children may be preserved." Ten rules are to be attended to:

"1. Regarding Variolous Lymph.—The lymph, or crust, may be rubbed down with a little water, and a piece of cotton wool, impregnated with the variolous lymph, introduced into the nostrils; or, by 'dry inoculation,' when the dry crust is reduced to powder and blown up the nose; or, the child puts on the clothes worn by one who has had the small-pox. After seven days, fever appears, and in three days more the spots show themselves, etc.

"2. Seasons.—The spring and autumn most favorable.

"3. Choice of Lucky Days.—A lucky day should always be chosen. The 11th and 15th days of the moon must be avoided.

"4. Management of the Patients.—Strict rules of management must be adopted in regard to heat and cold, and to diet, and avoidance of alarm or fright.

"5. At the Time of Inoculation.—Child must be in health, and ought to be inoculated when one year old.

"6. Restrictions.—Child's room to be clean, airy, and well lighted; excitement avoided, and child kept quiet.

"7. Promise of the Eruption (or 'Sin-miau.')—Several pustules, suddenly arising on face before the fever, are evidence of the poison having taken effect.

"8. Repetition of the Inoculation.—If fever does not appear after fourteen days, the inoculation may be repeated.

"9. Mode of Action.—The inoculation must affect the viscera, and then fever commences. The nose is the external orifice of the lungs; when the variolous lymph is placed in the nose, its influence is first communicated to the lungs; the lungs govern the hair and skin; the lungs transfer the poison to the heart; the heart governs the pulse, and transfers the poison to the spleen; the spleen governs the flesh, and transfers the poison to the liver; the liver governs the tendons, and transfers the poison to the kidneys; the kidneys govern the bones; the poison of the small-pox lies hid originally in the marrow of the bones; but, when it receives the impression from the inoculation, it manifests itself and breaks out externally.

"10. General Rules.—Inoculate when no disease present; use good lymph; proper time; good management,—and all will go well."

The retired Lew-lan, respectfully assenting to the Imperial decree, compiled the above very important regulations regarding inoculation, and placed them in
The Golden Mirror of Medical Practice. They have been discoursed upon, and revised with much care and attention, by celebrated physicians of later times.—Lockhart’s Medical Mis. in China, p. 238.

Among the Mongols, inoculation is said to be practised by “blowing up the right nostril in the boy and the left for a girl, a powder compounded of Thibetan flowers, pearl dust, cuticle of the pox, and resin, which, within seven days, covers the body with pus pimplies.”—China Mail, May 18th, 1887.

“The general method of inoculation is, for the physicians to carefully collect a quantity of ripe matter from pustules of the proper sort, which, being dried and pulverized, is closely shut up in a porcelain jar, so as to exclude from it atmospheric air,—in this manner it will retain its properties many years,—and when the patient is prepared by aperient remedies, and dieted, and a lucky day chosen, a little of the variolous powder is sprinkled upon a piece of cotton wool and inserted into the nostrils. Blindness and sore eyes (as common in China as the practice of inoculation) may be owing partly to the insertion of variolous matter so near the optic nerve, to which the inflammation may extend.”—Staunton’s Embassy, II, p. 535.

“An expensive but infallible remedy for small-pox (and all diseases which arise from blood-poisoning, and break out in cutaneous eruptions) consists of white and red coral, rubies or jacinth, pearls, emeralds, musk, and one or two earths, in various quantities, crushed into powder, rolled into pills with gum and rose-water, and coated with gold-leaf.”—Balfour’s Chinese Scrap-Book.

“The Birth of TAO-SHIN-LIU-SZE, the Taoist goddess of small-pox, is celebrated on the 15th of the 10th month, and every official temple is said to have a shrine to the popular goddess.”—Our Lady of the Small-pox.

Doolittle’s account of that worship is so good that we give it more or less fully:

“From the time when it is known that a child has the small-pox, until its recovery, there is more or less worship of some goddess of small-pox. On the third day after the pustules have begun to appear, it is a universal custom for one of the family to go to a baking establishment and procure ten small bits of Chinese yeast. These are steamed in the usual vessel for steaming rice belonging to the family. They soon begin to swell, and become several times larger than they were before steaming. These are then removed from the steamer and placed before the picture of the goddess, or whatever represents her majesty. The design of this operation is to cause her to exert her influence to have the pustules redden, fill up, and swell out, in resemblance to the swelling out of the balls of yeast when steamed. Two days after this, ten more of the yeast bits are procured, steamed, and presented before the goddess in a similar manner, and for the same purpose. After waiting two days more, ten bits of yeast are again treated in the same way. The most important and critical period
is said to be these seven days after the pustules first appear. On the 9th day, an offering is generally made to the goddess, designed as an expression of thanks for her goodness in case the pustules have filled well and the child is getting better. The offering consists of fish, meat, fowl, and vegetables. If the child should not be doing well on the ninth day, the thanksgiving is deferred; or if the child should have died, no thanksgiving is made. After the pustules have come out, and before the end of the seventh day, whenever it thunders some member of the family beats on a drum or gong, placed ready for use when circumstances demand. The noise produced in this way is kept up as long as the thunder lasts. The beater has some one to assist him, telling him when the thunder has ceased, as the beater of the drum or gong is unable to tell when there is no thunder. The object of this is to prevent the pustules of the small-pox from breaking or bursting, as some explain the custom. The ringing of the bell, or the beating of the drum, producing very familiar sounds, is designed to keep the lad from being frightened by the noise of the thunder, and from doing anything which would cause the pustules to break. Others say, that it is feared that the noise or the reverberations of the thunder will make the pustules sink down and dry up sooner than is desirable, and therefore they use the gong or the drum to counteract such a result. On the fourteenth day after the lad has been taken down with the small-pox, some one of the family procures a few black beans which have a small green speck upon them, and roasts them in the iron vessel used for cooking rice. After roasting these beans until they become brittle, they are placed before the goddess of small-pox. The lad who is the object of solicitude is placed in a sitting posture upon a large winnowing sieve, made out of bamboo splints. On the top of his head is then put a small piece of red cloth, and the parched beans are taken from before the goddess and laid upon this red cloth, whence they are allowed to roll off. The scars left by the pustules of this disease are thought to resemble somewhat this bean in their general appearance. The name for the bean, pronounced in the dialect of this place (Foo-chow), is identical in sound with the common name for the small-pox. This identity in name, and this similarity in appearance between the bean and the small-pox, have probably given rise to the ceremony above described, which indicates the strong desire that the pustules should dry up and become in appearance like the parched bean!.....The friends and relatives oftentimes send a present to express their sympathy and hopes that the scab of the small-pox may fall off. The period for making this present, named the ‘scabs of the small-pox falling off,’ extends from the seventh to the fourteenth day after the pustules begin to make their appearance. If the child recovers, the family make a return present for their kindness, consisting principally of Chinese sandwiches. At the end of one month from the appearance of the disease, if the child is well, the family make a thankoffering to the goddess of small-pox for her benevolent and
powerful aid in restoring the child to health. The ceremony is oftentimes quite imposing, and the kinds of food presented numerous and of good quality. The poor are frequently able to make but a meagre thank offerering to the goddess, though it is probably as sincere and as kindly received as a thank offerering made of costly and numerous kinds of edibles.—Doolittle's Social Life of the Chinese, I., p. 154.

CORRESPONDENCE.

AN OBSCURE CASE.

