

# The China Medical Missionary Journal.

EDITED BY

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

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

A. LYALL, M.B., C.M., *Swatow.*

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

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## Contents.

	✓ PAGE
I.—Thomas Richardson Colledge, M.D., F.R.S.E. By J. C. THOMSON, M.D. <i>(With Photograph).</i>	41
II.—Moderate Drinking as a Cause of Disease. By J. G. KERR, M.D.	47
III.—Notes on the Occurrence of Beri-beri or Kakké at Swatow. By PHILIP B. COUSLAND, M.B., C.M.	51
IV.—Some Shantung Hot Springs. By JAS. B. NEAL, M.D.	55
V.—A Quarterly Medical Journal in Chinese. By Dr. H. T. WHITNEY	59
VI.—Leprosy. By W. H. PARK, M.D.	60
VII.—Cases treated in the Swatow Hospital. By A. LYALL, M.B., C.M.	68
VIII.—In Memoriam—Dr. J. K. McKenzie. By Dr. SEWELL S. MCFARLANE	71
IX.—The Death of Dr. McKenzie, of Tientsin. By B. C. ATTERBURY, M.D.	72
CORRESPONDENCE	74
THERAPEUTIC NOTES	76
EDITORIALS :	
Our Departed Colleague—Dr. McKenzie	78
Shall we have a Chinese Medical Journal?	78
Dr. Boone's Case of Rupture of the Bladder	80
"New Treatment of Boils and Carbuncles"	80
Hospital Reports	83
ITEMS AND NOTES	98

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

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

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

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



THOS. R. COLLEDGE, M.D., F.R.S.E.,

*Surgeon of the E. I. Co.*

THE ORIGINATOR OF MEDICAL MISSIONS.

T H E

# China Medical Missionary Journal.

VOL. II.

JUNE 1888.

No. 2.

THOMAS RICHARDSON COLLEDGE, M.D., F.R.S.E.

*Forty Years President of the "Medical Missionary Society in China."*

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

~~HAVING given a~~ Sketch of Dr. ALEXANDER PEARSON, who in 1805 introduced Vaccination into China, is naturally followed by an Account of his colleague, Dr. THOS. R. COLLEDGE, the second medical benefactor of China, and the actual Originator, it would appear, of (Foreign) Medical Missions.

With no continuous sketch of the subject of our paper, we are forced to bring together a number of random notices, which we put in chronological order, the better to see the development of his heart's desire in the advancement of the cause of Medical Missions. "The following documents," writes Rev. Dr. BRIDGMAN,\* "were put into our hands (by Dr. COLLEDGE) at our own earnest solicitation;" and in the first, a letter of Dr. COLLEDGE, "written in consequence of a benefaction (to his Macao Ophthalmic Hospital) which was at once most commendable on the part of the donors and compatible with the design of the institution in behalf of which it was granted," we find the following: "In the year 1827, on joining the East India Company's establishment, I determined to devote a large portion of my time, and such medical skill as education and much attention to the duties of my profession had made my own, to the cure of so many poor Chinese sufferers of Macao and its vicinity as came in my way. My intention was to receive patients laboring under every species of sickness, but principally those afflicted with 'diseases of the eyes,' diseases most distressing to the laboring classes, amongst whom they are prevalent, and from which the utter incapacity of native practitioners denies to them all other hope of relief. During that year my own funds supplied the necessary outlay. Throughout I have received little or no professional assistance. In 1828 many friends who had witnessed the success of my exertions in the preceding year, and had become

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\* *China Repos.*, Vol. II., p. 271.

aware of the expenses I had incurred, came forward to aid in the support of a more regular infirmary which I proposed to establish, and put me in possession of means to provide for the maintenance of such patients as I found it necessary to keep for some time under my care, but who, depending for their livelihood on daily labor, could not otherwise have reaped the benefits held out to them. Thus the hospital grew up upon my hands, and the number of my inmates was regulated only by the limits of my accommodations. Two small houses have been rented at Macao (1828) capable of receiving about 40 patients; there are many more of the nature of out-patients, such only being housed as, coming from a distance, have no friends with whom they can reside. The best proof which can be offered of the entire confidence of the people and the benefits which have been conferred on them is that, since the commencement of this undertaking on a small scale in 1827 to the present time, about 4,000 indigent Chinese have been relieved from various maladies; many have been restored to sight; more, saved from impending blindness, resumed their usual occupations, and have supported, in lieu of remaining a burthen on, their families. The more opulent and respectable classes of Chinese have, in the last three years, added their names to the lists of subscribers, and have, by giving the hospital the sanction of their support, much enlarged the circle of its usefulness. On the list for 1830 we see the names of GOWQUA, KINGQUA, MOWQUA, PUNKEQUA and HOWQUA, Great Hong Merchants, the latter name also appearing in several other years' lists. With these names we notice those of Rev. Dr. MORRISON, Sir G. B. ROBINSON, Bart., THOMAS BEALE, Esq., The Honorable East India Co., Messrs. DENT, JARDINE, PLOWDEN, SAMUEL RUSSELL and others. The E. I. Company have written of it in terms of approbation, and, when applied to, liberally supplied it with medicines. . . . In the above statement nothing is farther from my wish than to bring forward and dwell with complacency on my own exertions and success. No more, I trust, has been said than was necessary to exhibit the nature and origin of the Hospital which I have established and its claim to the aid which I thankfully acknowledge.—T. R. C.—MACAO, CHINA, *October, 1832.*" And from the Testimonial of Chief PLOWDEN, after visiting the Hospital. . . . "To Mr. COLLEDGE, therefore, belongs the merit of having established, by aid of voluntary donation, the first institution in this country for the relief of the indigent natives. I cannot close these observations without alluding to the honorable testimony that has been at various times recorded of Mr. COLLEDGE's professional skill and abilities by the Select Committee in their despatches to the Honorable the Court of Directors of the East India Company, both at the period when he was first selected to fill the situation of surgeon to their establishment in China, and also subsequently, when the great benefit derived by the Chinese suffering poor from this gentleman's professional talent and benevolent disposition, has been officially brought to their notice. As an individual who has witnessed the

beneficial effects of Mr. COLLEDGE's medical ability, I feel the greatest gratification in thus bearing testimony to his merits both as a surgeon and a philanthropist."\*

(Signed) "W. H. C. PLOWDEN,  
"Chief for all Affairs of the  
"British Nation in China."

"MACAO, 25th September, 1832.

While in the Prospectus of the Medical Philanthropic Society of London, organized in considerable measure as an aid to the Medical Missionary Society in China, we have the following, no doubt from the pen of Rev. G. T. LAY, some time associated with Dr. COLLEDGE in China: "The honor of founding the first institution (Macao Hospital, 1827) for conferring upon the Chinese the benefits of European science in medicine and surgery, is due to Dr. T. R. COLLEDGE, surgeon to the English Factory in China."

With these references to his Macao Hospital we give the description of a famous painting—a photographic copy of a steel engraving of which is herewith presented. "A well-known artist, GEORGE CHINNERY, Esq., residing at Macao, obtained the consent of Mr. COLLEDGE to make an act of his practical humanity the subject of a picture which would at once combine portraiture with history. The circumstances that suggested the idea to the artist were the following: An elderly Chinese woman, blind with cataract, was led by her son, a boy about fourteen years old, to Mr. COLLEDGE for his aid. The operation was performed with thorough advantage, and the patient, being convalescent, was about to leave Macao. The picture represents Mr. COLLEDGE—as turning from his final examination of the woman's eyes, with his hand still resting on her forehead, towards an old servant who acted as interpreter, in order to direct him to instruct her as to the care and means to be used for the preservation of her restored sight. The son, having prepared a chop, or Chinese letter expressive of his gratitude and thanks to Mr. COLLEDGE, is represented in the act of delivering it. In the background, upon the floor, is seated a man with his eyes bandaged, who had also been operated on for a cataract, waiting his turn for Mr. COLLEDGE's attention." In the apartment where the scene is laid, is a view of Mr. COLLEDGE's Ophthalmic Hospital, etc. Though the original painting is in England, a large steel engraving of it may be seen at the Canton Hospital.

From Dr. COLLEDGE's testimonials from his Chinese patients we cull this:—

"He lavishes his blessings,—but he seeks for no return ;  
Such medicine, such physician, since Tsin were never known ;  
The medicine,—how many kinds most excellent has he ;  
The surgeon's knife,—it pierced the eye, and spring once more I see.

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\* *China Repos.*, Vol. II., p. 278.

If Tung\* has not been born again, to bless the present age,  
 Then sure 'tis Soo\* re-animate, again upon the stage;  
 Whenever called away from far, to see your native land,  
 A living monument I'll wait, upon the ocean's strand."†

Dr. COLLEDGE's Ophthalmic Hospital at Macao was closed in 1832, after some 6,000 cases had been treated, "from a feeling on his part that he could not do full justice to it, from the circumstances of increased medical duties having devolved on him in consequence of the retirement from China of his friend and colleague Dr. PEARSON."‡

In 1828, during the residence of the British factory in Canton, Dr. COLLEDGE, assisted by Dr. J. H. BRADFORD, an American physician residing there, laid the foundation of a long-needed Dispensary—an establishment of much usefulness to all classes of foreigners as well as natives. Great numbers of poor Chinese have repaired to it, to whom medical aid was administered gratuitously, as afterwards by Drs. BRADFORD and COX. "At an early hour in the morning, one may daily witness the sick, the blind, and the lame, of all ages and both sexes, crowding around the doors of the Dispensary. We have seen helpless children brought there in the arms of their nurses, or more commonly lashed, according to the custom of the country, upon the back of a young servant. We have seen old, blind, decrepit men, 'with staff in hand,' led thither by their little grandchildren, while others, who were in better circumstances, were brought in their sedans. . . . The number of those who have come for aid has been very great, and the cures not a few."§

In the order of events, we do not omit what in those last days of the heroic age in the Far East seems to have been a matter of great moment. Mr. WM. C. HUNTER, long a resident here, in his "Fan Kwae at Canton," writes, in 1833: "A notable year, for the hitherto unprecedented event of the marriage at Macao of a young American lady, Miss SHILLABER, of Boston, to Dr. THOS. R. COLLEDGE, of the Company's Factory. It was a brilliant affair and celebrated with more than usual *éclat* from its novelty."

On the 23rd of February 1835 was formed "The British Seaman's Hospital Society in China," in which Dr. COLLEDGE played a leading part. Its principal object was the establishment of a floating hospital at Whampoa, whither there came during the year 1834 some 200 ships and upwards of 6,000 seamen. Set on foot in 1834, it was hindered by hostilities and not actually organized till 1835. No. 13 of its Rules reads: "Any Chinese indigent persons soliciting

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\* Tung and Soo, celebrated physicians of ancient times.

† *China Repos.*, Vol. II., p. 275.

‡ From an account of the Ophthalmic Institution at Macao, from 1827-1832, by a Philanthropist (Sir A. J. JUNGSTEDT), Canton, 1834.

§ *China Repos.*, Vol. II., p. 276.

medical aid shall be relieved, as far as the funds of the establishment permit, gratis."

The editor of the *Chinese Repository*, in December 1835, writes: "By his (Dr. COLLEDGE's) kindness we are now able to add a record of his opinion on the expediency of employing medical practitioners in China," and from those suggestions we quote quite fully: "The Chinese must first be convinced of the *utility*, before they can be made to comprehend the grandeur and sublimity, of the truths of Christianity, and no method of benefiting the human race is so immediate in its effects as that which relieves bodily sufferings. . . . What I wish to suggest is that those societies that now send missionaries should also send physicians to this benighted race. . . . I have for a long time reflected on the project which I have endeavored to explain, and have felt great pleasure in finding that some of the same ideas had suggested themselves to the pious and benevolent in the United States of America, as appears from the fact of the Rev. Dr. PARKER having qualified himself to labor in this great field both as a physician and minister of the Gospel. Still, this does not as a general rule exactly coincide with my own ideas, as I think more might be accomplished by keeping the two professions distinct. My wish is to see those of the medical profession act as pioneers in the great work, and, by gaining the confidence of the Chinese, render it a less laborious task for the Christian minister to instruct them in the great truths of our religion. . . . What I would suggest, then, is that all sects and denominations of Christians unite for the one great purpose of improving the temporal and social condition of the Chinese by sending out good men of the medical profession, who shall by rendering themselves useful gain the confidence of the people and thereby pave the way for the gradual reception of the Christian religion in all its purity and beauty. . . . For, in my opinion, there is no greater barrier to the spread of the Gospel of our Saviour among the heathen than the division and splitting which have taken place among the various orders of Christians themselves. . . . Let us teach the Chinese that though Christians may differ in sentiment, they do unite in principle and practice where the object is the good of their fellow-beings. . . . Let us learn to do good among them, exhibit works of charity and humanity, *founded on Christian principles*, and the spread of Christianity is the sure result! \*

In October 1836 we find Dr. COLLEDGE, in conjunction with Drs. PARKER and BRIDGMAN, issuing the telling appeal for a Medical Missionary Society, and at its organization, somewhat delayed, in February 1838, it was resolved, "That the members of this Society are deeply impressed with a sense of the services which Mr. COLLEDGE and Dr. PARKER have rendered to humanity by the gratuitous

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\* "Suggestions with regard to Employing Medical Practitioners as Missionaries to China;" by T. R. COLLEDGE, Esq.—*China Repos.*, Vol. IV., p. 386 (1836).



medical aid they have afforded to the Chinese, which services have tended to originate this Society : And that the members trust to the philanthropy and zeal of those gentlemen to carry the purposes of the Society into effect, and to enable it to perpetuate the benefits which have been already conferred." And after a further resolution of thanks to Dr. COLLEDGE for the purchase and repair of a building at Macao for hospital purposes, and acceptance of his liberal offer of the same to the Society, it at once elected him to its Presidency, an office he held full forty years. Returning later to England he died there, at Cheltenham, at the advanced age of 82 years, with the pathetic yet comforting refrain upon his lips, when reminded of his part in founding that noble Society, "The one good thing of my life!"

At the 41st Annual Meeting of the Medical Missionary Society, G. NYE, Esq., proposed the following Resolutions : "Whereas, in the Providence of God, the eminently useful career of Dr. THOS R. COLLEDGE, F.R.S., the first and only President of this Society, was terminated by his death on the 28th of October last, at his residence, Lauriston House, Cheltenham, at the ripe age of more than 82 years : And whereas we the Officers and Members of the Society here present have read with sympathetic interest the communications of Major COLLEDGE respecting the illness and death of his father, and with deep gratification the affecting expressions of the venerable President evincing his continuous consciousness of the merit of his participation in the purposes of the Society :—Therefore be it (1) Resolved, that this Society recognizes the moral worth and estimable qualities of its late President, conspicuous in previous ministrations to the physical needs of the Chinese and in his instrumentality in its founding ; and considering that the example of his earnest yet unobtrusive zeal should be held in grateful remembrance, the Committee of Management is hereby authorized to cause a Memorial Tablet of white marble, bearing a suitable inscription (importing that the Ward is named "The Colledge Ward," etc.), to be inserted in the centre of the original or first-built Ward of the Hospital.

"2.—Resolved, that appreciating the domestic and civic virtues of the deceased, we the Officers and Members of the Society here present, desire to convey to his family the expression of our deep sympathy in their bereavement ; qualified as their sense of loss is, happily, by the reflection that a career of eminent usefulness had extended far beyond the ordinary maturity of age.

"3.—Resolved, that the Society be requested to cause copies of these Resolutions to be transmitted to Major COLLEDGE." After being seconded by Rev. Dr. HAPPER, the Resolutions passed unanimously.

In 1885 the authorized memorial tablet was inserted in the wall of the Colledge Ward of the Canton Hospital, bearing inscriptions in English and Chinese.

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## MODERATE DRINKING AS A CAUSE OF DISEASE.

By J. G. KERB, M.D.

In the *London Lancet* for February 25th, and numbers following, we find a series of articles on this subject, which are worthy the attention of all medical men, and especially of Medical Missionaries. The author, GEORGE HARLEY, MD., F.R.S., has a reputation which makes his name an authority on diseases of the liver and kidney, which he has for many years made a subject of special study; and facts in reference to the effects of Alcohol on these organs, which have so often come under his observation, have forced upon his mind the convictions which he has so forcibly expressed in these papers. Dr. HARLEY is not one of the men who has first decided that Alcohol is at all times and under all circumstances injurious to body and mind, and then gone in search of facts to confirm conclusions already arrived at. This is a perfectly legitimate mode of procedure where, as in the case of Alcohol, there are innumerable facts manifest to the observation of all; but the strictly scientific mind demands that in the case of disease, facts as to the pathological changes shall be observed, and these changes traced up to the causes which have produced them. The investigator is thus enabled to arrive at conclusions uninfluenced by preconceived notions, and the results obtained must be convincing to all unprejudiced minds. This is precisely what Dr. HARLEY has done, and all honest searchers after truth on this momentous subject must give him a candid hearing.

A vast amount of time and labor have been spent of late years in the search with the microscope for microbes, numerous tribes of which have their habitat in diseased structure, and are supposed by some to be the cause of the disease. No end of ingenuity has been expended in endeavours to poison these infinitesimal creatures and to prevent their effecting lodgment in the human body. Modern Surgery owes much to believers in the germ theory, but the medical treatment of disease is as yet without means to dislodge the colonies of these microscopic animalcules from organs in which they (are supposed to) have set up diseased processes. If any means could be proposed by which the human frame would be secured against invasion by these relentless enemies of health and happiness, it would at once come into universal use, and the originator would have his name enrolled on the scroll of fame with those of HERVEY, JENNER, SIMPSON and others.

