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 money.

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.
Rev. Peter Parker, M.D.,
First Medical Missionary to China,

AND

Dr. Kwan A-To,
First Chinese Surgeon.
My work as a Medical Missionary has now extended over a period of more than one-third of a century, and during all these years I have looked into the faces of many thousands of men and women who have come to me for relief.

The great majority of these faces have borne the marks not only of physical distress but of mental suffering and sorrow. The burdens of life with its toil and care and anxiety can be escaped by none, and if the future holds out nothing better upon which hope can rest, life becomes a treadmill, and the toiling, suffering human being but little removed from the animal. The heathen living thus from day to day think only of their daily wants and daily miseries or the gratification of their appetites and passions, and the countenance wears an expression which photographs the soul. Neither joy nor peace nor hope are outlined in the face where all the lower passions and feelings have had sway for so many years.

The Christian, in the midst of life's burdens, cares and sorrows, has a consciousness that there is no antagonism between himself and the powers above him. He has an assurance that his present cares and troubles are temporary, and an abiding hope that the future has in store for him blessings which will flow on through an existence that has no end. Such an one, even though life's burdens be heavy, may wear a bright and cheerful countenance, an index of the calm and peace within his breast.

In the experience of the large majority of those whose faces I see in the hospital, life has been one round of toil, anxiety and fear, and in many cases of want; worshipping the god of wealth they have lived in poverty. Their prayers and incense and offerings to their numerous deities have not delivered them from
superstitious fears of demons in spiritual and human forms. When they enter
the hospital, the only hope that brightens the dark shadow of life is that the
foreign doctor will be able to relieve the disease which has added a heavy weight
to the already burdened existence.

To this object our best efforts are directed, and in many cases, by God's
blessing on the means used, we have the satisfaction of seeing pain removed and
health restored, and we know we have conferred a benefit on a fellow-being
which he could not get from his own people.

But when we dismiss our patient to return to the toils and sorrows of life,
have we done all we could for him? Have we no balm for his aching heart?
Have we no star of hope to which we can point his soul?

When the physician in Christian lands has dismissed his patient, he knows
that he goes to a home surrounded by churches and schools, and that means of
instruction and aids to religious life are within his reach. Not so with the
patients of a mission hospital in a heathen land. Idol temples, idolatrous
ceremonies, and degrading superstitions are the influences which meet him on all
sides, intensifying the darkness of his soul.

Here is the necessity for uniting religious teaching with physical healing.
We do possess a specific for spiritual maladies, a balm of Gilead which gives
peace and joy to the wounded spirit and life to those who are ready to perish, and
if we should fail to impart this remedy for the leprosy of sin, we would leave
more than half our work undone, and trifle with opportunities on which hang
eternal interests. We can assure our patients that this healing for the soul is
more important than that for the body, even as the soul is infinitely more
important than the body, and the interests of eternity are of infinitely more moment
than those of time.

Failure often attends our efforts to heal physical disease, but we can assure
those whose maladies are incurable that if they accept and appropriate the
precious truths which we give them from God’s word, they will have reason
through all eternity to thank God that their afflictions brought them under the
sound of the Gospel.

In the hospital the nature and effects of spiritual maladies can be illustrated
by the nature and effects of diseases in the persons of those present. By reason
of a certain analogy which exists between the two, the effects of the one,
 experienced by the patient and inducing him to seek for relief, opens the way for
the explanation of the other, and of the mode in which relief can be obtained.
Some physical diseases are incurable by any human means, and spiritual maladies
are all beyond the reach of human skill.

The great Physician, when on His mission to our lost race, gave evidence of
His power to heal the diseases of the soul by removing, with a word or a touch,
the physical diseases which no human power could reach.
The physician who has himself experienced the healing which removed the disease of sin from his soul, will appreciate the propriety and usefulness of associating medical practice with preaching the Gospel. He knows that all the labor and time and money required for the relief of suffering and disease are well spent, even if nothing else is aimed at or accomplished; and he knows that when the effort is made to remedy the disorders of both man's spiritual and physical constitutions by the use of the remedies at hand provided by an All Wise and Merciful Creator, the physician is devoting his energies to the highest objects which can engage the mind of mortals.

It is no doubt a source of gratification to all missionaries—it is certainly so to us who are among the older medical missionaries—to see the Churches at home awaking to the great importance of medical missions, not only as means of relieving suffering and saving human life, but of aiding in the evangelization of heathen lands, and we hail the addition of so many noble young men and women to this department of mission work as evidence that Christianity with its blessings is being offered to those nations which hitherto have not enjoyed them, in the manner best calculated to secure their acceptance.

THE P'ING TU MINING ACCIDENT.

By Dr. HOBT. COLTMAN.

On Wednesday the 27th of June last, Dr. Hunter received word by special messenger of the occurrence of an accident and begging him to come at once to their assistance. The mine is situated about 70 里 south-east of the city of Tai Chow Fu and about 310 里 east of Wei Hsien. Dr. Hunter having asked me to accompany him, we made our preparations in as short a time as possible, and were waiting some time before the cart we had sent for arrived. At 9 a.m. we took our seats in the cart and travelled day and night with only stops long enough to feed the animals, and reached the mine exactly thirty-six hours after starting—rather fast travelling.

Upon arriving at the mine we were told that a Chefoo doctor had arrived about fifteen minutes ahead of us, but upon inquiry it proved to be only an assistant of a Chefoo surgeon, and it was very fortunate for the patient we arrived so soon after this gentleman, or our patient (the American miner) would have succumbed to his treatment, which consisted in spreading Iodoform ointment over the wounds, and when we entered the room he was in the act of binding up the wounds without extracting the stones, blood-clots, and débris of pants that had been blown into the unfortunate man's leg.
We asked this gentleman his name and he replied "Li," adding that for 17 years he had been assistant to an English surgeon. Comment on this treatment is unnecessary. Dr. HUNTER and myself then proceeded to examine our patients, first the American, Mr. Mark Lidstone, and afterwards the Chinese.