Boy, aged 13. Said to have been ill seven days. Began with severe pain in back and loin, also in legs and knees; but, as he never cried or screamed, does not seem to have been in great pain. No vomiting. Head hot. Very thirsty. Constipation the whole time. Constantly passing a little water. Seen by native doctor four days ago, who ordered a strong infusion of some native plant.—September 4th, 9 a.m. Lying on couch, trembling all over; twitchings; pupils dilated; pulse very weak, almost imperceptible; gasping for breath, with precordial oppression; passing urine involuntarily, and covered with sweat; felt cool, but temp. 102.8. No vomiting; heart rapid, 1st sound clear, 2nd not so accentuated, 2nd pulmonary. Lungs puerile breathing, no rales, no rub, slight dry catarrh. No pericardial friction. No dulness to percussion. Voice sounds could not be tested. No oedema of legs. No swelling of abdomen. No obvious tenderness on pressure. Said not to have slept for last two nights. Present attack said to have commenced early this morning, with trembling and catching of his breath. Ordered: Chloral 10 gr., Pot. Brom. 15 gr., in a little Sal. Vol.—1 p.m. No better. Movements of persons about him, specially strangers, seemed to increase tremblings. At times seems to wander. On being lifted up noticed back quite stiff. Alle nasi working vigorously. No ankle clonus, but he resisted strongly attempts to get it. Tried knee jerks, but legs too stiff to obtain. At times seemed to sink into a sort of stupor, as if about to die. Legs and hands getting cold. Sent home. Said to have died half-hour later.

* SYDNEY R. HODGE,
M.B.C.S., L.R.C.P. Eng.

[Dr. Hodge remarks, in a private note, "Possibly some one else may have seen similar cases under more favorable conditions, and may be able to throw light on the question."—Ed. Medical Journal.]

GROWTH OF THE EUCALYPTUS.

Wuchang, October 18, 1887.

Will you kindly insert an enquiry, should there be an odd corner unoccupied in the next issue of the Medical Journal, as to the growth of the Eucalyptus tree in Mid-China as a preventive of malaria. I live on the
borders of a pond, and the question is of much practical interest to me. I would ask,—
(1) Is it well established that a hedge of Eucalyptus is a defence against malaria?
(2) Have experiments proved the feasibility of its cultivation in Mid-China.

I have pleasure in congratulating you and the other Editors on so creditable a publication.

Yours truly,

W. T. A. Barber.

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THERAPEUTIC NOTES.

HOW TO PRESCRIBE SANTONINE.

"Santonine is insoluble in water, but dis-
solves in the saliva and the gastric and
intestinal juices. Solution in the gastric
"juice takes place so rapidly that the maxi-
mum dose is completely absorbed in the
"stomach and taken into the circulation
"before reaching the intestine."......It has
been proved by experiment that Santonine,
when given in an oily solution, is not at
all absorbed in the stomach, the entire
quantity passing into the intestine; and KÜCHENMEISTER has shown that whilst
ascarides are not affected by santonine
crystals floating in water, they are killed
when brought in contact with an oily
solution of the drug. Three grains of
Santonine may be dissolved in one ounce of
 caster oil and taken in four doses.—
Dr. NORDERLING, Medical Record New York,
April 23rd, 1887, p. 465.

TREATMENT OF ANAL FISSURE AND HÆM-
MORRHOIDS BY GRADUAL DILATATION.

This is the title of a Paper by Dr. H. O. WALKER, of Detroit, Michigan, which is
given in the New York Medical Journal
for July 30th, 1887. He says:

"I introduced a bivalve rectal speculum,
slightly separating the blades, and allowing
it to remain in situ for about two minutes.
This procedure I continued daily, gradually
increasing the dilatation at each sitting
until the blades were separated to their
fullest extent, about two inches in diameter.
My patient continued to improve gradually
until there was an entire subsidence of all
previous symptoms, with a thorough healing
of the fissure and an absorption of the
hemorrhoidal tumors. The entire treat-
ment lasted about five weeks, not being
employed daily after the first week." Fifty
cases have been thus treated.

RINGWORM OF THE SCALP.

Dr. GEORGE THIN, of London, whose
large experience in skin diseases enables him
to speak with authority, has been con-
tributing a valuable series of Papers to the Practitioner upon the above subject.
Under the head of treatment, he says:

"I have little doubt that the most potent
"remedy is a solution of Perchloride of
"Mercury, although, on account of the
"dangers attending its use if applied of
"sufficient strength, I have little experience
"of it......." It forms the basis of certain
"popular, secret remedies." After prolonged
trial, Dr. THIN has given up treatment by
epilation, having been disappointed with the
results. To treat one or two small spots, he advises blistering and the use of Citrine Ointment. Coster’s Paste (a solution of Iodine and tar) is often useful. Chrysophenic Acid has the disadvantage of often producing an erythema of the face and neck. “I am satisfied from experience,” says the writer, “that, as a rule, nothing is to be gained by producing too acute an inflammatory on the surface of the scalp.” He aims at keeping up a moderate erythema for some time. His favourite remedies are—for very young children simple Sulphur Ointment and Tincture of Iodine. In dealing with older children, he prefers Glycerine of Carbolic Acid and Citrine Ointment, varying the strength of each according to age.

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TREATMENT OF UREMIA.

Dr. Andrew, writing of diuretics, says:—

"With regard to the employment of diuretics, considerable difference, both in theory and practice, seems to prevail; and this is in great part due to the vague, indefinite meaning attached to the word 'diuretic.' If it simply means something which increases the excretion of urine, by all means let it be given. Elatérium, Pilocarpine, Digitalis, Antimony, Vapour Baths, and even general bleeding, will be found to be excellent diuretics. But if it is used in the restricted sense of some substance which, by its direct action on the secreting structures of the kidney, stimulates them to increased activity, then, granted, for argument's sake, that such a substance exists, it ought not to be given... In fact, the suppression of urine is due in no small part to over-stimulation; and to add to this can scarcely be wise. Marked relief to the urgency of the symptoms, and an increased flow of urine; frequently follow dry cupping.... My practice is to apply three cups on each side. If the patient is young and vigorous, two or three ounces of blood may be taken. As soon as the fit has come to an end, half-ounce doses of

the Liq. Ammon, Acet. should be given four or five times a day, with drachms XV to XX of Antimonial Wine if the pulse is unduly firm, or Tinct. Urceis. Vom., if this is not the case. As the fits are highly dangerous, it is of great importance to prevent their recurrence, and gain time for eliminant treatment, to relieve the congestion of the kidneys. For this purpose, no drug is equal to Chloral hydrate. Ten grains may be given for the first dose, but after that never more than five grains,"—Practitioner, July 1887.

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EYE HEADACHE

In the Canada Medical Record for May, there is a most suggestive Paper upon “Eye Headache,” by Dr. Chisolm. He tells us how, almost daily, he is consulted by patients who suffer from severe headache whenever they apply themselves to close eye-work; and who have been recommended by numerous physicians to rest the eyes; but they find that as soon as they resume work, the trouble comes back as badly as before. In these cases the cause of the headache is generally some error of refraction, and can be cured by the use of properly fitted glasses to correct the condition. With such glasses, any ordinary amount of eye-work can be undertaken with impunity, but without them no amount of rest is of permanent benefit. Here is a valuable paragraph:—

"A very useful law can be laid down for the guidance of physicians in the treatment of their eye-complaining patients, viz., that headaches which come on with the use of the eyes, and which disappear during the rest which a night's sleep brings to the weary eyes, do not usually depend upon gastric, hepatic, cerebral or uterine troubles, as is so commonly believed......The careful adjustment of proper glasses, by correcting the painful muscular effort, alone will cure them."
CANNABIS INDICA IN DIARRHŒA.

