The China Medical Missionary Journal.

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NOTICES.

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

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

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

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.
SEM I-CENTENNIAL OF THE MEDICAL MISSIONARY SOCIETY.

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

[We reprint the following Jubilee Sketch of the Medical Missionary Society in China from the China Mail as containing historical statements which must be of interest to all who are connected directly or indirectly with this department of missionary work. At a meeting held on Shameen, May 18th, appointed for the purpose by the Committee of Management of the Medical Missionary Society, Dr. Thomson read abstracts from his "Jubilee Sketch," and we give an outline of what was read.

Mr. Chaloner Alabaster, H.B.M. Consul, occupied the Chair, and introduced Dr. Thomson, saying "we were assembled to celebrate the Semi-centennial of the Medical Missionary Society, the best institution we have among us, which was founded on principles and worked along lines which must insure for it enduring prosperity and increasing success. He did not doubt but that fifty years hence others would celebrate the centennial year." At the conclusion of the reading the Chairman pronounced the historical Sketch exhaustive, and a Motion made by Rev. Dr. Happer, and seconded by the Chairman was passed, recommended the publication of the paper. During the reading of the paper, paintings and photographs of the prominent actors in founding the Society, Drs. Colledge, Parker and Bridgman and of physicians and patrons of the Society, Drs. Holson, McCartie and McGowan, Dr. S. Wells Williams, Howqua and others, were exhibited.—J. G. K.]

"JUBILEE SKETCH OF THE MEDICAL MISSIONARY SOCIETY IN CHINA.
"REVEALING THE ORIGIN OF FOREIGN MEDICAL MISSIONS.

"In the original statement of the objects and prospects of the Society, drawn up by request in 1838 by Drs. Colledge, Parker and Bridgman, they say: 'A peculiarity of the Medical Missionary Society in China is, that it addresses itself to the consideration of all.' Years ago, Sir Brooke Robertson, when holding the same office at Canton as our worthy Chairman, used to cham-
pion our cause and frequently presided over our meetings. On such an occasion, in 1868, after remarking his appreciation of the great influence of these benevolent labours in the advancement of civilization and Christianity, he said, 'he would repeat what he had said on former occasions, that he believed missionaries, especially medical missionaries, to be the great arm of civilisation, and although this fact may not be acknowledged now, it will in future time be fully recognized.'

"Said Rev. T. W. Pearce at the Canton Hospital's Semi-centennial, three years since: 'But in addition to the direct work of healing, an indirect work of incalculable good is accomplished by institutions of this kind in China. It may be claimed for the Canton Medical Mission that it has played no unimportant part in bringing foreigners and Chinese into better relations by removing mutual misunderstanding.' On the same occasion, the late lamented Mr. Nye remarked, when speaking of our Society: —'In reviewing the progress of the work thus heralded, or casting the horoscope of the future, we may well pause, momentarily, to regard the inception of a scheme of benevolence so deeply affecting the relations of the two great confronting races of the world at that time — those of the Christian West and these of the Pagan East — their relative attitudes and their, respectively, equal ignorance of each other. . . . . The triumph, then, of the generous policy of conciliation is assured, — nay, it is achieved already; and henceforth there remains only the duty of perseverance in enlarging the sphere of its practical application.'

"And among other expressions of the value of our Society to commercial interests we give these, uttered when Dr. Parker was on his triumphal tour through England, France, and America in 1841. A resolution of a meeting in Boston read: —'That the benefits to be obtained by a continuation of the labors of Dr. Parker, with those of such coadjutors as may be joined to him, are so manifest and practical, and the prospects opening from them promise so much benefit to the mercantile intercourse of our countrymen, as well as to the Chinese nation, that his plans must undoubtedly obtain the support of our citizens, if they can be brought distinctly before them.' While in the Liverpool Meeting account it is said: —'In regard to commerce, too, the Chief Superintendent of British Trade well remarked of the Society that the surgeon's knife was better calculated to conciliate the Chinese than any weapons of war.' Dr. Parker, when called to treat Imperial Commissioner Keying in 1843, remarks: —'Nothing has occurred to render more striking the contrast in the state of things in China, since the opening of the hospital in 1835, than this interview. Then, it was feared to have its existence come to the knowledge of the authorities, and the first lease of a building for the purpose expressly provided that it should be given up if the officers raised objections. A linguist's clerk for three or four years was also often in attendance as a spy. Now, on a public occasion, the Governor-General and an Imperial Commissioner, in the
presence of the Provincial Judge, and numerous other officers and attendants, voluntarily alluded to the institution in no measured terms of commendation.'

"Then 'twas better than now probably, and yet only recently our Society has been appealed to by the Viceroy for foreign surgeons to attend the armies.

"But as on that 'triumphal tour,' the Ladies are not to be omitted: 'The interest,' says Dr. Parker, 'already existing in the English metropolis on behalf of the objects of the Medical Missionary Society was not confined to these benevolent ladies,' to whom he had referred as making systematic efforts in behalf of this cause, sending remittances and addressing circulars upon the subject to benevolent ladies in other parts of England. In Edinburgh, at least, and at points in the United States, he specially addressed Ladies' Meetings, and at Philadelphia a Ladies' Society was formed which sent remittances. And where does the 'still sad music of humanity' strike a more responsive chord than in woman's sympathetic breast; and who more than she would advance our cause and bring in the time 'when man to man the world o'er, shall brothers be for a' that.' But not only does our Society address itself to the foregoing, it is peculiarly the handmaid of religion. 'We have called ours a Medical Missionary Society, because we trust it will advance the cause of missions,' so reads the original address of 1838. Rev. A. Krolezyk declared that he would not be able to reside in Tung-kun but for his dispensary, which was also the declaration of Dr. Happer and others in the early days of Canton; while of Dr. Parker it was said; 'He opened China to the Gospel at the point of his lancet.' As a summary of this introductory thought we give the opening paragraph of the original paper of suggestions drawn up after 'mature deliberation' by Drs. Colledge, Parker and E. C. Bridgman, and published in October 1836; and thus come to the first step in the formation of our Society. 'Viewing with peculiar interest,' it declares, 'the good effects that seem likely to be produced by medical practice among the Chinese, especially as tending to bring about a more social and friendly intercourse between them and foreigners as well as to diffuse the arts and sciences of Europe and America, and in the end to introduce the gospel of our Saviour in place of the pitiable superstitions by which their minds are now governed, we have resolved to attempt the formation of a society to be called the 'Medical Missionary Society in China.'

"And yet it is plain to see how events led up to this organisation. Specially in the mind of Dr. Colledge is the germ of the Society early found, as will be manifest from the sketch of that Founder.

"In the concluding paragraph of the 'Suggestions' we read: 'All truth is of God: the introduction of medical truth into China would be the demolition of much error. . . . As the means then to waken the dormant mind of China, may we not place a high value upon medical truth, and seek its introduction with a good hope of its becoming the handmaid of religious truth. . . .
That inquiry after medical truth may be provoked, there is good reason to expect; for exclusive as China is in all her systems, she cannot exclude disease, nor shut her people up from the desire of relief. . . . This seems the only open door; let us enter it; loathsome disease in every hopeless form has uttered her cry for relief from every corner of the land; we have heard it and would and must essay its healing.'

"The next allusion we find to the Medical Missionary Society is under date of May 11, 1837, when a 'List of subscribers, with donations to the amount of $5,230, to a proposed Medical Missionary Society in China' was published in the Canton Register. And, in Dr. Parker's Seventh Quarterly Report of the Ophthalmic Hospital of date May-December 1837, he remarks that the 'organization of the contemplated M. M. Society has been delayed through unanticipated causes.' But the date February 21st, 1838, brings us to the actual organization of not only 'the oldest and now most vigorous of the medical organizations in China,' as it is characterized in the September No. of the China Medical Missionary Journal, but to the first Medical Missionary Society in the World.

"Touching that important organization then we read:—'At a public meeting, called by T. R. Colledge, M.D., H.M.S., the Rev. P. Parker, M.D., and the Rev. E. C. Bridgman, (G. T. Lay, Esq., attending on the part of Dr. Colledge), which was held in the rooms of the General Chamber of Commerce, at Canton, on the 21st of February 1838, it was Proposed by the Rev. P. Parker, and seconded by M. Inglis, Esq., "That Mr. Jardine take the chair." This being unanimously agreed to, the chair was accordingly taken by Mr. Jardine, who stated, that the object for which the meeting had been called was the organization of a Medical Missionary Society, in conformity with a plan which had been for some time in contemplation, and in reference to which certain suggestions had been published, about eighteen months previously, by the gentlemen by whom the meeting was called.' On motion of G. T. Lay, Esq., seconded by Rev. E. C. Bridgman, it was Resolved: I. 'That, in order to give a wider extension, and a permanency to the efforts that have already been made to spread the benefits of rational medicine and surgery among the Chinese, a Society be organized at Canton, under the name of "The Medical Missionary Society in China." That the object of this Society be, to encourage gentlemen of the medical profession to come and practise gratuitously among the Chinese, by affording the usual aid of hospitals, medicine, and attendants; but that the support or remuneration of such medical gentlemen be not, at present, within its contemplation.' Here follow Resolutions on Officers, Members, Meetings, Library, Anatomical Museum, Trustees, Qualifications of Medical Men employed, Duties of such Medical Men, Hospital Register and Foreign Agents, which being severally discussed and adopted it was further Resolved, 'That the members of this Society are deeply impressed with a
sense of the services which Dr. Colledge and Dr. Parker have rendered to humanity, by the gratuitous 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." It was then moved by James Matheson, Esq., (late Sir James Matheson, Bart.), seconded by R. Turner, Esq., and Resolved, "That the thanks of this meeting be presented to T. R. Colledge, M.D., for the responsibility and trouble taken by him in purchasing, and putting into repair a convenient and suitable building for a medical institution at Macao. That the said building be accepted by this Society, on the liberal terms of Dr. Colledge's offer; and that the Trustees be authorized to take the necessary steps for the transfer of the property."

"Resolved,—' That the meeting now proceed to the election of officers.' The following officers were duly elected: President, T. R. Colledge, M.D.; Vice-presidents, Rev. Peter Parker, M.D., W. Jardine, Esq., G. T. Lay, Esq., Rev. E. C. Bridgman; Recording Secretary, A. Anderson, Esq.; Cor. Sec., C. W. King, Esq.; Treas., Joseph Archer, Esq.; Auditor of Accounts, J. C. Green, Esq. The following officers form the Board of Trustees: Thomas Richardson Colledge, M.D., Joseph Archer, Esq., John Cleve Green, Esq.

"Thanks having been voted to the Chair, the meeting was then adjourned.

"In a meeting of the Committee of Management, on the 23rd of February, R. Inglis and A. Anderson, Esq., were added to the number of the Vice-presidents, and J. R. Morrison, Esq., was appointed Rec. Sec. in the room of Mr. Anderson, and a resolution was passed: 'That Dr. Colledge, Dr. Parker and Mr. Bridgman be requested to draw out a general statement of the objects and prospects of the Society, its regulations and other particulars of its organization, for the purpose of publication, the same to be submitted for approval to a general meeting of the Society.'

"At a public meeting of the Medical Missionary Society in the rooms of the General Chamber of Commerce on the 24th April 1838, Rev. Peter Parker, M.D., Vice-president, in the Chair, after the reading of the Minutes of the meeting of February 21st, the provisional changes in the list of officers made by the Committee of Management were confirmed, and the address by Drs. Colledge, Parker, and Mr. Bridgman, as ordered drawn up, was read. In it among other things they say: "'Heal the sick" is our motto,—constituting alike the injunction under which we act, and the object at which we aim, and which, with the blessing of God, we hope to accomplish by means of scientific practice, in the exercise of an unbought and untiring kindness. We have called ours a Missionary Society, because we trust it will advance the cause of missions and because we want men to fill our institutions, who, to requisite skill and ex-
perience, add the self-denial and the high moral qualities which are usually looked for in a missionary. While the Society’s Agents, who will be looked for from Missionary Boards in Christian lands, will ply their art they will educate young Chinese in it, and reflex benefits will accrue to medical science from discoveries in China. The Society thus addresses itself to all, including the scientist and the philanthropist, and in furtherance of this, Agents are appointed in the principal cities of England and America (as in London, Edinburgh, Glasgow, Boston, New York, Philadelphia, Baltimore and Washington) since though about $9,000 have been contributed in China and its vicinity within the last two years to this cause, the Society must look to the affluent of happier lands for its principal support. (On the other hand, its support now is all from resident foreigners and natives, the latter providing the larger proportion.) After the reading of the Address, on the motion of W. Jardine, Esq., seconded by J. C. Green, Esq., it was Resolved, ‘That the address be accepted, and that, agreeably to the resolution of the Committee of Management, it be printed, accompanied by the list of regulations and other particulars of information regarding the state and prospects of the Society.’ Resolved, ‘That this meeting, having heard that an application is to be made to the proprietor of the building now occupied as a hospital in Canton, to repair and enlarge it, is of opinion that Dr. Parker should, for the following reasons, be requested to avail himself of the time required for such repairs and alterations, to proceed to Macao, to open, and for three or four months to take charge of the hospital there. These reasons are, that there are now many cases in Macao calling for early attention, whereas in Canton most of the cases of old standing have been relieved; and that a great advantage will be experienced in the new institution being opened by a person acquainted with the language and habits of the Chinese rather than by anyone a stranger to their language and habits, who may hereafter arrive.’ Also resolved, ‘That this Society views with pleasure the prospects of an early increase in the number of its medical co-operators in this country; and that it trusts the hospitals, both in Canton and Macao, may enjoy, ere long, all needed superintendence, in the presence of, at least, two surgeons in each. Resolved, ‘That with a view of increasing the existing pecuniary means of the Society, the Secretary be empowered to call a general meeting, a few days subsequently to the publication of the pamphlet now about to be printed.’ The meeting then adjourned.