Case I.—American miner, age 30. Large wound in thigh of left leg on inner side at junction of upper with middle third, nearly severing the sartorius muscle and extending above and behind the femur, the bone being denuded of peri-osteum for a half-inch in length, but neither fractured nor splintered. I easily introduced two fingers into the wound and picked out many stones, bits of clothing, etc. The stones varied in size from two the size of pigeon’s eggs down to little bits small as millet-seed. After cleaning out all in the inner side and top of the wound, a large collection of fine gravel was found to the outer side of and behind the femur. The only way to properly remove this accumulation would have been to have cut in from the opposite side, but that was impossible, as to have done so would have cut off the nutrition of the lower leg, as the wound on the inside was so deep and so extensive as to prevent any nutrition from that side, for although the femoral artery was intact upon our arrival, yet it lay very superficial in the wound, and afterwards undergoing suppurative action burst. These patients had all been seventy-two hours injured and unattended when we arrived. Not being able to clean the wound thoroughly of gravel, we got out all we could with fingers and forceps, and then, using an ordinary rubber syringe, washed the wound in the thigh and all the others with a five-per-cent solution of carbolic acid. These other wounds consisted of a circular one, one inch and three-quarters in diameter, in the middle third of the thigh directly below the large wound, extending to but, strange to say, not injuring the femur; two flesh-wounds about the size of dime coins and a half-inch deep in the middle of thigh; one wound, size of a pea but an inch deep, on inner aspect of the tibia at its lower third, reaching into the interosseous space; one wound above the pubis, having an opening the size of a 20-cent piece, about an inch deep and extending inwards toward the left groin; the whole right thigh a mass of skin-burns; the left hand covered with small burns only skin deep; and the nail torn from the middle finger of the right hand. (Mrs. Lidstone had covered the wounds with a weak solution of carbolic acid and had given her husband several doses of one-fifth grain each of morphia in the three days preceding our arrival.) Each of these wounds was literally packed with stone and gravel, and we were surprised to find the temperature so low, viz., 102°, pulse 120°. We finished dressing the wounds at 3 a.m., and at 8 a.m. the temperature was 101°, pulse 106°; at 1.45 p.m. gave a dose of Castor oil, the temperature being 101°.4, pulse 120°. The next morning Temp. 100°.6, pulse 92°. On July 2nd I returned to Wei Hsien and Dr. Hunter remained in charge. He reports that on July 6th slight hæmorrhage took place from the wound, and, fearing rupture of the femoral artery, he applied a tourniquet. The next morning
at 8.30 a.m. the artery burst and Dr. Hunter ligated it. July 14th, I returned and relieved Dr. Hunter, who returned to Wei Hsien. July 20, the temperature, which had been below 100°, rose to 101°, and the patient had a slight chill. Upon examining into the cause, found a sinus extending from the wound above the testicle into the left groin. I chloroformed him, and, opening the sinus introduced a carbolized drainage-tube. This discharged a few days and then healed. July 27, a large abscess formed in left testicle, also communicating with wound above pubis. Again chloroformed the patient and incised the scrotum to the left of median line, evacuating an ounce of pus, introduced drainage-tube and painted the testicle night and morning with Tinct. of Iodine. In about a week this wound also closed. August 1st, removed two stones size of peas from the large wound, which had been suppurating freely. Patient getting very feeble, commenced giving brandy ½ oz. three times daily. August 2nd, removed a number of small stones from the smaller wound in thigh; from this time until September 3rd I removed each day from one or other of these wounds bits of gravel or quartz which had been blown into the surrounding muscles and gradually made their way within reach of the probe and forceps. Considering the number and size of the wounds, I regard it rather remarkable that Mr. Lidstone recovered. I give the temperature chart in his case as it shows a low temperature throughout. When it went above 102° I gave twelve-grain doses of Quinia Sulphate, which rapidly brought the temperature down. August 19th, the temperature became normal and never rose above it again. When I left, September 3rd, Mr. Lidstone was able to sit up, and was eating at the table with his family. His wounds were healed with the exception of the large one, which had become comparatively small and was covering rapidly with epidermis, and the one above the pubis, which was not as large as a dime and promised to be covered in a couple of days.

Case II.—Chinese coolie, age 47. Three fingers of left hand blown away and wrist shattered, both eyes destroyed, numerous flesh-wounds, and compound comminuted fracture of left tibia just above ankle; left arm being gangrenous above the wrist and a wound above that being full of maggots. Dr. Hunter administered ether, and I, assisted by the Chinese surgeon (?) from Chefoo, amputated the arm below the elbow. His other wounds were dressed antiseptically, and he did well until the 11th day, when pneumonia set in and he died on the 13th day while I was absent.

Case III.—Coolie, age 28. Wounded in the arm slightly and in the tibia just below the knee. Extracted three stones the size of peas and dressed with carbolized oil. Dismissed well on 27th day.

Case IV.—Coolie, age 24. Flesh-wounds of testicle and left arm. Abscess formed in testicle on sixth day, which I opened, after which dressed with wash of lead and opium. Discharged well on twelfth day.
Case V.—Coolie, age 26. Wounded in right groin and numerous slight wounds of body. Extracted eight stones from wound in groin, which healed rapidly. Another wound, in the right wrist, gave more trouble, and was followed by deep abscess under the flexor muscles of the forearm. On the thirtieth day I chloroformed him and made a deep incision four inches in length into the interosseous space, evacuating a small amount of watery pus, after which the wound rapidly healed, giving him a useful arm.

Case VI.—Coolie, wounded during my stay by premature blast of a dynamite cartridge. His right arm, midway above elbow, literally blown full of stones. I cut an incision three inches long into the opposite side and on the posterior surface of the arm and extracted fifty odd separate pieces of quartz varying in size from a pigeon’s egg to a millet-seed. I then introduced carbolized drainage-tubes and washed the wound daily for several days with carbolized water, using carbolized oil in the wound in the ordinary absorbent cotton. His wounds were so well on the fifteenth day that I gave a bottle of medicine and sent him home. I found in all these cases that the dressing of Fragrant oil with five per cent of carbolic acid made a most excellent dressing. Scarcely any of the Chinese had fever and none suffered from shock. And although living on poor food and in bad dwellings, yet I would be surprised to see six foreigners injured as severely and yet recover so rapidly.

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Some time ago I heard a clerical brother speaking against medical missions and asserting that the spiritual results were so meagre as to warrant the conclusion that they were a failure. These disparaging remarks set me thinking over my own experience of nearly fifteen years' labour as a medical missionary and of what I had seen of the works of others. The result of my meditations is, that I am more than ever convinced that medical missions, so far from being a failure, are the most potent means which the Church of Christ can command for removing prejudice and opening the way to the hearts and homes of the people. They may have failed in some instances, as other agencies have, and there is great danger of the physician being so pressed with the business of the healing of the sick that he has neither time nor strength to carry out the other half of his commission and preach the Gospel also.

But,—given a man well qualified to heal the bodies, and full of zeal for the salvation of the souls of his patients, wherever that man is located he will draw the people to himself and lead them to Christ. He exhibits the practical side of Christianity, and as the old adage says, "Actions speak louder than words."

About ten years ago I was passing through the streets of one of the large cities of China and as usual was saluted on every hand by cries of "Foreign devil." Women and children ran away at my approach and closed their doors to escape whatever baneful influence they supposed attended my presence. On reaching the house of a missionary, I met an elderly lady who had recently come to China, and she immediately pressed me into her service; she was just starting on her rounds with a little basket of medicines for a number of babies of her acquaintance, and begged me to accompany her.