Drs. Bond and Edwards, of Rastrich, supply a Paper to the Practitioner for July, advocating the use of this drug. It has proved beneficial in nearly all forms of diarrhea; but especially in summer diarrhea, with frequent watery stools, vomiting, and cramp-like pains. The formula used for an adult is:—

Recipe.

Tincture Cannabis Indicae, ... drs. x.
Liquoris Morphinæ, ... drs. v vel drs. x.
Spiritus Ammoniaci Ararnatici, ... drs. xx.
Spiritus Chloroformi, ... ... drs. xx.
Aquam ad ... ... ... ... oz. i

To be repeated 1, 2 or 3 hours, according to circumstances.

The treatment of pulmonary diseases, especially phthisis, by gaseous enemata (sulphurated hydrogen) while still on its trial, appears to give satisfactory results in many cases, so far as relieving symptoms are concerned. Dr. Bergeon, its originator, claims that "the temperature falls, the pulse is lowered, the night-sweats cease, the cough becomes less, the expectoration is greatly diminished and ceases to be purulent, the appetite returns, and the patient increases in weight," as the result of this form of treatment.—N. Y. Medical Journal, July 23rd, 1887, p. 93.

THE TREATMENT OF EPISTAXIS.

Here is a simple method of treating Epistaxis, which should be widely known. Dr. Charles Wade, writing in the Medical Press, describes the treatment, for which, he says, he is indebted to Jonathan Hutchinson, of London. It consists in immersing the feet and legs of the patient, as far as possible, in water as hot as can be borne. Cases are cited in evidence of its value when the hemorrhage is very excessive. It is not difficult to understand the modus operandi of the treatment. This is so very much simpler than the method recently advocated by M. Verneuil before the Paris Academy of Medicine—(which consists in applying over the region of the liver a counter irritant in the form of a large blister)—that it should be tried first in every case of Epistaxis.

THE TREATMENT OF DIABETES.

As we see not a few cases of Diabetes in medical work amongst the Chinese, the following may be of interest:—

"A Paper was recently read before the Académie des Sciences, at Paris, by M. VILLEMm, on a case of acute diabetes, which had been treated by opium and belladonna combined. Two grains of extract of belladonna, with one grain of extract of opium, were given, the patient at the same time being restricted to the usual régime for diabetic patients. In a fortnight the quantity of urine was about normal, and the sugar had disappeared. Discontinuance of the treatment, even though the same diet was adhered to, was followed by a return of the symptoms, promptly subdued, however, when the treatment was resumed. Later on, he was allowed to return to the ordinary full diet for non-diabetic patients, but even then, so long as the opium and belladonna treatment (raised to 3 grains daily of each) was continued, no return of the polyuria or glycosuria occurred.—Dub. Medical Press.

ERGOT IN ERYSIPelas.

"A local application which is never mentioned in text-books, but which has proved to be of the greatest value in one of the large institutions of this city, is the Fluid Extract of Ergot. It is painted on with a brush quite thickly, and rapidly dries, protecting the skin from the air, and
Therapeutic Notes.

besides answering the theoretical purpose of contracting the gorged capillaries. The Muriate of Iron is, of course, given internally.—St. Louis Medical Review.

TO STOP TOOTHACHE.

The following mixture, which is an oily liquid, should be introduced into the cavity of the tooth, and has proved very effective.

Camphor ... gr. lxxv.
Chloral hydrate ... gr. lxxv.
Cocaine muriate ... gr. xv.

*Canada Medical Record.*

THE TREATMENT OF COLDS.

This is a well-worn subject, and probably nearly every medical man has his own special and favourite, though, unfortunately, not invariably successful, remedy. Still, the following formula, given by Dr. WHelan, in *The Practitioner,* is well worth a trial:

**Recipe**

Quininæ Sulphatis ... gr. xviii.
Liquoris Arsenicalis ... dr. xii.
" Atropinæ ... dr. i.
Extracti Gentianæ ... gr. xx.
Pulveris Gummi Acacise, q. s. ut fiant pillæ xii.

One every three, four, or six hours, according to circumstances.

It is a powerful nervine and general tonic.

ON THE TREATMENT OF PLEURISY WITH EFFUSION, BY HAY'S METHOD.

Dr. WILLIAM OSLER, of the University of Pennsylvania, delivered a clinical lecture, drawing attention to the above subject, and speaking highly of its value. "Professor HAY, of Aberdeen, found, when investigating "the physiological action of saline cathartics, "that, if the salt was given in a very

"concentrated form, when the intestines "contained very little fluid, it produced a "rapid concentration of the blood, owing to "the abstraction of water to form the in- "testinal secretion excited by the salt." "Our "usual plan is to order the patient to take "nothing after the evening meal, and then, an "hour before breakfast, to administer 4 or 6 "drachms (or even two ounces may be given) "of Sulphate of Magnesia dissolved in an "ounce of water. The patient must not "drink after it. This usually produces 4 to 8 "watery stools, without pain or discomfort of "any sort. The salt also acts as a diuretic. "It may be given every other morning." Several successful cases are narrated. The writer can vouch for the admirable results to be obtained by this method in general dropsies.

NOCTURNAL EMISSIONS.

In China, this deplorable habit is so frequent, and its ill effects so lamentable, that we venture to recommend the following treatment as often successful when Bella- donna and Bromide of Potassium have both failed. Apply a blister, 3 in. by 2 in., to the nape of the neck, as near to the region of the medulla oblongata as possible—the em- plastraum lytæ answers well. A second application is rarely needed. In obstinate cases, dry or wet cupping may be required to complete the cure.

When cases in hospital are not doing as well as might reasonably be expected, it is quite as well to make sure that this habit is not the hindering cause.

TUBERCULAR LEPROSY.

Dr. LANG, of Taiwan-foo, reports that he has used Iodoform in pill form (1 grain) three times daily, with marked benefit in this disease.—*Medical Missions at Home and Abroad.*
CHRONIC BRIGHT'S DISEASE.

The following is a diet table, taken from a valuable Paper by Milner Fothergill, on the Dietary of Bright's Disease.

Breakfast.—Oatmeal or hominy porridge, hominy fritters, followed by a little fish with plenty of butter to it; or a slice of fat bacon or pork. Fat, fish and farinaceous matters. Hominy and fat pork for the less affluent.

Lunch or supper.—Mashed potatoes well buttered. Other vegetables well buttered. A milk pudding made without an egg. Biscuits of various kinds and butter, with a nip of rich cheese.

Dinner.—Soup containing plenty of vegetable matter, broken biscuit, or sago or vermicelli. Cream, in lieu of so much strong stock, should lurk in the soup tureen, especially in white soup. This should be followed by fish in some form; a course of vegetables, as stewed celery, chopped carrots, a boiled onion, leeks, nicely prepared potatoes, as "browned potatoes" à la Marion Harland, asparagus, or "scalloped tomatoes" and corn or "boiled corn." Then should follow apple-bread pudding, Maud's pudding, bread and raisin pudding; and, if the digestion can be trusted, rolled-poly pudding, sweet pudding, and fruit pies. Stewed fruit with creel'd rice, rice-milk, or other milk pudding is good, or better still, cream. Then comes the biscuit, or crackers and butter. Dessert, with its many fruits, should never be omitted.

CALCULUS.

Dr. Geo. E. Post, of Beirut, Syria, read a Paper on "Calculus in Syria," at the Medical International Congress. He said, that stone was very common in that country, and that in one day four children had been brought to him, from one village, with stone in the bladder. The native physicians of the "old school type" did not use instruments for examining the bladder, although they frequently performed the operation. Professional "stone-cutters" went about with a bag of calculi over the shoulder as an advertisement. Their way of operating was, to insert two fingers in the rectum, press the stone forward against the perineum, and then cut directly down, by a median incision, on to the stone. The rectum was often cut, and many troublesome fistulae were seen.