“In the list of contributors to the Society’s treasury we notice among the Directors for life, those contributing $500 or more, the names of Lancelot Dent, Wm. Jardine, and J. Matheson, all so prominent in after years; and among the members for life those of Capt. C. Elliot, R.N., J. R. Morrison, D. W. Olyphant, Sir G. B. Robinson, Bart, the Wetmores and ‘Howqua,’ the great hong-merchant, ever a generous helper and the only Chinese on this
list for years as it would seem. Among the Annual Subscribers are Capt. T. Smith, H.C.S., and several ladies, among them Lady Herschell. After general allusions to the three Founders, the events of their careers were brought out more in detail. First we met Thos. R. Colledge, F.R.S.E., etc., of the E. I. Co. and H. B. M. Commission, one of the earliest medical benefactors of China and the actual originator, may we not say, of Foreign Medical Missions. To show his position we give the incidental remark of Rev. G. T. Lay, a V.-P. of our Society: 'We have,' says he, 'a Society whose special object is to encourage this (the exercise of the medical art) among the Chinese, founded upon principles first conceived by Colledge, the Chinaman's friend, and afterwards successfully put in practice by himself and Dr. Parker.' And as one reads his life, one will see his right to priority in this claim. So to understand his relationship to our Society one needs to know him from his arrival in China, and then too may not this Society claim the results of those earlier labors of its founder.

"In the Prospectus of the Medical Philanthropic Society of London, organized in considerable measure as an aid to this Society, we have the following: 'The honor of founding the first institution (the Macao Ophthalmic Hospital in 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.' In a letter acknowledging a benefaction from the E. I. Co. we find this: 'In the year 1827, on joining the E. I. Co.'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. . . . During that year my own funds supplied the necessary outlay. In 1828 many friends who had witnessed the success of my exertions in the preceding year, and had become 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 Chief of British Affairs in China, Plowden, in a most favourable testimony to Dr. Colledge as surgeon and philanthropist, remarks:—'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 indigent natives.' (And yet we must not forget that Rev. Dr. Morrison, who also took a course in medical study, in conjunction with Dr. Livingstone, had as early as 1820 opened a dispensary at Macao for poor Chinese).

"From Dr. Colledge's Chinese testimonials we call 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.
If Yung has not been born again, to bless the present age,
Then sure 'tis Soo reanimate, 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.'

"The memory of this Hospital, which was necessarily closed in 1832 after some 6,000 cases had been treated, is preserved in a noted painting by Chinnery, a steel engraving of which you observe suspended on the wall.

"In 1828, during the period of the residence of the British Factory in Canton, Dr. Colledge and Dr. Bradford of Philadelphia opened a free dispensary which was largely patronized by the natives. 1833, according to Hunter's Fankwai at Canton was a 'notable year, for the hitherto unpreceded 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.' In 1833 was organized 'The British Seaman's Hospital Society in China,' with Dr. Colledge as the chief actor. Its special object was to maintain a 'floating hospital' at Whampoa—whither during 1834 there came nearly 200 ships and upwards of 6,000 seamen. It also gave gratuitous medical aid to Chinese. The 'Whampoa Bethel' ship was then, we believe, still under the care of Rev. Edwin Stevens of the American Seaman's Friend Society, from the funds of which this Society has of late years an annual allowance.

"Coming down to 1836 we find Dr. Colledge, in October, in conjunction with Drs. Parker and Bridgman, issuing the appeal for a Medical Missionary Society, and in February 1838, after a most favorable resolution touching his philanthropy and zeal in this cause, the newly-organized society at once elects him to its Presidency, which office he held upwards of forty years, or until his death at Cheltenham, England, in 1879, at the advanced age of 82 years. He passed away with the pathetic yet comforting refrain on his lips when reminded of his part in founding this Society, 'That was the one good thing of my life.'

"Our second Founder was the pioneer American Missionary to China, Rev. Dr. Bridgman, who as a V.-President of this Society and ever active for its welfare, a noted sinologue, founder and editor of the Chinese Repository, and prominent in all good works of his day, died at Shanghai, November 2nd, 1861.

"The third Founder was Rev. Peter Parker, M.D., the first regularly-appointed Medical Missionary to this Empire. The idea of using the practice of medicine as a means of affording opportunities to introduce Christianity among the Chinese was first practically adopted by the American Board of Missions, and Dr. Parker, proceeding with that view, arrived at Canton, October 26th, 1834. Leaving soon for Singapore, after treating there upwards of 1,000 patients, he returned to Canton, and after considerable difficulty opened there, in San Tau Lan, the first Medical Mission Hospital in China. Renting Factory No. 7 of
Fung-tai Hong at $500 per annum from Howqua and notice given, the first day no patient ventured to come; the second day a solitary female afflicted with eye-disease came, the third day half-a-dozen, but soon they came in crowds, by hundreds, even a thousand have been present on out-patients day, some spending the night before the doors to gain an early admittance. And so it has since continued, for the last thirty-three years, under the self-denying and efficient labors of Dr. Kerr.

"These applicants have been from all the Provinces and from all ranks, from the beggar to the members of the Imperial household. The reply of an old woman with cataract in both eyes is a sufficient illustration of the unqualified confidence reposed in the foreigner. Dr. Parker expressing doubt whether she could bear the knife being put into her eye, she made answer:—'If you like you may take them both out and put them in again.' Not to refer again to Dr. Parker's active part in the founding of our Society, we note this as the period when without anaesthetics he revelled in tumors 'one-third the weight of the man' on Chinese who like Kwong-chaufu Yü 'with much composure laid himself upon the operating-table and during the operation scarcely discovered any sensibility;’ in first amputations of limbs of Chinese, first lithotomies, of which his institution has almost had the monopoly, there being considerably more than 1,000 operations for stone to date since the first in 1844; and was weighted down with scrolls from Imperial Comr. Keying to the grateful heart who wished to send an artist for a painting of his benefactor that he might worship it daily. There are still traditions on the street of the skill of Dr. Parker in that heroic age. A remark of Kwangchau-fu Yü above mentioned is worth repeating. No doubt on his good behavior under the surgeon's knife, having sustained a conspicuous part in the recent war and ransom of Canton, the officer with whom Captain Elliot treated, he made inquiries after him, and observed of Imperial Commissioner Lin, that, had he listened to him, he would have saved himself and country much trouble, and alluding to the relative importance of China and the nations of the West, made the just interrogation, 'What is the use of designating one high and the other low, of those which are on the same level?'

"Having felt the importance of training natives for the medical calling, Dr. Parker began in 1837, with a class of three promising youths, the instruction apparently largely in English. This Hospital class is still continued with the Chinese language as the medium, and many have gone forth to play a medical part, some with distinction and much pecuniary profit, while others have continued in hospital employ. The Macao Hospital was opened in 1838 by Dr. Parker, who was soon succeeded by Dr. Lockhart, and he in turn by Drs. Hobson and Diver in the care of it. During the hostilities of 1839 the hospital was forced from the Factory to Dr. Parker's residence and then to the Canton Dispensary. Finally closed on the 7th of June 1840 by reason of the Blockade of Canton by
the British—though the eagerness to obtain medical aid and the number of patients was never greater, there being an attendance of some 200 on the closing day. Dr. Parker, also with the approbation of the Medical Missionary Society, embarked July 5th on a tour through America and England, the object specially proposed being to raise there "a permanent fund for the support of the "Medical Missionary Society in China," for the maintenance of the hospitals already established, and for the founding of others at every accessible and eligible part of China; it being also a prominent object to train up Chinese youth of talent, to extend the blessings through the Empire; in all our efforts, never losing sight of the paramount object,—the introduction of the Gospel." At the first meeting for the specific object at Washington there was good attendance and favorable resolutions were passed. On Sabbath he addressed the Congress of the U.S. Many other places were visited and addresses made, notably New York, Boston and Philadelphia. Very favorable resolutions were passed and pecuniary aid given, at Boston to the amount of upwards of £5,000. At Philadelphia a General and a Ladies' Society were formed and remittances made. New York commended heartily the objects of our Society, appointed an Aid Committee, and besides agreeing to support several Chinese Medical Students has since sent money and medicines.

"Immediately after these meetings Dr. Parker embarked for England. Spending six weeks in London, he published a 'statement respecting Hospitals in China,' and displayed his paintings by Lamqua of characteristic maladies, which he left in Guy's Hospital Museum. Sir Henry Halford, already interested in Medical Missions in China, at once gave him hearty support. Commendation of the Society's objects was also received from the Duke of Sussex, and the Princess Sophia, from the Archbishop of Canterbury, the Duke of Wellington, Sir Robert Peel, the Bishops of London and Durham, Lord Bexley, Sir George Staunton and others. At the Exeter Hall meeting, July 15th, 1851, Sir George Robinson, Bart., former Chief Superintendent of British trade in China was called to the Chair. The meeting closed with favorable resolutions by Dr. Wm. Jardine, M.P., and others. Cambridge and Birmingham were visited on the way to Edinburgh. At this last point special interest was manifested. The Lord Provost presided over a gathering of the élite of the City at the Waterloo Hotel, and the famous Dr. Abercrombie played a prominent part, afterwards becoming President of the Society then formed to aid medical missions in China and since called the Edinburgh Medical Missionary Society.

"The workings of Providence are seen, in that Dr. Parker was the instrument used in establishing the Edinburgh Society, its Superintendent Dr. W. Burns Thomson led Dr. G. D. Dowkontt into that work, and he afterwards became the virtual founder and is now Superintendent of the New York Medical Missionary Society. Dr. Parker also addressed in Edinburgh a meeting of ladies.
who, with the Society above, promised aid. At Glasgow the meeting was held at Carrick's Hotel, the Lord Provost in the chair. W. P. Paton, Esq., introduced Dr. Parker through a letter from James Matheson, Esq., of Canton. At Liverpool in a 'numerously-attended' meeting Dr. Parker alluded to the work of Dr. Lockhart, one of the Society's agents, and to that of Dr. Pearson, who introduced vaccination into China at Canton in 1805—both of them former residents of Liverpool. Here the ladies were also outspoken in their interest, and a General Committee was appointed, of which it was said that a ‘more respectable and influential body, comprising the same number and embracing such different professions and religious denominations, could scarcely be selected in Liverpool.’ To Paris a brief visit was paid and friends made for the cause. Through several distinguished gentlemen whom Dr. Parker met in London the cause was also advocated and sympathy enlisted in Germany.

"The War in China ended, Dr. Parker meanwhile marrying a niece of the great statesman Webster, again reached China, October 4th, 1842, and with Mrs. Parker took up his residence at Canton, November 5th, in 'direct opposition to old regulations,' one of which was that 'neither women, guns, spears, nor arms of any kind can be brought to the Factories.' Here Mrs. Parker lived a 'lone woman without a single female companion for many months.' She was the first foreign woman to reside at Canton. It was soon after this that the great Imperial Commissioner Keying, shortly afterwards a patient of Dr. Parker's, presented a Memorial to the throne, in which is the following paragraph:—'Another point, it is the wont of the barbarians to make much of their women. Whenever their visitor is a person of distinction, the wife is sure to come out to receive him. In the case of the American barbarian Parker, and the French barbarian Lagréné, for instance, both of these have brought their foreign wives with them, and when your slave has gone to their barbarian residences on business, these foreign women have suddenly appeared and saluted him. Your slave was confounded (awe-stricken) and ill at ease, while they, on the contrary, were greatly delighted at the honor done them. The truth is, as this shows, that it is not possible to regulate the customs of the Western States by the ceremonial of China, and to break out in rebuke, while it would do nothing towards their enlightenment, might chance to give rise to suspicion and ill-feeling.'

"On the 21st of November, Dr. Parker reopened the Hospital in the building where it was first commenced. Old Howqua, the landlord of the factory, at first made some objections, particularly referring to the hazard he was before exposed to at the time of the death of a friendless beggar, upon whose body the Nanhai hien held a coroner's inquest, but being assured that due precautions should be taken to prevent the recurrence of a similar event, he gave his consent.

"On inquiring what would be the rent, he replied that it would be unnecessary to speak of that: 'My own heart likes this business too; if any
repairs are necessary, just call on my comprador, and he will see that they are attended to." Not to dwell longer, we conclude briefly. Appointed in March 1844 joint secretary with Doctor Bridgman to the American Legation, under Hon. Caleb Cushing, he was present at the forming of the U.S. Treaty with China at Macao on the 3rd July, and on the exchange of Treaties at Pun T'ong, Canton, on 31st Dec., 1845, he was interpreter and subsequently acted as Chargé d'Affaires. His connection with the American Board of Missions ceased in 1847, though he continued his medical service at the Hospital and amongst the foreign community till 1855.

"Serving then as Secretary and Interpreter, or Chargé, in March 1853 he arrived at Shanghai with Commodore Marshall in U.S.'S. Susquehanna, bound for Nanking, but shallowness of water prevented their progress, and thence returning to Hongkong he was wrecked at the mouth of the Min River, but without bodily harm. In 1854 he accompanied Minister Maclane to the mouth of the Peihlo, where joint applications were made by the English and American Ministers to be allowed to discuss treaty matters in the capital, and remained till November 10th. In the spring of 1855, Dr. Parker returned to the United States, the charge of the Canton Hospital being meanwhile transferred to Dr. Kerr, and appointed United States Commissioner, he returned to China. In 1857 he retired from China and took up his residence at Washington, where we find him holding such positions as Regent of the Smithsonian Institution, President of the Evangelical Alliance, and of the Yale College Alumni Association, while since the death of Dr. T. R. Colledge, in 1879, he has been the President of the Medical Missionary Society in China, and ever shown a hearty interest in its welfare. But on the 10th January 1888, at the advanced age of 84 years, he was called to his reward, and we lost one who had probably done more to advance the cause of Medical Missions than any other one person.