We went along the same streets through which I had passed scarce an hour before,—but what a change in the attitude of the people! I was ignored but my companion was greeted with smiles by the children, and many women came to the doors of their houses to invite her in. Now what was the secret of this lady's influence? She could scarcely speak an idiomatic sentence, and had in fact been rejected by one of the missionary societies as utterly unfit for work in China. Yet one of the older missionaries said she was the best worker they had, and had won the affections of the people where others had utterly failed to gain any influence over them. The simple fact was that though she could not speak any Chinese, yet by the universal language of kindness she showed the poor
women and children that she loved them, and was therefore a welcome guest in every house she visited, and found many eager recipients of the simple remedies which she carried about in her basket, and many hearts glad to receive the news of salvation proclaimed to them by those who accompanied her.

"Love never faileth," especially when manifested by acts of kindness, and even the Chinese, who can hardly understand disinterested kindness, are not proof against its power.

In 1876, I removed with my wife to the city of Kū-chao, in the south-west of Cheh-kiang, and, after some difficulty, succeeded in leasing an old house which had the reputation of being haunted. The city people were very hostile and as intensely offensive as they could be short of doing actual personal violence. For the first six months my wife dared not leave the house, for whenever she made the attempt she was followed by a howling mob.

Women, constrained by curiosity, would come to our house in crowds, but the men would not come near, except to revile and annoy. In fact our position was almost unendurable, and nothing would have induced us to remain but a strong conviction that such was God's will.

As soon as possible I opened a free dispensary, and ere long the opposition began to abate. Men and women flocked in from the country, and a few of the city poor also came for medicine, but no one with a reputation to lose would have any friendly dealings with us. The gentry, seeing so many countrymen coming under our influence, attempted to stop the work by employing spies, who followed the patients and frightened them by the usual silly stories about the power of our drugs to change the heart and convert the Chinaman into a foreigner; or by assuring them that although they would be cured of their diseases they would certainly die within three years after taking the medicine unless they "entered the foreign religion," etc.

With such determined and organized opposition to contend with, our chance of success seemed small indeed, but God was working out His purposes, in spite of the raging of His foes, and soon we had abundant evidence that our labour was not in vain.

In a village on the borders of Kiang-si lived an elderly woman named Fung, who had for a long time been suffering from Lupus, which had attacked her neck and was slowly spreading over her face. Of her it might be said truly that she "had suffered many things of many physicians and had spent all that she had, and was nothing bettered, but rather grew worse," for she and her husband had sold nearly all their few possessions and pawned all their clothing in order to purchase medicine and pay the Buddhist priests for prayers offered to their gods. At length, growing impatient, the old lady went to the temple to give the priests "a bit of her mind," for she began to suspect that either they or their gods were humbugs. The priests pretended to be horror-
struck by such impiety, and warned the woman that a worse calamity would come upon her if she dared to speak evil of the great Buddha. At the same time they assured her that if she would bring some more medicine, and give them a thousand cash, they would offer special prayers for a blessing on the remedy, and the disease would certainly be cured; so the poor dupe sold the few remaining articles which she could spare, purchased the medicine, and committed it into the hands of the priests. Finding that, notwithstanding the assurances of the priests, the disease continued to spread, the woman induced her husband to accompany her to the temple, where she cursed both gods and priests with all her might. As soon as she had exhausted her vocabulary of abuse, and had calmed down a little, the chief priest came forward and asked to be allowed to speak. Said he, "You have committed a "great sin in thus blasphemying our god; he is not a vain idol as you suppose, nor "without power to heal, but last night he revealed to us the cause of your disease. "He told us, that in a former state of existence you were unfaithful to your "husband, and in revenge his spirit bit you on the cheek and set up an incurable "disease." Having thus delivered himself he walked away, and the poor old couple left the temple with sad hearts, hardly knowing whether what they had heard was true or false, for she had no consciousness of a previous existence, or remembrance of the crime of which she was accused.

On their way home they met a man who had been at Kū-chao and had heard the Gospel, and when he had listened to their tale of woe, he advised them to go to the foreign doctor in Kū-chao, and expressed his conviction that the priests were all wicked deceivers. "But," said he, "you pray to Jesus the Lord of Heaven, and He will cure you." Happily they took his advice and came a three days' journey by wheel-barrow and by boat.

After listening to their story I invited them to stay in my house for a few days, as I had no hospital, and put the patient under the usual treatment,—Ung. Iodi. externally, Potas. Iodi. internally. Being a "Faith-healer" in the right sense of the term—that is, believing that, with means or without, God is the source of all healing-power—I followed the example of my heathen patient and sought the blessing of my God on the medicine used.

After a few days, during which they listened attentively to the Gospel, my visitors departed, and three weeks later a messenger came for medicine, bringing the gratifying news that the disease was almost cured. Three or four months elapsed, during which I heard nothing about the case, and then, to my surprise, the worthy couple appeared again in Kū-chao, not this time for medicine, for the cure was complete, but to hear more about the true God, for, they said they were now quite convinced that their gods were false. They had publicly renounced idolatry, and had spoken so enthusiastically in their village about the foreigner's God, that many had resolved with them to worship Him. How
long they remained with us I cannot remember, but they returned to their village, rejoicing in Christ as their Saviour, and within two years many of their neighbours were led to trust in Jesus, and a church was organized in the village, through their influence, and one man afterwards went forth from their church as an evangelist.

(To be continued.)

RANDOM CLINICAL NOTES.

A contributor to a prominent medical journal received some time since, says that he has twice observed a curious effect of chloroform, which he had not seen mentioned in medical literature. A physician and friend of the writer while administering chloroform under gas-light was seized with a violent fit of coughing; and on a second occasion, another person who was assisting at an operation, was affected in the same way, and even vomited. The writer attributes this effect to the action of gas-light upon the vapour of chloroform. He thinks a gas is produced, and says it cannot be chlorine for it has no odor. Perhaps some of your readers may have had a similar experience, and may be able to enlighten us as to the cause.

While on the subject of chloroform administration, I will mention that occasionally during my residence in China, I have seen patients whom it was exceedingly difficult to bring under its influence. In one instance it was given in large quantity for nearly an hour without fully anæsthetizing the patient. Chloroform was then abandoned, and the operation performed without an anæsthetic. This difficulty, I know, often occurs in giving ether, but I have not before observed it in chloroform.

I have more than once seen it mentioned in the medical reports from various parts of China, that in the extraction of cataracts it was often found that there was an unusual amount of cortical substance. This too has been my experience. I would like through your columns to ask whether in any part of China it is common to find cataracts without a nucleus; that is, a purely soft cataract in a male or female above sixty years of age. I have seen one such case and give the notes.