Dr. HARLEY has directed the attention of the profession to a cause of disease not, indeed, universal but prevalent in all parts of the world. It does

not depend upon microbes, which must be searched for with the microscope. It does not pervade the air and water and food, as microbes do. It must be manufactured, and paid for, and carefully preserved, and administered day after day, and persevered in, before the *undesired* results are obtained in the disease of the vital organs. This cause of disease, which Dr. HARLEY has been searching out, is not only a product of private enterprise, but Governments—Christian Governments—afford it protection and render aid to its innumerable propagators, who amass wealth in their unceasing efforts to introduce it into the organs and blood of their neighbors and friends.

Dr. HARLEY demonstrates to us the fearful results of this disease-producing agency, and every member of the profession knows that it is absolutely and entirely under control. It is under the control of individuals, and no one need be the subject of the diseases it produces, except by his voluntary act. It is under the control of Municipalities, of States, and of Governments, and no citizen is the victim of its ravages except by the approval or connivance of the political power under which he lives.

It is not our purpose to follow Dr. HARLEY through his papers; our space will admit of only a few extracts, sufficient to show how convincing are his statements and that his conclusions as to the vast amount of disease caused by moderate drinking are inevitable. Dr. HARLEY says, "I regret to find that notwithstanding there has been much written, and well written, on the action of Alcohol taken in excess, no one appears to have thought it worth while to tackle the subject of moderate drinking." Dr. HARLEY regrets the want of statistics to show the effects of *moderate drinking* on large numbers of subjects, and points out the difficulty of obtaining such statistics, but he finds in the tables of mortality, published by the Registrar-General of Great Britain, the data from which he demonstrates conclusively the disease-producing effects of moderate drinking. Being himself a specialist in the treatment of liver and kidney disease, he shows how these organs, when stimulated by Alcohol, increase the death-rate and lower the average period of life.

We quote the tables given, which speak for themselves. He says, "I scarcely think any one will doubt the truthfulness of these tables.

"TABLE I.—*Death-Rate of Men between the Ages of 25 and 65.*

| Men exposed to the<br>temptations of "Nipping."       |     |     |     |     |     | Liver<br>Disease. | Kidney<br>Disease. |
|-------------------------------------------------------|-----|-----|-----|-----|-----|-------------------|--------------------|
| Commercial travellers                                 | ... | ... | ... | ... | ... | 61                | 44                 |
| Brewers                                               | ... | ... | ... | ... | ... | 96                | 55                 |
| Innkeepers, publicans, vinters, barmen and waiters... |     |     |     |     |     | 240               | 83                 |

“The Comparative death-rates of men of the same age engaged in other industries, *not exposed* to the temptation of Nipping, are again as follows:—

“TABLE II.

|                              |     |     |     |     | Liver<br>Disease. | Kidney<br>Disease. |
|------------------------------|-----|-----|-----|-----|-------------------|--------------------|
| Gardeners and Nurserymen ... | ... | ... | ... | ... | 18                | 39                 |
| Printers ...                 | ... | ... | ... | ... | 28                | 30                 |
| Farmers and Graziers ...     | ... | ... | ... | ... | 41                | 31                 |
| Drapers and Warehousemen...  | ... | ... | ... | ... | 35                | 37                 |

“As an addendum to these most telling statistics,” Dr. H. proceeds, “I think I cannot do better than quote what BÆER says regarding the probabilities of life in persons exposed to the temptations of Nipping, compared with those *not liable to be so tempted*. The following is extracted from his table of Prussian Statistics, and I arrange them, for the sake of easy comparison, in two parallel columns showing the probable duration of life calculated at different ages.

| Age. | Probable Duration of Life of Men |                          |
|------|----------------------------------|--------------------------|
|      | In the Liquor Trade.             | Not in the Liquor Trade. |
| 25   | 26·23                            | 32·08                    |
| 35   | 20·01                            | 25·92                    |
| 45   | 15·19                            | 19·92                    |
| 55   | 11·16                            | 14·45                    |
| 65   | 8·04                             | 9·72                     |

“This, as is seen, is an equally instructive table.

“To return for a moment to the part played by the so-called moderate use of alcoholic stimulants in the production of fatal forms of liver-disease. As it is, I think, impossible that we medical men can know too much regarding the probable deleterious effects of mere Nipping, I have subjoined an extract from the Registrar-General’s tables of the Comparative Mortality from liver-diseases, in different industries, between the ages of 25 and 65, in the years 1880-1-2, which exhibits the matter in a stronger light than any words of mine can do:—

|                            |     |    |                                 |     |     |     |
|----------------------------|-----|----|---------------------------------|-----|-----|-----|
| Book-binders ...           | ... | 3  | Butchers ...                    | ... | ... | 21  |
| Book-sellers ...           | ... | 4  | Fishermen ...                   | ... | ... | 22  |
| Hatters ...                | ... | 9  | Brewers ...                     | ... | ... | 42  |
| Tobacconists ...           | ... | 10 | Innkeepers, publicans vintners, |     |     |     |
| Druggists and printers ... | ... | 18 | waiters, and barmen ...         |     |     | 197 |
| Gardeners and Miners ...   | ... | 19 |                                 |     |     |     |

"The result here shown is so startling that the Registrar-General not inappropriately designates it as 'appalling,' seeing that the proportion of deaths from liver-diseases is in reality six times greater among men exposed to the temptations of 'nipping' than in that of all the other industries combined. . . . Nothing could be more conclusive of the deleterious effects of so-called moderate drinking on the human constitution; for as all different effects in this world originating in identical causes are but relative, it is readily seen how a lesser proportion of 'nipping,' though giving rise to lesser results, must nevertheless cause a proportionate number of cases of disease in the liver and kidneys to those given in the above tables."

We will not follow Dr. HARLEY'S able and instructive paper farther, but will point out the fact that his tables are not comparisons between moderate drinkers and *total abstainers*. Had these two classes been the basis on which the tables were founded, the contrast would have been much greater, as against moderate drinkers.

The subject of moderate drinking as a cause of disease is of great importance to us as medical missionaries, because the Chinese are moderate drinkers, if not universally yet to a large extent. We must therefore take into consideration alcoholic poisoning as existing in a greater or less degree in the majority of our adult patients, both male and female, and successful treatment requires the elimination of this cause, if it has gone no farther than functional derangement; and if it has gone farther, then the appropriate measures to remedy the local and general damage done.

In passing, we wish to call attention to the fact that alcohol is in many cases combined in Chinese patients with opium in producing and modifying disease, and to these is superadded the poison of tobacco-nicotine; and in not a few cases all of these are combined with the syphilitic poison. We have then a complication of effects giving scope for careful study and the exercise of judgement in the application of remedies.

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## NOTES ON THE OCCURRENCE OF BERI-BERI OR KAKKÉ AT SWATOW.

By PHILIP B. COUSLAND, M.B., C.M.

I am induced to bring forward the following notes on Beri-beri, very little having been published as to its occurrence, clinical features, etiology, etc., as observed in China. As the tendency of this disease to attack schools and similar institutions is a very serious matter to those who are engaged in Mission work, it is important that all such occurrences should be made public, with a view to clearing up its causation, in the hope that when the predisposing causes are known, we may be able to adopt adequate preventative measures. The first occurrence of Beri-beri in the schools was in 1886, when both the boys' and girls' schools had to be closed on account of it.\*

In 1887 the outbreak of Beri-beri was confined to the girls' school. The first cases developed a month earlier than in the outbreak of 1886, *i.e.*, at the beginning of April instead of May. The girls to be first affected were those who had been down with it the previous year, and they were seized pretty much in the same order as on that occasion. As the disease spread steadily there was nothing for it but to close the school and send the girls home, where they all speedily recovered with the exception of one, who has not quite got over it yet.

The following two cases exemplify the symptoms exhibited.

*Case I.*—MI-POH, aged 16. Has been ill for 3 or 4 days. Complains of numbness and weakness of the arms and legs, so that she walks with difficulty. Her limbs also ache constantly and the pain is aggravated by standing. She has also pain in the knees on walking.

### *Affected Areas.*

*Arms.*—The extensor surfaces of the forearms are numb up to 3 inches above the elbow. The palms are not affected, and the flexor surfaces are implicated to the same extent as the extensor, but more slightly.

*Abdomen, Thorax, Face,* not affected.

*Legs.*—The soles, calves, and flexor aspect of the thighs normal. Instep a little numb. The anterior Tibial surface from the front of the ankle to the Tibial Tuberosity, and from the internal posterior angle of the Tibia to the Fibula, quite numb. Front of thighs somewhat numb.

*Sensibility to touch* is undiminished. She is conscious of the lightest touch.

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\* For details see *China Medical Missionary Journal*, Vol. I., No. 2, p. 74.

*Sensibility to pain* is lost in the affected areas in direct proportion to the feeling of numbness. She is quite conscious of a pin being thrust into her skin, but there is no pain. A slight prick, however, on an unaffected part, such as the calf, makes her jump at once.

*Sensibility to heat* is lost in the same way as that to pain.

The knee-jerk and abdominal reflex are well marked. There is no inco-ordination, and the special senses are unimpaired. Both sides are affected with equal severity.

This girl was the first to be ill both years, and although she has not come back to school this winter the muscles of her legs still continue to trouble her by their tendency to ache.

*Case II.*—HAH-SI, aged 14. Ill 3 days. This is a fairly typical history of the onset of the disease. It was a second attack and therefore more areas were implicated than on the previous occasion.

*Monday.*—She experienced a hot, aching feeling in her insteps; this gradually spread up the front of the leg to the knee. She had a restless and disturbed night.

*Tuesday.*—The arms were now involved. In the evening had formication in the affected parts.

*Wednesday.*—The symptoms spread to the face and neck.

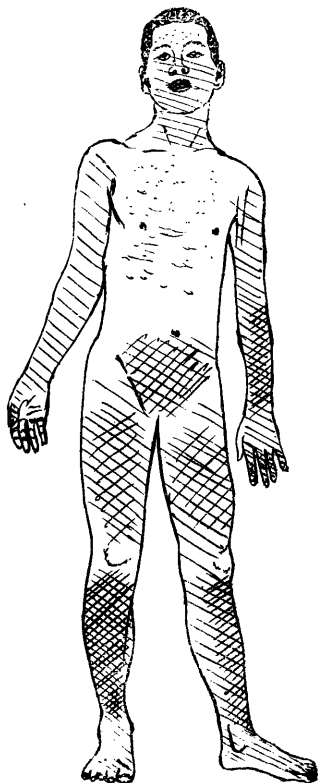
On examination, the flexor and extensor surfaces of the legs, with the exception of the soles, to about 3 inches above the knees, the arms, with the exception of the palms, up to the shoulders, the abdomen, neck, and face, were found affected, and also, but more slightly, the chest, forehead and temples. In these areas sensibility to touch was diminished, and that to pain and heat was lost. The right leg was weaker and more painful than the left, and by the 6th day the knee phenomenon on that side was considerably diminished while the left remained unimpaired. The other reflexes were normal. The upper dorsal region of the spine was tender on percussion. The special senses were unaffected.

These two cases illustrate the features of the disease fairly well; it only remains to make a few remarks on the symptoms as observed in all those affected.

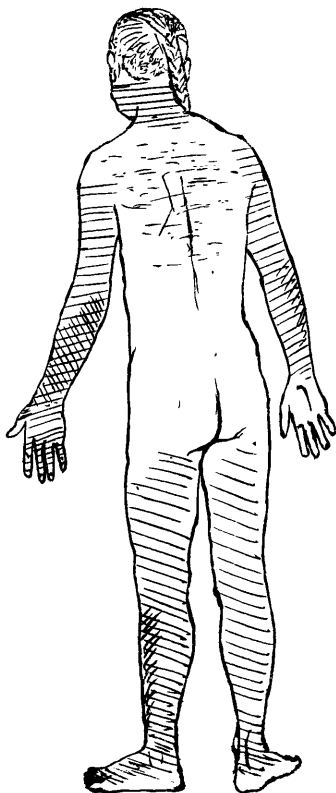
Aching, rheumatic pain, heat, formication and numbness are generally complained of in the affected parts. The sensibility to touch is diminished but not lost; gentle pressure with the finger is always felt. To this, Case I. is an exception, as the sense of touch was quite acute. Sensibility to pain and heat are lost.

The order of frequency in which the different areas are attacked is well exemplified in Case II.; the anterior tibial regions are the first, then the extensor aspect of the forearms, the front of the thighs, and the abdomen up to the umbilicus.

*Fig. I.*



*Fig. II.*



These figures are intended to show the areas affected in the cases of Beri-beri that have come under my observation here. The cross-hatching indicates those usually affected. Sometimes the disease spreads to the parts which are shaded with simple lines and rarely to those indicated by scattered dots.



The rest of the arms, the calves, face and neck are sometimes attacked, and the palms, soles, chest, and dorsal region of the back more rarely.

There is no evidence of the neuritis spreading to the nerves of special sense, with the doubtful exception of the optic, dimness of vision being a frequent concomitant. The organic reflexes I have never seen affected. Sometimes the knee-jerk is diminished or abolished, and sometimes not; it seems as if it were only when the disease has continued for some little time that it becomes affected.

Tenderness of the spine in the upper, middle, or lower dorsal regions is usually to be elicited by percussion, a symptom which it is difficult to grasp the significance of on the Multiple Neuritis theory.

The implicated muscles are at first hard, painful, and tender on pressure; afterwards they atrophy, become flabby, and respond very feebly to the Faradic current. The right leg is usually more affected than the left. Paresis of the anterior Tibial and Femoral muscles causes respectively dropping of the toes and a tendency for the knee to give way when walking. Dr. BUZZARD has pointed out that it is only in those cases of Multiple Neuritis in which there are agonising, shooting pains and hyperalgesia that the nerve-trunks are found to be tender on pressure. It is, therefore, not surprising that in these cases of Beri-beri this symptom is absent.

As to the nature of Beri-beri, the theory now so largely held that it is a multiple peripheral neuritis caused by a specific, possibly microbic, poison, seems to be the one most capable of explaining the dry form of the disease.

The interesting feature in last year's outbreak is this:—In 1886 both schools had to be closed on account of it, the boys' first and then the girls', but in 1887 not one boy was affected, although several of the scholars were those who had been the first to be seized the previous year, and whose recovery was even then incomplete. This is all the more remarkable as SIMMONS states that in Japan females are much less liable to Beri-beri than males. Now the only difference between the schools in 1886 and 1887 was that while in the girls' school the number of pupils was about the same, in the boys' there were only 16 in 1887, as compared with 26 in 1886.

In the Theological Seminary, where each student has his own little room, there were, as last year, no cases; and it is very remarkable that I did not hear of a single case in Swatow or the large district of which Swatow is the port.

I would be inclined, then, from my experience, to think that a prime factor in its production is to be found where there is any tendency to overcrowding. Another important element has been proved by Japanese observers to be a faulty dietary; but that this is of secondary importance is, I think, shown by the fact that although the dietary in the boys' school was unchanged, yet there were no cases there, nor yet in the Seminary, where the students, being allowed to buy their own food, are suspected of economising to a perhaps hurtful extent.

These two elements can only be predisposing, for these schools had been in operation for more than ten years, with the same or sometimes a larger number of pupils, before Beri-beri was known in them, nor do they compare unfavorably in this respect with other similar institutions in the south of China. There must have been an importation of the specific poison, and possibly we have to thank Singapore for it, as every year a number of returned emigrants turn up at the Hospital with Beri-beri got there.

As to Treatment, prevention alone is of any avail. With this object the girls' school has been disinfected, the number of scholars diminished, and an attempt made to improve the dietary by increasing the quantity of nitrogen by diminishing the quantity of rice, substituting wheat and oatmeal, and increasing the allowance of meat and fish. These measures, it is to be hoped, will prevent a recurrence of the trouble this spring.

*English Presbyterian Mission,  
Swatow, February, 1888.*

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*April 28th, 1888.*

Beri-beri has recently appeared in the Boys' school, and already half of the inmates are affected. As there are only eleven boys in the school this year there is not the slightest approach to crowding.

It would appear, then, from this recurrence of the disease, that I have laid too much stress on the influence of overcrowding as a predisposing cause; and as to the effect of diet, this outbreak will throw no light upon the subject as, owing to an interregnum, the boys have, unfortunately, reverted to their old dietary since reassembling in March.

P. B. C.

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## SOME SHANTUNG HOT SPRINGS.

By JAS. B. NEAL, M.D.

In the Shantung Promontory, Prefecture of Tungchowfu, exist a number of hot springs of differing degrees of heat, some sufficiently hot to boil eggs and used by the people for cooking their food, others of comfortable temperature for bathing without addition of cold water. So numerous are these springs that in visiting one located south of Chefoo, and questioning the natives, I was told

nearly every "Hien" had one. This, though undoubtedly an exaggeration, serves to show that they are not uncommon.

I have myself visited four, but propose in this paper to confine my remarks to the three springs located within easy reach of Tungchowfu, none distant more than a full day's journey on horseback.