[Has any native doctor been known to have attempted the operation in the Canton district, where stone is so common?—
Ed. Med. Journal.]

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IODFORM.

The use of this valuable drug is not free from danger. Dr. Taylor, in the N.Y. Med. Journal for October 1st, has collected together 24 cases of Iodoform poisoning. Fever characterized most of the cases, while locally an erythematous or eczematous rash surrounded the wound which had been dusted with Iodoform.

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DYSENTERY IN TIENSTIN.

Dysentery has been of an unusually severe type this summer in Tientsin. Ipecacuanha powder, which in 30-grain doses usually has such marked and immediate effect in the acute stage, in several instances this summer utterly failed to benefit, even when perseveringly given and well retained. But, in the cases referred to, every form of medication proved equally unsatisfactory. Reading recently, in the American Medical Journal, a Paper upon the treatment of Dysentery by large doses of Ipecacuanha, we find the writer, after extolling deservedly this invaluable drug, remarking that he has treated an unusually large number of cases of Dysentery with Ipecac. for twenty years, and that "it has never failed me, for I have "not lost a case." He further makes the astounding assertion, that "It is well "enough to guard against the possibilities of "Emesis, although I have never had a patient "throw up the medicine." What splendid patients, and what a lucky doctor!
SELECTIONS.

WORK AMONG WOMEN.

A sweeping assertion is frequently made, that male physicians have not access to the women of China. Not a few women have attended here as patients, many of them suffering from diseases peculiar to their sex. My wife generally meets with the female patients in their own waiting-room, speaks to them, and prescribes for the simpler cases. The more difficult cases I always see myself. Many gentlemen have come and asked my wife to see the ladies of their household, and if the case has been one which she could not readily diagnose, I have as a rule been then asked to go, and have been allowed to see the patients. From the record of our work it will be seen, too, that our help is now occasionally asked in difficult midwifery cases. While, therefore, it is not true that the women of China will not consult a male physician, it is undoubtedly true that a fully qualified lady physician would have much freer access and would find a most interesting field for work. By "fully qualified" I do not mean (as regards ladies from England) necessarily legally qualified, but up to their work. I cannot speak too strongly against, what appears to me to be, the mischievous practice of giving ladies a partial training and then sending them with the status, and expecting them to undertake the duties, of a fully qualified medical missionary. Considering the heavy responsibilities that will rest upon them if they do undertake those duties, and the isolated positions most of them will necessarily occupy, and also speaking from what I have seen in the mission field, the practice seems to me to be fraught with great danger.—Dr. EDWARDS' Report of Tai-Yuen-Fu Hospital.

CHINESE MEDICAL THEORIES

2,000 YEARS AGO.

Su Wen, the chief classic of Chinese medicine.—This is a book, in twenty-four chapters, on medicine and physical science. It is understood to be of the Chan-kwo period, or about the third and fourth centuries before Christ. The book is a treatise on the human body, upon diseases, upon the circulation of the five kinds of elemental vapours in the body, on acupuncture, and the like. It begins with a statement that the ancients lived to a hundred, while now men become old at fifty. The body is minutely subdivided in accordance with the doctrine of five elements. The phenomena of fever are caused by the fire element, and of dropsy by the water element. The heart is the king among the viscera, and the home of the soul. The lungs are the two chief ministers. The liver is the general of the army, the seat of counsel and stratagems. The gall-bladder is the home of righteous decision and of promptitude in action. The stomach is the royal granary, etc. Man's body is a microcosm, and the same elements which rule in the great Cosmos of heaven and earth move also there.

Rev. J. EDKINS, D.D.

CHINESE MEDICAL THEORIES AND PRACTICE TO-DAY.

Some of the causes supposed by the Chinese in Formosa to produce malarial fever are,—

(a) The hot and cold principles in Nature not agreeing;

(b) Unluckily treading on mock money put in the street, or along the roadside, by priest or sorcerer.
(a) Two devils: one, belonging to the negative principle in Nature, fanning the individual and so causing chills; the other, in connection with the positive principles, blowing a furnace and producing heat and fever. These are the devils which are feared, if the words "chills and fever" are spoken.

Some of the cures resorted to are:

(a) The Taoist priest makes charms of peach-leaves, green bamboo, and yellow paper into curious figures, which are then tied round a button or to the queue. Sometimes red thread is tied round the wrist and kept there for weeks. Another is to enter the house, blow a kind of horn, and drive the fever-devil out with a whip.

(b) The Buddhist priest makes tea from the ashes of burnt incense, and gives it to the patient; or, he sends him to the nearest temple, where he must remain for some time under the table of an idol, where he can be safe from the attacks of designing spirits.

(c) The sorcerer takes three bamboo sticks, about three feet in length, ties red cloth around one end of each, and invites the fever-demon to follow him a short distance, where he drives them into the ground a few inches deep. Or, a figure like a human being is made of rice-straw, and the wicked spirit invited to enter and leave the sufferer. Then, about a hundred yards or so from the house, the grass man is put down, and an offering of mock money, pork, duck eggs, rice, and vegetables presented. Or, seven hairs are plucked out of a black dog, and tied around the feverish man's hand, to guard him from all devils with evil intentions.

(d) The doctor will say that cold and wind caused the two principles in nature to disagree, and medicine must be taken. Accordingly the following are used and most frequently prescribed here, viz., seeds of plantago, prepared orange-peel, liquorice-root, roots of the wild peony.

Rev. G. L. Mackay, D.D.

MOUKDEN: DR. CHRISTIE'S WORK.

We give the following extract from a letter recently received from Dr. Christie:

"I should have sent you an account of the work before now. I can hardly realise that the winter is already over; the past few months seem to have gone like so many days, I am now bringing the winter classes to a close. The class of Physiology closed about ten days ago, when an examination was held, both written and oral, and the answers given were most satisfactory. The last Chemistry class was held to-day, and the examination takes place to-morrow. The chemical cabinet you so kindly sent has enabled me to enliven the lectures by experiments, which added much to the interest of the class, and a few outsiders, chiefly the sons of friendly mandarins, attended. The examination in Medicine takes place in about a month hence. As to Anatomy, I am sorry to say we have not made much advance, although it forms the foundation of all.

"The work, I am thankful to say, continues to prosper in its various departments. The out-door patients are steadily increasing, and here, as well as in the hospital, we are seriously hampered from want of sufficient accommodation. In the latter, the Kangs, unfortunately, are so badly ventilated that during the winter months, on account of the smoke, we were not able to receive any ophthalmic cases for operation. Now, however, we shall soon be able to do without fires. At present the hospital is full, and a number are waiting to be received. I have had several cases of great interest from a surgical point of view in the hospital recently. Among them was another soldier suffering from a severe gunshot wound, who, I am glad to say, made a good recovery. I have just sent an account of another case to the Lancet. This man came to us in a dying condition. An operation was followed with very satisfactory results, and he now enjoys good health. As a thank-offering for his recovery he subscribed ten taels, and put up a tablet to the hospital."
OPENING OF THE "HONGKONG COLLEGE OF MEDICINE FOR CHINESE."

The establishment in Hongkong of a College of Medicine for Chinese is an event of no ordinary importance, and will be so regarded by the members of the profession in all the ports of China and by all who desire the well-being of the Chinese. A well-equipped and well-patronized Medical College in Hongkong will aid greatly in the dissemination of that knowledge which confers vast benefits on Western nations, and all will rejoice in the extension of these benefits to a people so much in need of them as the Chinese.