Len, Chinese female. Age 66. Husband a carpenter. Was received into the hospital, September 9th, 1887. She stated that sight had been failing for nine months, and that for five months had not been able to distinguish objects.
Upon examination, cataract was found in each eye. Perception of light good. September 14th, operated on right eye by Von Graefe’s method. Much surprised to find the cataract quite soft; no trace of nucleus. The whole mass was gently pressed out, leaving a clear cornea. On the 7th day the eye was opened and examined. Counted fingers with ease at several feet, and improved daily until her discharge, September 25th.

October 10th, returned to hospital, and on the 12th operated on the left eye. The nucleus in this case was large and firm, differing in no respect from that of the usual senile cataract. She regained very fair sight in this eye too.

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CASES TREATED IN THE MEDICAL MISSIONARY SOCIETY’S HOSPITAL, CANTON.

By J. G. Kerr, M.D.

Combined lithotomy and lithotritry.—The patient, a man æt. 27, a native of Nan-hai District, was admitted for phymosis, August 9th, and circumcision was performed, August 19th. When sounding showed the presence of a large calculus. It was decided to break up the stone in preference to making a large opening either by the supra-pubic or lateral method.

On the 4th of October the usual lateral incision was made, and the stone seized with a light pair of lithotomy forceps and held against the opening, while a half-inch chisel, ground to a point for the purpose, was held in the right hand and its point fixed on the end of the stone. By a few strokes with a mallet in the hands of an assistant, some fragments were broken off; this was repeated until the pieces were reduced to a size that would admit of their being easily extracted through the opening made. Small fragments were taken out with the scoop and the bladder thoroughly washed out with water. The fragments weighed 3½ ounces.

The after-treatment consisted in the use of a large-sized rubber drainage-tube kept in the wound for ten days or two weeks, and the washing of the bladder through it daily with warm water and a solution of boracic acid. After the removal of the stone the bladder was found to be lined with mucous excrescences as far as the finger could reach, and it was feared that the result would be unfavorable, but convalescence was interrupted only by a slight febrile attack, which soon passed off, and the wound healed promptly after the tube was removed. The patient was dismissed cured, October 29th.
We have had occasion to perform lithotomy in this way on several former occasions, and we are inclined to the opinion that it is the rational method of removing large calculi. When a stone remains in the bladder long enough to attain a large size without undermining the health of the patient, it has established toleration, and this fact explains why the manipulation necessary to break up a stone in the manner above described is borne so well. The use of the drainage-tube, as recommended by Reginald Harrison, is of great advantage, and I regard it as one of the most important improvements in the after-treatment of many cases of lithotomy.

The use of drills so constructed as to reduce the stone to powder instead of breaking it into fragments, would be better in that it would prevent the slight shocks unavoidable in the use of the mallet.

Odontoma.—A case of this rare affection was met with in an out-patient at the Canton Hospital. The patient was a man about 25 years old, and the wisdom-tooth of the right side was the one affected. It was extracted with much difficulty. The bony tumor surrounded the root of the tooth which was firmly fixed in it. After drying, there was partial separation on one side; but the tooth did not become loose. The cut represents the size and shape of osseous tumor, the tooth projecting from one side. Its thickness was five-eighths of an inch.

Mr. Heath, in his lectures at the Royal College of Surgeons, states that only nine cases of this affection have been recorded, all of which were in the lower jaw. In the Lancet for January 14th, 1888, Jordan Floyd, F.R.C.S., Birmingham, gives one of the upper jaw.

Dermoid Cyst.—A girl set. 16 was admitted, September 10th, with enlargement of the abdomen, of six years' duration. There being doubt as to the nature of the disease, an exploratory incision was made, September 26th. A large quantity of slightly colored fluid was discharged, and with it tufts of hair and lumps of white, sebaceous or fatty matter. A solid tumor was found in the lower part of the abdomen, and it was decided not to attempt excision. Septicemic
poisoning and fever resulted in death on the 3rd of October. Drs. Niles, Swan, Wales and McDonald were present at the post-mortem examination, at which it was found that the tumor was attached to the right ovary and broad ligament, and that the cyst was closely adherent to the abdominal wall in front and on its upper and posterior part to the omentum. The cyst was very thick, and on its removal more hair and white, sebaceous matter was found. The solid portion consisted of muscular and cutaneous tissues in which were embedded irregular pieces of bone and small fragments resembling imperfectly-formed teeth.

NOTES ON CHOLERA IN NORTH CHINA—SUMMER OF 1888.

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

Although there has been no opportunity for accurate observation, a few remarks upon the general character of this epidemic of Cholera may be of interest to the readers of the Journal and supplement the reports of others.

Up to the end of June, no cases were heard of in the north-western parts of Shantung. Early in July, the writer, having occasion to be in Tientsin, learned of a few cases among the natives; during the rest of the month he was absent at Pao-ting-fu, where no cases were heard of. Returning to Tientsin, Cholera was found to be very prevalent among the Chinese. Some of the hottest weather had been experienced during the latter part of July and determined a notable increase of the disease. About the middle of August, two gentlemen of the foreign community died, and one of the writer's children had a sharp attack, which fortunately was controlled; and doubtless there were other non-fatal cases in the foreign community unknown to him. He was informed that on the same night when one of the gentlemen mentioned died, eight Chinese died of Cholera in the little village of Ma-chia-kou near the foreign concession on the road to the city.

Returning to P'ang-chia-chuang in Shantung, in September, Cholera was found prevalent in all this region, the reports from various villages at first giving the impression of sporadic outbreaks. More careful inquiry however elicited the fact of a general wave-like progress from north to south, running first along the highways, following the river and the great roads. The distribution of the disease from points of contact on these lines of travel, through the formicatious system of village fairs, the travels of itinerant hucksters, etc., can be readily imagined.

Several cases have been reported here where persons living in unaffected villages visited others where there was Cholera, and returning died of it.

Early in October the writer was summoned by telegraph to the city of Chi-nan-fu, to attend one of the foreign ladies attacked by Cholera, the resident physician being absent.
The disease was found to be epidemic and very fatal there. The crowds attending the great literary examinations had naturally suffered severely.

The course of the epidemic as noted above points significantly to Tientsin, the one seaport of all this region, and published reports of the spread of the epidemic northward to Peking note similar facts.

Character of the Disease.

It has not been the fortune of the writer to witness any of the more severe cases which proved fatal. Only one case occurred in the hospital. No one in this village died of it, and the fact that of the few cases, perhaps 20 or 30, in this and contiguous villages, treated for here, all recovered, must be set down largely to chance, for the disease has in many other instances proved as suddenly fatal as cases reported in tropical latitudes. Villages have been decimated and families have been nearly or quite exterminated.

Although out of the range of his personal observation, the writer has received some clear accounts from Chinese of cases which go to show that the disease type has not in all cases resembled old-fashioned Asiatic Cholera, but would perhaps merit the name suggested by someone on the coast,—"dry cholera;" the lethal effects of the poison, however, seem to have been as marked as when there have been the great serous transudations following the epithelial desquamations noticed in the standard type.