"We might show the admirable adaptation of these three Founders to form such a Society by noting the fact that one was a layman, dissociated from any Missionary Society; two, physicians; two, clerical missionaries; two from New England and one from Old England. The prominent parts played in that organization by mercantile factors is also noticeable and commendable—by Dr. Jardine, and Messrs. James and Alexander Matheson, of that well-known firm; Mr. J. C. Green of Russell & Co.; Messrs. Olyphant, King, Inglis, Archer, Moller, Dent, Wetmore, Sturgis, Turner, Fearon—the paternal ancestor of the member of our Managing Committee who find this year so fortunate for partnerships—and others, several nationalities being represented.

"We remark at this period the earnest desire of the great African explorer and medical missionary, David Livingstone, to come to China, but the war with England led to his appointment to Africa instead.

"On the 4th of September 1843 there died at Canton a generous friend of
this Society, and altogether the most remarkable native known to foreigners; "Howqua," the senior and leading member of the hong-merchants, whose wealth was estimated at anything up to a billion dollars by the press.

"The sketches of the old agents of this Society, Drs. Lockhart, Hobson, Macgowan, Ball and others, have to be passed with a bare allusion, so also the important parts played by S. Wells Williams, LL.D., Venerable Archdeacon Gray, Rev. C. F. Preston, and notably Mr. Gideon Nye, U.S. Vice-Consul, who, even before the organization of this Society, a resident of Canton, was a contributor to the Hospital’s funds and ever after a faithful and generous friend of this Society, a Vice-President and for some ten years past its presiding officer. The oldest foreign resident in China, he passed away January 25th, 1888. The action of the Society at its annual meeting, touching his decease, you already have.

"As to the present incumbent of the Canton Hospital, the chief actor of a generation, on the stage of the Medical Missionary Society in China, and the oldest medical missionary in this Empire, we conclude our sketch by giving the words of another at the Hospital’s Semi-centennial sometime since, as equally appropriate here: ‘The prosperity of Institutions like this does not depend so much upon organizations and well-devised regulations and plans, as upon men; given the right men, and things will generally go right. Dr. Kerr needs no praises from me, but we have come to regard him as part of the Missionary Hospital, and the Hospital would somehow seem a different place without him.’

"The Medical Missionary Society’s Agents since 1838 comprise the following:—Drs. Parker, Lockhart, Diver, Hobson, Ball, Cumming, Macgowan, Hepburn, Happer, McCartee, Kerr, Göcking, Graves, Wong, Faber, Krolczyk, Carnegie, Nacken, Carrow, Jeremiassen, Thomson, Misses Niles and Fulton, McCandliss and Swan. The M. M. Society has conducted hospitals and dispensaries at Macao, Hongkong, Amoy, Ningpo, Ting-hae, Shanghai, Formosa and Kwai-peng; in Canton City at Kuk-fau, Kum-le-fau, Ham-ha-lan, Tsing-hoi-mun, Tai-ping-sha St., 13th St., Sz-pai-lau; and in the Province at Shiu-hing, Ng-chau, Fatshan, Shik-lung, Fu-mun, Fuk-wing, Sai-nam, Pok-lo, Tsing-yuen, Shik-kok, Tai-ping, Tung-kun, Ho-an, Fui-chü, Lien-chow, Yenng-kong and Kiung-chow and Nodoa, Hainan.

"At the Canton Hospital, and dispensaries and hospitals drawing supplies therefrom, but not including the Society’s hospitals of early dates at Macao, Hongkong, Amoy, Ningpo, etc., there have been treated in the past fifty years some 900,000 patients. While in a review of all the figures of all the various agencies of the Medical Missionary Society in China we conclude that, during the past fifty years no less than a million patients have been treated."
A CHINESE MEDICAL JOURNAL.

By H. W. Boone, M.D.

The June Number of this Journal contained articles from Dr. J. G. Kerr and Dr. H. T. Whitney, advocating the establishment of a Medical Journal in Chinese. The very great need for such a journal and the lines on which it should work are admirably set forth by these gentlemen. In the October Number of The Recorder, for 1886, I spoke of the need for such a journal, and in the Prospectus, which was sent to all the Medical Missionaries in China, prior to the formation of our Medical Association, Dr. Gulick and I proposed that such a journal in Chinese should be published.

It is the general opinion that such a journal is needed. The only questions are, How shall it be done? and, Who shall be the Editor? Dr. Kerr and Dr. Whitney have done me the honor to name me as Editor. It would give me much pleasure to start such an undertaking, but there are considerations which forbid it. My whole time is fully employed; it would be impossible for me to undertake the duty without giving up a part of that work to which my life is devoted. My strength is only moderate, and I have received warnings to leave to younger and stronger men work which my physical endurance will not allow me to undertake. We all know what an admirable Editor Dr. Kerr would make, but he does not feel able to undertake it. When we organized our Medical Missionary Association, we took a great step forward. The Medical Missionary Journal was another step in advance. Every day is showing the wisdom of these movements and the benefits which they are conferring on the Medical Missionary body in China.

The establishment of a good Medical Journal in Chinese is a most necessary and important undertaking. It should be founded as a Christian Medical Journal. It should have articles on Medical subjects scrupulously sound and correct in their statements of facts, yet, at the same time, clear and distinct, so as to be easily comprehended by educated Chinese in general as well as by the medical students. It should be a means of interesting the Chinese and of spreading a desire amongst them to obtain the benefits of Foreign Methods of Medical and Surgical treatment. In the words of Dr. Kerr, "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."

I feel that many of us will be willing to contribute our mites to keep such a journal going for a few years, until it becomes self-supporting. It seems to me that we should exercise a wise deliberation in starting such an important under-
Foreign Body in the Male Bladder and Urethra.

Taking,—one that may, under God's blessing, be productive of inestimable good for the people among whom our lot is cast. We should have two Editors—one English and one American. While giving strength to the journal, this would also provide for the continuity of the work. Dr. H. T. Whitney must allow me to return his compliment. The man who is revising Osgood's Anatomy, and who has the use of a printing press in Foochow, is just the man to be one of the Editors. I beg to propose that we wait until the General Conference meets in Shanghai in 1890; That Dr. Lyall, of Swatow, be requested by the President, Dr. Kerr, to read a paper before the Medical Missionary Association of China, at our Shanghai meeting in 1890, on the subject of The Chinese Medical Journal, and the best method of organizing and conducting it, and that after the discussion on the paper, we then proceed to elect two Editors, one American and one English.

Shanghai, July 1888.

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FOREIGN BODY IN THE MALE BLADDER AND URETHRA.

By Dr. E. T. Prichard.

Notes of this case were intended originally to have been sent to Doctor Atterbury, for publication in his article on this subject in your last issue. It was stated there that a separate account would be given of a case recently treated in our Hospital. We accordingly send these brief notes.

Patient came to Dispensary complaining of inconvenience occasioned by incontinence of urine, owing to presence of a vesico-abdominal fistula.

Condition of Patient on Admission.—Patient was a man 60 years of age, feeble, and somewhat emaciated. Local examination showed, an inch-and-a-half above the upper margin of the symphysis pubis, a fistulous opening surrounded by tissues in a chronic state of inflammation.

From the external orifice of the fistula, urine was more or less continually trickling down the anterior abdominal wall.

There was a small, indurated mass to be felt in the perineum in the course of the urethra.

Upon introduction of the catheter a stone could be readily detected in the bladder, but did not appear to be freely moveable within the viscus. The condition of the urine, etc., indicated, as might have been expected, the presence of a considerable amount of chronic cystitis.
History.—Patient stated that he had come to this hospital seven years previously for cure of the fistula, and that after an operation had been performed, temporary closure was effected.

After the operation for stone he admitted having introduced the piece of bone chopstick, found in the bladder, 20 years before. He was very reticent about imparting any information concerning it further than this.

Operation.—We were inclined at first to enter the bladder above the pubis, but after a full consideration of the case finally adopted a modified "median operation." Two slight difficulties presented themselves during operation—one arising from the rigid and hypertrophied prostate; the second, from the position of the stone. It was apparently held in one of the hypertrophied rúgas of the bladder and drawn up behind the pubis. We did not happen to possess forceps sufficiently curved to seize the stone readily. By pressure from above we managed to free it by means of a scoop, whereby extraction was made easy.

The position of the stone, together with the fact that an end of the chopstick was protruding, seemed to furnish a clue to the cause of the fistulous condition. Enough inflammatory action seems to have been set up to cause adhesion of the bladder to the abdominal wall before ulceration through the bladder-wall was finally accomplished.

The stone weighed about 600 grains.

The reason for the introduction of the bougie is a matter of conjecture only.

[Since the above was written, Dr. Bushell, of the English Legation, who frequently assists us in consultations and at operations, has sent me a case with about four inches of a Chinese bone hair-pin inserted far into the urethra.]

SIXTEEN NATIVE INORGANIC DRUGS.

By Jas. B. Neal, M.D.

Believing that every fresh investigation, even though only confirmatory of previous studies, should be recorded for future reference, I venture to present below the results of the qualitative chemical examination of sixteen inorganic medicines bought in the shops of Tungchowfu. These analyses were all made by myself and students working independently of each other, and no results are recorded but those which are supported by what appears to be good, reliable evidence. In the main the constituents of the various substances agree quite nearly with those given for the same drugs in Smith’s Chinese Materia Medica, but a few differences may
be noted, and one or two substances are added, which I have not been able to find in his book.

1.—**Carbonate of Lead**, 官粉 (Tawan-fāu), Pb CO$_3$

A white powder, bought in the shops in small, cubical packages about an inch each way, used principally as a face-powder by the women, also as a dressing for open sores. It proved to be almost pure *carbonate of lead* with a small quantity of *iron* and a trace of *sulphate*.

2.—**Calomel**, 軽粉 (T'ang fāu), Hg$_2$Cl$_2$

A beautiful product in bright, shining scales, insoluble in water and acids but freely dissolved by aqua regia. On close inspection, in the midst of the lustrous scales, are found a number of dull, unpolished bits of stone, which prove on examination to be particles of gypsum, introduced as an adulterant.

Besides the *subchloride of mercury*, which constitutes the bulk of the drug, and gypsum, *sulphate of calcium*, it also contains a *trace of iron*, scarcely more however than might be produced by the use of iron vessels in the manufacture of the chemical.

3.—**Native Gypsum**, 石膏 (Shi kao), Ca SO$_4$

This is a very pure native product, consisting almost entirely of *sulphate of calcium*, with a trace of *chloride*. Said by my teacher to be considered of immense use in the treatment of fevers.

4.—**Vermilion**, 銀硃 (Yiu chū), Hg S

This beautiful powder, while consisting principally of *sulphide of mercury*, gives so considerable a precipitate of *iron* with ammonia as to lead me to suspect it to be adulterated with sesquioxide of iron.

It also contains *traces of calcium and chloride*. Its uses, especially in painting, etc., are so well known as not to need mention.

5.—**Oxide of Lead**, 霞丹 (Chiang tan), Pb$_3$O$_4$ (?)

A heavy, red powder, insoluble except in aqua regia. Consists principally of *oxide of lead*, adulterated with a considerable quantity of *sesquioxide of iron*, and containing besides *traces of a sulphate*, and of *calcium*. Much used by the natives in making plasters for sores, etc.

6.—**Native Carbonate of Zinc**, 霧甘石 (lu kau shi), Zn CO$_3$

This occurs in small, irregular, roundish, white masses, showing on fracture a reddish interior. It is composed chiefly of *carbonate of zinc* with considerable *ferrie oxide*, and also contains *traces of calcium and sodium*. Used by the native faculty in eye-washes.
7.—Native Sulphide of Arsenic—Realgar, 雄黃 (hiung hwang), As\(_2\)S\(_3\)

This native ore occurs in good-sized pieces of dark red color inclining to orange, yielding upon pulverization a yellow powder, used as a pigment. It is almost pure sulphide of arsenic, containing a little iron and calcium and considerable chloride, with possibly a trace of antimony.

8.—Nitre, 火硝 (huoa shiao), KNO\(_3\)

This is a moist, very impure nitrate of potassium, containing a large quantity of common salt, chloride of sodium, which the natives in manufacturing the salt-petre have failed to separate from it.

9.—Native Carbonate of Iron, 代赭石 (tai chie shi).

Found in irregular, hard pieces of dark red color, which have evidently been obtained by digging out of the ground. While a large portion is soluble in aqua regia with evolution of carbonic acid gas, a considerable part is left undissolved consisting mainly of silica. The soluble portion is mostly iron, mixed with quite a large quantity of calcium, and a trace of sulphate. Though I have called this mineral carbonate of iron, I am not certain in my own mind but that it should more properly be called carbonate of calcium, colored deeply by sesquioxide of iron. It is said to be used by the natives as an astringent in bowel-complaints.

10.—Alum, 白礬 (beh fan), Al K (SO\(_4\))\(_2\)

The alum which can be bought here is very pure, good, potash alum, containing as impurity only a trace of iron. Used in large quantities as a mordant in dyeing cloth, and as an astringent in medicine.

11.—Carbonate of Copper, 銅綠 (t'ung lu), Cu CO\(_3\)

A bright green substance, to be bought in cakes which have evidently been made by mixing the green powder with some sort of glue and then forming into cakes and drying. On heating on platinum-foil the powder blackens, showing presence of organic matter, probably the glue spoken of. Dissolved in aqua regia it leaves an insoluble residue of silica. The dissolved portion consists mainly of copper, with some little iron, a little calcium, and traces of chloride and sulphate, the principal acid radical being carbonate. Used by the native in the treatment of eye-diseases.

12 & 13.—Ferrous Sulphate, 青礬 (ch'ing fau) 胆礬 (tau fau), Fe SO\(_4\)

These two preparations, though distinguished by different names among the Chinese, are precisely the same substance, the latter being only slightly purer and in more perfectly-formed crystals than the former. For all practical purposes they are equally good. The Chinese, however, distinguish the purer salt by an
immense increase in price, entirely unjustified by the slight difference in purity. They both contain a trace of chloride.