The inaugural address of Dr. Manson, the Dean of the Faculty, delivered in the City Hall, on the first of October, was a very able one and worthy of the occasion. The large audience, representing all classes in Hongkong, was very gratifying to the gentlemen who are the promoters of the College, and showed how much interest was felt in their efforts to benefit the people of the adjoining Empire.

A moment's reflection will show that Hongkong offers advantages for the location of a Medical College to be found in no other part of China. A liberal and enlightened Government controls the affairs of the Colony, and seeks the welfare of natives as much, perhaps, as of the foreigners. The necessities of the foreign community require the presence of a number of medical men engaged in private practice, and the superior intelligence of the men who control the vast mercantile interests of the place is a guarantee that the majority of these medical men shall be first class, both as to natural ability and qualifications. Then the army brings its surgeons, men of high culture and large experience; and the Colony requires the services of scientific men who are qualified to fill important places in the faculty not strictly professional.

The Missionary Community, also, contributes a member of the faculty, a man whose name is honored wherever it is known, and will add weight to any enterprise with which he may be associated. It is evident, therefore, that Hongkong, in the number and ability of its medical men, is not equalled by any other place east of the Straits; and all agree that the names of those who fill the various chairs will compare favorably with those of most Medical Schools in Europe.
An important consideration in the initiation of such an enterprise is the wherewithal to set it up and keep it going. Now, the immense business which Hongkong conducts with all parts of the world not only secures the accumulation of great wealth but places it in the hands of large-hearted and liberal-minded men, who are ever ready to aid in any enterprise which commends itself to their judgement.

Last, but not least, practical anatomy, or dissection, can be prosecuted in Hongkong as in none of the ports of China; and since Anatomy is the basis on which the whole superstructure of the education of both physicians and surgeons must be built, the protection which a British colony can afford in this department is of supreme importance.

The recent establishment of the Alice Memorial Hospital, by perseverance of Rev. Dr. Chalmers, supplies the only remaining desideratum, viz., means for clinical instruction.

The organization of the faculty and the location of the College supplies all that can be desired to give it a high standing and secure its future success. But another element in the formation and working of a College is the presence of students, and the number of these has more or less to do with the success of any literary institution. If instruction was given in the language of the people, an unlimited supply of students might be anticipated, but the instruction is all to be given in a foreign language, and this must necessarily limit the attendance of students to those who have a thorough knowledge of English, and of the studies considered preliminary to entrance on a course of medical study. This fact has, of course, been well considered by the faculty of the College, and they will count a moderate number of students as giving them a very gratifying degree of success. No doubt, in future years, the number of Chinese receiving a liberal English education will increase, and a gradual but slow increase of medical aspirants will follow.

The fee for each student is fixed at $200 in advance for the entire course. This may limit somewhat the number of students. Many Chinese young men, with that amount as capital, would consider the way to fortune open to them, and would not be disposed to spend the money, and three or four years, in studying medicine. To those who have the money, and are anxious to become educated physicians, the expense will be no obstacle, but it will be difficult to find many in whom these two requisites are combined with an adequate knowledge of English.

The fee, however, is a matter that can be adjusted as circumstances may demand, in one or both of two ways. It may be lowered, or it may be provided for by scholarships, and will not be a permanent obstacle in the accomplishment of a grand work, for a great Empire, by the members of a profession universally noted for its benevolence and works of charity.
There are several points in the Dean's address to which we wished to advert, but we must defer our remarks on them, and some criticisms, to a future number of the Journal.

J. G. K.

ELEMENTARY PHYSIOLOGY—A REVIEW.

省身指南


It is gratifying to the friends of progress in China to notice the increasing number of works published in the native language and bearing on Western arts and sciences. Perhaps in no subject, directly connected with themselves personally, do the Chinese display a greater want of scientific knowledge than in Physiology. Their notions as to their internal economy are often ludicrous, as well as erroneous, in the extreme, and it will, perhaps, require several generations to pass away before their misconceptions will be removed and a sound understanding of the position and uses of the various parts and organs of the body will be established. The continual arrival of new medical missionaries, and the establishment of Hospitals and Medical Schools, render elementary treatises on Human Physiology, in Chinese, of the utmost importance and necessity. Hitherto, the works of this nature that have been published—such as those of Dr. Dudgeon, Dr. Osgood, Dr. Hobson, and others,—have been of too elaborate a description. They are large, bulky and expensive, besides being written in a style which, though it commands the admiration of the learned few, is ill adapted to meet the wants of the many. Their price, also, is too high for ordinary Chinamen's pockets. Hence, we hail Dr. Porter's Elementary Physiology as a move in the right direction, combining, as it does, the most important features of the science within the limits of a single volume, written in a simple and popular style. The main portion, we are informed in the preface, was first printed in the Mandarin dialect, in the Child's Paper. Eventually, the School and Text Book Series Committee having asked Dr. Porter to prepare a suitable work for school use, the original text was remodelled, and chapters added on Anatomy and the Nervous System. It is fairly well illustrated by sixty-two electrotype plates, three coloured engravings, and twelve wood-cuts, and is printed at the A.B.C.F.M.
Mission Press at Peking. We notice it is dated 1886, and rather wonder why we have not heard of its publication sooner! It is a great pity when people hide their light under a bushel, especially as one missionary seldom knows what another is doing, and it sometimes happens that the same book is being prepared in different places at the same time. Much valuable labour is thus spent in vain, and we think it would be a good plan for every one who undertakes a work of this sort to be sure that no one else has already done it or has made a commencement. A yearly list of books in hand, or contemplated, might well be published in the Chinese Recorder, and the details furnished in time, say for the January number, by all such workers.

But now to the pleasant task of a hasty glance through the sixty-eight leaves of small Chinese type—too small, perhaps—and of the nineteen leaves of vocabulary in English and Chinese.

The three coloured engravings, though excellent of their kind, are much smaller than the pages of the book, and being also on stiff foreign paper, look somewhat awkward. It would be well, in ordering such engravings from home, to specify the size of the book they have to be bound up in. They, as well as the electrotypes, are marked with the letters of the English Alphabet or Arabic numerals. Where descriptions occur, the Foreign letters and numerals are again used. Dr. Porter seems to think this is an advantage, but we are inclined to a different view, and are of opinion that such a Chinese book should be Chinese throughout. It is difficult enough for an ordinary native to understand it without the necessity of mastering Foreign signs. The pictures are fairly well printed and greatly enrich the work. The marginal references and notes, in very small type, are a great assistance to the reader, but the rather large table of errata requires attention. The detailed table of contents, occupying five leaves at the commencement, forms also an excellent feature of the work. The chapter on Mental Physiology, though necessarily brief, contains enough to set an intelligent Chinaman thinking and to desire more information on this (to him) almost entirely new topic.

A glance at here and there a page satisfies us that Dr. Porter's work has been well and faithfully done, and that it must be an unusually dull Chinese student who cannot understand the bulk of the statements, expressed, as they are, in such simple, easy Wen-li. If we might venture to criticise the style, it is, if anything, too easy, and has in places redundant characters which, so far from helping, may often rather hinder the meaning.

As to the index to terms of Mental Physiology, one fails sometimes to see the connection between the Chinese and its Foreign equivalent. In cases where a series of terms occur—such as Sensation, Sensative, (sic) Sense, Sensibilities, Sense Perception, and Sensory Nerve—one naturally expects to find the same Chinese character as the root in each term, but is sometimes disappointed. In
the index of Physiological terms, we stumbled on Mallens, at the top of page 16, and were greatly exercised in mind till we came to the conclusion, from the Chinese equivalent, that it is a misprint for Malleus. The ileo coecal value, on page 13, is evidently a printer's error.