Williams' Hospital,
November 15th, 1888.

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NOTES ON CHINESE MATERIA MEDICA.—(Continued.)

By A. W. Douthwaite, M.D.

Arsenic.—This valuable mineral can be obtained in most of the cities and large towns in the Empire, the sublimed arsenic being extensively used as an insecticide by fruit-growers and farmers.

Its therapeutic value as an alterative and anti-periodic is well known to the native physicians, but few of them dare prescribe it, owing to popular prejudice against the administration of such a powerful drug.

Probably no medical missionary who has been long in practice among the Chinese, has escaped the accusation of having caused the death of some patient who has succumbed to the disease for which he was under treatment, and some of our brethren have been glad to escape the horrors of a riot by paying a large sum of money to the friends of the deceased. The native practitioner is still
more liable to be pounced upon by the relatives of some defunct patient, and to be charged with malpractice. This is frequently done to extort money, and if the prescription given can be proved to contain any poisonous ingredient, such as arsenic, aconite, corrosive sublimate, etc., the unfortunate medico will fare badly, for the local magistrates are considered quite capable of sitting in judgment on medical as well as upon other matters, and have power to mulct the doctor in a heavy fine, or commit him to prison if they find even a minute quantity of any reputed poison in the medicine he has prescribed.

But though Arsenic is seldom prescribed as an internal remedy, it is freely used externally, in the form of a compound powder, for destroying small tumours, granulations, etc.

Arsenio Trioxide, 砒霜 Pi shwang, or Sublimed Arsenic, is the kind most commonly used, and is the best kind for making Liquor Arsenicalis; it is usually met with in flat masses, crystalline inside, rough, opaque and white outside. For making the solution, only the crystalline part should be used, as that is most free from impurities. It dissolves readily in boiling water, slightly acidulated by hydrochloric acid, and is in every respect equal to the white arsenic of commerce.

Yellow Arsenic, 砒黃 Pi hwang, or 信石 Sing shih, obtained from a mine near the city of Yü-shan, on the eastern border of Kiang-si, may also be used in medicine, for external application. If no other kind can be obtained, it can be freed from impurities, and rendered fit for internal use, by subliming it in a glass or porcelain crucible, and condensing the fumes on a cold plate or basin, held over the crucible. This should be done in the open air, or where there is a gentle draught to carry off the vapours which escape, otherwise the operator will soon be warned of the danger he is exposed to, by a severe headache.

The yellow powder which condenses on the plate, should be ground up in a mortar with a little soda bicarb., so as to produce a soluble arseniate of soda.

(To be continued.)

CASES TREATED IN THE LONDON MISSION "VICEROY'S" HOSPITAL, TIENTSIN.

By the late J. K. Mackenzie, M.R.C.S., L.R.C.P.

CASE 1.—Traumatic Stricture of Uratha.—Perineal Fistula.—External Urethrotomy.—Cure.

Ts'ao Yü Ch'ün. Aged 33. Sailor. Fell across a plank five months ago and ruptured his urethra. The accident was followed by stricture, retention, and subsequent formation of perineal fistula.
1887, July 16.—On admission his bladder was greatly dilated, and he was in great pain, not being able to pass more than a few drops either through urethra or fistula. As he gave a history of prolonged suffering since the stricture formed, and as the urethra at point of stricture resembled a cartilaginous mass, through which the finest instrument would not pass, I determined instead of tapping the bladder to at once perform external urethrotomy. The patient having been anaesthetised, and placed in the lithotomy position, I cut down upon the point of a large silver catheter lying against the stricture—including the perineal fistula in the incision—and opened the urethra just in front of the stricture. With some difficulty I cut through the mass of cicatricial tissue and found the dilated urethra behind it. Immediately passed a No. 12 silver catheter into the bladder and tied it in.

The perineal wound was cleansed, and closed with wire sutures, and a pad of lint soaked in tincture of benzoin.

July 22.—Removed the silver catheter after having kept it in the bladder undisturbed for four days. Tied in a gum-elastic catheter. All urine is passed through the instrument. Temperature rose after operation to 99°.4 F. but has since been normal.

July 28.—Removed the gum-elastic catheter, after having kept it for six days in the bladder.

August 1.—Wound closed. Passes his urine in a full stream. To go out.

**Case 2.—Traumatic Stricture.—External Urethrotomy.—Cure.**

**Li Yung.** Aged 47. A gardener.

While moving vegetables on board a boat, he fell and struck his perineum against a portion of the boat. This happened one month and a-half ago, and was followed by the passage of blood from the urethra.

1887, August 5.—Upon admission the patient is found to have a bad stricture; passing his urine in drops after much straining. A hard bullet-like mass of tissue can be felt under the arch of the pubes. The finest instrument could not be insinuated into the bladder.

August 6.—Under ether operated as in the last case, and tied a No. 11 silver catheter in the bladder. Closed the wound with silver sutures.

August 9.—His left testicle is painful and swollen, tongue furred, and temperature 101° F. No pain upon passing urine; a few drops escape by the wound.

Put upon Antimonial wine and bark.

August 15.—Testicle reduced in size. Wound in perineum smaller, though urine escapes this way.
Epithelioma of Penis.—Operation.—Recovery.


1887, April 19.—Admitted to hospital with well-marked Epithelioma involving the entire penis. As from the extent of the growth the ordinary operation was not feasible, I determined to do that one described recently in the Lancet by Wheelehouse. The patient was put under chloroform and an incision carried through the raphé of the scrotum. The corpora cavernosum were then removed close to the pubic bone; the corpus spongiosum with the urethra was then dissected out and brought through a button-hole in the perineum about half-an-inch in front of the rectum, and attached there by silver sutures.

Perforating Ulcer of Foot.—Chopart's Amputation.—Recovery.


1887, August 4.—Admitted to hospital, suffering from an ulcerated condition of the right foot, which had existed for thirty-one years. The big and fifth toes were normal, but the second, third and fourth toes were absent; the heads of the metatarsal bones corresponding to these toes were bare and necrosed, and surrounded by unhealthy granulations and cicatricial tissue. He gave the following history:—Thirty-one years ago a blister formed in the sole of the foot near to the roots of the middle toes; it broke, leaving an ulcer behind which would not heal; this ulcer gradually spread until the metatarsal bones and phalanges were exposed. Later on the second, third and fourth phalanges became quite bare and fell off piecemeal. The ulcerated surface has never healed, and the man is disabled.

August 5.—The patient being willing, Chopart's amputation was performed under chloroform. As a sole-flap could not be obtained, two lateral flaps were cut, and answered the purpose admirably. The flaps were brought together with wire sutures, a drainage-tube inserted, catgut ligatures used, and the wound dressed with marine lint.