14.—**Borax**, 矾 (p'êng sa), $Na_2B_4O_7$

This very useful salt may be readily obtained, but is an ill-looking, rather impure article. It contains besides biborate of sodium, a little silica and a trace of chloride with some admixture of mechanical impurities.

15.—**Carbonate of Sodium**, 粉 (kieu), $Na_2CO_3$

This native product, used as a substitute for soap, is a pretty pure carbonate of sodium, containing besides considerable sulphate and trace of chloride, with a little magnesiu.

16.—**Sulphate of Sodium**, 粉 (fêu shiao), $Na_2SO_4$

This substance, which is procurable in the shops as a white impalpable powder, used by the women as a cosmetic, and in medicine as a purgative, is contaminated with considerable sodium chloride and a trace of calcium, beside a little iron.

Tungchowfu,
May 12, 1888.

NOTES ON CHINESE MATERIA MEDICA.

By Rev. A. W. Douthwaite, M.D., F.R.G.S.

One of the first questions asked by medical missionaries arriving in this country is, "What reliable native drugs can be obtained?" And the answer given is as a rule very unsatisfactory, as little is known about them. Most of our brethren reside in the ports, or in places not far from the coast, where supplies from home can be readily obtained, and as these are in most cases to be preferred to native products, they naturally leave the investigation of the latter to those who are compelled by circumstances to use them, as I was some years ago, and as all medical missionaries residing far inland must be.

As our numbers increase, and dispensaries are opened in remote parts of this vast empire, the need of trustworthy information as to the value of native medicines will be increasingly felt.

To aid, in some small degree, in providing for this need, I purpose giving in the following notes such information as I possess about the native drugs I have used during the past fourteen years.
If others will join me in this task, we shall, in the course of a few years, accumulate a considerable amount of knowledge of Chinese Materia Medica, and thus greatly facilitate the operations of our successors.

Aconitum.—Several varieties of this useful plant are vended by the native druggists, and their therapeutical value is well known, empirically, to the Chinese physicians, who prescribe it in cases of dropsy, rheumatism, ague and fevers of all kinds.

The species called Ts'ao-wu-t'io (草烏頭), identical with the Aconitum Napellus of the British Pharmacopœia, is the most reliable kind for the preparation of the tincture, but for a strong, benumbing liniment, the Ch'uen-wu-t'io (川烏頭), a highly poisonous root obtained from Sz-Chu'en Province, is far superior. As found in the shops, this root is shaped like the "peg-top" with which most of us have been familiar in days gone by. It is from 1 to 1½ inch long, and ½ to 1 inch broad at the base. The cuticle is almost black, but inside it is greyish white, and when broken, presents a clean, chalky fracture.

Many physicians have at times been greatly disappointed by the action, or, rather, inertness, of the Tr. Aconiti obtained from Europe. This is due to carelessness in selecting the root, which, as supplied by English dealers, is frequently so rotten or worm-eaten as to be of no value whatever. I have many times witnessed the preparation of the tincture by English druggists, and have seen them pound the root in a mortar, and throw it into the macerating jar without the slightest attention being given to its quality, and in blissful ignorance of the fact that the greater part of it was unfit for use. Such being the case, it is advisable for us to procure the native root and make our own tincture and liniment, so that we may know what we are using. A good sample of Ts'ao-wu-t'io is firm and brittle; cuticle, dark brown, and wrinkled; inside, white, and free from worms. When fresh, it has a slight earthy odour and a bitter, acrid taste, leaving a numbing effect on the tongue.

(To be continued.)
HISTORY OF MEDICAL WORK IN SHAOWU.

By Dr. H. T. Whitney.

Shaowu is the extreme N.-W. fu-city of the Fuh-kien Province. Its population is variously estimated from 35,000 to 50,000 and varies considerably each year, the maximum being reached during the tea season. It is situated on the right bank of the middle branch of the River Min, about 30 miles from its source and 250 miles N.-W. from Foochow. The district-cities of Kwantsch, Swinchang, Tsiangtoh, Taining, and Kjenning, form the natural peripheral boundary to the Shaowu field in the Fuhkien Province, while the North, North-west, and Western boundaries lap over into the Kiangsi Province, thus affording a population of about one million of people.

The late Dr. D. W. Osgood, in company with Rev. S. F. Woodin and Rev. J. E. Walker, was the first medical missionary to visit this field—in the autumn of 1873. They preached, sold books, dispensed medicine, and performed several surgical operations, such as for cataract, entropium, harelip, pterygium, opening abscesses, extracting teeth, etc.

In 1874 Dr. Osgood and Mr. Walker made a second tour through this region and continued on into the Kiangsi Province, where Dr. Osgood suffered somewhat from a severe blow on the head, given by a man supposed to have been crazy or drunk.

In 1875 Dr. Osgood, in company with Rev. Dr. Baldwin, made a third tour to Shaowu, at which time they purchased premises for a chapel and foreign residence.

One of the present church members there was one of Dr. Osgood's patients during his first or second visit. All he remembered about it was that he had a double-tooth ache badly, and he went to a Chinese inn and a foreigner pulled out his tooth very quickly, and much to his relief, with some tooth-forceps—a new and strange instrument to him.

In 1876 a small half-foreign house was built, and in the autumn Messrs. Walker & Blakeley with their families moved up to Shaowu, and myself and family joined them in the following May, 1877. We reached there on Friday the 18th, and I began dispensing on the 22nd, using the chapel and a side-room, and Mr. Walker and Mr. Blakeley alternated in interpreting for me till I was able to get along with the help of my native teacher.

During the first year I made two trips into the country, one to Yongkow and one to Tsiangloh hien, each about 80 miles from Shaowu.

The first year's work closed with 2,300 patients seen and some minor surgical operations performed. This was considered a favorable beginning, as the station was newly opened and far in the interior, the prejudices of the people were
rather strong, the climate was new to us and we reached it between the spring
ague and the beginning of summer heat, the learning of a new language was
before us, and the building of a new house had to be looked after during the first
summer.

In 1878 we secured a site and built a hospital and dispensary. The hospital
would accommodate from 30 to 40 in-patients, and the dispensary was combined
in the same building. But by the last of August, before the hospital was opened,
sickness compelled us to go to Foochow. We returned in March 1879 and
opened the hospital and dispensary on the first of April. During the rest of the
year and January 1880 we received 70 in-patients, the larger half being for the
cure of the opium habit, and saw nearly 2,700 out-patients. In February 1880
ill health again compelled us to go to Foochow, and before the time came to
return, Dr. Osgood was taken away and I was called to take up his work at
Foochow. However, in the autumn of 1881 I made a trip to the Shaowu field,
and also spent the winter of 1886-7 in Shaowu and treated about 1,100 patients.
The entire number of patients seen is 6,118, and 150 minor surgical operations.
From what I could gather of Dr. Osgood's three trips, he must have treated
quite a large number and performed a fair number of operations, so that I feel
justified in putting the whole number at 6,500 and operations at 200.

This covers, in brief, the medical work of foreign physicians in that field.
The manner of carrying on the work was the same as in most new stations. We
had the usual difficulties to meet and prejudices to overcome. Great care was
necessary to avoid exciting the ill will or superstitions of the people. They
reported at one time that I had detained a woman in our compound and made
her into medicine, and Mr. Walker leaving for Foochow about that time
confirmed their belief in this report, as they naturally inferred he had had a hand
in it and was running away to escape the consequences. They were advised to
make inquiry at the woman's village to see if it was true before making trouble,
and of course found it to be only a rumor. I did not learn about it till some-
time afterward, but it shows how new missionaries sometimes come to very serious
troubles all through false reports and superstitious notions.

It was considered quite opportune in our going to Shaowu when we did, as
there were several inquirers who were using opium but were trying to break it
off so as to be admitted to the Church. Some six or eight were patched up in
this way and received to Church-fellowship, but they were only parasites and no
honor to the cause. Two of them are dead, and only one or two of the others
care for the truth or are worthy to bear Christian name. However, God used
them to some extent to help others, and I think it helped to give us an earlier
start in the work there. We occasionally find one who has been thoroughly
converted from his opium to Christianity, but as a rule opium is an angel of
death. The effects of this medical work in the Shaowu field it is difficult to
make a separate estimate of, as it was carried on in connection with the work of others and necessarily joined together. In a general way we know it helped to open up the way for preaching the Gospel, remove prejudices, and made the people more friendly and willing to listen to the truth. During our residence there a native doctor from a neighboring village came occasionally to get a few foreign medicines, see Christian books, and observe how the foreign physician did. He afterward became a Christian, and has done a great deal for the cause of Christ in that region. With Mr. and Mrs. Walker's help they have gathered into the Church forty or more of his neighbors and villagers in that vicinity.

The first medical student educated in that field was a promising Christian young man at first, but after coming to Foochow he fell under temptation and has been a disgrace to the Christian name. At present we have three Christian young men under tuition from that field, who give promise of being useful to the work in a few years. One is a son of the native doctor just referred to, one has acted as helper and colporteur for two or three years, and the other is a son of the first Shaowu helper.

The history of nearly every station has much in it that is checkered, but I think Shaowu on the whole will bear a favorable comparison. It is a very promising field both medically and for religious work. We get much better returns for our labor there than we do in the Foochow field. Large opportunities await the right kind of a physician, and much fruit is sure to follow. Only a small beginning has yet been made, but we are hoping someone will be found soon to resume the medical work in Shaowu.

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EXCISION OF A LARGE, SOFT FIBROMA, 23 lbs. IN WEIGHT.

(With Diagram.)

By ALEXANDER LYALL, M.B., C.M.

The following case, which was under our care in May last, may be deemed of interest as a surgical curiosity.

A.B., a woman, aged 46, on admission into the Swatow Hospital, was found to be suffering from a large pedunculated tumour, growing from the posterior aspect of the right shoulder just below the spine of the scapula, the huge mass reaching nearly to the hip and being about $2\frac{1}{2}$ feet in circumference at its widest part. The tumour only involved the skin and subcutaneous tissue, and
had no attachment to the scapula. The isthmus and right lobe of the thyroid gland were also enlarged to some extent, causing slight pressure symptoms.

The thyroid enlargement commenced first about eight years ago. Two years later the tumour on the back appeared as a small lump, and has since then steadily and rapidly increased in size. The patient has never suffered from pain in the tumour and does not feel ill, her general health being fairly good, but mentally she is somewhat childish. The huge mass hanging from the shoulder is, of course, a very great inconvenience to her, its weight being so great that frequently on sitting down she loses her balance and falls backwards to the ground.

The diagram shows the position and shape of the tumour very well. The skin over it was comparatively smooth, except in the parts where escharotics had been applied, and to the touch the mass feels moderately firm and elastic.

_Diagnosis._—Soft Fibroma, or, what used to be called, "fibro-cellular" tumour.

The tumour was easily excised. Flaps of skin were first carefully cut and dissected back, and, then, with one sweep of the knife the mass was removed. After removal it weighed 23 lbs.

In such cases the bleeding may be profuse (not always so), but it can usually be restrained by pressure with a large sponge while the bleeding points are rapidly secured with artery forceps.

Another point of importance is that the flaps of skin must be made large. The skin is greatly stretched by such a large tumour, and, on removal of the weight, it retracts, leaving a large surface to be covered by means of the flaps.

The patient proved very refractory. A few days after the operation she could not be kept in bed. Nevertheless the wound, to a great extent, healed by first intention, and patient was well enough to _run away_ from the hospital in about a fortnight, outrunning her husband on the way.

_Remarks._—In warm climates it is remarkable to what enormous bulk non-malignant tumours will attain without seriously affecting the general health. These large _fibro-cellular_ tumours, involving the skin and subcutaneous tissue, are not infrequently met with. They are found in the axilla, scalp, labium, scrotum, and wherever the skin and subcutaneous tissue are lax. In my experience the back has been the most favourite spot. In addition to this case, other two large tumours—one weighing 22 lbs.—and several smaller ones—from one to four lbs.—have been excised in Swatow during the past few years. I have also removed from the labia minora of a woman two tumours, one weighing 10 lbs. and the other 1 lb., the larger reaching almost to the knees.

Such patients are generally in middle life, and the growth of the tumour is, in my experience, comparatively rapid. In the present case it took only six years, in the 22 lbs. case ten years, to grow.
Other kinds of large non-malignant tumours are frequently met with, such as Elephantiasis Arabum, Lipoma—a favourite seat of which is the buttocks. I have removed pedunculated Lipoma hanging from the nates, four and six lbs. in weight. Also, cases of growths which answer to the book description of some varieties of Molluscum fibrosum are occasionally seen. These consist not of single pedunculated growths, as in fibro-cellular tumours, but of large pedunculated masses or folds of hypertrophied skin hanging loosely down. I have seen them on the scalp, the back, shoulder and axilla, and in the groin. Sometimes they resemble Elephantiasis growths, but they are quite distinct. They are not accompanied with periodic attacks of fever and inflammation of the lymphatics as in the case of true Elephantiasis.

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ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES—A REVIEW.

By Dr. H. W. Boone.


As will be seen from the heading, this is a most elaborate attempt to present the reader with a comprehensive view of the year’s progress in Medicine and the allied sciences. The list of Associate and Corresponding Editors contains the names of many men of distinction.

It will be quite impossible in the limit at our disposal to examine the whole work. We shall select some subjects of general interest, and also those which are likely to prove of interest to residents in this part of the world.