*Wăn Shi T'ang 溫石塘 and Ai San T'ang 艾山塘.*

Beginning with the two springs situated nearest to Tungchowfu, we may consider them most conveniently together, inasmuch as a chemical examination of their waters shows them to be of almost exactly the same composition, and their temperature differs only half a degree.

The former of the two, *Wăn Shi T'ang*, 溫石塘, is located about seventy li, less than twenty-five miles, south from Tungchowfu, at the foot of low hills, in the midst of a small, unattractive village. There is nothing about the spot to recommend it either as a place for passing a vacation week or as a pleasant resort for bathing. There is only one spring here, the water, as it issues from the ground, having a temperature of  $124\frac{1}{2}^{\circ}$  F. The accommodations for bathing are the poorest of all the three springs described in this article, the "*Kwan t'ang*," or official bathing-place, being merely a large, square, stone bath-tub, covered by a roof and surrounded by a wall, the entrance thereto being entirely unguarded by any door, so that the keeper of the baths has to be bribed to watch the gate to secure privacy, the whole place being quite open to the outer air.

My first visit to the spring was on a November evening, and my companion and I rather shivered at the idea of a bath in a place exposed to all the cool breezes of that time of year, but one plunge sufficed to show us that the heat of the water abundantly compensated for any coolness of the atmosphere, and we retired from our bath in a parboiled condition. However, with sufficient cold water added it would undoubtedly be very pleasant for bathing.

*Ai San T'ang* 艾山塘, one hundred and twenty li, about forty miles south-east of Tungchowfu, is situated at the foot of the hill *Ai San*, which, next to *Tai San*, is the highest in Shantung. The road thither is a pleasant, mostly level road. The village in which the spring is located is not specially interesting in itself, but the surroundings of the place are attractive, the hills being particularly so. The ascent of *Ai San*, to begin which one has to go some twenty li on donkeyback or horseback, makes a pleasant day's trip; while very soon a gold mine is to be opened within ten li of the town, which will add to the attractions of the place.

The bathing facilities are very fair, there being an official bath-house for men, a separate one for women, and a common bath-tub for the people generally,

This arrangement of three separate bathing-places prevails at all three of the springs described, but the facilities at Ai San T'ang are the best of the three.

The bath-house consists of a room which can be made perfectly private, and even in cold weather could be made very comfortable by pasting paper on the windows to keep out the wind; the bath-tub being of stone, very large and roomy. The floor of the room is, of course, of mud, with stone seats arranged about the wall. The water, as it bubbles up from the ground, has a temperature of 125° F., and, on the addition of a few bucketfuls of cold water, makes a delightful bath, the water being very soft and pleasant to the skin.

There is considerable sulphuretted hydrogen in the water, but the smell is scarcely perceptible and does not detract in the least from the pleasure of bathing. The water, too, is very sweet and pleasant to the taste, as is also that at Wǎn Shi T'ang. Opposite the spring is a temple where the priests seem quite ready to entertain foreigners, the innkeepers of the village refusing to do so, owing to some trouble in former years with foreigners who visited the spring.

The waters of both these springs, Ai San T'ang and Wǎn Shi T'ang, contain considerable iron, free carbonic acid gas,  $CO_2$ , and sulphuretted hydrogen,  $H_2S$ . The latter substance certainly exists in some quantity in the water of Ai San T'ang, but I failed to detect it in that from Wǎn Shi T'ang. The general appearance of the spring and its great similarity to that at Ai San, however, incline me to believe that sulphuretted hydrogen also exists in it in small quantity. The other constituents consist of carbonates and sulphates of calcium and sodium, sodium chloride and silicic acid. The water of both springs is essentially a soft water. I presume they would be classed as sulphur-springs, though the amount of free carbonic acid gas makes me doubtful whether they might not more properly be called carbonated springs.

### *Chiao Yuen T'ang* 招遠塘

The two places already described possess only one spring each. At Chiao Yuen, somewhat less than fifty miles south-west of Tungchowfu, there is a group of three springs, two of them within a few feet of each other, the third being off at a distance of several hundred yards from the others.

These springs are specially interesting from the marked difference in temperature in the three. In the one which supplies the bath-houses the water has a temperature of 165° F., in another, within a few feet of it, the thermometer registers 184°, while the third rises to 193°.

The water is markedly different in constitution from that at Ai San and Wǎn Shi T'ang, being very brackish and disagreeable to the taste, containing a larger quantity of iron, and much more calcium, with no alkaline carbonates, partaking in every respect of the characters of a hard water. It, like the others,

contains considerable free carbonic acid gas but no detectable sulphuretted hydrogen. Though essentially a hard water, when cooled sufficiently by the addition of cold water it makes a most agreeable bath.

The bathing accommodations here also are good, only slightly inferior to those at Ai San T'ang, but there is little of interest in the surrounding country, and the springs are situated in a squalid, unattractive suburb of Chiao Yuen city. The road, too, from Tungchowfu to the springs is a very hilly, hard road, much more difficult to travel than that to either of the other springs.

#### *Medicinal Properties.*

The natives speak of the springs as being good in the treatment of rheumatic complaints and skin-diseases, and of the two which are drinkable as constituting good tonics. These conclusions, in my opinion, are quite correct, and not to be improved upon by us who have better ground for our belief than the natives, who have formed their opinions simply from clinical experience. The quite perceptible amount of iron in the waters would make a course of daily drinking, at the same time that baths were being taken, highly beneficial. This, however, applies, of course, only to the two first described, as the water at Chiao Yuen, though containing more iron, is quite unfit for drinking.

Of the three I should certainly recommend the Ai San T'ang in preference to either of the others to any one desirous of visiting one of them, partly for the reason that it is easily and comfortably reached from either Chefoo or Tungchowfu, and partly because of the good bathing accommodations and the pleasantness of the surrounding country.

A stay of ten days or two weeks at Ai San, combined with excursions to neighboring points of interest, to any one suffering from any chronic rheumatic trouble or long-standing skin-disease, or run down from too prolonged in-door application, I am confident would result in much good. Such an excursion, however, should by all means be made in the spring or early summer, before the pests of Chinese houses become too numerous, or even preferably in the late autumn, when the days are delightful for travelling.

*American Presbyterian Mission,*

*Tungchowfu, May 8th, 1888.*



## A QUARTERLY MEDICAL JOURNAL IN CHINESE.

By Dr. H. T. WHITNEY.

Dr. KERR, of Canton, first started a journal of this kind in 1880 and continued it through eight numbers, but for various reasons was obliged to give it up, and since then has not seen his way clear to resume it again. And as it is doubtful about his ever being able to take on such a responsibility in connection with all his other labor, I understand he would prefer some one else should undertake it.

It certainly is no easy task to look after a work of this kind in addition to all the varied duties of a medical missionary. For "beauty of situation," Shanghai is the most central and in every way the best adapted for such an enterprise. And it occurs to me that Dr. H. W. BOONE, if he has the time and will undertake it, is just the man for us to call to this important post.

Would it not be well to ascertain soon the mind of the other members, as our mode of operation is slow and requires considerable time to bring any matter to a final issue?

It may be asked by some, in this connection, whether there would be a sufficient demand to warrant such an undertaking.

For one, I see no reason why a well-edited, illustrated medical journal should not secure a circulation sufficient to warrant its support. Dr. KERR was evidently confident of this eight years ago when he first made a trial of it, and the reasons and indications for its success are far in advance of what they were then.

Already quite a large number of medical students have gone out from the instruction of missionary physicians and others who, no doubt, would be glad to avail themselves of such a help. There are also quite a large number of native doctors who have read HOBSON's Works, Osgood's *Anatomy*, and most of Dr. KERR's Works, and are sufficiently familiar with Western medical ideas and expressions to derive considerable benefit from a medical journal.

Then, again, in the twenty or more missionary hospitals in China there are quite a large number of students constantly under instruction, all of whom could profit much by such a journal. A medical journal for our Chinese medical students is of as much relative importance to them as our medical journals are to us; and while at first, perhaps, many would not appreciate it, simply from ignorance of its worth, yet they would learn to value and desire it.

There are also a good many native doctors and "progressive" Chinese who buy everything they can find on medical subjects, just to get the information. These and other reasons that might be given would seem to justify such an undertaking, and certainly a door is open here to spread an immense amount of sanitary and hygienic information, in both of which the Chinese are sadly in need.

Here is also an avenue for educating the reading classes, and indirectly others, so they will have less faith in quacks and more confidence in the regularly instructed Chinese.

Here is a good place to inform against the evils of opium, wine, tobacco, immorality, etc.

They can also be taught the proper use of many of their own simple remedies and many inexpensive ways of treating themselves in emergencies, and caring for their health generally.

It remains to be done in China what has had to be done in all other countries where the common people have any proper knowledge of themselves or the use of simple remedies, or have learned to properly respect and confide in the skill of good physicians.

China, from a medical point of view, is in the "dark ages," and as yet a beginning has hardly been made to remove the "scales" from her eyes. And it seems to me that through the avenue of a medical journal the missionary physicians in China would have an opportunity to discharge one of their most important duties to this people.

Some may be inclined to wait a year or two in the hope of meeting at a General Conference to mature this or any other plans the Association may have for future work. But why put off till to-morrow what can just as well be done to-day? Let us seize time by the forelock and keep the wheels rolling.

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## LEPROSY.\*

By W. H. PARK, M.D.

The first thing to be settled is, what disease is meant by the term "Leprosy."

Nothing can be more confusing than to consult the various dictionaries, cyclopædias and medical books, under the heading "Leprosy." One would think that almost every strange disease of the skin that ever was seen had been at one time or another designated "Leprosy." Vitelligo, Elephantiasis or Barbadoes Leg, Ichthyosis, Morphœa Alba, Morphœa Nigra, Lipidosis Lepriasis Vulgaris or Psoriasis, etc., etc.

The different names for true Leprosy are also not a few,—Elephantiasis Græcorum, Lepra Arabum, Leontiasis, Satyriasis, Lepra Veræ, etc., etc. WILLAN, an authority some years ago, claimed that the term "Leprosy" should be restricted

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\* Read before the Soochow Literary Association, April 5th, 1888.

to the disease called Psoriasis,—that true Leprosy was Psoriasis and Psoriasis was true Leprosy. This is the definition followed by KITTO, McCLINTOCK and STRONG, WEBSTER and some others, but the best authorities of the present day do not agree to it for a moment. True Leprosy is the disease called Elephantiasis by the Greeks, Lepra by the Arabians, Der Aussatz by the Germans, La Lèpre by the French, Spedalskhed by the Norwegians, and Da Mō Foong by the Chinese. It may be defined as “a chronic constitutional disease, characterized by structural changes in the skin, mucous membranes and nerves, and producing great disfigurement of the features and deformity of the extremities.” “It causes, or predisposes to various affections of the internal organs, and eventually occasions death, either by these affections or by the specific marasmus of the disease.” It possesses a history more hoary than that of any disease with which we are acquainted. It has existed from pre-historic ages. “The Hebrews were sorely afflicted with it before leaving Egypt.” Indeed, “according to the historian MANETHO, the Egyptians drove the Hebrews out on account of this plague of Leprosy.” We all know how often it is spoken of in the Bible. However, Leprosy in the Bible does not always mean Elephantiasis Græcorum, the disease that is now called true Leprosy. It sometimes undoubtedly meant Psoriasis, the Leprosy of WILLAN. Naaman the Syrian probably had Psoriasis, for we read that he was a mighty man of valor,—and Psoriasis does not, as a rule, prevent a person from following his ordinary avocation; his Leprosy was to cling to Gehazi and his seed forever, and Psoriasis is hereditary. Only a few days ago I saw a man with the disease, who said that his only son was also afflicted with it. Gehazi went out from the presence of the prophet a leper white as snow, and Psoriasis has white mother-of-pearl scales. In the chapters xiii and xiv of *Leviticus*, we probably have “not a description of any one disease but an enumeration of certain symptoms which, on account of their frightful character and tendency to spread, would render the individual an object of aversion and demand his separation.” “Leprosy in garment and house was probably some species of mildew, or else the spots indicated some fungus which by contact would generate disease in human beings.”

“From Egypt and Palestine Leprosy spread to Greece and Italy and other countries in the Mediterranean Sea. It was probably brought to Central and Western Europe by the returning Crusaders, between the 12th and 13th centuries, and spread with alarming rapidity. It disappeared from these sections of Europe towards the end of the 15th century.” After this disappearance the disease was gradually lost sight of in civilized countries, until its very existence seemed almost mythical. It is only within late years that the writings of the Norwegian physicians, and of European physicians residing in Eastern countries, have called the attention of the civilized world once more to the disease. Last year it attracted more attention than ever. The Norwegian Government sent



Dr. HANSEN to the United States to enquire into the heredity of the disease among the Scandinavian settlers of the North-west. Dr. BESMER read an exhaustive paper before the Paris Academy of Medicine, on the contagiousness of the disease, and urged the importance of early segregation in every case. The Royal College of Physicians of England appointed a committee to enquire into the question of the contagiousness of the disease. In our own country it is attracting more and more attention each year. That it existed among the Chinese in California, and the Scandinavian settlers in some of the North-western states, has been known for some time, but of late several cases have been reported from Georgia and South Carolina, "notably no less than 13 cases (white and black) from Charleston, S.C." In one of my latest medical journals I see a new case, reported from Savannah, Ga. A mail or two ago the papers brought an account of the excitement caused, in Philadelphia, by the discovery that a doctor in that city had under his care two cases of Leprosy from South America.

#### *Present Geographical Distribution.*

While isolated cases of the disease are to be found in every country under the sun, it is principally found on the coasts and islands of the Mediterranean, Black and Caspian Seas, in Norway, Asia Minor, Syria, Palestine, India, China and the countries south of China, Japan, South Africa and the adjacent islands, in the Sandwich Islands, in the islands of the Australian Archipelago, in South and Central America and in Iceland. There is a leper colony at Tracadie in New Brunswick. In the United States there are at least 100 cases, and, as I have already intimated, it seems to be on the increase there. The disease is known all over China, but prevails more extensively in the Southern provinces. Adding up all the cases reported in all the Reports of Mission Hospitals at my command, for 1886, I find 416; 270 of these were from Swatow and 96 from Foochow. This by no means represents the whole number seen, for several of the reports contained no classification of the diseases of dispensary patients. Since opening the Soochow Hospital we have reported 181 cases. Taking these 181 cases as a basis, I calculate that there are probably *one hundred and fifty thousand* lepers in China. In India there are said to be 135,000.

#### *Symptoms.*

The disease, as a rule, begins in the face. The skin gradually becomes of a dusky, red color and soon begins to thicken. The eye-lashes and eye-brows all fall out, and the beard, if there is any, becomes thin. The skin gradually thickens until it may be thrown into folds on the forehead, constituting the peculiar appearance that has given the name *Leontiasis* (like a lion) to the disease. The thickening of the skin also makes the face appear broader, and

causes it to become almost as expressionless as though the person wore a mask. The physiognomy is so completely changed that a person would hardly be recognized by his nearest friends. I have seen a boy of 18 who, so far as his face was concerned, looked as though he might be at least 60. The alæ of the nose enlarge and hang down, and the ears sometimes get to be tremendous. About the time the face is affected, or may be later, the hands, one or both, and the whole hand, or may be only certain parts, become anæsthetic. With the numbness certain muscles atrophy, especially the muscles of the ball of the thumb, so that instead of an eminence there, we see a depression. Next, unhealthy, sluggish ulcers may appear on the finger-joints and slowly eat their way, without causing any pain, until the fingers drop off. After a finger drops off the stump heals and becomes smooth and firm. Next, the septum of the nose, and the soft palate, may be eaten away. Now, this is as far as I have ever seen the disease go. That it does develop worse features, in this part of China, I have no doubt, but the worst cases have never as yet presented themselves at the hospital. I give a further picture of the disease by copying the description, given in the *Medical Record*, of a case found in the Lazaretto at Tracadie, in New Brunswick:—

“PETER N—, aged 32. Mother alive and well, aged 52; father died when 72 years of age. Has two sisters and five brothers, the youngest being five and the oldest 25. No other trace of the disease in the family, except grandparent on the mother's side died of it. He suffered the usual indefinite premonitory symptoms, and was admitted into the Lazaretto 12 years ago. For a number of years he enjoyed good health, and added much to the social enjoyment of the institution, in that he is an intelligent and sociable fellow. But during the past years he has failed very much, and now, to say the least, is a most pitiable object. The skin of the body is of a bright, shiny, bronze color, and here and there are seen irregularly-shaped, yellowish, pigmented spots, while the palm of the hands is rough and scaly, and of a glistening color. The skin over the forehead is thrown into a number of distinct folds. The eye-brows and eye-lashes have fallen off, the eye-lids thickened and everted, and the beard, which was once full, thick, and heavy, is very sparse and thin. The nose is large, broad and flat, and numerous little blood-vessels, varicose and dilated, are seen over its surface. The septum nasi is absent, and the alæ nasi are thickened and pedunculated, and the anterior nares partially closed, from hardened secretions. The mouth is much distorted, the lips are thick and protruding, and the mucous membranes of the cheeks are covered with a grayish ulceration. The tongue is not enlarged, and on it are seen numerous little gray ulcers. The soft palate and pillars of the fauces are partially destroyed, and perforations are seen at its juncture with the hard palate, so that communications exist between the nose and the mouth. The breathing is stridulous and the voice husky and dysphonic, and deglutition difficult and painful, showing that the deeper laryngeal structures are also involved. The ears are enlarged, and the lobules

hang down like two pendent masses. The hands are much distorted, the fingers stiff and crooked, with the phalanges flexed upon the palm, nails absent, and a thin, serous discharge exudes from the matrix. Glands of the neck swollen and freely discharging a thin, stinking, irritating matter. Large ulcers are seen upon the skin, and the tibia itself is painful and tender to the touch, from subacute periostitis. The toes are swollen, and superficial ulcers are seen between them, and over the phalangeal joints the disintegrating, dismembering process has begun."