August 10.—The temperature rose to 99° the night after operation, but afterwards kept at the normal point. The tube was removed to-day. Tinct. Ferri. Perchlor. 15 minims in Quassia infusion three times a day. The wound is aseptic and healing nicely.

September 15.—The patient left for home quite well and with a good stump.

Remarks.—Perforating ulcer of the foot appears to be a rare disease, but its characteristics are well marked, and cannot easily be mistaken. It has been described carefully by Hancock of London, Nelaton of Paris, and other writers of authority. They recommend that the dead bone should be removed as soon as possible, but if notwithstanding the ulcer continues to spread, the whole of the metatarsal bones should be taken away either by Chopart's, Syme's or Poispoff's amputation.
Strangulated Hernia.—Operation.—Recovery.


1887, May 8th.—Patient admitted in great agony, suffering from a strangulated hernia—oblique inguinal. Great tympanitic distusion of the abdomen; constipation for seven days, agonising colicky pains. Has had the hernia for 2 years, but could always replace it until 12 days ago. No vomiting. Pain has troubled him for 12 days. Under ether attempted reduction by taxis, but could not succeed. Having previously obtained his consent to an operation should it be necessary, I proceeded, aided by Dr. Macfarlane, to perform herniotomy. The sac was found to be enormously thickened and had to be opened; the stricture was divided, and the gut, which was congested but fairly healthy, easily returned. The sac was closed with catgut sutures, and the skin-opening with wire, a drainage-tube inserted and the wound dressed with Iodoform and marine lint. Antiseptic precautions were used during the operation. Though the patient had not suffered from vomiting previously, yet as soon as ether was administered he vomited a large quantity of feculent matter. Upon his return to the ward he passed a semi-fluid motion.

Opium in pill form was given.

May 13.—Changed dressing and removed drainage-tube.

May 27.—The wound healed, excepting in the line of the tube, by first intention, and the track of the tube quickly granulated. He recovered without a bad symptom. Went out wearing a truss.

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Note by Editor.

Dr. Mackenzie had written out these cases for the Medical Journal just before he died; they are now published, as he intended them to be.
There passed away in the City of Washington, U.S.A., on the 10th of January last, the first medical missionary to China, and the oldest of those early missionary heroes. 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 Rev. Dr. Parker, commissioned by them in 1833, embarked from New York in the ship Morrison and arrived at Canton on the 26th of October 1834. After considerable difficulty in securing a location, Dr. Parker opened at Canton in 1835 the first medical mission hospital in China, and to it patients soon flocked by the hundreds. In allusion to this we read: "Had the object been to swell the catalogue of patients received as in-patients, and were the strength of one individual sufficient for the task, the aggregate might have been thousands; the difficulty has been in avoiding applications rather than in obtaining patients." And these were of all ranks, from the despised beggar to the member of the Imperial household; and from all the provinces, as in the 13th report patients are registered from 17 provinces, some surgical cases after journeys of weeks and months. And the Hospital then, in those days of strained relations, played no unimportant part in bringing foreigner and Chinese into better understanding of each other, when in the words of an observer, Dr. Parker "wrung admiration from a haughty official class and a reluctant gentry;" and so Consul Alabaster remarked at the Semi-centennial, that he would consider himself safer, in times of hostility, in the Canton Hospital than on a gun-boat; and of Dr. Parker it has been remarked, considering he was the pioneer in this work, that "he opened the gates of China with a lancet when Western cannon could not heave a single bar."

Without referring to the rare cases, the monstrosities, of his single-handed practice of those early days in this obituary notice, we merely remark the fact of Dr. Parker's being honored as the first surgeon ever to perform upon Chinese
the operations of lithotomy, amputation of limbs, and the removal of enormous tumors such as only an unexplored medical field as China could produce. Ever since 1844 his hospital has been the centre of attraction for cases of Stone; and we question whether another hospital in any land can show upwards of 1,000 operations for urinary calculi on its registers.

In 1837 Dr. Parker began his medical class with three promising youths, since which time many have gone forth to render good service to their fellow-countrymen, some to attain renown and wealth, the subject of a portion of this sketch a notable instance. In 1838 Dr. Parker was most active in the founding of an institution, of which he became a first Vice-President and afterwards President to the time of his death. Of that Medical Missionary Society in China, the oldest medical missionary association in existence, it was remarked in connection with its Semi-centennial: "Few philanthropic institutions at home or abroad can produce a record at all to be compared with that of this society. We doubt if there exists to-day any association formed for benevolent purposes that can be shown to have used its resources to greater advantage," and of its relief of the sufferings of a million Chinese it may well be proud. In this year of 1838, Dr. Parker also opened the Macao Hospital.

We must refer to a case of Dr. Parker's first year, as one of many similar exhibitions of gratitude. An old gentleman, private secretary to the Chefu, was cured of cataract, whereupon he requested leave to send a painter and "take my likeness that he might bow down before it every-day," and besides handsome presents he sent a long ode, which was translated by Hon. J. R. Morrison and put into English verse by a friend. Of it the following stanzas are illustrative:

"I have heard," the friend who enter'd said, "there is come to us of late
A native of the flowery flag's far-off and foreign State;
O'er tens of thousand miles of sea to the Inner Land he's come;
His hope and aim to heal men's pain, he leaves his native home."

I quick went forth, this man I sought, this generous doctor found;
He gained my heart, he's kind and good; for high up from the ground
He gave a room to which he came at morn, at eve, at night,—
Words were but vain were I to try his kindness to recite.

His silver needle sought the lens and quickly from it drew
The opaque and darksome fluid, whose effects so well I knew;
His golden probe soon cleared the lens and then my eyes he bound,
And lav'd with water, sweet as the dew to thirsty ground.

Three days I lay, no food had I, and nothing did I feel,
Nor hunger, sorrow, pain, nor hope, nor thought of woe or weal;
My vigor fled, my life seemed gone, when sudden in my pain,
There came one ray—one glimmering ray,—I see, I live again.
Rev. Peter Parker, M.D., and Dr. Kwan A-to.

With grateful heart, with heaving breast, with feelings flowing o'er,
I cried, "O lead me quick to him who can the sight restore;"
To kneel I tried, but he forbade, and forcing me to rise,
"To mortal man bend not the knee," then pointing to the skies,—
"I'm but," said he, "the workman's tool, Another's is the hand;
Before His might and in His sight, men feeble, helpless, stand;
Go, virtue learn to cultivate and never thou forget,
That, for some work of future good thy life is spared thee yet."
The offer'd token of my thanks, he refused; nor would he take
Silver or gold, they seemed as dust; 'tis but for virtue's sake
His works are done. His skill divine I ever must adore,
Nor lose remembrance of his name till life's last day is o'er.