Peripheral Nervous Diseases and General Neuroses. By CHAS. K. MILLS, M.D., and J. H. LLOYD, M.D. BERI-BERI.—This is classed as a Multiple Neuritis or Polyneuritis, the word peripheral being discarded. “All nerves are peripheral, and such an expression means nothing unless it is intended to refer to the nerves after their exit from the skull and spinal canal.” Pathology.—The brain and cord and their membranes were normal, but the cerebro-spinal fluid had a slight reddish tinge, explained by the terrible death-struggle. The peripheral nerves were normal. Hydro-thorax, pulmonary oedema and congestion were present. In 50 autopsies of WEISS and ZODEWYK,
in 47 the heart showed forms of hypertrophy. All striated muscles underwent fatty degeneration. The post-mortem appearances are inadequate to explain its symptomatology. Investigation appears to show the existence of a bacillus peculiar to beri-beri. This question is disputed and remains unsettled. That beri-beri is an infectious disease, Weintraub thinks hardly admits of doubt, and many authors are agreed upon this point. Weintraub distinguishes between two varieties of beri-beri, the paralytic, and the hydrotic or edematous, and says that there is sometimes a hydrotic paralytic, or combination form. Ninety per cent of these cases, according to Van Leent and Weintraub, are of the hydrotic variety. Beri-Beri may be either acute or chronic. In the former variety death results in several days or a few hours. The chronic admits of recovery, though this is often prevented by dysentery and febrile complications. "Electrical excitability of the muscles is decidedly lowered in the first stages, and totally lost with the onset of paralysis." This corresponds with the observations of the writer, in a series of cases examined by him. Treatment.—Weiss, Lodewyck and others recommend the muriate of pilocarpine sub-cutaneously, the latter claiming for it marked diuretic as well as diaphoretic properties. Digitalis, because of the degenerated heart-muscle, must be given cautiously for the relief of the palpitation. Claret and Cognac are given to stimulate and assist digestion. As long as the patient is able, moderate exercise is urged, and after that electrical stimulation of the muscles. More important than all is the removal of the patient quickly from the endemic region to a mountainous district where the disease has never existed. Prophylaxis is the only way in which to meet this disease with success. . . NERVALGIA. Dana.—"True idiopathic neuralgia was a rare disease, making not over 2 or 3 per cent of the various forms of nervous disorder. Symptomatic neuralgias, reflex or transferred pains, and neuralgic pains from toxic causes are extremely frequent, and make up over 10 per cent of the total diseases for which the neurologist is consulted. The distinctions between neuralgic, myalgic and neuro-myalgic pains are important from a therapeutic point of view. In the purest types of intercostal neuralgias anti-rheumatic remedies rarely do good, while the noxious and anodyne drugs check it very rapidly. A study of the various pains in the back and sides leads to the therapeutic aphorism, viz., plasters are for the back, blisters for the side. This means simply that most side-pains have a predominating neuralgic element, while most back pains are myalgic. . . Treatment of retraction of the palmar aponeurosis. Dupuytren's Contracture.—Kocher reports 4 cases in which it was proved that the aponeurosis was the affected tissue. The skin was divided longitudinally and separated from the diseased palmar fascia and thick, hard projecting knots and cords. The palmar fascia and its offshoots were cut out as far as they were changed and influenced the flexed position of the fingers. He advises against postponement of the operation lest ankylosis of the joints occur,
and after the operation directs the fingers to be maintained in the extended position... **Aneurism.** Loomis.—The medicinal treatment, as gathered from all sources, may be quite fully summed up in the one word "iodides." In reference to the amount of iodides which should be given, Balfour places quickening of the pulse as an indication of an over-dose. His plan is to place the patient in bed for 3 or 4 days before any of the iodide is given, in order that the heart may settle down to a normal rate, and this is taken as a standard. He then begins with 10 grains and gradually increases the dose, diminishing it at once on any increase in the pulse-rate. When the proper and full dose is thus ascertained, it is continued steadily for from three to six months. He does not consider it necessary to starve the patient. Loomis says: Personally he has little faith in galvano puncture, or the introduction of any foreign bodies whatsoever into the sac of an Aneurism; he prefers the iodide treatment, combined possibly with ergot in some cases. **. . . Dysentery.** Johnston.—Twenty drops of laudanum followed in one hour by 30 grains of ipecac, with a mustard-plaster to the epigastrium, and no fluid to be swallowed for some hours after taking the dose; this treatment repeated every evening for 3 days is still the most successful method. Treatment by the rectum offers the most rational means of cure; experience is adding to the already large amount of evidence in its favor. Simple irrigation with hot or cold water, or better still antiseptic irrigation, wash out the rectum with water at 100° F., then irrigate with 1 quart 1 in 1,000 solution of perchloride of mercury, then introduce a 1-grain opium suppository... **Perforation of the Vermiform Appendix.**—Dr. R. H. Fitz states: Ulceration and perforation of the Vermiform Appendix have been found in a vast majority of cases in post-mortem examinations to have been the origin of the so-called perityphilitic abscesses, the caecum being intact. In the event of perforation, a circumscribed peritonitis ensues with exudation and suppuration, forming a tumor. The pus may break through the circumscribed boundaries and escape into the general peritoneal cavity and light up a general inflammation. General abdominal pain following iliac pain may be taken as evidence that general peritonitis has supervened, and this, in 60 per cent of the cases, occurred on the second, third and fourth days. Death speedily follows the occurrence of general peritonitis. Laparotomy to be successful must be performed at the very onset of urgent symptoms and, as a rule, not later than on the third day. Dr. Weir says: "As soon as it can be recognized, pus should be evacuated, extra-peritoneally, if possible, or by a lateral laparotomy, and the cavity drained; that if aspiration fails to detect pus where a tumor exists, it is wiser to make an early extra-peritoneal laparotomy incision; that where general peritonitis is progressing, with any history of right iliac pain, a limited lateral or a median laparotomy, preferably the former, should be made within 48 hours to explore the region of the appendix, and if pus is found it should be evacuated and a drainage-tube inserted without
toilet of the peritoneum." With regard to the treatment of the vermiform appendix, ligature at the base of the appendix and excision should be preferred, union taking place in the stump without difficulty, and it prevents the recurrence of morbid conditions. **Colotomy, Inguinal.**—Under modern surgical methods, its advantages are ease of performance, exploration of the abdominal cavity in case of doubt as to the seat of the disease or error in diagnosis, the facility with which excision can be done, if found necessary, a smaller wound than in the lumbar operation, more accurate coaptation of the integument and mucous membrane, owing to the fine structure of the former, and finally the ease with which patients can cleanse themselves. . . **Abscess of the Liver.**—**Trelat** advises "suture of the liver-wound to the edges of the skin-wound. The danger of simple puncture arose from the fact that it was not aseptic." This plan appears to the writer to promise help in wounds with hæmorrhage of the liver. After the suture of the edges of the wound, the wound cavity could be packed with aseptic material. . . **Inguinal and Femoral Hernias.** The study of the subject leads **Weir** to the following conclusions: (1) "That small, reducible and easily controlled hernias can with safety be treated with **Heaton**'s injection, 30 per cent of recoveries; (2) That in similar hernias in children, in which the use of a truss has failed, **Heaton**'s injection is to be recommended as a particularly successful procedure; (3) That in unmanageable, painful or irreducible hernias, demanding surgical interference, and sometimes those in which **Heaton** has failed, the radical operation should be resorted to with the sac tucked or tied off, as the surgeon may determine, but with a high and complete suturing of the canal; (4) That where omentum is found in the hernia, it should be securely tied and resected; (5) That the wound in the region of the external ring should be healed by granulation, to afford a cicatricial barrier as an additional factor in the case. In strangulated hernias the radical operation should be performed at an early period. Omental protrusion should always be resected, the stump being carefully ligatured and returned to the abdomen. In cases in which long constriction has produced gangrene of the intestine, an artificial anus should be created and subsequently relieved by laparotomy and resection, or, if preferred, by division of the intestinal spur by the enterotome. Experience has shown that immediate resection of the gangrenous bowel does not give the favourable results obtained after creation of an artificial anus and subsequent resection. . . **Supra-Pubic Prostatectomy.**—This operation is coming into favor and is highly spoken of by **Keyes**. . . **Local Treatment of the Bladder.**—**Ulzmann**, in chronic inflammatory conditions, washes out the bladder with warm water containing a little tinct. opium, $\frac{1}{2}$ per cent of cocaine, $\frac{1}{2}$ per cent of resorcin or $\frac{1}{4}$ per cent of carbolic acid. For ammonical urine $\frac{1}{16}$ per cent permanganate of potass or three drops **Amyl. nitrite** in 500 grammes of water. For hæmorrhage $\frac{1}{16}$ to $\frac{1}{8}$ per cent silver nitrate in cold water or 50 or
60 drops tinct. sesquichloride of iron in a quart of water. . .

**Rupture of the Bladder.**—Keyes, quoting Hofmohl and others, lays down the following rule, "Supra-pubic exploration must become the surgical rule for all cases of vesical rupture, with laparotomy and vesical peritoneal suture if the rupture proves to be intraperitoneal. In the first No. of *The China Medical Missionary Journal*, March 1887, the writer laid stress on the importance of adhering to the rules above laid down. Cocaine, injected into the urethra, will sometimes relieve retention even in cases of tight stricture. Levis and Keyes cure simple hydrocele by injection of pure carbolic acid. Sajous reports that epididymis is very often caused by primary disorder of the liver, which can be relieved by blisters applied over the site of the liver when the usual means had failed. In plugging the posterior nares, use aseptic material. . .

**Leprosy of the Larynx.**—Sir Morell Mackenzie reports, as the result of personal studies, that a large number of lepers have well-marked throat affections. A constant feature was enlargement of the epiglottis. . .

**Chronic Bronchitis.**—Dr. Thos. R. Fraser maintains the efficacy of the treatment by the nitrites in the dyspnoea of bronchitis. He prefers nitrite of sodium and also nitro-glycerine. We can only mention an excellent paper, *Dietetics in Infancy and Childhood*, by Dr. Louis Starr, and an exhaustive article on *Diseases of Infancy and Childhood*, by Dr. Lewis Smith and his eight co-editors. Dr. Smith's name is a guarantee for the excellence of the contribution. Orthopaedic Surgery is treated by Drs. Morton and Hunt. The article on *General Therapeutics*, by Wm. Pepper, M.D., and J. P. C. Griffith, M.D., is replete with interest. *Hygiene* and *Epidemiology*, by Dr. John B. Hamilton. There is a good paper on the effects of heat on the human body. In addition to the usual remedies for heat fever, hypodermic injections of neutral sulphate of quinine were highly spoken of by several authorities.

Some interesting points in the anatomy of the brain are discussed by Dr. E. C. Spitzka. *Physiology* is well reviewed by Prof. H. Newell Martin, M.D., and W. H. Howell, Ph.D. Under *Technology* and *Histology*, by W. P. Manton, M.D., will be found an interesting résumé. General Pathology is well handled by E. O. Shakespeare, M.D. China is represented by Dr. Robert S. Ivy, of Shanghai, Dr. R. St. Colman, Chian-Foo, Dr. H. H. McCandless, Hainan, Dr. H. T. Whitney, Foochow, while honourable mention is made of the method of reducing luxation of the shoulder-joint, proposed by Dr. McLeod, of Shanghai, and Dr. Kerr, of Canton, is frequently quoted as an authority by several of the editors. There are some good maps, some very fine chromo-lithographs from German sources, while engravings and lithographs are interspersed throughout the work. The article on General Pathology has some good plates, both plain and colored, from English and French sources. The index, under the three heads General Index, Therapeutics, and Authors Quoted is convenient and facilitates ready reference. Some of the articles in this work are
of very great merit, many are interesting, while only a few are hardly up to the required standard. In concluding our task, we may say that *The Annual* is a valuable book. In these days, when it is the fashion to have our knowledge (like foods) pre-digested, we can safely turn to its pages and find much solid information to help us in our daily struggle with disease and death.

**CORRESPONDENCE.**

**A DONATION OF MEDICAL BOOKS.**

Dear Dr. Gulick,—While I was in New York, last year, Mr. Wood, the well-known publisher of Medical Books, presented to our library a very valuable set of the works published by his house.

He also gave me a number of duplicates. Most of these have been forwarded by me to various medical missionaries in China.

There are still on hand some thirty numbers of *Practical Medical Anatomy*, by Ambrose L. Ranney, A.M., M.D. Any medical missionary can obtain one of these books—(octavo, 360 pages)—by applying to me and paying the postage on the volume.

I propose to send a package of these books to Dr. Roberts, Tientsin, Dr. Lyall, Swatow, and to Dr. Kerr, Canton, for distribution among their medical neighbors.

Yours faithfully,

H. W. Boone.

**MEETING OF THE MEDICAL MISSIONARY ASSOCIATION.**

Now that it is decided to hold a General Conference in 1890, the time will be favorable for the first meeting of our Association; and as it will then be in the fourth year of its organization, it is taken for granted that every member will desire a meeting.

New Officers are soon to be chosen, whose terms will extend through 1890, and arrangements for the meeting will be made by them. It seems advisable, however, that we should begin at once to select subjects and writers, and I suggest that, in accordance with the plan for the General Conference, each member of the Association propose subjects and suggest writers, the letters to be addressed to the Secretary, Shanghai.

J. G. K.

**RESOLUTIONS REGARDING DR. MCKENZIE.**

At the meeting of the Shanghai Medical Missionary Association, June 12th, 1888, the following Resolutions were passed:

Resolved, that in the death of Dr. J. Kenneth McKenzie, of Tientsin, the medical profession and the missionary cause have lost an able and beloved representative.

Resolved, that while the ways of Providence seem mysterious in his premature death, we know that it is well with him, and that his work is still God’s work.

Resolved, that we offer to his relatives and friends, and to his native associates, our sincere sympathy.

Resolved, that a copy of these Resolutions be sent for insertion to the *China Medical Missionary Journal*, and also that a copy be sent to his family.
RESOLUTIONS REGARDING DR. YATES.

At the monthly meeting of the Shanghai Medical Missionary Association, June 12th, the following Resolutions were passed:

Resolved, that in the death of Rev. Dr. Yates, this Association, of which he was an honorary member, feels the loss of a personal and honored friend.

Resolved, that his long life of usefulness as a foreign missionary is an incentive and an encouragement to all who love the cause of his Lord and ours.

Resolved, that to his widow in these sad days, to his daughter and friends, we would offer our warm sympathy in heart and word.