Two forms of the disease are recognized; where thickening predominates it is called Tubercular, where the numbness predominates it is called Anæsthetic. It is not easy to make the distinction, for in most cases the two are combined. The case, the description of which I have just given, was one of Tubercular Leprosy. I now copy the description of a case of Anæsthetic Leprosy, found in the same institution. "We find him a handsome young man, with dark hair and full beard, heavy eye-brows, and long eye-lashes; pale skin, high cheek-bones, rather long nose, broad and high forehead, in fact, quite an intellectual face. There are a few papules on the hands and chest, and a few scattered, discolored spots on the body. The hands are much emaciated, long and thin; the interossei muscles very small and atrophied, so that the metacarpal bones stand out in bold relief. The joints are beginning to undergo disintegration. The fingers are bent and distorted towards the palm, and are always partially flexed, and extreme extension is impossible. There is little or no feeling in the parts, in fact a pin can be thrust deeply into the tissues and no pain is experienced. The young man's spirits are good; has good appetite and excellent digestion."

As this disease is largely distributed over the world, in cold as well as hot countries, the question may arise as to whether it shows different symptoms in different countries, or whether it is everywhere the same. This question is answered by Dr. LIVEING, of London, one of the foremost dermatologists of the day. He says:—"I have had under my care cases of Leprosy from many different parts of the world, including India, Burmah, Mauritius, Africa, West Indies, Brazil, North America and Europe, but in all these cases the disease has presented exactly the same characteristic features."

#### *Causes.*

The etiology of Leprosy has long been the subject of dispute, and it is only lately that doctors have come to anything like a clear understanding of the subject, and even now it is far enough from being *very* clear. It is probably due to the introduction into the system, and multiplication there, of a specific micro-organism or bacillus called the bacillus lepræ. Taking the world over there are more cases of Leprosy in hot than in cold countries, yet it "occurs in the most various races, in different climates, and under the most divergent habits of life. It prevails in the tropics of America, as in Northern Iceland; among Africans, as

among the Chinese; in the lowest classes of Madeira, as in the highest of Rio Janeiro. It is improbable that it can be due to any of the various climatic agencies to which its onset has been ascribed. Thus it has been claimed to be due to atmospheric, to telluric influences, to malarial agencies, etc., etc. But it exists in inland as well as in littoral districts, in mountainous as well as in flat and sandy regions, in moist as well as in dry climates; it is at home among the mountains of Norway, in the swamps of the Crimea, and on the fertile plains of India."

"Improper diet has next been invoked as a cause, especially the consumption of salted or stale fish, and of fish-oils. This is the reason assigned by the natives of Norway and Iceland for the prevalence of the disease among them. But the Egyptians, the Mexicans, the Hawaiians, do not live upon such food, and amongst all these the disease is endemic and finds to-day its most chosen seats."

"Bad hygienic surroundings, foul air, filthy dwellings, improper personal habits, are supposed by some to be influential in causing Leprosy. But these conditions prevail more or less everywhere, and Leprosy does not; they are most strikingly exemplified in the large European cities, where Leprosy is virtually unknown. On the other hand, in some parts of the world, as in Brazil, the richest and best-cared-for classes furnish a proportionately large number of cases."

"That the disease is hereditary is generally believed, but the same peculiarities and freaks of heredity that are seen in other constitutional blood-diseases are noticeable in Leprosy, in that it often skips one generation to appear in another, or shows its potentiality in certain members of a family and not in others."

"It is mostly seen after puberty, in adolescence and middle life, yet no age is exempt from it; the young child as well as the septuagenarian is occasionally attacked by it. The youngest case ever admitted into the New Brunswick Lazaretto was a boy aged eight years."

Dr. McGOWAN reports having seen, in a leper village near Hanoi, a child four years old, all of whose fingers had crumbled away except the forefingers of one hand.

"Leprosy is more common in males than in females, and there seems to be a greater resisting-power in women, for in them the advance of the disease is much slower."

A good many doctors are of the opinion that the disease may arise spontaneously. The recent cases reported from Georgia and South Carolina would seem to favor that view.

"Almost all peoples have regarded Leprosy as a visitation of God, on account of some sin." On the other hand, in some parts of Europe, during the Middle Ages, "it was regarded as a sign of divine preference, as in a woman to preserve her chastity. They were regarded as saints, and rendered much honor and alms."

We come now to an important question in the etiology of the disease, and one that concerns us especially, as we live in a country where the disease prevails. *Is it contagious?*

This question can be answered "Yes," and it can be answered "No."

"Yes,"—for in New Brunswick the disease was not known prior to 1819. It was then introduced by a woman named *URSALE LANDRY*, and from this one person it spread with alarming rapidity, and would, perhaps, have soon extended over the whole country, just as it has over the Sandwich Islands, had not the Government interfered by segregating those attacked. "Forty years ago," says *DR. SHOEMAKER*, of Philadelphia, "Leprosy was introduced into the Sandwich Islands by two Chinese coolies; now over forty-five hundred persons, or one-tenth of the total population, are victims of the disease. In 1805, there were three lepers on the island of Trinidad, in 1878 there were very eight hundred and sixty. In Norway, on the other hand, where a rigid system of isolation is enforced, the numbers of lepers has decreased fifty per cent within the past twenty years."

"No,"—for children of leprous mothers have been born in lazarettoes and grown up there without contracting the disease. A case is reported from New Brunswick of a healthy husband who buried three leprous wives in succession and still remained strong and well. Here in China I find no evidence of contagion, and I have lately made it a point to enquire about the family of every case that comes to the hospital. In some rare instances a patient will say that his father or grandfather, or may be an uncle or an aunt, had the disease before him, but I have never yet found more than one leper in a family at the same time, be that family ever so large. The day I wrote this, a leprous woman came to the hospital, bringing her child with the whooping-cough. The child showed no signs of Leprosy, and the woman affirmed, in answer to my repeated question, that she herself was the only member of her family who had the disease. A well-to-do merchant who has Leprosy has been coming to our first-class department for treatment, and he says he has a wife and several children all free from the disease. The lepers in this part of China live in their own homes and come and go and mingle with other people at pleasure, and no one seems to notice them any more than if they had *lan-kiah* (ulcer of the leg), or *lan-li-den*, (favus of the head), and yet with all these opportunities for contagion, less than one in two thousand of the sick are afflicted with this disease.

So we can prove that Leprosy *is* contagious and we can prove that it *is not* contagious. This is quite in accord with the opinion of doctors on the subject. "The Royal College of Physicians requested an expression of opinion from many physicians, familiar with the disease, in all parts of the world, and received a large number of replies. Of these authorities, thirteen asserted positively that the affection was contagious, while thirty-four maintained with almost equal positiveness that Leprosy was not transmissible by contagion. In several cases

affirmative and negative opinions were given by different physicians residing in the same locality." How can these differences be reconciled? I think I can give a possible explanation. Leprosy is contagious, but only so by inoculation. For a person to contract Leprosy he must have an open sore or an abrasion of the skin, and through this some of the bacilli from a leprous person must enter the system. It is highly probable that a great many persons are not susceptible to the poison even when introduced in this way, just as some persons are not susceptible to the virus of vaccination. That the disease is contagious in the ordinary sense of that term, so that it can be communicated from one person to another, as scarlet-fever or measles, without contact, I do not at all believe.

We, living here in China, where Leprosy abounds, are in no danger whatever of contracting the disease so long as we do not come in actual contact with it, and even then we run no risk so long as our skins are whole. Doctors in charge of lazarettoes, and nurses constantly with the inmates attending to their wants and dressing their sores, never contract the disease.

#### *Duration.*

The duration of the tubercular form of Leprosy is said to be about 12 years. The anæsthetic form lasts much longer. The disease lasts longer in women than in men. While in New York, I heard a doctor from the West Indies say he knew of a woman who had the disease and had been in exactly the same condition for forty years.

#### *Treatment.*

For this disease, prevention is not only better than cure but it is the *only* cure, although the disease is sometimes arrested by change of climate. Since the disease can be communicated by inoculation, every case of Leprosy should be isolated at once. In Japan, as soon as a man develops Leprosy he is sent away from his family and must continue to travel, the hope being that change of place and climate may arrest his disease; if not, he must settle in some village with other lepers. In China, at least in this part of the country, nothing of the kind is attempted. I gather from Dr. McGOWAN's article, in the *North-China Daily News*, that there are leper villages in the South of China, but I doubt if the Government has anything to do with establishing them.

In Norway and New Brunswick segregation is fairly successful and the disease is gradually dying out. We all know how strict the Mosaic law was on this point; the least appearance of any disease of the skin was enough to place the person under surveillance, if it did not banish him altogether. In Europe, during the Middle Ages, lepers had to live apart in houses called Lazar-houses, which were generally built near some stream of water. "The inmates had to be silent and attend morning prayer and mass. In some houses they had to say so many prayers they had no time for anything else. No woman except the washerwoman was allowed to come near."

*Causes of Death.*

Since Leprosy cannot be cured it is well to inquire into the ultimate cause of death. Great numbers of lepers die from Bright's Disease, lung diseases, diarrhœa, anæmia, and remittent fever. Only 38 per cent. die from the direct consequences of Leprosy, which are exhaustion from leprous ulcerations, leprous stenosis of the larynx, leprosy of the internal organs, marasmus and atrophies of various kinds.

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**CASES TREATED IN THE SWATOW HOSPITAL.**

By A. LYALL, M.B., C.M.

*Dislocation of the Humerus forwards*, of 26 days' standing, reduced by MACLEOD's method.

In No. 1 of Vol. I. of the *Journal* there is an interesting article, on Dislocation of the Shoulder, by Dr. N. MACLEOD, and in it he requests other surgeons who may have tried his method of reducing these dislocations, to report the result. The case which I now report fairly represents the value of his method. My patient was a strong, muscular fisherman, who had dislocated his shoulder, 26 days before admission into the hospital, by falling when under the influence of alcohol. The man, indeed, might be called a dipsomaniac. He had reached that stage in the development of chronic alcoholism where drink was preferred to food at times when, the funds being at low ebb, both could not be obtained.

On examination the dislocation was found to be of the subcoracoid variety. The head of the humerus was lying rather more forward than is usual in such cases, and it had become quite adapted to its new position, as the arm could be freely moved without causing pain, and patient had begun to use his arm to some extent. The movements of the arm seemed so free that at first I hesitated attempting to put it in its proper position.

I tried first to reduce the dislocation, without chloroform, both by MACLEOD's method and by the usual method of extension with the heel in the axilla, but failed. However, I did not continue the attempt any length of time. Next morning the patient was put under the influence of chloroform, the arm raised to a right angle with the body, and while a Chinese assistant applied extension in the way recommended by Dr. MACLEOD, I kept my hands on the shoulder and the head of the humerus. Steady and gradually increasing extension was kept up for about one minute, when a "crack" was heard, and then the head of the humerus suddenly slipped into the glenoid cavity. It did this so quietly and easily that I hesitated to believe the accuracy of my sense of touch, but on adducting the limb to the side everything was found correct. Patient made a good recovery. For two or three

days he had a feeling of soreness over the spot where the head of the humerus had been lying, but there was little or no swelling. In such an alcoholic subject I certainly expected more swelling and pain to follow the breaking of the new adhesions and the reduction of the dislocation.

I have had some experience in reducing comparatively old standing dislocations by the usual methods, and may say that I was surprised in succeeding so easily in this case. I could not estimate the amount of force used. The Chinese assistant is a strong young man, but he did not appear to be exerting by any means his full muscular force.

#### *Radical Cure of Hernia.*

The Radical Cure of Hernia has been somewhat prominently brought before the medical profession of late years, and now a considerable amount of data has been collected from which some idea as to the actual utility of the various operations may be obtained. At the last meeting of the British Medical Association the subject was fully discussed, and the conclusion apparently reached by the surgeons who took part in the discussion was, that in certain kinds of Hernia the *radical* cure is not only justifiable but also, in a pretty large percentage of the cases, successful. A full report of the papers read on this subject before the British Medical Association will be found in the December Numbers of the *British Medical Journal*.

In India, also, the various operations for the radical cure of Hernia have been extensively performed, not only in the large Government Hospitals but also by various Medical Missionaries in different parts of that country. There is no lack of suitable patients in China, but it is probable that the Chinese may not readily submit to Surgical interference for such complaints, as they do not care to run risks of life for the relief or cure of an inconvenience, the dangers of which they do not realise. In Swatow I have never come across a case of Strangulated Hernia. Such cases, however, must surely occur, as Hernia is very common. It is worthy of remark that, in this part of the Empire, almost all the Hernia met with are examples of the Inguinal varieties (oblique and direct), and they are usually found on the right side of the body. It is difficult to explain why rupture should be more frequent on the right side than on the left. The exciting cause in the formation of Hernia in the Chinese is, no doubt, the fact of their carrying heavy burdens, but burden-bearers are in the habit of freely shifting the burden from shoulder to shoulder as they trot along the narrow paths and roads. Possibly the right shoulder may get the lion's share of this kind of work in the long run, and hence the greater liability of hernial protrusions to appear in the right Inguinal region.

In China, so far as I am aware, little in the way of surgical procedure has been attempted for the cure of Hernia, and my only object in reporting the following case is to bring the subject before the notice of the members of our



Association. If any of the Associates have performed the *radical* cure, perhaps they will report the result in the *Journal*.

In the case of my patient the rupture was so large as to seriously interfere with his work as a farmer; and it so happened we had no trusses in the hospital at the time. WOOD's operation was performed, simply because it seems to be safer, if less efficacious, than those operations in which the sac is ligatured or twisted, etc. These last-mentioned operations are now usually performed; but in China it is always wise, in introducing a new operation, to perform the operation entailing the least risk to life. When once the safety of operating for any disease has been demonstrated, one carries all his native assistants with him, and the way is paved for performing a severer, and more efficacious, operation in subsequent cases.

KHOU-HAH-TI, aged 39, farmer, has suffered from rupture for five years.

*Condition on admission.*—Patient's general health is satisfactory. There is a large inguinal Hernia on the right side, descending into the scrotum. It can be easily reduced, but returns at once, even when patient is lying quietly on his back. The Inguinal canal is much dilated, admitting the forefinger very easily. Having no trusses on hand, I suggested performing the *radical* cure, to which he consented, as the Hernia interfered with his working in the fields.

For some days previous to the operation he was ordered to take one-grain doses of Quinine thrice daily. This is invariably my preparatory treatment in all cases of operation of any gravity.

*February 18.*—Dr. COUSLAND and I performed WOOD's operation, a good description of which will be found in HEATH's *Dictionary of Practical Surgery*.

It is unnecessary to give the details of the progress of the case. Patient never had a bad symptom. The temperature did not rise higher than 100°.6. Twice he suffered from retention of urine for 18 or 24 hours, and required to be catheterised. There was little discharge from the wound, and no swelling of the testicle, though a little along the cord below the incision.

On the 14th day after operation, I attempted to remove the silver wire suture, but failed to do so. I was careful to count the number of twists I made in fastening the suture, but, notwithstanding this, one twist had been left untwisted, so the wire remained fast. It was left in, the ends and the loop being cut away. Patient was kept on his back for another fortnight and then allowed to get up. On his leaving the hospital, five weeks from the operation, the result was apparently good. There was no impulse on coughing, or bulging on walking, and there was a firm mass along the line of the inguinal canal. A support in the shape of a pair of short "trousers," made of thick, strong material, lacing down the two sides, was firmly applied. Some cotton-wool was also placed over the part under the "trousers," to act as a soft pad. I hope the patient will return in six months to let me see the result.

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**IN MEMORIAM—DR. J. K. MCKENZIE.**

By Dr. SEWELL S. MCFARLANE.

In consenting to write a few lines in memory of our departed brother, I feel deeply conscious of the difficulty and yet the privilege of undertaking such a task. The wishes of his former colleagues in Medical Mission work may perhaps be best met if I endeavour to give a short account of what I knew of him from personal observation. You are already acquainted with his general work from an article which appeared in one of the previous Numbers of this Journal.\*

It is now scarcely two months since I was requested to return immediately from our new Medical Mission station at Hsiao Chang, owing to the severe illness of Dr. MCKENZIE. On my arrival, however, I learnt the sad news of his death, after a short but painful illness of only six days, the cause of death being septic pleuro-pneumonia, complicated by pericarditis.

For the past twelve months it has been my great privilege to be co-worker with Dr. MCKENZIE, so that a few words in loving tribute to his memory may not be out of place.

Well do I remember our first interview, at the house of one of the members of our Mission. I had not been long in his presence before he linked his arm affectionately in mine and said, "Come along to my house, dear brother, and let us have a little thanksgiving for your safe arrival and for prayers answered." This was my first impression of the Doctor.