In July 1840, missionary work being interrupted by the war, Dr. Parker embarked on his triumphant tour through the United States, England and France in the interests of the M.M. Society in China, and through his instrumentality much interest was excited, financial aid given, and several auxiliary societies formed, notably the Edinburgh Medical Missionary Society, in 1841.
The following year Dr. Parker returned to his onerous and multifarious duties at Canton, bringing with him Mrs. Parker, the first foreign woman to reside at Canton. Rev. Dr. Parker's 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, when his hospital was transferred to Dr. Kerr, and after serving a term as U.S. Commissioner, he retired from China and has chiefly resided in Washington. Here, while retaining to the last a deep interest in China and foreign missions, as President of the Medical Missionary Society in China and of the Evangelical Alliance of Washington, he died at the advanced age of eighty-four years.

Dr. Kwan A-to, the prominent Chinese figure in the engraving, is remarkable as the first Chinese to acquire a knowledge of Western medicine and surgery; and he afterwards attained a great reputation and accumulated a large fortune. Above medium stature, of dignified bearing and general prepossessing appearance, of good talents and correct moral character, with a fondness for his profession which led him to excel as an oculist and surgeon, he had in a good degree the confidence of his countrymen and the respect of all foreigners to whom he was known. He was placed in the hospital class by his uncle, the late artist Lamqua, a disciple of the renowned Chinnery, who was himself so much impressed by the devotion of Dr. Parker in the care of suffering Chinese that he painted gratuitously the more remarkable cases, first showing the malady and then the appearance after the cure. A set of these oil paintings of characteristic deformities Dr. Parker took with him to the U.S. and England, and after thus illustrating his work, presented them to the Guy Hospital Museum, London, where they excited the surprise of students and visitors.
As to the operative abilities of A-to, the exceptional feature in a Chinese doctor, we have more or less mention, as in 1847 when he removes a tumor about the size of the patient's head from the axilla in four minutes, beside tying three arteries—the first operation at the Canton Hospital under sulphuric ether. And soon after, with dexterity and success, a tumor of the back, three feet and a quarter in circumference, and weighing 13½ pounds. In the same year Dr. Parker remarks, "the majority of operations for pterygia, entropia, cataracts, ascites, etc., have been performed by him. He has extirpated many tumors, removed carious bones, extracted teeth and successfully treated dislocations and fractures, simple and compound, and abstracted no less than 344 lbs. of fluid from cases of paracentius abdominis during the year." Dr. Kerr in later days also refers to him as performing "most of the minor operations and some more important ones."

In the service of Drs. Parker and Kerr, till the war of 1856-8 obliged the closing of the hospital, he then enlisted as surgeon to the Imperial forces sent from Kwantung to fight the rebels in Fokien. Here he once narrowly escaped with his life when the rebels surrounded a city in which he had opened a military hospital, but his skill was rewarded by a Crystal Button from the Emperor, with the title of Mandarin of the fifth rank. On the restoration of peace he returned to the Canton Hospital as Dr. Kerr's assistant in July 1860. In the latter years of his life he devoted himself to the extensive practice of his profession among the higher classes of his countrymen, with great acceptance and ample gain.

Early in June 1874 he died at the age of 56, and so strong and healthy looking that his death came as a surprise to most. In the Annual Meeting of that year it was resolved on motion of Dr. F. Wong, himself a graduate in medicine at Edinburgh University and the first Chinese on whom a foreign medical diploma had been conferred: "That a minute of the useful and successful career of Kwan A-to, as assistant in the Hospital and as a physician practising the healing art of the West among his own countrymen, be placed on the records of the Society, and that the secretary be requested to communicate to the family of the deceased the purport of this resolution, with an expression of the sympathy of this meeting in their great loss. A letter from Dr. Parker expressive of his estimation of the deceased was also read.

The original painting of Dr. Parker in his hospital at the age of forty, and ambidextrous Kwan A-to, by Lamqua, the famous Chinese artist, in the year 1844, was said to have been one of his best both as likenesses and as a work of art. For the loan of this engraving of it I have to thank Dr. G. D. Dowkontt, editor of that world-wide medical-mission news-journal, the N.-Y. Medical Missionary Record.
CORRESPONDENCE.

LACTIC ACID IN THE DIARRHOEA OF CHILDREN.

Less than two years ago Hayene made a report to the Academy of Medicine of Paris, on the use of lactic acid in the green diarrhoea of children. He claimed the discovery of a germ in direct relation to the green color of certain discharges in the diarrhoea of infants. This claim was contested by Damascino. Hayene admitted the priority of the discovery of the germ, but stated that he was entitled to the credit of proving the relation of this germ to the diarrhoea, and that these discharges were contagious. Dr. Wm. D. Booker read a paper before the International Medical Congress at Washington last year, in which he stated that twelve varieties of bacteria had been isolated from the stools of infants. Dr. F. W. Shaw, of Brooklyn, has tried lactic acid in over one hundred cases of infantile diarrhoea as they presented for treatment at the Brooklyn City Dispensary. He has tried it on all the forms of diarrhoea. The ages of patients were from 10 weeks to 2 years old, with stools from 3 to 20 daily. In cases with watery mucus, yellow, with casein, greenish with mucus, casein and sometimes blood, and the distinctly green, in very few cases it failed; many recoveries were remarkable. It not only relieved the diarrhoea; it checked the vomiting, fever and restlessness. Within a period varying from twelve to seventy-two hours the discharges would begin to change and the unpleasant odor would disappear. The general results have been so satisfactory that astringent and alkaline remedies were abandoned. In his monograph on treatment of the diseases of children, Jacobi suggests a diet of breast-milk alone often disagrees when there is diarrhoea; one wholly consisting of prepared food often disagrees. Jacobi states, normal mothers’ milk contains fat that is not digested. Wyscheider, says: “Fat cannot be completely absorbed.” It passes out as free, fatty acid, or unchanged. This mothers’ milk can be diluted by giving 1 or 2 teaspoonfuls of barley-water before the nursing. Shaw gives prepared food on the same principle. Both of these plans are good. As I am in medical charge of an orphanage for the care of Chinese infants, I had the opportunity of testing the plan of Hayene, last summer. The infants varied from 6 weeks to 27 months in age. Some were breast-fed, others, older ones, fed on cows’ milk and prepared food. The formula of Hayene was used:—

Recipe:

Acid lactic pure ... ... 2 drachms.
Syrup ... ... ... 1 oz.
Water ... ... ... 3 oz.

One drachm of this solution contains about one drop of pure lactic acid.

In former years we have had much trouble with cases of diarrhoea treated by the most orthodox methods, although the orphanage was clean, dry, well lighted, well ventilated and the most scrupulous attention was paid to the care and the preparation of the food, and wet-nurses were employed. Under the lactic acid treatment we had the most excellent results. For a child under one year, one-half a drop of lactic acid hourly will do. In very bad cases give one drop every hour for a few doses, then reduce the dose. If over 12 months old, one drop every hour is sufficient. Give it diluted. To sum up, in the words of Shaw:—
"It controls vomiting and permits the earlier use of food. Under it, temperature is reduced and intestinal pain quieted. Restlessness is overcome and sleep rendered possible without the use of opiates."