Resolved, that a copy of these Resolutions be sent to the family of Dr. Yates, and also to the China Medical Missionary Journal for insertion.

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THERAPEUTIC NOTES.

OIL OF PEPPERMINT AS AN ANTISEPTIC.

In the Lancet of March 17th and 24th, 1888, Dr. Leonard Braddon describes some interesting investigations which he has made on the subject of "Oil of Peppermint as an Antiseptic, and as a remedy in Phthisis and Diphtheria." In a series of experiments he found that solutions protected by Peppermint remained longer free from decomposition than solutions protected by various other antiseptics, including corrosive sublimate, carbolic acid, and iodiform. He has used it as a dressing in surgical cases, such as resection of tuberculous knee-joint (which healed without any rise of temperature or a drop of pus), strangulated hernia, etc., and found that it answered his purpose well. For minor operations a preparation of olive oil containing a few drops of oil of peppermint is used, in which to soak the lint. He has also used a gauze prepared like eucalyptus gauze, strength 1 in 100, with great satisfaction. This gauze has retained the odour of the peppermint for nine months as freshly as when prepared.

Oil of peppermint can be used in any strength, in any quantity, without ill results to the patient. It is readily diffusible, but does not evaporate so speedily as to be rapidly exhausted. He thinks it checks suppuration.

With reference to its use as a remedy in parasitic diseases, he points out that one of the chief drawbacks to the successful treatment of these diseases is the fact that most of the "microbicides," which are successfully applied for the destruction of germs outside the body, cannot be taken in sufficient strength internally. Oil of peppermint is free from this objection, and may be found an efficient external and internal antiseptic. Koch found that, "1 in 300,000 solution of this drug arrested the development of spores, and that the vapour very quickly killed both spores and bacilli." In Phthisis he gives inhalations of the pure drug, applied by means of a Mackenzie naso-oral inhaler, for hours daily; 10 drops of the oil being placed on the cotton-wool at a time and renewed every few hours. In one case the bacilli disappeared from the sputum, and the patient recovered.

CONIUM IN RECTAL PAIN.

The success conii made up as an ointment gives great relief in rectal neuralgia, pruritus, and painful fissures.—Dr. Whittle in the Practitioner.
CODEINE IN ABDOMINAL PAIN.

Dr. Lander Brunton finds that codeine in \( \frac{1}{2} \) to 1 gr. doses is very successful in relieving abdominal pains of various kinds.

FOR MIGRAINOUS HEADACHE.

20 grs. of sodii salicylas with 2 drachms of granular eff. citrate of caffeine in a wine-glassful of water on getting up in the morning. It may be repeated in an hour.—Dr. Little in the *N. Y. Medical Record*.

CENTIPEDE BITES.

A Hongkong resident writes to the *China Mail* that, one day in passing through the native part of the city, his attention was attracted by a small Chinese child who was crying most vigorously, and on inquiry found that the child had been bitten by a centipede. The mother forthwith appeared, and taking the saliva of a fowl, she rubbed it into the wound on the child's hand, with the result that the pain was relieved almost immediately.

TREATMENT OF CAROTID HÆMORRHAGE.

Treves (Lancet, January 21st, 1888) is of the opinion that the ligature of main arteries to arrest bleeding in distant parts is often somewhat blindly advised and possibly too frequently carried out. The value of temporary compression of the main artery for such hæmorrhage has been demonstrated in the limbs, hence he suggests its application in the neck by exposing the artery and loosely tying around it a thick piece of soft catgut. By pulling upon the loop the circulation through the vessel is arrested, but is at once restored when the tension upon the loop is relaxed.

In answer to question, Dr. Richards (of Children's Hospital, Birkenhead) says: "It is believed that the infection of whooping-cough lasts six or eight weeks after first manifestation of disease, and that recurrence of cough after this period is unattended by risk of infection. This view is acted upon in the hospital.—*British Medical Journal*.

IPECAC. IN HÆMORRHAGE.

Bernabei, (Boll. del. sci. med. di Siena; Gazz. med. ital. Lombard,) feels confident of always being able to check phthisical hæmoptysis within a few hours by giving two grains of powdered ipecac, every fifteen minutes.

THE TREATMENT OF SCARLET-FEVER BY CARBOLIC ACID; A PROPHYLACTIC AND CURATIVE MEASURE.

This treatment the author has been using now for several years, and the article embraces an experience of nearly three hundred cases. No case has been fatal; only three cases of albuminuria have occurred, only one of glandular suppuration, and none of aural or nasal complications; none of secondary fever or cardiac disease. A rapidity of recovery in severe cases not before seen has been obtained. He administers carbolic acid, liquefied by the addition of 10 per cent. of water, freely diluted in syrup of orange-peel and water. To be efficacious it must be given early in the disease, at short intervals, and in full doses. Three minims of the acid are given to children every two hours day and night for the first three days; after that the interval may be lengthened. To adults the dose given is five or six minims; he has given as much as eight minims, but considers that a maximum dose. It should be given up to the point of producing deep discoloration of the urine. If this is not produced we may be sure the patient is not getting the doses ordered. Failures with the method result from its being begun too late or too small doses being given. The drug is also administered in smaller doses, one minim three times daily, to the other members of the household who have not had the disease. This is stated to be an efficient prophylactic even where intercourse is not prohibited.—Arthur Wigglesworth, *Lancet*, October 8th.
The China Medical Missionary Journal.

Vol. II. SEPTEMBER 1888. No. 3.

THE SANITARY CONDITION OF CANTON.

The prevalence, for two or three years, of fever in a violent form in Hongkong, the recent small-pox epidemic, and the present outbreak of cholera there, have agitated the minds of officials, physicians and people. A Commission was appointed to investigate the origin of the fever, and the papers discuss the water-supply of the Colony, its drains, latrines and rubbish-heaps; and various opinions have been expressed as to the origin of these diseases, which have claimed so many victims.

This agitation in Hongkong, located on the sea-coast, with its water-supply and drains, its Colonial Surgeon and Inspector of Nuisances, its European and native police, has set us in Canton to thinking; and the first thought that occurs is that Canton, an inland city, with ten times more inhabitants than Hongkong, has no water-supply and no drains, no official surgeon, no inspector of nuisances, and no municipal government to look after the health of the people or the cleaning of the streets.

We propose to take a glance at the condition of Canton as to sanitary requirements, and contrasting it with Hongkong, ask the question, To what extent does Canton suffer for the want of modern sanitary measures? or, in other words, Do sanitary measures limit disease in populous cities? Doubtless a lesson is to be learned from the condition of this and hundreds of other cities and towns in China where generation after generation has passed without the benefit of sanitary measures which are considered so essential in Western cities. In the one, millions of dollars are spent under the direction of the ablest scientific men, with a view to promote the health and comfort of the people, and to ward off disease. In the other, no attention whatever is paid to the subject. The question presents itself, Wherein do the results as to health differ?

It is impossible to arrive at the relative proportion of disease in these as compared with Western cities, by reason of the entire absence of statistics, but a long residence in Canton has given me an approximate knowledge of the prevalence of disease.

Canton is situated on the N.-E. border of the great delta formed by the convergence of the three rivers of the Province, which come from the east, north and west, and commingle their waters through numerous branches,
before they enter the ocean, making this delta one of the finest and best-watered plains in the world. Its extent is nearly 100 miles southward from Canton and about 70 miles to the westward.

The S.-W. Monsoon blows over this delta from the China Sea during the summer months, modifying the heat, which ranges from 85° to 90°, occasionally going up to 95° or 96°. When typhoons prevail in the China Sea, the mercury falls to 80°. In the cold season the temperature at the lowest is down to the freezing-point, but generally ranges from 40° to 50° or 60°.

From October to February or March there is usually little rain, and the atmosphere is dry. From March to June is the rainy season, and at times the atmosphere is saturated with moisture. Thunder-showers are common during the summer months.

The tide at Canton rises and falls about five feet, but the water in the river is fresh, except when a strong easterly wind prevails.

The city is situated on the N. bank of the Pearl river, 95 miles from Hongkong and Lat. 25° 7' N., Long. 113° 15' E. The ground is for the most part level, and few places have fall enough for good drainage.

There are three canals running into the city from the south side, following the course of the walls, and forming moats. Besides these, canals enter the western suburbs (the most densely populated part) from the west side, the whole making an aggregate of over eight miles in length. The canals are receptacles for offal and rubbish from the houses and shops on their banks, and at low tide their bottoms present miles of black, reeking filth,—the decomposing animal and vegetable matter which the slow current cannot wash away.

The part enclosed by walls is built on a slight ridge gently sloping towards the south and north, but the streets running east and west are level. The suburbs on the south and west are level or nearly so.

The city of Canton is an irregular parallelogram, the long axis of which runs from Wong Sha to a point on the eastern wall opposite the home for old women, measuring three miles. The transverse diameter averages one and one-half mile, giving a space (excluding the suburb on the S. side of the river) of four and one-half square miles. Estimating the population at 1,500,000, we have 333,333 persons to the square mile, or 83\(\frac{1}{2}\) square feet to each person. The space taken up by yamuns, temple-grounds, ruins in the Tartar quarter, the city wall, etc., reduces the actual space occupied by, say, one-third, which gives 55\(\frac{3}{4}\) square feet to each person.

The streets take up but little space compared with those of Western cities. They vary in width from five to eight feet, a few being twelve or fifteen, the sides of which are often occupied by stalls of traders.

It is stated above that there are no drains in Canton. There are ditches in most of the streets, one or two feet wide and deep, walled up with loose brick
and covered with the granite slabs of the pavement, but it would be an abuse of language to call them drains. The streets being level, there is no fall to carry off water. It is seldom that they are cleaned out, and are usually choked with matter washed into them from the street and deposited from the refuse-water of the shops and kitchens. Animal and vegetable matter deposited in them give rise to the formation of gases which escape through the crevices of the stones. The only purpose they can serve is as cess-pools through which rain-water and refuse-water from the shops and houses percolate into the porous earth.

On the sides of many of the narrow streets there are uncovered ditches filled with rubbish and filthy water, the surface of which is covered with bubbles, showing the chemical processes in operation beneath. These stand the year round, and it is only during the time of heavy rains that one can pass them without imagining or realizing unsavory odors.

There is no public provision for cleaning either streets or ditches, and when it is done it is by the owners of shops, who of course attend only to the parts in front of their door; and when sections of the ditches are cleaned, no attention is paid to opening an outlet to the river or canal.

In the open courts of the larger houses, and in the rear of all, there are cess-pools walled up with loose brick and covered with stone, which serve the purpose of carrying off the rain and refuse water. They too become filled with insoluble matter washed into them from day to day, and are rarely cleaned out, being in the same condition and serving the same purposes as the street-ditches.

It is to be noted that fecal matter and urine do not get into these sinks or street-ditches, but from the latrines a considerable portion of urine percolates into the earth and mixes with surface-water.

The water for cooking and household purposes is derived from three sources; 1st, Wells, public and private; 2nd, the River; and, 3rd, Springs. The latter are on the N.-E. side of the city and afford only a small quantity of water, which is used exclusively for making tea and boiling opium.

The river-water is used by a small part of the population living near to the banks. It is impure from the refuse of the large boat population, and from the wash of the canals which run into it from the city, and from bodies of children and animals thrown into it.

By far the largest part of the water-supply is derived from wells which are from four to ten or fifteen feet deep, and, of course, contain nothing but surface-water. A great part of this surface-water is the refuse-water which has been used by the million and a-half people, occupying four and one-half square miles. It percolates through the filth of the sinks and ditches, and then through soil which has been saturated for centuries with animal, vegetable and saline deposits. It is then received into the thousands of wells, from which it is drawn, used and
poured out into the same ditches and sinks to go on another round for the use of the same population. It requires no chemical examination to show that it is charged with impurities which unfit it for use. During the rainy season the streets and ditches are flooded, and much of the impurities is washed away, and the well-water is then less charged, but for some months no heavy rains fall.

Water is brought in boats and sold as spring-water, but it is for the most part river-water.

The latrines, or public water-closets, are an important institution of Canton. These are numerous all over the city, and have rows of stalls on two sides, with a platform 18 inches high, and underneath a bed of sand to receive the feces, while the urine is received into a drain which carries it into sunken vessels. The stalls are cleaned after each occupant, and the offal, both feces and urine, are carried away every day or two and utilized in the fields. These latrines are private property and afford an income to the owner from the sale of the proceeds. They are not controlled or regulated by officials.

In private houses covered wooden vessels are kept, which are emptied at stated times and the contents utilized as above.

The occupation of people has much to do with health. The residents of Canton are merchants and traders, artisans, and literary men. In every shop work of some kind is going on, and as the climate admits of open doors the majority of the people live and work in well-ventilated rooms. The females of the wealthier families are to a great extent secluded, but their houses are open, so that light and ventilation are secured, while the custom of binding the feet, and sedentary occupations, exert an unfavorable influence on health.

The custom of burning incense at all the shop-doors and at the house and street altars morning and evening is supposed to exert some counteracting influence to noxious gases, but the smoke from incense differs in no important point from ordinary smoke, and its effects are only that of so much carbon in minute particles.

From the above sketch we see that the City of Canton, located on the border of the torrid zone, with more than a million of inhabitants, dwelling in a space of four and one-half square miles, is absolutely destitute of all the sanitary appliances which modern science pronounces essential for the public health of cities.

Not only so, but it contains a population three times as dense as that of any Western city—(London has 1,000,000 to 11 square miles)—with impure water for all purposes of food and drink, with ditches all over the city, choked with decomposing matter, and offensive smells abounding so as to become the by-word of all travellers.*

* Canton is said by travellers to be one of the cleanest cities in the Empire.
Notwithstanding all this, the opinion which I have formed, after a residence of more than 30 years, is that Canton is not more unhealthy or more subject to epidemics than Western cities generally. The entire want of statistics will admit of my giving an opinion only, but having been all these years in charge of a large hospital, and having medical assistants and pupils living and practising in different parts of the city, I have had opportunity of forming an opinion approximating the truth. Epidemics prevail at times, but not in more violent forms than in Western cities. Cholera now exists and has for some weeks, but not so severely as it has at the same time in Hongkong. During the last two years fever has prevailed to such an extent in Hongkong as to require the appointment of a Special Committee to investigate its origin. Fever has existed in this city and in other places, but not to an unusual extent.