During the past year I had many opportunities of observing his high professional qualifications and his noble Christian character. Whether conducting his daily meetings with the hospital assistants and patients or performing some operation, whether major or minor, or going the round of the wards, or teaching the students, thoroughness and marked success characterised his work.

That life so recently taken from our midst still speaks loudly to all, speaks of the truth of Christianity, speaks of its power to transform men into the likeness of Christ. All who knew Dr. MCKENZIE, must have felt the power of the Divine Life dwelling within him. Those who had the privilege of knowing him intimately, and of living with him, can speak and write with even greater fulness of detail of the life and work of their beloved brother in Christ.

Great as his love was for the Medical work, his love for the Spiritual work was greater. He saw in each patient not the highly developed mass of protoplasm of the scientific sceptic, but a soul precious to its Maker, and therefore precious to him. In his patients he had learnt in everything to look not merely "at the things which are seen, but at the things which are unseen."

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\* Vol. I., No. 1, p. 5.

His love for the Word of God, the delight he had in the daily study of it, his childlike faith in it as the voice of God to man, his strong faith in the authority of that Book, the humility with which he accepted doctrines in that Book which the feeble and erring wisdom of man so often spurns from his creed with proud contempt, these among other things will ever live in our memory.

Who can ever forget his courage, singleness of aim, profound humility, self-forgetfulness, whole-hearted consecration to the service of Christ, perfect indifference to the smile or frown of the world, provided only he had the assurance that he pleased God. In him we all saw a Christian pilgrim, his staff and guide the Word of God, his strength and source of energy the indwelling Christ. Who ever saw him halting on the journey, or looking lingeringly back on the City of Destruction, from which he had fled !

Brethren, fellow-colleagues in this work to which we believe God has called us, may a double portion of MCKENZIE's spirit rest on each of us, for his indeed was the spirit and mind of Christ.

We are left for a season in a heathen land, as Christ's ambassadors. Like Him, we profess to have as our aim, to "heal the sick, and preach the Gospel," whether by word or deed. Our brother had his trials and troubles, though of a subtle form, and we must reckon on the same, for this is of necessity our portion.

May we, like MCKENZIE, stand fast, and be able to say with him, when our day is over and our work is done, "I have fought the good fight, I have finished the course, I have kept the faith."

*Tientsin,*

*May 25th, 1888.*

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## THE DEATH OF DOCTOR MACKENZIE, OF TIENTSIN.

By B. C. ATTERBURY, M.D.

Something more than a passing allusion should be made to the loss which Medical Missions have sustained in the recent death of Dr. MACKENZIE, at Tientsin. An extended account of his life and work will doubtless in time appear. What I want to call attention to now is the *secret* of his successful career as a *Medical Missionary* in all that these two words imply.

I can do this no better than to quote from a letter received from him not so very long ago. After speaking of some personal matters, he says, "Praise the Lord, we have had a good year at the hospital. Thirty-nine old patients were baptized during the year. I feel so grateful to the Lord for thus working when there is so much in me that is displeasing to Him. Yet all the more is the glory His. He is teaching me some things,—one is, to have more childlike faith to believe that what he says he means; and when Jesus says, 'Ask and ye shall receive,' I now know, as I never did before, that Jesus will answer my prayers, perhaps sometimes by *not* giving me that for which I pray. This year, God helping me, I intend to trust Him *móre*, and more than ever use the hospital for the salvation of souls. I was searching out all the promises concerning prayer in the Word the other day. Oh, they are so full and wonderful, and I am so shame-faced that I have been dumb before the Lord for so long. Then, as to united prayer—'two of you agreeing together.' We have had a united noon-day prayer meeting, just a few of us, which has been much blessed to myself. Simplicity, directness, straightforwardness—these are all needed in prayer. I have been for years hypocritically repeating words in prayer when I never expected God to answer. How displeasing to a loving Father is such conduct. The Lord forgive me and teach me. Isn't it a privilege to trust the Savior."

This letter is headed with a text for the year, *Malachi*, iii. 10, which is, "Bring ye all the tithes into the store-house." Here we find the key-note of Dr. McKENZIE's life. Perhaps some medical missionaries are content to bring *some* only of the stores into God's store-house. They are faithful in their professional duties, use their knowledge and abilities as well as they know how in curing the physical ailments of those who seek their help. But here they stop, forgetful that still some tithes remain which God will claim as His own. We come to a heathen country, not merely as medical *men* but as medical *missionaries*, to benefit the souls as well as the bodies of our patients. "ALL the tithes" was ever uppermost in Dr. McKENZIE's mind. He worked as hard in his wards with Bible and Catechism in hand as he did with medicines and scalpel in the dispensary and operating-room.

Look at the result of *all* his faithfulness. I do not now speak of the large hospital he built, of his patients—mandarins and coolies—who sought his professional advice. His own letter, just quoted, tells that probably one out of every nine or ten patients who passed through his wards left a converted man. I say probably, for I cannot now say just how many in-patients there were last year in the Tientsin hospital. And this is but the record of one year's work. Last Easter Sunday the end came, so far as relates to the earthly stage of his existence. After a short, quick sickness he feels himself he cannot longer live. With perfect calmness he tells the bedside watchers that the time has come for him to go; disposes of his effects, making special mention of his Bible as a gift to his

child; explains his hospital accounts, so that everything may be understood after his death; calls in his medical students and beautifully exhorts them to faithfulness and diligence. All this is done in a clear, strong voice. When finished, he seemed to have fallen asleep, so quietly and composedly did he rest. But the doctors who stood by called it *death*. Anyhow, called by either name, it was "well with him."

Some months ago a young man, named WANG, entered Dr. McKENZIE's Hospital. In the account given by the Doctor himself, he says, that the fellow at first appeared to be indifferent to everything but his own troubles; gradually, however, he became more and more interested in Christianity. Although not able to read when he first entered the hospital, by perseverance he finally acquired sufficient knowledge of the characters to be able to understand the New Testament. Four hours before the young man died, Dr. McKENZIE goes on to say, that he was sitting by the side of his brick *k'ang*, talking with him of the hope beyond the grave. The man was restful and happy. After a prayer the Doctor wished him "good-night," not expecting to see him again in this world. His last words to the Doctor were, "I shall be waiting for you in heaven; I am going on before." In the beautiful imagery of BUNYAN'S *Pilgrim's Progress*, we can faintly picture the scene as the spirit of the "beloved physician" passes over the river into the land which still seems to us mortals to be "very far off," to be ushered into the presence of the "King in His beauty." Among those to welcome and conduct through the golden gates is WANG, keeping his promise "to be waiting" for his faithful friend. We can also hear the words "Well done," coming from Him who Himself, when on earth, was known as the "Great Physician," and in whose footsteps Dr. McKENZIE tried so faithfully to walk. Abundant success in this life and an abundant entrance into the next were his, because he gave God *all* the tithes which were His due, and devoted himself soul and body to His service.

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## CORRESPONDENCE.

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### FROM CHINKIANG.

The pioneer of medical mission work in the now delightful port of Chinkiang was Dr. JAMES GENTLE, of the University of Edinburgh, Scotland. At that date (1864) the foreign residents were living in junks on

the river, and Dr. GENTLE had the first Dispensary on his floating palace, being compelled, for lack of room, to limit the number to fifty patients daily. He wrote, "the patients always take books willingly if they can read," and "I am longing for the

use of my tongue." Accepting an appointment to fill the vacancy caused by the death of Dr. HENDERSON, in the hospital at Shanghai, the time in Chinkiang was insufficient to learn the language.

Another missionary, well known among foreign and native residents, carried on a most successful medical work in Chinkiang for a number of years, giving the people confidence in foreign methods, teaching them to obey the doctors' orders to some extent, and lessening needless demands upon the patients and forbearance of his successors.

In June 1884, medical work began under the charge of the Woman's Foreign Missionary Society of the Methodist Episcopal Church, and, though not compelled to see patients on a native boat, an empty rice godown was the most eligible place in which to open a dispensary. The building was damp and illy ventilated; the lack of intelligent assistance, and the large number of people, together with the newness of the work, made it an exciting, if not an exhilarating summer.

Those engaged in the practice of medicine in China have many similar experiences. "The thing that has been, it is that which shall be . . . and there is no new thing under the sun" seems specially applicable to the characteristics of this Eastern nation. Twenty-four years ago Dr. GENTLE said, "I would not trust a Chinaman out of my sight after a severe operation; no one knows what he might apply in the interval, from a cabbage leaf, to a piece of gold leaf or a Chinese plaster." Evidently the Chinaman has acquired no new thing under the sun in his methods of reasoning, and he and the foreigner remain in a statu quo state of mutual surprise. How much these chronic national differences add variety, amusement, and often a piquant flavor to hospital and dispensary work, those engaged in it can best judge.

The main features of the work in Chinkiang must have a counterpart at all other stations, and time will not permit a detailed review.

The patients are principally from the middle and lower classes, with a sprinkling of ladies from the higher. The wives of some of the civil officers have repeatedly called for treatment, but their ignorance and determination to follow their own sweet wills rather than sanitary rules, has made their visits extremely unsatisfactory.

Chinkiang and the surrounding country furnishes a variety of clinical material, and enough to satisfy the aspirations of the professional enthusiast. The evangelist, too, will find here a most promising field in connection with the dispensing of medicine. The women seem strangely impressed with the idea that the attention paid to their individual ailments depends in a great measure on their winning manners, hence they are courteous, friendly, willing to listen a half-hour to the doctrine, in polite deference to the wishes of one from whom they expect material benefit. In some cases this is not the only interest evinced. Last summer two sisters, one of them the widow of an official, became regular attendants at the dispensary; soon they brought an aunt, Mrs. WU, an intelligent, educated lady, who had suffered from ill health for three years; her symptoms, only, could be palliated, but she came so long as her strength permitted and listened attentively to the comforting words of the Gospel, saying she believed. She returned to her old home in the country accompanied by her niece, who in a short time brought word that her aunt had died peacefully trusting in Christ.

Much greater good is anticipated for these women in the near future, as a lady is to be sent to take the charge of evangelical work.

## THERAPEUTIC NOTES.

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### UTERINE MYOMA TREATED WITH HYDRASTIS.

Dr. SCHMIDT, of Prague, has treated with remarkable success a case of long-standing myoma of the uterus, accompanied with copious hæmorrhage, by means of tincture of *hydrastis canadensis*. Twenty-five drops were given four times a day for three or four months. During this period the hæmorrhage stopped, the menstrual periods became normal, and the tumor decreased very markedly in size.—*Lancet*.

### PURE TEREBENE IN THE TREATMENT OF THE ADVANCED STAGE OF UTERINE CANCER.

Attention has been called to the value of pure terebene in the treatment of advanced cases of cancer of the uterus. The vagina is first injected with a small quantity of a strong, disinfecting solution (permanganate of potash or chlorine water), and washed out with a copious supply of tepid water. Then plugs of cotton-wool, saturated with a mixture of equal parts of terebene and olive or almond oil, are placed in contact with the ulcerated surfaces, and maintained in apposition with a large plug of wool. This dressing only needs to be removed every second or third day. If care be taken not to make the plugs too voluminous, no inconvenience will be felt from their pressure.—*The Medical Press*, December 7, 1887.

### A HANDY CURE FOR HICCOUGH.

There may be some occult connection between hiccough and the auditory apparatus. Not long ago we published an account of somebody's method of stopping hiccough by applying a drop of water to the external ear. Now Dr. DRESCH, of Foix, in France, has written a letter to the editor of the *Bulletin général de thérapeutique*, in

which he describes another method, almost as simple, also relating to the ear. Dr. DRESCH states that the procedure was not original with him, but that he cannot remember how it was made known to him. The method is as follows: The sufferer should close his external auditory canals with his fingers, exerting a certain degree of pressure; at the same time he is to drink a few sips of any liquid whatever, the glass or cup being held to his lips by another person. The effect is said to be immediate.

### A MODE OF ADMINISTERING COD-LIVER OIL.

M. DUPRÉ (*Clinique Progr. méd.*, December 17, 1887) recommends the following formula, the advantages of which are, he says, that the mixture may be prepared at home, that it is cheap, and that, while masking the disagreeable taste of the oil, it promotes its digestion:

|                            |          |
|----------------------------|----------|
| Cod-liver oil.....         | 25 parts |
| Powdered white sugar ..... | 2    "   |
| Powdered salt .....        | 1 part   |
| Rum .....                  | 6 parts  |

Shake briskly.

### CHOLERA AND MILK.

An instructive example of the facility with which milk may become the medium for the propagation of a zymotic disease, is afforded by a limited epidemic of cholera which occurred on board a sailing ship, the "*Ardencletha*," lying in the port of Calcutta. Dr. W. J. SIMPSON, the health-officer of Calcutta, investigated the outbreak with great care, and offers strong evidence that the outbreak was not to be traced to any peculiar climatic condition, to the state of the ship, to the water, or to any circumstances connected with the visits of the men on shore. Pursuing the inquiry, it was ascertained that ten of the men had used milk supplied by a native who visited

the ship daily; of these ten men, nine were affected; four died of cholera, and five had severe diarrhoea. With regard to one other man, who was the last to suffer from cholera, it was doubtful whether he drank any of this milk or not; as he sickened after the others he may have contracted the disease from an earlier case. Only one man who drank the milk escaped, and he only took a very small quantity. The native who supplied the milk kept one cow, which was in good health, but he frankly admitted that the milk he supplied to the sailors contained about twenty-five per cent. of added water; and it also came out that several of his neighbors had suffered from cholera. A case had been imported on March 2nd; the dejecta from this patient drained into the tank on which the milkman's house stood. The first case among the milkman's neighbors occurred on March 7th; the first case of diarrhoea among the crew of the "Ardenclutha" on the same day, and the first case recognized as cholera two days later. This, taken along with the admission that water was added to the milk, and that, with one exception, the remainder of the crew, fourteen in number, who had not drunk the milk, did not suffer from cholera or diarrhoea, leaves very little doubt as to the origin of the epidemic. The milk was clearly the connecting link between the epidemic in the hamlet and on board the ship, and it was without much doubt rendered infective by the addition of the tank-water fouled by the dejecta of the imported case. The investigation also shows that cholera, while prevailing in a distant locality, may be established simultaneously at two widely different places, and yet be due to a common cause which is preventable.—*British Medical Journal*.

#### STRYCHNIA AS A HEART STIMULANT.

In "St. Bartholomew's Hospital Reports," Dr. HABERSHON writes on the use of strychnia by hypodermic injections in cases of heart failure. In this paper, Dr. HABERSHON

discusses the *modus operandi* and effects of various heart-tonics, such as digitalis, alcohol, ether, and ammonia, and concludes that none of them are so useful as strychnia in cases in which not only the heart-muscle, but also the nerves which promote and control its activity, are exhausted. The order of excellence seems to be digitalis for a prolonged effect, and ammonia, or ether and alcohol, for a more rapid but less lasting one. It is somewhat surprising to find the statement that Dr. HABERSHON has never found ammonia "to act where brandy and ether have not succeeded." This sentence is not easy to analyze, but we incline to the opinion that if ammonia be used by intravenous injection, it will be found capable of arousing the vaso-motor and respiratory centres to a temporary activity when nothing else will. The principal value of Dr. HABERSHON'S paper is in calling attention to the influence on the heart by hypodermic injections of from  $\frac{1}{60}$  to  $\frac{1}{30}$  of a grain of strychnia. He cites cases of disease of the mitral and aortic valve, and of pneumonia which had advanced to a state of cyanosis, with weak and rapid pulse, and hurried or Cheyne-Stokes respiration, in which the use of strychnia seemed to cause the tide of life to turn back, and recovery ultimately took place. These cases may be regarded as establishing the opinion which he has formed of the great benefit to be derived from the hypodermic use of this drug in conditions of exhausted heart-muscle, accompanied by exhaustion of the nerves which supply the heart. Dr. HABERSHON suggests that the most convenient solution of strychnia for hypodermic use consists of one grain in fifty minims of water. We would suggest that it would probably be easier to regulate the dose if the solution were only about half as strong as this, consisting of one grain of strychnia to one hundred and twenty minims (two fluid drachms) of water. Two minims of such a solution would contain  $\frac{1}{60}$  of a grain of strychnia, and four minims  $\frac{1}{30}$  of a grain.—*The Medical and Surgical Reporter*, December 10, 1887.



# The China Medical Missionary Journal.

VOL. II.

JUNE 1888.

No. 2.

## OUR DEPARTED COLLEAGUE—DR. MACKENZIE.

The untimely death of Dr. McKENZIE has given rise to feelings of sorrow and regret, not only in Missionary circles but in the hearts of all who desire the welfare of the Chinese.

The prominent position he occupied, and the ability and faithfulness with which he filled that position, will make his loss severely felt in his own field.

My acquaintance with him was limited to a casual meeting a few years ago, and I leave to others who knew him intimately to record his virtues, but I desire to lay a wreath on his tomb, as a mark of the high esteem I entertain for his character as a Christian physician and for the consecration of his profession to the highest good of this heathen people. My association with him for a brief period, as one of the editors of this Journal, has increased my regard for him as a fellow-laborer, and I will ever be thankful that such a man has left such a record in such a position, to go down to future generations as one of those who took part in laying the foundations of Christianity and of rational medicine in China.

Memory recalls the names of YOUNG, LITTLE, HENDERSEN and THOMSON, Medical Missionaries who, while quite young or in their prime, were called away from their chosen work; and now another is added to the list.