But we must not carry our criticisms further, as our object is to praise and encourage, rather than pick little flaws in such an excellent undertaking. We heartily congratulate the School and Text Book Series on this new addition to its already long list of books, and trust that many more works of an equally sound, simple, and elementary character, on other branches of Medical and kindred sciences, will soon begin to make their appearance. One most gratifying feature in the publication under review is, that it "has been done in the leisure moments of a large Dispensary practice and general missionary work." It is noticeable that many of the treatises in Chinese on Scientific subjects and general Western knowledge, are the productions of men who are always very busy about something else, and yet steal leisure for such works of faith and labours of love. Change of occupation is almost as good as rest, and it is to be regretted that more of our talented missionaries, as well as Consular and Customs officials, do not air their knowledge of Chinese by employing their leisure-hours in some such permanently useful way.

X.

YAO'S HISTORY OF VACCINATION—A REVIEW.

1 Vol., Illustrated. Canton: China.

A kind friend has sent us the above native treatise on Vaccination, for notice in these columns. It is written by Yao-ho-chun, who, we learn from Dr. Thomsen's admirable Paper on "China's First Foreign Medical Benefactor," which appeared in our last issue, was principal assistant to Dr. Alexander Pearson, from whom he obtained his knowledge of the art of Vaccination. Yao-ho-chun, seems to have passed under the peculiar sobriquet of "Dr. Longhead," from the unusual shape of his skull. To him belongs the honour of carrying on the good work initiated by Dr. Pearson, and of widely disseminating the knowledge of Vaccination amongst his countrymen. He commenced the practice in Canton in 1806, and handed it down by hereditary descent to his grandson, who, at the present time, is engaged in the same honourable calling. Turning to the volume before us, we find more than half the contents to consist of laudatory prefaces and commendations from prominent officials and scholars, advocating the claims of Vaccination and singing its praises. One, in especial, attracts attention.
both from the eminence of the writer and from the subject-matter upon which he touches. It is an Ode by His Excellency Yuen Yuen, who, between 50 and 60 years ago, was Viceroy of the Two Kwangs, and who had attained to national fame as a leading statesman and scholar. We venture upon a free translation of the ode, which may be rendered thus:—"I grieve on account of the injury wrought by poisonous opium in China. I have done my utmost to put a stop to its use, but have not succeeded. As the practice of Vaccination spreads throughout all the provinces, the lives of many children will be saved, and thus the injury caused by opium will be in some measure compensated." While appreciating the benefits of Vaccination introduced from the West, he could not but bear in mind the baneful influence of that other importation from the same quarter.

Many foreign residents in China, who considered themselves authorities upon all subjects connected with the social life of this people, profess to believe that the evil results of opium-smoking exist only in the imagination of bigoted missionaries or hare-brained members of the Anti-Opium Society. Would that these gentlemen, who rank the opium-pipe on a par with the post-prandial cigar, might become acquainted with this opinion, written by a talented Chinaman of high rank more than half a century ago.

Coming to the treatise itself, we find Mr. Yao giving very minute directions as to the exact site for vaccination—4 in. from the shoulder and 2 in. from the elbow. He advocates making two small pockets in each arm, in the case of infants; but for children of 7 or 8, he recommends six punctures, three in each arm. One curious piece of advice is, that all male children should be vaccinated first in the left arm, while with female children you should begin with the right arm. A perfect vesicle is very carefully described, so that others practising the art may know whether the vaccination has proved satisfactory or not. When good vesicles have formed, one vaccination is absolutely protective. He gives careful instructions as to diet—what to eat and what to avoid—intended, we presume, for the nursing mothers. They are allowed to partake of lean pork, roast ducks, etc., but are to abstain from eating beef, fowl, and numerous other articles named. He fears that leprosy might be disseminated through vaccination, and warns all practitioners to be careful in examining into the family history of the children from whom they remove lymph. There is a short account of how vaccination was first discovered in the west, and an elaborately worked out theory to account for its action. He condemns the common practice of inoculation, which he tells us is carried out by taking the dry scab from a child who has been lightly attacked with small-pox, and placing it in the nostril of a healthy one. While there is very much that is useful in the book, the writer robs the art of Vaccination of its original simplicity by surrounding it with nonsensical theories and cumbrous regulations.
HOSPITAL REPORTS.

Third Report of the Medical Mission at T'ai-Yüen-Fu, Shansi, in connection with the China Inland Mission, under the care of E. H. Edwards, M.B.C.M.,

Also,

First Report of the T'ai-Yuen-Fu Opium Refuge.

It is with peculiar pleasure that we welcome this Third Report of the T'ai-Yüen-Fu Medical Mission; yet, as a tinge of sadness so often colours our brightest pleasures, we cannot but think, as we turn over its pages, of the lamented Schofield—so talented, so consecrated, yet taken away in the prime of life and in the midst of usefulness. We would urge upon every medical missionary whose ambition is to combine in the most perfect way the healing of the sick with the preaching of the Gospel, to obtain and read, if he has not already done so, the Memorial of Harold Schofield, published by Hodder & Stoughton, of London. We are glad to see that, in T'ai-Yüen-Fu, a Hospital is being erected to Dr. Schofield's memory.

Dr. Edwards, whose First Report is before us, took charge in March 1884, and he details the work done up to the end of 1886. During this period, viz., one year and nine months, 6,049 different patients were treated, of whom 298 were in-patients.

After touching upon the Evangelistic work, which is kept prominently to the fore, as it always should be in a Medical Mission, Dr. Edwards gives many interesting notes of the cases treated. We append a selection:

A man appeared at the Dispensary, "who had had both his eyes gouged out, "and the Tendo-Achillis on both legs cut through, as a punishment. He had come "700 li to this city to accuse, before the governor, the mandarin who had punished "him; and we subsequently heard that this official had been deprived of office "because of his brutal conduct.

"Spinal Curvature.—Three cases of angular curvature have been met with. One case was that of a soldier, aged twenty-three, who, fifteen days before he came
to the hospital, had his back injured by a wall falling upon him. When seen
there was a projection of the lower dorsal vertebrae. The patient kept himself very
rigid in all his movements, and there was the want of flexibility of the spinal
column in the stooping position. Pain was present on pressure. A Plaster-of-
Paris jacket was adjusted, and the man then returned to the camp. Two months
afterwards he again presented himself and said he had lost all pain and could
move quite freely, but was anxious to know if the lump in his back could not be
rubbed down.

"Abscesses.—One or two cases have been of interest. In January 1885, a girl
of fourteen was brought in from the country by her father, suffering greatly from
an abscess in the right inguinal region. Fluctuation was distinctly felt, but
percession gave a tympanitic note. The abscess was first aspirated, and a great
quantity of very fatid pus and gas escaping, it was freely opened antiseptically
and drained. It kept discharging for some length of time, but eventually healed;
and when the girl was last heard of, she was working in the fields.

"Cataract.—Twenty-five patients were operated upon for this disease. In
twenty-two cases only one eye was operated upon, in the other three cases both
eyes, making the total number of eyes operated upon twenty-eight. Of these,
twenty obtained good vision, three fair vision, two were failures, and in three the
final result was undecided when the patients left. Chloroform was only given in
four of these cases, but in those operated upon during 1885-6 I was able to use
cocaine (much to the patients' delight) as my friend, Dr. John Thomson, of
Edinburgh, kindly sent me a supply.