It is not my purpose to enter into a discussion of the points of sanitary science raised by the facts of this paper, but I will state what appear to be reasons why this city is as free from disease as it evidently is.

1st.—The tide rises twice in the 24 hours, and washes out the canals and the river-bank.

2nd.—The shops and houses are so open that good ventilation is secured, and the majority of the male inhabitants have occupations which give them exercise.

3rd.—Notwithstanding the opinion to the contrary usually entertained, the great mass of the people have a fair supply of good, nutritious food, consisting chiefly of rice and vegetables with a moderate or small proportion of animal food. Water is never used as drink without boiling (to make tea), and the food, as a rule, is thoroughly cooked. (It is to be noted that milk, butter and cheese are not used.)

4th.—The shutting of street-gates requires all to be in doors at or before 10 p.m., and regular rest is thus secured. No theatricals or assemblies of any kind are held at night.

The experience and observation of foreigners who have lived in Canton may be appealed to in evidence of the general healthfulness of the city. In answer to several questions, Mr. Theo. Sampson, head master of the Government school, and for more than thirty years a resident here, after describing the cess-pools and ditches very much as is found in this paper, makes the following statement:—

"I have lived very nearly five years in a Chinese house (inside the city) with no upper floor, but with only a tiled ground-floor, situated in the Tartar quarter of the city, and during the whole time I have enjoyed excellent health, and I am not conscious that my general constitution has been in the slightest degree affected by my sanitary or insanitary surroundings."

J. G. K.
IN MEMORIAM—DR. WM. YOUNG.

William Young, M.D., of Hongkong, died, July 21st, after an illness of some weeks' duration. Dr. Young was an active member of Union Church, Hongkong, and had that Christian spirit which made it a delight to do good. Although not nominally a Medical Missionary, he was one in fact, as the record of his life shows. The China Mail, in a lengthy obituary notice, says: "The death of Dr. Young is a great loss to the Colony. Few men realized more fully than he did the noblest conception of his profession. He did not look upon it as a means of making money. The one great object of his life was to relieve suffering, to cure sickness and to soothe the pains of rich or poor irrespective of what return might accrue to him. He had perhaps the largest practice in town, and it is no exaggeration to say that a fourth part of his work was done gratuitously. . . . Some years ago he associated himself with Mr. H. W. Davis and other gentlemen in the establishment of the Dispensary at Tai-ping shan, out of which grew the present Alice Memorial Hospital. . . . His presence will be greatly missed in Union Church, of which he was a leading member for many years."

Another writer in the China Mail says:—"In the death of Dr. Young this Colony has lost one of her best men, whose high principle, lofty aims, whole-souled charity and spotless life can ill be spared from this community."

Such is the tribute to a Christian physician when he is called from his work on earth to his reward in heaven. His labors for sick and destitute Chinese deserve recognition from all philanthropists and especially from Medical Missionaries, who rejoice in all that is done to benefit this heathen people.

J. G. K.

The death of Dr. Wm. Young, of Hongkong, July 21st, is not only a great loss to the Colony, but to our cause of Medical Missions as well.

His ear was ever open to the cry of the suffering, and he did much for the Chinese, a midnight call to such an one acting in some measure as a cause of his death. It is said a fourth part of his work was done gratuitously. Largely instrumental in establishing the Hongkong Tai-ping shan Dispensary in 1881, he there attended a large number of patients and was on the original Committee for the establishment of a Hongkong Medical Mission. Out of these grew the Alice Memorial Hospital, in which Dr. Young played an active part in the wards and on the Finance and Medical Committees, and the College of Medicine, where he was lecturer on obstetrics and gynecology. An earnest Scotch Presbyterian, he was a leading member of Union Church during quite a number of years, having arrived in 1878 to take his brother's practice.
Dr. Richard Young, in 1875, with Dr. Kerr some months earlier, were the first, it is said, to attempt ovariotomy upon the Chinese, though neither case was then carried to completion. Dr. Wm. Young going early to Canada there graduated in medicine, was later Professor in Montreal University, and there leaves an invalid wife. A marble tablet to his memory in Union Church is now proposed. With much of the above information the China Mail also gives us the following sympathetic verses, which allude to his having died alone with his boy on the Peak.

He who so kindly saved the poor from death,
Who even whilst ailing did his noble task,
He is no more! How many hearts are gloomed,
How deep the grateful thoughts that now awake,
In honour of his well-known, hallowed name!
A cruel irony of fate indeed
That such a one should die in solitude,
Without the help he had been wont to give,
Without a friendly tear to bid good-bye.
No more will that kind voice bid patients hope,
So unassuming and so gently kind.
And how the helpless heathen now will miss
The godly man who, healing with one hand,
With t'other helped them in their misery!
He did more than his duty, and has gone
To reap his well-earned recompense in heaven.

J. C. T.

NOTICES OF BOOKS.


It is now eight years since Dr. Manson published a paper on "Sprue," as observed in Amoy, in the Chinese Customs Medical Reports (Oct.-Mar. 1879-80). He was the first, so far as we know, to call attention to the fact that this disease, so common in the Straits Settlements, is also met with among foreign residents in China. His article excited a considerable amount of popular interest in the subject, and now one is not unfrequently asked in cases of the ordinary simple affections of the mouth and tongue if the disease is Sprue, and great is the relief
of the patient on being told that it is not. It must be said, however, that among medical men generally in China the disease is not at all familiarly known. This may be due to the fact that it does not occur among the Chinese, and that, except in the larger European settlements, it is not often seen among foreigners. 

The literature, also, on the subject, so far as China is concerned, is very limited and not very accessible to the majority of the profession. That the disease is not only met with but also originates in most of the southern ports is undoubtedly true, and it is likewise possible that the milder forms of this affection, or cases in the early stages, may have been sometimes overlooked.

Dr. Thin's contribution is a welcome addition to the literature on the subject. It is by no means exhaustive and does not pretend to be so. There is no attempt made to elucidate or to formulate any theory as to the pathology or etiology of Sprue. It gives a succinct and accurate account of the clinical history of the disease, and it will prove a most serviceable guide to those who wish to make themselves acquainted with the character of this affection, as it is at present known. Dr. Thin's pamphlet is essentially and professedly narrative or descriptive in character. A short sketch is first given of the disease as it appears in the climates in which it is endemic, the material being chiefly taken from the writings of Manson, Van der Burg, and Fayrer. Then follows a careful and lucid description of the symptoms, clinical history, and treatment of the disease as it is seen in London in the persons of patients who have been invalided home for this affection. A number of illustrative clinical cases are fully reported, and these are most helpful and instructive. The treatment which Dr. Thin has found most useful is also pretty fully described.

Sprue, or Psilosis—a name coined by Dr. Thin from φλοξ, bare, expressive of the fact that the leading feature of the disease is a rawness or bareness of the tongue and intestinal mucous membrane—is most prevalent in Java. It is also frequently seen in the Straits Settlements, and in India it is commonly known as "Hill Diarrhoea," "white flux," etc., but under these terms other forms of chronic diarrhoea besides Sprue are also described.

That Sprue is a disease sui generis is now generally admitted. When the disease has become firmly established it is hardly possible to mistake it, but in the early stages it is occasionally not so easily differentiated from ordinary gastrointestinal catarrh. More definite information with reference to the onset of the affection is still a desideratum. For such information we must look to observers in the fields where the disease originates. Thin quotes Manson as saying, that, "when he gets a history of sore mouth, irregular bowels, and wasting, unconnected with visceral disease, he diagnoses Sprue." Van der Burg sets the greatest value diagnostically "on the shrinking of the liver and concomitant affection of the mouth as distinctly marking off Indian Sprue from other gastrointestinal catarrhs." Dr. Thin says it differs from dysentery "in the absence of
nearly every characteristic symptom, notably in the absence of straining, tenesmus, blood and mucous in the evacuations, and symptoms of acute localised inflammation in the large intestine." It differs from diarrhoea in so far as the disease may be established and the diarrhoea be scarcely appreciable; and when it is present, to some extent in its remissions and in the character of the stools." The special symptoms of Sprue indicate "an irritable, defenceless condition of the whole mucous membrane from the mouth to the anus, not characterised by destructive inflammation or by ulceration, but by rawness, tenderness, and eventually by atrophy." These indications are satisfactory so far as they go. But as it is very important for the patients' sake that the affection be early detected, it is desirable to have the early indications of the disease more clearly defined. One question naturally suggests itself, namely, Is the disease sui generis from the first, or is the special condition superadded in the course of an ordinary gastro-intestinal catarrhal attack or of some other disease? Most of the evidence at present points to its being protopathic, but some observers have known it to follow an attack of dysentery, and such operations on the rectum as for fistula and haemorrhoids.

There is very little known of the pathology of Sprue and still less as to its etiology. Thin has isolated thirteen distinct organisms from the motions, seven being micrococci and six rod-shaped bacteria, and has made cultivations of all of these, the medium used being neutral meat-peptone gelatine. He lays no stress on the result of these investigations, as lack of time and leisure prevented him from carrying them out to any satisfactory completeness. Careful investigation along this line is desiderated. It might result in discoveries which would throw a flood of light on various points about which nothing is known at present.

It is difficult to give, in a short space, anything like an accurate résumé of the disease, as depicted in this pamphlet, as the severity of the symptoms vary so much. Thus, patients are met with who "on superficial observation appear to be perfectly well," while "others exhibit the appearance of persons fatally stricken by some wasting disease." But perhaps a few quotations from Thin's review of Manson's and Der Buro's writings will be useful and will afford some idea as to the character of the disease.

Sprue is an extremely chronic, insidious disease, peculiar to warm climates, and confined to adults who have lived for a number of years in the East. The principal symptoms, according to Manson, are referable (1) to a remitting inflammation of the mucous membrane of the mouth and alimentary canal generally; (2) to diarrhoea and irregular action of the bowels; and (3) to anaemia and general atrophy.

During an exacerbation the tongue is swollen, the papillae are red and elevated, and there are shallow ulcers on the cheeks, tongue, and lips, accom-
panied with salivation. When the disease is fully established, eating or drinking anything but the blandest of foods is impossible. Swallowing, also, may be painful, owing to the inflammation extending down the oesophagus. The acute stage lasts from two or three days to a week and frequently recurs. During the intermissions the tongue is small, red and raw looking, appearing as if denuded of its epithelium. There is periodic diarrhoea, associated with inflammation of the mouth, the stools being pale, clayey, and frothy. They retain this character between the acute attacks. There is often inflammation or irritation around and inside the anus. There may be vomiting, and discomfort in the belly. As the disease advances the patient becomes anaemic and has a withered, shrunken, old appearance. The liver shrinks with the general atrophy, but there is no organic disease.

Van der Burg divides the course of the disease into three stages. In the first stage there is slight gastro-intestinal catarrh, manifesting itself by irregularity of the bowels, general malaise, and slight affection of the mouth. The epigastrium is somewhat swollen with gas which is being constantly eructated along with a fluid which burns the gullet and pharynx. The tongue shows on careful examination on the base and point injected papillae clavate. The patient looks well and is not fevered. In the second stage the gastro-intestinal catarrh is prominent and the condition of the tongue is characteristic. Red specks cover the whole surface and become confluent, the roughness of the papilla, and the epithelium disappear, so that the tongue presents a smooth, glossy, red mass, resembling raw meat. The redness of the tongue is an indication of the general condition of the mucous membrane of the alimentary tract. The patient becomes anaemic, emaciated, and suffers from constant flatulence and from irregularity of the bowels. The liver shrinks. There is no fever. The patient may not look very ill, but there is great muscular weakness and, occasionally, mental depression. This stage may last months or years.

The third stage is simply an exaggeration of the second with signs of general exhaustion. Wasting, vomiting, flatulence and more diarrhoea are the chief symptoms.

The prognosis is extremely unfavourable, and nothing but an early return to a colder climate will check the downward progress of the disease.

In the treatment of Sprue, drugs have proved of little value. Dr. Thin has found small doses of rhubarb and epsom-salts occasionally useful, chiefly as a stimulant to the liver. Careful regulation of the diet and general care give the best results. The principles of treatment are,—to give in every possible way rest to the affected mucous membrane. In accordance with this principle, one important point is that nothing should be swallowed that is likely to pass downwards undigested and unabsorbed. The patient should be put on a milk diet, but in many cases some farinaceous food, as arrowroot, may be added. Of
course, so far as patients in China are concerned, the only treatment that will
do any permanent good is an early return to the home climates and the earlier
this is done the greater chance there is of a permanent recovery.

The profession in China are greatly indebted to Dr. THIN for spending so
much time and labour in investigating this disease, and the following request
which he makes should not be passed unnoticed. He says:—"If it falls to the
lot of any medical man to make a post-mortem examination in a case of this
disease, and he has not leisure or means to make histological examinations, I
shall be indebted to him if he will send me portions of the bowel, oesophagus,
liver, and stomach, some parts being preserved in ordinary alcohol and some in
a two per cent solution of bichromate of potassium."

A. L.

VERZEICHNIS VON ABHANDLUNGEN (Dissertationen, Gelegenheitschriften, etc.,) aus dem
Gesamtgebiete der Medicin und Tierheilkunde herausgegeben und zu beziehen von der
Zentralstelle für Dissertationen und Programme von GUSTAV FOCK in Leipzig. In

This is a Catalogue of 5,983 dissertations and pamphlets, etc., covering the
whole field of medical science. By its perspicuous arrangement under six heads,
each of them being again divided and subdivided, reference is made very easy.
Those who know the great value of a short and exhaustive examination of one
particular question, which is scarcely possible in the best larger works, will
gladly avail themselves of this Catalogue. They may be sure to find, in one or
another of the pamphlets enumerated there, the best possible answer modern
science is able to give to any difficulty they may have met with in their studies
as well as in their professional practice.