J. G. K.

[From an article by Mrs. BRYSON, in the *Tientsin Times*, of April 7th, we gather the following items regarding Dr. McKENZIE's life. He was born August 25th, 1850, at Great Yarmouth. He took Medical courses of study both in London and Edinburgh. He was deeply impressed religiously during Mr. MOODY's first visit to England. Towards the close of 1874 his attention was drawn towards Missionary work in China, and he finally offered himself to the London Missionary Society. He sailed for Hankow, April 10th, 1875, and arrived in June, commencing Medical practice immediately by the aid of an interpreter. In March, 1879, by invitation, he took up work in Tientsin, where, after a career of singular usefulness, his lamented death took place on Easter Day, the 1st of April 1888.—L. H. G.]

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## SHALL WE HAVE A CHINESE MEDICAL JOURNAL?

It is evident without discussion that a Medical Journal in Chinese would be a boon to students of Western Medical Science and to those upon whom falls the burden of introducing the new system of practice among such a population as China possesses, and who must meet the difficulties which will arise on every hand.

The request has come to me to revive a Journal which was issued in Canton as an experiment some years ago, but pressure of other engagements is such as to forbid my undertaking it. At the present stage of Medical progress in China such a Journal should be in a more central point. Shanghai is this central place, and besides having all the facilities for printing, the return of Dr. BOONE presents him as the Editor in whose hands such an enterprise would be a success.

It is important that a Medical Journal, which is to be the pioneer of its class in China, should be established on a distinctly religious basis. Western Medicine is being introduced into China as the handmaid of religion, and Christian men and women who are consecrating their time and professional talents to this Christlike and benevolent work are giving tone and character to the Medical profession in this vast Empire, which it possesses to but a limited extent in Christian countries. In maintaining this Christian character it is important that the first Medical Journal in the Chinese language should be conducted with special reference to this object, and the Medical Missionary Association of China would be acting wisely to take advantage of the opportunity now offered, and initiate a Christian Medical Journal for the students who are under training in so many hospitals, and where numbers will increase year by year.

This is a scheme in which united action is all-important, and the Association is inaugurated for that special purpose.

It should not be a question, will such a Journal pay? It can be managed so that the loss for a year or two would not be very great, and if all will unite their energies, it may be made self-supporting from the beginning.

The example set by Japan should inspire us with courage to go ahead. The *Sei I Kwei* (成醫會月報), Medical Journal, published in Tokyo, comes to us among our exchanges. It is a monthly, of 46 pages in Japanese and 20 pages in English. It has entered its seventh year, and this shows that it is established on a firm basis. The Number for January gives a list of seven other Medical periodicals published in Japan.

It is true that the Government of Japan has done for Medical education what has not yet been done in China, but here both officials and people are beginning to appreciate the superiority of Western healing, and nothing can stop the change of public opinion which is going on around the numerous Christian hospitals and dispensaries already in operation.

Let us all, therefore, vote for the *Chinese Medical Journal*, and Dr. BOONE as its Editor, and send in subscriptions as soon as a prospectus is issued.

J. G. K.

Canton, March, 1888.

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**DR. BOONE'S CASE OF RUPTURE OF THE BLADDER.**

In No. 1 of Vol. I. of the *Journal*, Dr. H. W. BOONE recorded a most interesting case of supposed Rupture of the Bladder, which had been successfully treated by operation. At the time, we read the article with much interest, but felt considerable difficulty in understanding the condition of the parts and the symptoms, on the supposition of there being only a small, invisible rent of the bladder-wall. Perhaps the following remarks on the case by Mr. A. G. MILLAR, of Edinburgh, which appeared in the December Number of the *Edinburgh Medical Journal*, will interest many of the Associates. Mr. MILLAR, after noticing the *China Medical Missionary Journal*, and giving a résumé of the case, says, "We have recorded this case because we consider it interesting, instructive, and unusual. We take the liberty of differing from Dr. BOONE in his diagnosis when he says, 'This was clearly a case of rupture of the bladder and effusion of urine.' He does not state clearly that he found an opening in the bladder; and the fact that an instrument could not be passed along the urethra, either from the meatus or from the bladder, along with the history of the fall on the perineum, points to a rupture of the urethra. The situation of the extravasated urine, however, shows that the rupture was on the proximal side of the triangular ligament. This is very unusual. Dr. BOONE has added a valuable and instructive case to the literature of injuries of the urinary organs."

A. L.

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**"NEW TREATMENT OF BOILS AND CARBUNCLES."**

The above is the heading of an Editorial which appeared in the *New York Medical Record* for February 25th, and the article, together with the extract from M. VERNEUIL's communication to the French Academy are worthy of notice in this country, where these affections are not only most common, but are allowed to take on so violent a form before the foreign doctor is consulted.

It seems M. VERNEUIL has made extensive observations, and as a result thereof, concludes that *Carbolated powders* are to be preferred in almost all kinds of boils or carbuncles, no matter of what origin, making exception in the severest forms only, and then to use the knife unsparingly. The following are the facts arrived at by him and quoted in the *N. Y. Med. Record*.

"1.—The furuncle and carbuncle are only degrees of the same infectious disease, and should have the same therapeutic treatment.

"2.—This consists of surgical interference and topical applications. The former often seems indispensable, or at least only suitable for the majority of

cases ; the latter particularly efficacious in mild cases, but only playing a subordinate part in the treatment.

"3.—The opposite should be accepted to-day. Cutting should become less and less necessary, and should be reserved for the exceptional cases. On the contrary, topical applications (prominent among which stand the carbolated and borated solutions) employed in a certain way, and particularly in the form of powder used repeatedly and for a long time, are of remarkable efficacy, and at the same time are absolutely harmless and easy of application.

"4.—These applications of powder quickly abort, with very few exceptions, boils and carbuncles. They arrest the progress of the disease in the gravest cases, ordinarily cause the pains to quickly cease, reduce the fever, disinfect the purulent and gangrenous centres, hasten resolution, and promote the formation of healthy granulations.

"5.—This treatment is suitable for all regions, and for all forms and periods of the disease ; it is never harmful, and leads to a cure in a large number of cases. It assists surgical interference when that is necessary.

"6.—Finally, it tends to prevent auto-inoculation and general infection."

The above-cited is a treatment that ought to take very well here in China, especially with the women, who are so afraid of the knife. I doubt whether the most of us would not prefer to resort to the mildest measures if they are just as effectual. Unfortunately, the cases that come to us here are usually ones that have gone the rounds of the best Chinese doctors, and being told that nothing could be done ( for Chinese doctors are afraid to treat carbuncles ) these patients consult the foreign physician. Two such cases presented themselves at the Margaret Williamson Hospital during the month of January of this year. Both were men, and were advised to go to a Hospital where men were treated ; one was the father of a day-school pupil, and thought he might be seen for that reason ; the other was "an old man from the Arsenal," who begged me "to have mercy upon him." Both patients came, of course, to the Dispensary.

*Case I.*—Æt. 47. Carbuncle on back of neck. Induration extended from ear to ear, while the inflammation almost met beneath his chin. The whole back of the neck seemed a mass of perforations. The man said, he "had not slept for ten nights." The knife was "used unsparingly"—there was nothing else to be done in this case—dead tissue corresponding to a surface that was 10 c. m. long, 8 c. m. wide, and 2 c. m. deep, was cut away with but very little pain, as there seemed to be so much burrowing on either side ; two drainage-tubes were introduced and brought out not far from the lobes of the ears ; iodoform was dusted in the cavity, oakum and carbolized oil dressing applied, and the man went home, after having taken a dose of Mag. Sulph. He returned daily, and after removing a few more portions of dead tissue, the recovery was uninterrupted, although slow, on account of the amount of tissue that had to be reproduced. The

man was very large, his neck exceptionally so. Had never been sick, hence repair went on very rapidly with the help of Quinine and an occasional dose of Mag. Sulph.

*Case II.*—Æt. 45. Carbuncle of the back, right side. Surface involved 20 c. m. long by 19 c. m. wide and fully 2 c. m. deep. Said to have begun two weeks before coming to the Dispensary; no doubt longer. Again the knife was used, but not as unsparingly as it would have been, had not the daughter-in-law declared, "he could not eat any more pain; it would not go down." For several days more dead tissue was removed, after which recovery went on with the same attention that was bestowed on Case I. This patient, however, was in poor general health and was given Ti. Gent. Com. for three weeks to stimulate his appetite. The main dressing in both cases was *carbolyzed oil* and *oakum*, with occasional dusting of Iodoform. With the formation of skin, however, nature was assisted or retarded as the necessities of the case demanded. Had I *known* of the virtues of *carbolyzed* powders when these cases presented themselves, I might have tried them; as it was, however, the results were all that could be desired. But it is my intention to use these powders and note the results.

It might be well to add that in both these cases the dressings were applied with all the pressure that the situation of the carbuncle would admit.

Both patients were very poor, both very grateful, both inserted articles in the *Shên Pao* in order to show their gratitude. Miss SAFFORD very kindly translated these articles, and one will be given as an illustration of what the Chinese think of us and our treatment. Allowing a wide margin for the flattery, the following is the translation:—

"A VERY DANGEROUS DISEASE HAS BEEN CURED."

"For some time I had a large abscess on my back, resembling a basin in size and form. Many physicians had tried their skill to heal me, but utterly in vain. Then I went to the West-gate, to the Woman's Hospital, and besought the American, Dr. REIFSNYDER, to aid me.

"Although it is not her custom or wish to treat *men*, yet because the disease was very dangerous, she in great kindness consented to take the case. When she first used the knife, she cut away flesh and hardened matter resembling honey-comb, in pieces an inch long. There were about ~~ten~~ such pieces. The removal of all the poisonous matter was like a recreation of life and health.

"It is difficult to extol sufficiently her method of treatment. I cannot recompense the doctor, still I fain would spread abroad the fame of her humanity and her miraculous skill. But she has performed many great works of healing, and it needs not that I extol her or multiply my words."

It is only due the patient that it be made known that he did "recompense" the doctor to the extent of five chickens and one hundred eggs.

E. R.

HOSPITAL REPORTS.

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## REPORT OF MEDICAL MISSIONARY WORK IN MOUKDEN, MANCHURIA.

This report brings us from the far north an interesting account of the work of Dr. DUGALD CHRISTIE. He says:—

“ Since the last report was published, steady progress has been made in the various departments of the work. Some months ago we came into possession of a suitable site for the new hospital. The site is all that could be desired. The front building, or out-door department, is, externally, much after the native temple style of architecture, with foreign windows and doors. The hospital proper, which is situated behind, and quite distinct from, the front building, consists of two large compounds after the ordinary native style. In the *outer*, in addition to kitchen and other accessories, are the women’s hospital and a large ward set apart for the treatment of opium-smokers. In the *inner* are medical, surgical, and private wards with offices attached. Ventilation is effected by windows placed opposite, and capped with transoms which reach nearly to the ceiling. The larger wards are provided with extra inlet and outlet openings; while cleanliness is ensured by a hard flooring of Portland cement, which does not absorb moisture. Accommodation is provided for fifty patients, with room for expansion as the work develops.

“ The opening of this commodious and well-equipped hospital marks a new era in the history of the Moukden Medical Mission. Since its commencement, four-and-a-half years ago, though carried on under a good deal of inconvenience, a fair amount of work has been accomplished. During that period 17,389 individual cases have been treated, 40,859 visits were made, while 54 of the patients have been received into the Church by baptism.

“ A large proportion of the diseases which come under treatment are of a chronic nature, and this forms one of the greatest difficulties the Medical Missionary has to contend with.

“ Another difficulty arises from the relationship between doctor and patient, which shows the backward condition of medical practice by the natives. The term ‘family-doctor’ is unknown in this region, and however famous the physician, if the first dose of the medicine administered does not give relief, his prescription is set aside as unsuitable, or disapproved of by the gods, and another called in whose chances of success are as slender as his predecessors. Of this I had an example recently in the case of a mandarin of important office, and possessed of the highest literary degree. His child, whom I had previously cured of an acute abscess which threatened its life, took seriously ill. I was at once sent for, but the medicine not having the immediate desired effect, a native was called in. The

foreign and native drugs were placed before the family deity, who was called on to direct as to which should be given.

"The subject of training natives is at present occupying the attention of Medical Missionaries in China, and it is one which deserves most careful and prayerful consideration. For my part, considering the miserable condition of Medical practice among the natives, and the maiming for life which often follows treatment, lays a duty on the Church, outside of all other considerations, to come forward to the help of the suffering. Such men, if thoroughly educated and guided by Christian principles, would undoubtedly, while earning their own bread, not only alleviate much suffering, but exercise a powerful influence for good among the people.

"At present we have three under training as assistants. They have prosecuted their studies with diligence, and consequently with gratifying success, and promise to turn out useful helpers."

We give only the table for 1887, which shows a gratifying increase over the Dispensary attendance of the two years previous.

| <i>New Cases.</i>                   |     |     |     | JAN. | FEB. | MAR. | APR. | MAY. | JUN. | JUL. | AUG. | SEP. | OCT. | NOV. | DEC. | Total            |
|-------------------------------------|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------|------|------------------|
| Males                               | ... | ... | ... | 117  | 266  | 310  | 374  | 382  | 373  | 388  | 379  | 338  | 174  | 174  | 169  | 3444             |
| Females                             | ... | ... | ... | 20   | 80   | 133  | 120  | 154  | 76   | 199  | 107  | 95   | 56   | 33   | 51   | 1124             |
| <i>Old Cases.</i>                   |     |     |     | JAN. | FEB. | MAR. | APR. | MAY. | JUN. | JUL. | AUG. | SEP. | OCT. | NOV. | DEC. | Total            |
| Males                               | ... | ... | ... | 199  | 442  | 343  | 434  | 488  | 598  | 468  | 547  | 603  | 545  | 314  | 479  | 5460             |
| Females                             | ... | ... | ... | 67   | 237  | 193  | 214  | 288  | 196  | 188  | 193  | 231  | 160  | 89   | 161  | 2217             |
| Total                               | ... | ... | ... | 403  | 1025 | 979  | 1142 | 1312 | 1243 | 1243 | 1226 | 1267 | 935  | 610  | 860  | 12245            |
| Patients seen in Country            |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      | 335              |
| Visits to patients in their homes   |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      | 265              |
| In-patients included in above, 267. |     |     |     |      |      |      |      |      |      |      |      |      |      |      |      | Total..... 12845 |

In his Medical and Surgical Notes, Dr. CHRISTIE gives a number of interesting cases a few of which we quote.

#### *"Stricture of Esophagus"*

"Several cases of this affection have come under observation, caused in almost every instance by the immoderate use of native spirits, its irritating properties setting up inflammatory and other changes in the mucous surfaces. A large quantity of alcohol is consumed in the province, and several confirmed drunkards have come to us for help in endeavouring to give up the habit. The evil effects of drinking, however, are not so manifest as in the West, as the stimulant is seldom indulged in on an empty stomach, but sipped out of tiny little cups during the meal. The quality is bad, containing a large amount of fousel

oil and other impurities. I have also detected a quantity of lead, which accounts for the numbers who suffer from lead-poisoning. Leaden worms are used in the stills employed in its manufacture, and household utensils are largely made of this metal, by which drinking-water gets contaminated. The natives seem as ignorant of its presence as they do of the deleterious action of the poison on the system; while the symptoms—*cahexia*, colic, wrist-drop, and other phenomena—are usually traced to a fit of anger. I often notice the blue line on the gums fully developed without the presence of any other symptom.

“Three cases of *goitre* have been treated, all females. Although not common in this neighbourhood, I am informed that the disease is endemic in the hilly district to the far east. While journeying in that direction some time ago I observed a number of cases; and the natives traced the cause of the disease to the hardness of the drinking-water, which goes to support the theory that it is due to the presence of an excess of lime and magnesia. *Cretinism* seems unknown in the province.

#### “*Localized Facial Sweating.*”

“Two instances of this rare affection came under notice in otherwise strong, healthy men. The perspiration, which in both was confined to the temporal region, was so profuse that large drops ran down the cheek. In neither was there any impairment of sensibility. In one case the cause was attributed to an attack of fever from which the patient suffered some time ago. At that time severe hæmorrhage took place from the nostril of the side affected, and a thin, watery discharge has continued ever since. There is a complete cessation of sweating during sleep, and is most profuse when taking food, or smoking tobacco. Quinine was given, with an astringent lotion for external application. He is now recovering.

“A peculiar case of *Spasm of the Tongue* occurred recently among the out-patients. Patient stated that nine months previously, after a drink of cold water while heated, he became stupid and delirious. This was followed by a feeling of fear and sleeplessness. Now other symptoms have passed off, but the tongue is in a state of constant spasmodic motion, which makes it almost impossible for the patient either to speak or eat. When the mouth is closed a peculiar sound is produced, and when he opens it the tongue moves backwards and forwards with extraordinary rapidity, over which the patient has no control. Otherwise he enjoys good health.

#### “*Cyst of Antrum.*”

“Four cases were treated. In none could the patient attribute any cause; and the history in each was one of gradual, painless enlargement, with a sense of increasing weight, and tension at the part affected. The disease in all had



existed for several years, and the body of the bone was much dilated, with corresponding disfigurement of the features. Sometimes simple removal of the fluid, which was thick, dark, yellowish-coloured serum, brought about a cure; but in one case suppuration set in, with a good deal of constitutional disturbance, and it was found necessary to remove a tooth, and make a larger opening into the cavity. Injections of a solution of sulphate of zinc and Condyl's Fluid were found serviceable.