"In addition to the above twenty-five cases referred to, it should be stated that
Mrs. Pigott operated successfully on five or six cases during the time she
was here. One of these cases deserves special mention. The patient, according to
his own account, had been practically blind for twenty years. Both eyes were
operated on successfully, and he obtained such good vision that he could read
without the aid of glasses. He found, too, he had not forgotten the characters he
had not seen for twenty years. After this long period of enforced idleness he
again began his business as carrier between his native place and Peking. Very
grateful for the recovery of his sight, he presented a tablet to his benefactress."

In the Report of the Opium Refuge, Dr. Edwards, speaking of the prevalence
of the habit of opium-smoking in Shansi, says:—

"In the villages, a large proportion of the inhabitants are addicted to the
habit,—according to the estimation of the people themselves, at least 80 °/0 or
90 °/0 of the men above 20; 50 °/0 or 60 °/0 of the women; many of the young
people in their teens; and even some of the children."

The Doctor bears his testimony to the ill effects of opium-smoking, as
they have come under his own observation.
Third Annual Report of the Mission Hospital at Amoy.

Owing to the absence of the physician in charge, Dr. Archibald L. Macleish, the hospital work for the year 1886 was confined to the period of six months. But notwithstanding this fact, the report presents the following gratifying statistics:

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<tbody>
<tr>
<td>Total number of Individual Patients</td>
<td>...</td>
<td>...</td>
<td>1,388</td>
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<tr>
<td>New Patients (not previously treated)</td>
<td>...</td>
<td>...</td>
<td>956</td>
</tr>
<tr>
<td>Including Females</td>
<td>...</td>
<td>...</td>
<td>236</td>
</tr>
<tr>
<td>Daily Visits of Out-patients for dressing</td>
<td>...</td>
<td>...</td>
<td>1,523</td>
</tr>
<tr>
<td>Visits to Patients in their homes</td>
<td>...</td>
<td>...</td>
<td>74</td>
</tr>
<tr>
<td>Total number of Consultations by Out-patients</td>
<td>...</td>
<td>...</td>
<td>5,957</td>
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<tr>
<td>In-patients</td>
<td>...</td>
<td>...</td>
<td>187</td>
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The number of female patients is reported as decreasing, owing to the unsatisfactory accommodations which limited space forces the Hospital to offer them. But the number of new patients has increased, as also, for the same period, the number of out-consultations.

Morning and evening prayers are held for the in-patients, and passages of Scripture and simple hymns are taught them. Some of these continue to attend the services in chapels near their homes, and one man, who was for a month a patient, has been received into the church at Amoy.

Three lads are in training as assistants, "who are articled to the Hospital for a period of four years." It is pleasant to read that they are giving "unqualified satisfaction."

The great need of the Hospital is for trained nurses. For the education and accommodation of these, as well as for other improvements, an enlargement of the Hospital is in contemplation.

The chief feature of interest in the work, from a professional standpoint, is the fact that "more than half the operations have been performed on the eye." A case is reported of Glaucoma, which was clearly due to the use of Atropine. The symptoms appeared two days after the first instillation and increased in severity under each application. With the use of Eserine, vision improved, but an Iridectomy was necessary to restore useful vision.

Philander Smith Memorial Hospital, Nanking.

The First Annual Report from this Hospital comes in from Nanking with a stirring motto:

"Lord, it is nothing with Thee to help, whether with many, or with them that have no power: Help us, O Lord our God; for we rest on Thee, and in Thy name we go against this multitude."—II Chronicles, xiv. 11.
With such a battle-cry we are not surprised that the physicians in attendance were not daunted by the multitude, to the number of 11,583, as the statistics show:

**Out-Patients.**

- New Patients: 5,175
- Old Patients: 6,178
- Total number of visits to Hospital by Out-Patients: 11,353

**In-Patients.**

- Surgical (including Ulcers): 60
- General: 56
- Opium Habit: 114
- Total number of In-Patients: 230

The report is made attractive by illustrations of a Chinese doctor's office, Opium-Smoking, and a large print of the new Hospital.

The building is built of brick, two stories above a foundation of four feet, and this latter laid on a bed of concrete five and six feet deep. It has a frontage of 172 feet, a depth at the centre of 30 feet, and at either end of 60 feet.

The location of the hospital is a very good one. It is within the city walls, about five minutes walk from the west gate of the city, but a short distance from the densely populated portion of the city and yet near to groves, shaded lanes, and open hills.

Regular daily instruction is given to the in-patients, and those who can read are supplied with portions of the Scriptures, tracts, etc. Every day a native colporteur sells tracts and books to the out-patients, and passages of Scripture are read and explained to them, while waiting to be treated by the physician.

As usual, the religious work among the out-patients is unsatisfactory, and it is from the in-patients that results are to be looked for. "Many will accept the Gospel much as they take their medicine, seeming to think it is the way to do at a foreign hospital, and that it will please us and gain favors. Others are probably honest in their desire to know the truth and take some pains to learn. A few others, again, are not willing to hear, and will roll themselves up in their bed and cover their head when a service is held in the ward. We are by no means discouraged. The seed is being sown, and some, we know, will spring up from good ground.

"While the Gospel is made free to all who will accept it, self-respect is encouraged by payment of fees for treatment. Each Out-Patient, when first
seen, is required to pay 56 cash (about 5 cents) for registration. He is then
given a ticket, and can come for treatment thereafter without paying any other
fee. He is supplied with bottle, dose-cup, and medicine, free.

"In Patients pay 56 cash per day for their board, and are supplied with
medicine, care, and bed, free. Opium patients pay 1,680 cash in advance, and are
kept twenty-one days under treatment with no other charge. They are also re-
quired to deposit $1.00 with the physician as security for good behaviour, which
is returned when they leave, if they have complied with the rules.

"For visiting a patient at his home, a charge is made of $2.00 and pay for
chair-bearers.

"For visiting a case of poisoning or serious accident, only the pay for chair-
bearers is required."

There are three students studying English and Anatomy. "These young
"men are believers, who take part in prayer meetings, who have stood on the
"street and preached Christ, and who, when of an age to go out into the world,
"will be head and shoulders, in general knowledge and mental ability, above the
"people. They are those whom the Church should utilize and encourage. We
"are striving to so train them that they will be a help to the cause of Christ in
"China, and, in any case, an element of progress and usefulness among this
"people." For the use of these young students, Dr. Beebe earnestly desires
the gift of a manikin.

The classification of diseases gives the usual prominence to those of the
skin and eye. Surgical cases have been few, owing to the fear of the natives
of the surgeon's knife, but of late some successful operations give promise of
more work in this line in the future.

Opium patients, as always, are trying and discouraging, but patience is
having her perfect work in Nanking. The mode of treatment is given as
follows:—

"For a few days they are given pills containing a little opium, this is gra-
dually decreased and finally entirely withheld. The result is diarrhoea, vomiting,
sleeplessness, general depression, etc., at first, and for some time afterwards
great physical debility. The appearance soon greatly improves, and if the pipe
is let alone, many gain rapidly in flesh. We have no way of knowing how
many are thoroughly cured. We have good evidence that some are—equally good
evidence that some are not."

In closing this short review of the first year's work in a new enterprise, we
may well echo Dr. Beebe's words:—

"The work may be said to be safely started, and our faith is strong in
the "assurance that the Divine Head of the Church, who has watched over its
"beginning, will direct it so that His name shall be magnified among this
"people."
ITEMS AND NOTES.

The first volume of The China Medical Missionary Journal is completed with the present number. We are happy to announce that we close without a dollar of debt, and that we even have a margin with which to commence the second volume—results that must be very gratifying to all who have taken an interest in this enterprise. We have also several manuscripts for the first number of the next year; but we would invite our friends to send in any articles they may have in hand as promptly as possible, as we would like to date the next number, January, 1888, and so be able to issue the subsequent numbers on the first month of each quarter, and not, as hitherto, on the last.