E. F.

POCKET THERAPEUTIC NOTES ON NEW DRUGS AND REMEDIES, 1888.
Issued by Messrs. FERRIS & Co., Bristol.

This work contains a list of all the very recent drugs that have come
before the profession within a short time past, and it is certainly a valuable
little book, from the fact of its conciseness and completeness. It not only
gives the names of the drugs, the dose, mode of administration, action, and
in the case of poisons the antidote, but, in not a few cases, notes from the pens
of well-recognized physicians.

This little book, of 157 pages, is but six inches long by a trifle more than
three inches wide, of a very convenient size for carrying about, and many would
do well to avail themselves of this opportunity of 'knowing not a little of these
new remedies in a very short space of time.
Hospital Reports.

The latter part of the book is devoted to antiseptic dressings, of which there are a great many varieties, each and all no doubt possessing special virtues.

Prices of these dressings, together with the prices of all drugs in whatever form represented, will be found within the lids of this interesting production of Messrs. Ferris & Co.

E. R.

HOSPITAL REPORTS.

MISSION HOSPITAL AT SWATOW.

This hospital is in connection with the Presbyterian Church of England, and has been under the care of P. B. Cousland, M.B., C.M.

"Number of Individual Patients.

"In-patients ... ... ... 3,242
"Out-patients ... ... ... 2,130

Total ... ... ... 5,372

"Females included in above ... ... 933
"Cases seen out of Dispensary hours, chiefly by Senior Assistants, about 2,000
"Daily average number of In-patients 174
"Average attendance of Out-patients 53 on Dispensary days ...

"Some Chinese merchants have helped us very much by putting in my hands a supply of rice and cash tickets, which can be converted at their shops, the one into rice and the other into twenty-five cash to buy meat and vegetables with. The chief donor of these tickets—the head of the Tan-nguan-seng hong—has this year shown farther interest by paying the passage home of those patients who had stayed at the Hospital until their money was exhausted.

"Educational.

"Four afternoons in the week were devoted to teaching the junior assistants and students, seven in number. Three of these were bound to the Hospital for a period of three years, their parents guaranteeing all their expenses, a fourth was an ex-student whose three years had expired, and whom we supported for another year that he might finish his curriculum, and the rest were paid assistants.

At the end of the year two young men left who had been with us for six and four years respectively. They will be the means of relieving much suffering, and, if they use their opportunities well can be a great help to the progress of the Gospel in the cities in which they have settled.

"Evangelistic.

The results of Hospital work from a missionary point of view are not always very apparent, but we have never lacked encouragement in disseminating Christian truth among the patients.

At the meeting for inquirers on Sunday afternoon there are always some who profess to have given up heathenism and accepted Christianity, and of these last year at least three men and three women were admitted into the church. In addition, it should be noted that among the whole number baptised by the missionaries during the year, there were several who were friends or relatives of converts who first heard the gospel in the Hospital.

It is worthy of notice as showing the wide-reaching influence of our work, that the number of villages, towns, etc., from which patients come is about 1,500.

"Surgical Operations.

"On the Eye — 488
"On the Body generally 357
"Total number of operations 863
"Extracting teeth 117

A considerable number of minor operations, such as opening abscesses, extracting loose sequestra, catheterization, setting fractures, etc., are not included in the above list.

"Spirit Drinking.

Of 1,709 adult males whose habits as to spirit drinking were ascertained, it was found that 57 per cent took it occasionally—when
they could get it, some said—56 per cent denied taking it, and 7 per cent confessed to the daily use of it. The average daily quantity consumed by the last class was eleven ounces, the amount varying from two ounces to the liberal allowance of thirty-two ounces. The spirit used was generally the cheap rice whiskey, and it seems to be the custom to take it in the evening. While it is an extremely rare thing to see a Chinese man the worse of liquor, and I have never met with a case of true chronic alcoholism, yet one is called upon every year to treat a number of patients whose complaint has been brought on by the habitual use of alcohol, or rather I should say of native spirit, for it is probably very impure stuff.

"Fourteen per cent of the adult male patients had been abroad, the great majority having been to Singapore, and the others to Penang, Sam, and Annam. The average duration of their stay there was five years. Unfortunately they are seldom benefited physically or morally by their visit to foreign parts, the proportion suffering from syphilis, and more or less complete blindness from gonorrheal ophthalmia being very high."

Peking Hospital Report.

E. T. Prichard, M.B., C.M., is in charge of this hospital, which is connected with the London Missionary Society.

"We have had, during the past 19 months, 26,259 visits marked upon the hospital register, representing 13,206 separate cases.

"Most frequently our patients are drawn from the lower classes of society. We have often been consulted, however, by officials at Dispensary, or at our own house. The house of H. E. Sun, instructor of the emperor.

"In serious cases, when patients are not well able to be brought to hospital, and when they indicate their willingness to carry out our instructions thoroughly, we almost never decline to visit them at their homes. During the time under review, we have paid something like 100 visits to patients at their own homes. The comparative freedom of access to ladies of high position has greatly surprised us.

"The commonest cases to which we are called are those of opium poisoning. We are generally in time to afford assistance, although I have travelled at night to some remote corner of Peking and found the patient beyond the reach of human aid."

In-Patients.

"This branch of our work, from both a medical and missionary standpoint, we regard as the most promising.

"In accordance with these views, we have, during the past year, been extending and improving our Hospital accommodation. We can now find good provision for seventeen Chinese patients in four wards, indifferent for nine more in three wards.

"Evangelistic work has its proper place in the conduct of the Hospital. There is preaching to the men in the large waiting-hall; the women have their own apartment where they are taught by a native bible-woman daily and at times by a lady missionary. The work among the in-patients has been carried on under difficulties of ignorance of the language and the insanitary condition of the wards, as well as the disturbance of building.

"The Doctor concludes as follows:

"We have, however, by no means been without tokens of blessing, notwithstanding the disadvantage circumstances under which we have laboured. We have incidentally referred to several persons who were baptized through their connection with the Hospital, which will serve to illustrate what we have said, though we are far from making the number of baptisms our standard of success. With thankfulness to God for what has already been accomplished, we shall hope to be made increasingly useful to those who come within the sphere of our influence."

HOSPITAL, CANTON.

Some account having been already given of the Report of the Medical Missionary Association in China for the year 1887 in a previous number of this Magazine, the present review will be confined to the work of the Society's Hospital in and about Canton. The Report is made by Dr. J. G. Kerr and Dr. Mary Niles.

"Urinary Calculus.—During the year seventy-one cases have been operated on, divided into the following varieties:

- Vesical Calculi ... ... 54
- Urethral " ... ... 11
- Preputial " ... ... 5
- Scrotal " ... ... 1

"Of the vesical calculi 42 were operated on by lithotomy, with three deaths. In 17 cases litholapaxy, or rapid lithotritry, was used and two cases ended fatally. One of the deaths after lithotomy was from dysentery after the patient had recovered from the operation, and was due to imprudence. It was therefore to be attributed only indirectly to the operation. The other two were in boys, under 15, in whose cases we expect more favorable results than our table shows this year. One of the deaths from lithotomy was in an old man of 80 years, with a stone too large to give assurance of favourable result from either operation at that age.

"The operations for preputial calculi may almost be said to be peculiar to this Hospital,
over thirty cases altogether having been treated. Our records show one previous case of scrotal calculus.

"The prevalence of calculous diseases in the Kwong-tung Province brings many cases to the hospital which are not favorable for operation. The stone may be large, or there may be disease of the bladder or kidney, or of both. A few are so far exhausted as to die in the hospital or are taken away in a hopeless condition. In two cases during the past year, examination with the sound to determine the size and character of the stone and condition of the bladder was followed by aggravation of the disease which ended fatally. Sounding for stone is an operation of almost daily occurrence in this hospital, and in the great majority of cases, whether done by myself or by Chinese assistants, is attended by no untoward results, but cases like the above show how much danger there may be in rare instances, and how much care must be used when indications of severe disease exist.

"The calls for obstetrical work have markedly increased, more than twice as many applying for aid as in 1888.

"The cases have been in the main of a more favourable class, as the call has come earlier after the friends began to be alarmed.

"Medical Class.—The Medical Class has numbered twelve, of whom four were females. The Students are required to pay a fee, which is fixed at twenty dollars a year, and the course of study occupies three years. They support themselves, and buy their own books. The female students are supported by mission funds supplied through the ladies in charge of the Female Seminary. The instruction is entirely in the Chinese language. We have now text books on all the essential branches of medical education, and with oral demonstrations and clinical instruction we are able to give the Students who attend the full course a degree of qualification which places them far above native doctors.

"By means of the medical books which have been published, the hospitals which have been established and the millions of patients treated in them; by means of the Students that have been trained (numbering several hundreds); and by means of the practice of European physicians in the open ports, Western Medicine and Surgery are slowly but surely advancing, and the time has come for the establishment of Medical Schools of a high order which will turn out men qualified to become professors in native Medical Colleges. To the profession in Hongkong belongs the credit of inaugurating the first college, with a full faculty of able men.

"The 13th St. Dispensary for women and children has been open two afternoons each week under the supervision of Drs. Niles and Fulton.

"The number of patients increased to 1,492."

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**ITEMS AND NOTES.**

We would call the attention of all members of the Medical Missionary Association of China to the circular which they will soon receive calling for an election of officers for the ensuing two years after the close of the present year. It may seem to some a rather peculiar way of procedure, but we are for the present shut up to it, and will hope that in 1890 the whole organization will take better form.

It is to be especially noticed that the Editorial staff is to be changed. Dr. Kerr writes that "The President of the Association is not eligible to re-election, and of course the Senior Editor is not eligible to a second term." And Doctors Reifsnider and Gulick desire to announce that they also must be excused from further service. Now that The Medical Journal is fairly under way, there need be but little difficulty in securing a fresh Editorial Force.

We would draw attention to the advertisement of John Wyeth & Brother regarding the new preparations which they denominate "Triturates."
The Allgemeine Missions-Zeitschrift, Dr. G. Warneck editor, has an excellent and lengthy article of 74 pages on "Arztliche Missionen" (Medical Missions), by Dr. Th. Christlieb, in the Jan., Feb., April, and May numbers of the present year. The subject is divided into:

I.—Origin, Purpose, and Extension of Protestant Medical Missions.

II.—The Common Need and their Great Value.

III.—Methods and Results to date.

Regarding the Pocket Therapeutic Notes mentioned on another page, Ferris & Co. write us:—"We are distributing the book freely to Medical Gentlemen all over the world, and should any of your friends in China not receive a copy in due course, we shall be most pleased to forward one free upon application."

Memorials of Dr. J. K. McKenzie is a small pamphlet containing several papers regarding our late colaborer, with an appreciative and tender sermon preached in Union Church, April 8th, by Rev. J. Luks.

We receive at a late day, and must postpone to our next number fuller notice of the Hospitals at Foochow and Hangchow.

In connection with Dr. Parks' paper on "Leprosy," in the last issue of the Journal, we call attention to a recent excellent volume of 144 pages on The Diseases of the Bible, by Sir Risdon Bennett, M.D., LL.D., F.R.S., published by the Religious Tract Society. Some 41 pages of it are devoted to Leprosy. The little volume has a peculiar interest for medical missionaries.

Dr. Bennett, as far back as 1841, when Dr. Parker was making his triumphal tour through Great Britain and America in the interest of Medical Missions in China, evinced much interest and sought to aid our cause.

From St. Petersburg comes the report that, "Leprosy is spreading at a dreadful rate in Russia."

We clip the following report of the discussion regarding Medical Missions in the General Missionary Conference, London, from the supplement to the Church Missionary Intelligencer:

"Sir Risdon Bennett, M.D., presided. The opening paper was read by Dr. J. L. Maxwell, of the Medical Missionary Association. In comparing the three methods of Medical Missionary work—hospital, dispensary, and itineration—he gave the first place to hospitals, as being the best fitted to bring about conversions, and to help in spreading the Gospel in distant parts by means of the patients returning home. Mr. John Hutchinson, of the Church of Scotland Foreign Mission, read the second paper. He took up the line of itinerating work, and recommended the employment of partially qualified Native agents as of great value as helpers in this branch of work. The Rev. John Lowe, of the Edinburgh Medical Mission, was next called upon. He thought that the missionary societies do not devote sufficient funds to medical work. Dr. Clark, from India, also spoke, and was followed by Dr. Pringle, of the Bengal army, who gave some very valuable hints for the prevention of malarious fevers. These hints the chairman confirmed by the experience of the late Dr. Livingstone. Mr. Henry Scott, of the China Inland Mission, spoke of medical work in Burmah, and was followed by Dr. A. Jukes (C.M.S.), from the Punjab, who agreed with the primary importance of hospital work."

"In the evening the subject of Medical Missions was again discussed. Professor Macalister occupied the chair. The Rev. Dr. Post told of work done in Beyrut. The hospital there was built by the German Order of St. John, and had among its patients Mohammedans and Jews, including the lineal descendant of Saladin, and a descendant of Mohammed. The Rev. John Lowe, formerly of South Travancore, but now of Edinburgh, told of the work of grace at present going on amongst the students of the Scotch universities, many of whom were ready to labour in the field as medical missionaries. Mr. William Wilson (China Inland) further dwelt on Mission work abroad, and Dr. Maxwell closed with a short account of the value of medical missionary work at home—at the East-end and other parts of London."

ARRIVALS.

At Shanghaï, August 24th, for the Canadian Presbyterian Mission, North China, Rev. J. F. Smith, M.D., and wife, and September 22nd, for the same mission, W. McClure, M.D.

DEPARTURE.

From Hongkong, July 12th, Dr. E. G. Horder, of C.M.S., for England.