*"Amputation of Penis.*

"The following case is of interest as illustrating the value of *Cocaine* as a local anæsthetic. The patient, a merchant in this city, suffered from Epithelioma of the penis. For two years he had been going the round of the native practitioners, and came to us as a last resource, weak, emaciated, and the nervous system, from prolonged pain and sleeplessness, in a state of extreme irritability. As the only hope of saving life lay in amputation, he readily submitted to the operation. Chloroform was carefully administered, but after a few inhalations, proving a bad subject for a general anæsthetic, it was decided to try Cocaine. Twenty minims of a five-per cent. solution of the Hydrochlorate were injected in five-minim doses, at short intervals, round the seat of incision; and a quarter of an hour after the first injection the operation was performed without the patient experiencing the slightest pain. Another point of interest is that, except from the larger blood-vessels, there was hardly any hæmorrhage, doubtless due to the constricting effect of the drug on the capillaries. No bad effects followed. The anæsthesia produced lasted over a day; indeed, the patient complained of no pain after the operation. He recovered without a bad symptom, and now enjoys excellent health.

"From a spiritual point of view we have much satisfaction in dealing with the in-door patients. In addition to the services held in the Hospital, work of a conversational kind at the bedside is regularly carried on, which is the most fruitful of all our efforts. In this way the truth is brought near and with more force, interest is awakened, conviction deepened, faith strengthened, and the peculiar difficulties of each case are dealt with in a way which cannot be done in a large audience. During the period under review forty have been baptized as the direct fruit of the work. Many of these are scattered over the province, and carry the knowledge they possess to distant parts. In a village 360 li from Moukden there now exists a church of about twenty members, the result of the testimony and efforts of one of the patients. But the results of Medical Missionary work cannot be limited to the number of conversions. The practical exhibition of that spirit of benevolence it inspires speaks more powerfully than words of the enlightening influence of Christianity."

## REPORT OF THE SOOCHOW HOSPITAL.

This report closes the fifth year of medical work in Soochow. "38,000 different individuals have been seen and prescribed for, and I feel quite safe in saying that there are very few in that number who do not feel more friendly towards foreigners than they did before coming to the hospital. The natives who preach in and around Soochow frequently speak of meeting people who are kindly disposed towards them as Christians, because they have been well treated in the Soochow Hospital. Outside the city gate, near which stands our hospital, there is a military camp. Great numbers of the soldiers have been here for treatment, and the older missionary residents report them as being much less insolent to foreigners now than they formerly were.

"In regard to In-patients, most of the Chinese who patronize us seem perfectly satisfied with the dispensary practice. We give them medicine enough to last from four to eight days, and it is difficult to convince them that their cure could be hastened by remaining in the hospital rather than in their own houses. Furthermore, I see such sure evidence every day that patients improve under dispensary treatment that I am not so anxious about their not entering the hospital as I might be otherwise. One proof is the great numbers that return for further treatment. A Chinaman is not apt to apply for more medicine unless the first he gets does him good. He is trained to expect immediate improvement from taking medicine. When a Chinese doctor writes a prescription, it is for one dose only, and if that does no good his services are no longer required."

Some items of surgical and medical work will be of interest.

"Itch (scabies) holds the third place and does it quite bravely, coming forward with no less than 1,690 cases. It flourishes extensively among the weavers of Soochow. So common is it among this class that Mr. MARSHALL, who has charge of the clinical desk devoted to external diseases, claims that he rarely has to ask the occupation of a person when he has the itch,—he sets him down at once as a weaver. Why it prevails so extensively among this class I do not fully know. An authority on the subject of its transmission says: 'The fear of acquiring the itch from simple contact with persons affected with it, is entirely groundless; nor is it likely to remain in the clothing. In almost every case of the itch, a history of having contracted it from a bed-fellow is to be obtained.'

"A child was brought suffering with pityriasis rubrum. The whole skin was red and peeling, from the soles of its feet to the crown of its head. Not one hair did it possess, not even an eye-lash.

"April 7th.—Woman came to look for the soul of her boy. He was very sick, and she said his soul had been lost in the Hospital. This idea came from her superstition of foreigners and their instruments, for the boy's eyes had been once examined in the hospital with a glass.

"February 15th.—A man, aged 75 years, with cataract in both eyes, and totally blind, came for consultation. He refused to run the risk of an operation, on the ground that he was rich and did not have to work, therefore had no need for his eyesight.

"No. 2.—*Phimosis and Preputial Calculi*.—The phimosis, which was almost complete, was congenital. The stones had been in process of formation, the patient thought, about three years. The operation under Cocaine presented no difficulties, and the patient recovered without any bad symptom. The stones, three in number, were fitted in like chestnuts in a burr. The one in the centre was flat and had two facets. The outside ones had one facet each. They weighed 1.5 gm. We have added them to our collection of curiosities in the Museum. Urinary calculi are rare in this part of the country. I have seen only one case of stone in the bladder since coming to China.

"No. 19.—*Acute Synovitis of Knee-joint*.—Buddhist Priest and Surgeon, aged 43. The disease was well marked, and the synovial sac thoroughly distended. This man had, so he said, treated several patients with this disease that other Chinese doctors had failed to cure, so when he was seized with the disease himself, he would trust none of them, but came to the foreign doctor. His method of treatment was to open with the knife. We used TIEMANN's aspirator, and when he saw the fluid quietly transferred from his knee to the bottle, he became possessed at once with the desire to own such an instrument. After he recovered I took some pains to show him our instruments and how to use them. He became much interested and gave me three dollars to buy some small instruments for him while I was in Japan, but since my return I have heard nothing from him."

The Hospital Chaplain, Rev. C. K. MARSHALL (DZAU Tsz ZEE) subjoins a report of his religious work. Of the in-patients, he says: "They have paid more attention to hearing the truth and the way of salvation. They often attend our morning prayer, and go to morning and evening service on Sundays. Chapel-preaching to the dispensary patients is also very satisfactory; not only they say the doctrine is good, but they often tell others about it."

"Six students attended this year. The examinations were on Anatomy, Physiology, Materia Medica and Therapeutics, Ophthalmology and Dermatology. One student failed to pass."

One of the students made out the following amusing report of a case of poisoning:—"Upon February 26th, 1887, I went out to see a patient who was took opium poison three days. The day after he took opium, one of his friend got some zinc sulph. from somebody, about 20 grams dissolved in two bowls of water, let him to dranked, which makes him vomiting little but they do not give him more water, so he don't vomit any more. Next day patient also feeling sickness and sharp pain in abdomen, so they think it is cause the opium have not come out yet, so they try to give the oil of candle for emetic. He ate great deal

but don't do any vomiting, so his friend went to get some sulphate zinc and give to drink again. Second time about 15 gms. in amount, and patient don't vomiting at all, just feeling much pain in abdomen, and then beginning of muscular contraction. When I went to saw him patient was dying now, pulse I could not feel. Cold sweats over his whole body, can't talk very clear. Eyes turned upward. Pupil about normal. It is very sure he has had take sulphate zinc poison."

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REPORT OF THE MACKAY MISSION HOSPITAL, IN TAMSUI, FORMOSA.

Dr. ALEX. RENNIE submits an interesting report of work in his Hospital during the year 1887.

"The number of cases under treatment during the year ended is as follows:—

*New Patients* (in-door and out-door) ..... 3,120

*Admissions of Old Patients* ..... 5,288

"Amongst the new patients are included 280 women. Many of these are Hakkas from the districts to the south, and Pepohoans from the East Coast, not a few of whom underwent operations. They make very good patients, and are little deterred by that false modesty which Chinese townswomen (as compared with the peasantry), like, in the presence of a foreigner, to assume over the most trivial ailments. Referring to the number of new patients for last year it will be seen that in the year ended there is a decrease. A glance at the occupations of the patients shews that the falling-off is amongst the soldiers; there is really a substantial increase of patients from the stationary population. During the greater part of the year, only a small body of soldiers occupied the forts here, most of them being stationed at Kelung, and so beyond the reach of hospital relief.

"The doors of a hospital are always open to the sick poor, or to such as are desirous of foreign medical advice, but are unable to pay a private consultation fee. Payment from others ought always to be insisted on, and a practical people like the Chinese appreciate this. Medical advice and medicines are marketable commodities, and, like other gifts, if too freely bestowed are lightly esteemed. What is worth having is worth paying for; for it is part of our nature, impressed doubtless by experience of the commercial world, to regard cheap and nasty as synonymous terms."

A varied list of diseases follows, to the number as stated above of 3,120. Among these were 291 surgical operations, including the extraction of teeth. A half-dozen wood-cuts enliven the pages, and one feels like congratulating Dr. RENNIE as one looks on this picture and then on that of some deforming disease and its cure.

The Rev. Dr. MACKAY, in closing his own report, records "the activity, kind-heartedness, devotion, ability and success of Doctor ALEXANDER RENNIE in 'Mackay

Hospital.'” Of his own work, he says that 18,235 teeth have been extracted by him during sixteen years past.

He gives an interesting account of local superstitions about the teeth, of which a few are extracted.

*“Superstitious Notions.*

“Should a child be born with teeth, it is considered a bad omen, and means that when grown up he will not support his parents, and they therefore remove and bury them in the earth, or else remove and make the child swallow them. In either case the whole affair must be kept secret, and when occasion arises, sell him to other parties.

“If a male or female child have *one* front tooth developed instead of *two* at once, the aunt must make shoes to wear and cook rice to eat, then visit the infant, and all will end well.

“Should the child get *two* front teeth *above* and only *one* below at the same time, the family would be liable to heavy losses continually, so they are pulled out and thrown away.

“A male child, when about eight months old, should have teeth; then, when eight years of age, should change teeth: if longer than that time, he will be all the longer without a wife.

“If the permanent teeth are appearing irregular, a female doctor cuts paper like artificial teeth and puts inside the lips around the teeth and gums for a few seconds, after which it is removed and fine teeth will result therefrom.

“The savages in North Formosa have the custom of knocking out the Canine teeth when twelve years of age, to show they have arrived at manhood, and to make them more attractive in appearance.

“When a tooth aches, the person runs to a stream of water and keeps his face in it for some time, also keeps away from his own home several days in succession.

*“Causes of Pain in Teeth.*

“A small worm, with pointed black head and brown body, is supposed to be inside the aching tooth, boring away by fits and starts.

“Feverishness, want of sleep, and being bowed down with excessive grief, will cause throbbing pain in the teeth.

“Being possessed with a devil will make teeth ache without any semblance of decay.

*“Cures resorted to.*

“*First.*—Make a ball of cotton-wool, about the size of a pea, then steep in oil made from Camellia seeds. Make warm and put into the cavity of the tooth, to kill the worm. This must be kept up for several days, or nothing save failure can be expected.

"*Second.*—White Pepper mixed with clay is put into the tooth to choke the worm.

"*Third.*—A medicinal powder is rubbed on the cheek to drive the worm out of the tooth into the mouth.

"*Fourth.*—Others rub a medicinal powder on the under eye-lid, to entice the worm out through the eye.

*"Native Methods of Extracting Teeth."*

"*First.*—With a strong hemp string

"*Second.*—With the blade of a pair of scissors they endeavor to pry the disagreeable tooth out.

"*Third.*—The travelling doctor uses *one* forceps for all the teeth, and it is nothing more nor less than pincers or small tongs.

"It is very common here to find roots of temporary teeth actually wearing holes through the upper lip. For few things are parents more thankful than their removal. My custom is to cut the gum on the outside, and with a beaked forceps pull it *outwards*, not *downwards*."

#### CHINA INLAND MISSION HOSPITAL AND DISPENSARY, CHEFOO.

Dr. DOUTHWAITE's report of hospital work for the year ending February 29th, 1888, is before us. We cull the following extracts.

"Our work in the out-patient department has increased considerably this year, the total number of visits recorded being over 9,000. To give a list of the diseases under treatment would involve the compilation of a 'Dictionary of Medical Terms,' for there are few of 'the ills that flesh is heir to' that we have not been called upon to treat. During the early part of the spring, skin-diseases prevail; remittent fever is very common; and then as the time approaches for gathering peaches, we always lay in a stock of remedies for diarrhoea, colic, etc. Cholera usually pays us a short visit every autumn, and carries off many victims. It appears to commence every summer down about Kwang-tung or Fuh-kien, spreads rapidly up the coast, but seldom goes far inland. During my six years' residence in the centre and west of the Chêkiang province, I never saw a case of cholera, although I heard every year accounts of its ravages in the ports.

"The enormous quantities of unripe fruit consumed by the Chinese, coupled with their filthy habits, render them liable to many diseases which care and cleanliness would prevent, but it is difficult to convince them that their ways need reforming. One of the most common scenes in our dispensary waiting-room is a number of infants in their mothers' arms, suffering from dysentery or diarrhoea, being fed with raw cucumbers, or trying their newly-acquired teeth on green peaches. To tell a mother that such things are unsuitable food for her baby, will only provoke a smile of incredulity.

"As the winter draws near, we have another class of patients—old men and women, seeking relief from Asthma, Bronchitis, Emphysema, etc., etc.,—and these are the most distressing cases we have to treat, as we can seldom give more than temporary relief, and often none whatever. Good food, warm clothing, and shelter from the keen north winds is the only treatment likely to benefit the poor creatures, and these few of them can obtain.

*"In-Patients.*

"As a rule, we expect the hospital patients to pay 70 cash ( $3\frac{1}{2}d.$ ) a day for their food, but small as this amount is, many of those who apply for admission cannot afford to pay it, so we are compelled to turn them away unless the case is serious.

*"Surgery.*—There are few men who could contemplate with complacency a surgical operation on their own persons, but I think the Chinese submit more readily to minor operations than Europeans do, and are either less sensitive to pain, or have greater powers of endurance than the more highly civilized races of the West. They have, however, a very decided objection to amputations, and often when cases are brought in which could only be successfully treated by the removal of a limb, the patient and his friends will declare that they would prefer death to such an operation.

"In most operations on the eye we use Cocaine, a 2-p.c. solution being found strong enough for cases of Cataract or Pterygium, and 10 p.c. for subcutaneous injections.

"1887 was an unusually fatal year to the foreign residents in China, and three of our little band of missionaries here were removed from our midst, under very trying circumstances.

*"Spiritual Aspects of the Work.*

"On this subject very little can be said, from the fact that most of our patients come from distant cities or remote villages, and are seldom heard of after leaving us. It cannot, however, be in vain that day by day the Gospel is preached to those who apply to us for relief, and whose minds are rendered somewhat receptive by the kindness shown to them while here.

"A few weeks ago, I heard a venerable missionary remark that, for fifteen years he preached every day on the streets of Chefoo, but saw no results until he commenced work in the interior of the province, and then he found many who had heard the Gospel here, and had been deeply impressed by the truth of the Divine message.

"He asserted that he had 'Met at least four hundred Christians in the interior, who first became interested in the Gospel while staying in Chefoo.' This encouraging statement cheered me very much, for although I had never doubted the ultimate success of our efforts, I was naturally anxious to see some result.

"A few weeks ago, while I was preaching in the chapel adjoining the hospital, one of the in-patients (the young Hu-nan soldier whose case is given below) came up to the platform, and prostrated himself on the floor, crying piteously. For some time my efforts to comfort him were futile, and he cried out in anguish, 'My sins are too many; God can't forgive me.'

"About a dozen Christians were present, so we all knelt down and prayed for the poor penitent, who soon joined us in praise to God for his deliverance.

"Three native students are being educated under our care and instructed as thoroughly as possible in all that is necessary to fit them for medical work among their own people. Our rules with regard to students are sufficiently stringent to prevent our receiving many applications, but we consider the standard of education low enough. We require each student to pass an examination in his own language; to bind himself to study with us at least three years; to give evidence of conversion, and of suitability for employment in mission work; to agree to work as a 'medical missionary' after completing his course of study, and to work under the general superintendence of a foreign missionary for the first few years."

From a number of cases we select a few, as follows:—

"The Chinese seem remarkably liable to tumours of all kinds, and some very curious cases are presented sometimes at the dispensary, but comparatively few patients will consent to their removal. In May a woman was brought from a distant village for the removal of a tumour which had grown from the tip of her nose. It was a fibroid, about the size of a hen's egg, and attached to the nose by a narrow peduncle. I ligated the peduncle, and before the patient knew what I was about, the tumour was gone, to the amazement of the bystanders, who seemed to think there was something uncanny about us. I fear that our success in surgery is often attributed to our being in league with demons.

"In July a farmer came from the city of Chi-hia, with a huge tumour hanging from his left arm. It had been growing for thirty years, and now had attained such a size as to render his arm useless. We administered ether and removed the growth, which weighed just 3 lbs. When the man recovered from the anæsthesia, he held out his arm to look for the tumour, and on finding only a bandage where the impediment had been, he ejaculated a number of "Hai-ya's," and then roared with laughter.

"A curious case of Chorea came under our notice a few months ago. The patient was a farmer, about 30 years old, and had enjoyed fairly good health until the beginning of 1887, when, without any apparent cause, he suddenly lost control of his tongue and jaw. When he came to us he was in a miserable plight, for he had to keep his mouth continually propped open by a piece of stone, lest he should bite his tongue off. We removed several teeth in order to save his tongue, and tried the effect of electricity for a week or two, but, although he was decidedly better, he grew impatient, and ceased to attend the dispensary."