It has been thought well by the Editors of the China Medical Missionary Journal to hereafter furnish the Journal without further charge to those members of the Medical Missionary Association of China, who pay their Yearly Dues of $2.00. In other words, this Medical Journal will be sent free to all Members of the Medical Association who keep themselves in full membership. We trust that this will serve as a stimulus both to secure membership and to meet the very moderate Yearly Dues.

The departure of Dr. Griffith leaves our Medical Missionary Association without a Secretary and Treasurer, but Dr. Mary Gale, who has recently joined Dr. Reipsnyder in the Margaret Williamson Hospital, in this place, has been requested to act as Secretary and Treasurer pro tem., until the regular election for Officers takes place, and she has kindly consented to do so.

In the second number of The China Medical Missionary Journal, page 72, is a list of the twenty-nine individuals who had to that time made themselves members of the Medical Missionary Association of China, by paying the Initiation Fee of $1.00 and the Yearly Dues of $2.00. We give below the names of those who have been added to the number of members since then, and we would suggest to our Medical Missionary Associates who have not yet joined, the advisability of doing so early the coming year.

30. Dr. A. W. Douthwaite.
32. H. T. Whitney.
33. B. von S. Taylor.
34. S. Fray.
35. Elizabeth Reipsnyder.
36. W. A. Deas.
37. T. Gillison.
38. J. C. R. Lang.
40. G. A. Stewart.
41. E. G. Horder.
42. M. M. Philips.
43. A. Morley.
44. A. Lyall.
45. Mary Gale.

Dr. Manson's very interesting address at the opening of the Medical College in Hong-kong, which appeared at the time in several of the local papers, has received deserved permanency in the pages of The China Re-
view, or otherwise we would have secured it for *The China Medical Missionary Journal*. We see it stated that Dr. Manson has recently visited Peking, to treat Prince Chun, and *The Chinese Times*, of Tientsin, says:—

"Dr. Manson's visit to this place was of a very satisfactory nature, and it may be hoped, as one result, that the Viceroy Li "will, even if only for military purposes, "increase the number of medical schools and "students in his government."

Dr. M. E. Carlton, who recently arrived from the United States of America, expecting to work in Nankin, in the Philander Smith Hospital, has been summoned, by telegraph from Bishop Warren, to go to Foochow, to assist Dr. Corey, whose strength has been overtaxed. The recent completion of a dwelling-house for the Missionary Physicians in connection with the Methodist Woman's Hospital at Foochow, permits of much enlargement of the work in the one building which has hitherto served both for Hospital and Residence for the Physicians, but which will now be devoted entirely to the medical work.

Dr. C. A. Woodhull, of the Woman's Hospital within the walled city of Foochow, has secured land, very favorably situated on one of the enclosed hills, and hopes soon to build.

We regret to learn that Dr. Grant, in Chinchew, near Amoy, is still prevented from securing a satisfactory location for his very successful Hospital work, which has now been prosecuted, under very unfavorable conditions, for a number of years. Dr. Lang, lately at Taiwan fu, is, we understand, to remove to Chin-chew, to relieve Dr. Grant.

A correspondent from the North writes of the arrival of Dr. Ingram, to take up the work laid down by Dr. Holbrook at Tungchow, near Peking. "Dr. Ingram has "come with the idea of fitting himself for "a life-work."

Dr. Lyall's return to Swatow, will soon relieve Dr. Courland for other work in one of the neighbouring cities.

Steps are being taken to secure grounds for a Woman's Medical Work, to be commenced by Dr. King, in connection with the Reformed Mission at Amoy.

Dr. Fulton's Dispensary work, among the women within the walled city of Canton, grows rapidly upon her hands, and is already both large and useful.

A blind fortune-teller came into the Dispensary at Tientsin one day for the treatment of some trifling ailment. It was noticed that his blindness could be relieved by a surgical operation, and it was proposed to him to enter the Hospital. He refused, alleging that if his sight was restored he would lose his occupation. "People have more faith in a blind fortune-teller," he remarked, "than in one who can see." Besides which, they are admitted freely to the women's quarters of Yamens and large houses, which would not be the case if they had good sight.

We have heard of a missionary who met with the following unique experience:—He had operated successfully for Cataract, and the patient had departed cured, when soon after, he returned, and demanded of his doctor a situation. The patient had gained his living by begging, and now, when it was too late, found that with the cure of his Cataract his occupation was gone, for people would no longer support him in idleness. He felt deeply aggrieved, and considered that the least the doctor should do for him was to provide him with a situation.

We acknowledge with pleasure the receipt from Kelly & Walsh, Limited, of *The Imperial English and Chinese Diary*
and Almanacs for 1888, interleaved with blotting paper. It is after the general style of Letts' Diaries, with much introductory matter of local interest to us in China, regarding Chinese Maritime Customs, Postal Regulations, Telegram Rates, Chinese Festivals, etc. The date of each day is given both in Western and Chinese styles of reckoning, with indications of Western and Chinese Holidays; and the book closes with pages for Things Lent, Cash Account, etc. This useful Diary is printed in Foolscap size, and consists of 120 pages, being sold for One Dollar.

Dr. Maxwell, Editor of the Medical Missions at Home and Abroad, draws attention to an article, in the November number of that Journal, on "Leprosy." He says:—
"Some one of your contributors might take "up the subject in China, with its wealth of "material for discussing it which is in those "lands,"—a suggestion which we trust will be noticed and acted on.

A cheering incident occurred recently, in connection with the Ningpo Homeopathic Dispensary work under Dr. S. P. Barchet. Four Chinese gentlemen, of very moderate incomes, opened a subscription list in aid of the Hospital, and as proof of their gratitude for medical help and advice. Having collected five hundred dollars, and hearing of the ill health of the Doctor in charge, they concluded to present the sum at an earlier date than they had intended; and in doing so, requested that a part of the money be used towards recruiting his health.

Dr. H. T. Whitney, of Foochow, has been authorized to revise and publish a new edition of Gray's Anatomy, translated by the late Dr. D. W. Osgood. The first edition of 800 copies, in 1880, is nearly sold out, and Dr. Whitney hopes to get the new edition ready for the press by next spring.

Marriage.
At Shanghai, November 28th, Geo. Bothwell Douglass MacDonald, M.B.C.M., of Scotch Established Church Mission, Ichang, to Flora MacDonald Davidson.

Births.
At Locust Grove, Kent County, Maryland, U.S.A., September 13th, the wife of Dr. H. W. Boone, Prot. Epis. Mission, of twins, a son, and a daughter.
At Taiwan fu, Formosa, the wife of Dr. P. Anderson, of a son.

Death.
At Kalgan, September 8th, the infant son of Dr. C. P. W. Merritt, of A.B.C.F.M., Paoting fu.

Arrivals.
At Shanghai, October 25th, Dr. and Mrs. Curtis, for Methodist Episcopal Mission, Peking; also Dr. and J. H. Ingram, for A.B.C.F.M. Mission, Tungchow.

At Shanghai, November 8th, Miss M. E. Carlston, M.D., for American Methodist Mission, Foochow; and Miss M. Gale, M.D., for Woman's Union Mission, Shanghai.

At Shanghai, November 18th, Dr. Roberts, for London Missionary Society, North China.

Departures.
From Shanghai, October 5th, Dr. and Mrs. W. Wilson, of China Inland Mission, for England.
From Shanghai, November 12th, Dr. E. M. Griffith, for U.S.A.
From Canton, Rev. R. H. Graves, M.D., D.D., and wife, for U.S.A., November—.

End of Volume I.