## REPORT OF THE MISSION HOSPITAL AND DISPENSARY, TAIWANFOO, FORMOSA.

We quote the words of Dr. LANG, Acting Physician, as regards his work.

"In submitting the Report of the Taiwanfoo Mission Hospital for 1887, very little can be noted as regards changes in method.

"The work was carried on, however, with additional vigour, and we believe too with increased good effect, by the addition to our staff of a capable and earnest Scripture Reader. His duties, as sketched in last year's Report—to converse with the in-patients and teach them to read the Scriptures; to sell religious literature to those who come on out-patient days, and converse with patients waiting for consultation; and to keep a record of the names and addresses of those who give signs of an interest in the truth, so that they may be visited at their homes by one of the Missionaries—have all been carried out with the utmost care and faithfulness. Many of the patients have been followed to their homes, both in the city and in the surrounding district.

"During nine months, from January to September, there were treated:—

|                   |     |     |     |     |     |     |       |
|-------------------|-----|-----|-----|-----|-----|-----|-------|
| In-patients       | ... | ... | ... | ... | ... | ... | 204   |
| Out-patients      | ... | ... | ... | ... | ... | ... | 1,375 |
| Subsequent visits | ... | ... | ... | ... | ... | ... | 2,752 |

"In-patients were allowed to return to the custom of bringing their own food and cooking for themselves. This method, or rather want of method, in arranging food supply, brought with it its constant attendant—perpetually untidy wards. Arrangement of food supply is one of the difficulties of hospital management in China. Additional trouble, and expense even, is more than compensated for by the responsible physician arranging supplies at a fixed charge, and not allowing the patient to bring supplies, or cook for himself.

"*Medical and Surgical.*—The patients presenting themselves for treatment were for the most part suffering from those diseases which prevail in South China. Malarial fevers and their sequelæ, dyspepsia, chronic bronchitis, chronic rheumatism, eye and skin diseases head the list, while nervous diseases and diseases of the circulatory system are comparatively rare. In the treatment of the tubercular form of leprosy the use of iodoform administered internally was continued, with markedly good results as reported last year. No cases of special medical or surgical interest were encountered, with the exception perhaps of one in which trephining of the skull was performed in a case of suspected cerebral abscess. After removal of a disc of bone, the brain substance was explored by means of a hypodermic needle, but with a negative result.

"A soldier presented himself for treatment. On admission he presented a striking appearance, having lost the greater part of his ears, and walking with a limp, indicative of acute suffering whenever he attempted to move his limbs. Examination elicited the fact that our unfortunate's commanding officer, to cure his

offending private of thieving propensities, had ordered that his ears be cut off, and that in addition he should receive several strokes on the thighs with a bamboo. The bamboo blows had caused sloughing of a large portion of skin, resulting in an extensive ulcer. The patient was admitted for treatment, but in a few days was dismissed, on account of a fresh outburst of his tendencies to appropriate things other than his own.

"An old man, sixty-two years of age, was admitted for treatment of a compound dislocation of left ankle-joint. On admission the following notes were taken. More than a month ago the patient fell from the roof of a house, by which he had evidently sustained a compound dislocation of the ankle. A native practitioner was called in, who used violence with the view of replacing the displaced bone, after which some nostrum was plastered over the parts, with the result of causing sloughing of the tissues of top of foot and heel. The appearances of the parts on admission are as follows:—The leg from the knee downwards is swollen and oedematous. The lower end of the fibula projects but is covered by healthy granulations. The skin and sub-cutaneous tissue of left side of the foot has sloughed off. On the right side, above the internal maleolus, there is an opening but no pus escapes from it. The os calcis is striped, and is necrosed. The leg is in a filthy condition from the application of native remedies."

Amputation was suggested, but the friends refusing permission the man went home, only to return again when too late, and to die.

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#### ANNUAL REPORT OF THE CHINANFOO DISPENSARY.

Dr. ROBERT COLTMAN, jr., sends in, under the above heading, his Report for the Year 1887. He writes as follows:—

"The attendance during this year is about the same as last, and had it not been for the troubles we have had, caused by our efforts to secure ground for dwellings and a hospital, we would probably have had a larger attendance.

"There were 6,189 visits paid to the dispensary during 1887.

"The attendance has steadily increased in respectability, and an estimate can be formed of the regard in which we are held when considering the fact that we have no separate waiting-room for women, yet had such a large percentage of female patients. Early in the spring of 1887 we succeeded, after a dispute with the officials, in holding possession of a small place leased by us for a term of three years as a school-house. We followed up this slight advantage in August by leasing, on the 'everlasting' plan, a small premises in the S.E. suburb, as an opening wedge for a hospital, there being vacant ground adjoining, but this time we were unsuccessful. After many delays, the money having been all paid and the deeds in our possession for over three months, Mr. REID, on November 28th,

according to agreement with the landlord's brother, went out to take possession, but was beaten, ejected, and thrown into the street. The landlord and middle men were thrown into jail and are still there. After using every effort to get justice for this outrage here, and being told by the Taotai that the Literati had instigated the riot and that he was powerless to act against them, we have appealed to U.S. Minister DENBY, in whose hands the matter now rests.

"I have had to refuse many interesting surgical cases during the year, having no accommodation for them. I have operated on some, however, who have lived in easy visiting distance from the dispensary, and such have invariably done well.

"I have operated on four adults for hare-lip, and greatly rejoiced the patients by their improved appearance. One case, a woman who said her husband was kept in ignorance of her disfigurement until after her marriage, was so ill-treated by him that life was a misery to her, but meeting a patient who had been operated on, she hastened to our dispensary, and upon her dismissal, cured, told us she had been made happy, as her husband was delighted with her 'new mouth.'

"*Enlarged Spleen.*—This is the most unsatisfactory affection to treat that I have any knowledge of. Some of the patients have enormously enlarged spleens, pearly conjunctiva, pale, flabby tongue, gradual loss of flesh, and ultimate death. I have tried inunctions of hydrarg. oxid. rub. with internal administration of Tinct. Ferri chor, or Tiq. Arsenici Chlor. or Quinia Sulph. or Ferri Idodi. and found them all equally useless. Will some of my brethren here in China kindly tell me if they have found a successful treatment?"

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#### THE MARGARET WILLIAMSON HOSPITAL, SHANGHAI.

The Report before us covers two years ending December 31st, 1887. The Hospital is for women and children, and is under the auspices of the Woman's Union Missionary Society of New York. Dr. ELIZABETH REIFSNYDER commenced Dispensary work in the summer of 1884. In the summer of 1885 the present substantial brick building of two stories was completed, accommodating 20 patients. The Hospital is under the management of Dr. REIFSNYDER, assisted by Miss McKECHNIE, who has charge of the drug-room. Dr. MARY GALE arrived in November, 1887, and will in due time, after preparatory studies of the language, take up work, as will also Miss E. C. ANDREWS, who arrived in April, 1887.

The following "Statement of Cases for the Years 1886 and 1887," shows the large amount of work accomplished during the ten months of each year that the Hospital was opened.

|                                                             |        |
|-------------------------------------------------------------|--------|
| Patients received in the Hospital during the year 1886 ...  | 110    |
| Patients received in the Hospital during the year 1887 ...  | 120    |
| Patients treated at the Dispensary during the year 1886 ... | 16,138 |
| New cases „ „ „ „ „ „                                       | 9,361  |
| Prescriptions filled during the year 1886 ... ..            | 26,973 |
| Patients treated at the Dispensary during the year 1887 ... | 18,062 |
| New cases „ „ „ „ „ „                                       | 11,448 |
| Prescriptions filled during the year 1887 ... ..            | 26,860 |

During 1886, of the 9,000 new cases, 1,130 were Fever and Ague, mainly of the *Tertian* type. During the same year there were 525 Disorders of Digestion, 1,153 Diseases of Eye, 422 Gynecological cases. Almost one-fourth of the cases were surgical, and there were 1,119 of Diseases of the Skin.

All in-patients are expected to pay for their rice eight cash (about eight cents) a day, though there are always a number of charity patients; those wishing special privacy can secure it by paying \$1.00 a day, which covers the expenses of a servant. "A bath and clean clothes work wonders; so marked was the transformation in one case, that a man did not recognize his wife, though she persisted in telling him she was that person." In the Dispensary every patient, whether new or old, pays, if able to do so, 28 cash (about  $2\frac{4}{5}$  Mexican cents), and wealthy patients are expected to pay the price of the medicine. The good results of these conditions are that the receipts in copper cash from patients for entrance fees, during the two years, was \$952.55.

Dr. REIFSNYDER reports more favorably than some regarding the faithfulness of out-patients in seeking and taking medicines.

"The Hospital is, as already stated, in the country. The majority of patients come long distances. One dose of medicine would avail but little. Experience teaches that Chinese dispensary patients are as apt to take their medicine as foreign ones are. Hence enough medicine is given to last *five* or *seven* days. The great cry to Miss McKECHNIE is, 'Give me more; I live so far away, and it is very difficult for me to get here.' Women walk from five to ten miles; their small feet bring them along very slowly. One poor old woman, arriving at the Dispensary about 2 p.m. one very busy day, and fearing she might not be admitted, said, 'I started from home before daybreak, and I cannot go away without being seen.' Of course she was seen."



## ITEMS AND NOTES.

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The death of Dr. MACKENZIE, just as the last Number of the *China Medical Missionary Journal* was issued, was a very severe blow to the interests of our Quarterly, from which we shall long suffer. The remaining Editors have thought it well in this emergency to invite others to take part with them in editorial work until the next election of officers shall take place. Dr. A. LYALL, of Swatow, has kindly consented to allow his name thus to appear, and we hope, in the next Number, to be able to give the names of others. But we trust that the many medical missionary practitioners who have not yet written for the *Medical Journal* will feel a sufficient interest in our common enterprise to send in articles and communications.

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We would draw attention to the fact that this Number of the *Medical Missionary Journal* contains sixty pages, which is twenty more than the number for March contained. The thanks of the Editors is hereby rendered to all who have so kindly assisted.

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The Presbyterian Church of England have appointed Dr. GAVIN RUSSEL a medical missionary to Formosa. He is expected to arrive in China in the autumn and will begin work as a "medical evangelist" in the new Provincial city of Formosa.

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We have received a copy of a paper on "Medical Matters in China," by H. W. BOONE, M.D., which was read by invitation, October 5th, 1887, at a meeting of the College of Physicians of Philadelphia. Our Delegate to the International Congress evidently improved every opportunity of presenting

to the profession the claims of medical work on men of science, and this paper must have given those who heard it a favorable view of what has thus far been done, as well as a stimulating view of what remains to be done in China.

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The Rev. J. CROSSETT desires, "That all those physicians in China who make reports for the press in pamphlet or newspaper should give as full statistics of the deaf and the diseases of the ear as possible. Please make this year a special point of reporting interesting cases of this nature and all the incidental facts connected with the causes, cures, and malpractices of deaf patients in China."

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We welcome to the number of our Medical Force in China, Dr. MARIE HASLEP, who is to take charge of the Elizabeth Bunn Memorial Hospital, Wuchang, in connection with the American Episcopal Mission; and Dr. W. W. SHRUBSHALL, for the Methodist New Connexion Mission, North China; also Dr. J. OTTE and wife, for the American Reformed Mission, Amoy.

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### MEDICAL WORK AT PETCHABURI, SIAM.

The medical work under Dr. J. B. THOMPSON has gone on most satisfactorily, especially when it is remembered that this has been Dr. THOMPSON's first year on the field. Yet, aided by Mr. DUNLAP and by the native assistants trained in part under Dr. STURGE, he has kept up the reputation and the goodwill which was won for this hospital and for the medical work by that admirable missionary. He has treated 2,838 new cases during the year, but his patients have

required his attendance in all nearly 6,000 times, not to mention his care of the missionary families. His surgical cases have numbered 952, several of them of a serious character, such as excision of the ankle, lithotomy, the removal of tumors, cataract, iridectomy. Burns, scalds, dislocated joints, broken bones, gunshot and knife wounds have been very numerous. It will be seen that Dr. THOMPSON'S practice is one involving great and sudden responsibility for a young physician, where consultations are impossible. He, with his young comrade, Dr. HAYS, at Bangkok, should attract the interest of all our Christian physicians and not be forgotten in their prayers. All races and ranks in Siam have been among Dr. THOMPSON'S patients, the prime minister of the kingdom and the governor of the province of Petchaburi, with their families, other nobles, governors, judges, through all the petty officials, down to the poorest people and the lowest of the slaves. His tours have been numerous, reaching five provinces. The plan of requiring the people to pay for the medical treatment which they receive has been steadily followed, except where humanity forbade. While careful to make it perfectly clear that the physician was not there to make money nor to "make merit," the people have been taught that they ought to pay for a work conducted for their benefit. The consequence has been that the greater part of the support of the hospital has been drawn from the people themselves, while Dr. THOMPSON expresses the conviction that they have not yet reached the limit of their income from this source. Two medical students are under training. A growing familiarity with the language will enable the physician to undertake more of such work.—

*The Church*, May, 1888.

#### MEDICAL WORK AT CHIENG MAI, UPPER SIAM.

Dr. CARY had no sooner reached his field than, through the assistance of Dr. MCGIL-

VARY and NORWOOD MCGILVARY, a young lad, acting as interpreters, he was able to begin work, appointing regular hours for receiving patients and for surgical practice. A new dispensary has been completed and a small temporary hospital erected, while much of the timber has been prepared for the permanent hospital. In seven months Dr. CARY had treated six hundred and seventy patients, much of the medicine used being paid for by them—an important point. A number of critical cases were treated surgically, in all but three with complete or partial success.—

*The Church*.

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At a Meeting of Foreign residents on Shameen, Canton, a paper was read by the Rev. J. C. THOMSON, M.D., entitled a "Jubilee Sketch of the Medical Missionary Society in China."

Time admitted only of the reading of portions of the paper, which had evidently been prepared with the care and painstaking labor which Dr. THOMSON is known to bestow on any thing he undertakes.

The Chairman, Mr. CHALONER ALABASTER, H.B.M. Consul, characterized the paper as exhaustive and showing the great amount of good the Society had done since its formation in 1838. The paper gave biographical sketches of the prominent founders, Drs. COLLEDGE, PARKER, W. JARDINE and others.

Short addresses were made by the Chairman, Mr. C. SEYMOUR, U.S. Consul, and the Rev. T. W. PEARE, of the London Mission. On motion of Rev. Dr. HAPPER, seconded by the Chairman, a unanimous vote was passed recommending the publication of the paper. Now that all the actors in the initiation of this the Medical Missionary Society in the world have passed away, it will be a historical document of great value.

After votes of thanks to the Chairman and Dr. THOMSON, Dr. HAPPER pronounced the benediction.

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A certain Chinese teacher, observing the ways of foreign doctors, has thoughts of his own on many subjects. A while since, he delivered the following sententious comparison:—You discover a thief on the way to your money-box. What do you do? Do you reason with him? do you expostulate with him? do you even pray with him? No! you call in the police, and they quickly rid you of your foe. So it is when you are sick. If it is a small ailment, homeopathy may do, but if you are *real* sick, you want the allopathic doctor.

Rapid transit is the dream for China's future in the foreigner's active brain. When the millennium dawns, the stately tread of this dignified nation may be changed for the mad rush of Western lands, and ancestors yield to trade. But just now, in this their calm day, who shall say that China does not lead the world in methods of slow transit. To prove it you should make your observations on the steps of a Hospital. Here comes a man with the inevitable bamboo over his shoulder. He carries a burden in each round basket swinging from either end. Over the wicker work on one side gaze the solemn eyes of a Chinese child. In the other basket is a blue bundle of something which moves mysteriously, and gives forth a strange whimper. The blue bundle being unrolled, a baby stretches itself out, and coos, and smiles. What is the rattling, shaking baby-carriage to this swaying cradle hanging from father's shoulder? Another day and the door of the treatment-room opens to admit two stalwart women, with

faces moist and glowing from a walk of three *lee*, with a burden between them. Such a remarkable burden—a wash-tub girded to a stool by ropes, and supported on a like bamboo pole, with a cushion in the tub. Nothing is lacking to the comfort of the paralysed woman whose helpless feet have swung over the edge for three *lee*, and now in an improvised chair are waiting the doctor's inspection. Little foreign girls playing "chair" with locked wrists never dreamed of such a royal equipage.

We have received, just as we go to press, reports of Hospitals at Peking, Swatow, and Canton, but must leave a fuller notice for next Number.

#### BIRTHS.

At Foochow, March 10th, to Mrs. J. A. COFFIN, a son.

#### ARRIVALS.

At Amoy, January 13th, for Am. Reformed Mission, J. OTTE, M.D., and wife.

At Shanghai, April —, MARIE HASLEP, M.D., for Am. Epis. Miss., Wuchang.

At Shanghai, June 1st, W.W. SHRUBSHALL, L.R.C.P., L.R.C.S.E., L.F.P.G., for Methodist New Connexion Mission, North China.

#### DEPARTURES.

From Foochow, February 28th, KATE A. COREY, M.D., of M.E. Mission, for U.S.A.

From Foochow, April 9th, Rev. R. VON SOMEREN TAYLOR, M.B., wife and two children, of C.M.S., for Europe.