Hundreds of children are brought to the Foreign Doctors every year to be treated for infantile diarrhoea. In the hope that the doctors will avail themselves of this simple and palatable remedy, I venture to bring it to their notice and to request that they will give it a trial and report the results in the pages of this journal.

H. W. B.

CHOLERA IN KWANG-TUNG.

Min Lok, October 3, 1888.

Dear Editors,

After a ramble over many miles of the province to this head-quarters of quackery, immorality and heathenism generally, we send you a few notes by the way.

Facts they are, so far as such are getatable in China, and the conclusions we leave to you, only remarking that in our experience, the Cholera, or Choleraic Diarrhoea, which has carried off so many hundreds, has not seemed to us to be of "Asiatic" type, but sporadic and not particularly contagious. We find it in the "wet" and "dry" forms.

First we notice, it was decreed this year was to have a particularly large mortality. As, for instance, one of a number of placards I got on this subject says: "The Goddess of Mercy says, out of every ten, four or five would die this year. Mr. Tung brought this message from the Emperor, if not so, I am a thief, etc. In the 6th or 9th month the pestilence-god will come, and if at cock-crow any one knocks at the door, do not answer but pray, 'Kun Yam, save us from this plague and difficulty!' meanwhile striking the bell or any brazen utensil, and each one take a cup of wine and medicine, beside putting some in the water-jar, and all will be well."

The merit of circulating this information is also given: "If you communicate it by word of mouth or poster you will be safe; by posting ten copies you will save your family, and 100 copies issued will save your neighbourhood; but if you refuse to do you will vomit blood and die."

And among many other prescriptions which the native faculty admit are little apt to cure—they preferring, as several told me, to take in their "shingles" at such a time—I have one from some great Dr. Wa To (華陀) of the Three Kingdom period, revealed by PLANCHETTE in view of this year's grievous plague.

On the way I found it very severe at San Ui (新倉) city, where a form of cholera seems to have begun as early as the 4th month, and in all more than 1,000 are reported to have died. During the 7th month there seems to have been little or none there. At Ku Tsing (古井) near by, it was specially virulent, and a kind of quarantine was established against incomers, many also left the place, according to report. From these places coffins had to be brought from Kong Mun and Fat Shan and corpses were also buried in matting simply. Here, as at other places, we heard of a whole family dying and left to the worms.

At Ho Tsun (何村), To Cheung (渡長村) and Cheung Sha (長沙), in Hoi Ping district, it was also severe.

At Lo Kwan Tong several died while laboriously carrying about the idol whose business it was to drive away the cholera fiend, and others soon after the hot tramp about town or from place to place was over.

It seemed to be, as here, quite severe in some small towns and country places. At Tung Chou (東村), of several hundred inhabitants, at first reported almost depopulated, we had credible information of the death of almost a hundred. Though very near there we were unable to get there, and here, as at other times, we found more could be learned from the neighboring
villages than in the stricken one, from the Chinese aversion to talking about the plague as affecting them. On inquiry they would say, "there is no pestilence, but over yonder it is found." So here, when warned against a tiger known to be prowling about, he is called the "Big Worm" and not given the proper term for tiger, which they fear to mention.

At Yan Ping and at Yeung Kong we saw a recurrence of the disease, vomiting and diarrhea, after a cessation of several weeks, but mild and readily curable. In a family of twelve where ten were attacked, all recovered under some medicine I had previously left there. In several of the larger places, as here, we find guilds or individuals issuing printed directions, and at Yeung Kong, at least, pills and powders gratuitously given by one man to the amount of $300 'twas said. One evidence of the large mortality is here apparent in the many newly-made graves on the vacant land around the town. Many of the tombs are here noteworthy. They are shaped like a large bake-oven, rounded over at the top, with a number of holes the size of the brick left out at each end. Looking into these you see the large wooden coffin elevated and in a decayed state it may be, rather more insanitary than when laid simply on the ground, as about Shanghai, it would seem. As to Cholera in the upper districts, at Canton the coffin-makers declared it a very profitable summer. However the native doctors fared, several prominent ones have recently died. The guess is that at Canton and vicinity the mortality by Cholera was upwards of 1,000.

As Dr. WENTON remarks of Fatshan, where Cholera also prevailed, so it would seem to be of the larger places where our hospitals are, even to Hongkong, Cholera being largely attributed to the anger of the gods or to the machinations of the Cholera devil. Various idolatrous expedients are resorted to, and medical treatment little believed in or sought after. Here idolatrous processions abound and the nights are hideous with the torches, fire-crackers and general din. The chanting of the praises of Kwan Tai by a procession of men and boys was to me an interesting feature in one of them. We notice the Tamsui magistrate rightly placed the evil and ordered the filthy streets cleaned. Far up the North and West rivers we also get reports of the unusual severity of Cholera, as at Shin Kwan, Ng Chan, Lien Chow, etc. At the latter place Dr. SWAN gives reports of 30-40 deaths every twenty-four hours at the time of his visit there, and hears many thousands have died of the plague in the Hunan province just beyond. He also remarks a constant dread on the part of the people. This we also found in places, as an unfavourable feature, specially where they would shut themselves up in close, damp, uncleanly abodes; and yet it is probable that the Chinese accept these things as the inevitable rather more stoically than we. I here visited the ante-mortem morgue, whither moribund persons must be taken, who are not allowed to die within the city limits. The half-dozen or so I found there were less anxious about their dying thus than was I, and yet after once sent to this "place of rest" no return is expected. At Min Lok there was a prescription of meats to appease the gods, but fruits did not seem to come under the ban, as most vigorously at Macao for instance, where, beginning with the shipping of many soldiers in a heavy rain on board the transport "India," where they were "packed like sardines and deprived of opium," upwards of 60 deaths resulted and considerable excitement when they were re-embarked and quarantined.

Remark ing the quite unusual prevalence of Cholera over Kwangtung during the past summer, we will not tarry over our native prescriptions of the cautery, bleeding, friction and all the heroic doses of anything under the sun, since we have nothing to equal that of a certain Insurance Company in Hongkong which gives us a prescription of
Being compelled to retire from the field by ill-health in 1885, Rev. Mr. Dunlap undertook to bridge over the interval (18 months) until my expected arrival, and actually succeeded in keeping the dispensary open and superintending the work of Dr. S's partially-trained assistants, with the result that when I arrived in November, 1886, the work did not have to be reorganized, but simply taken up almost as Dr. Sturges had laid it do
In 1887, 2,806 cases were treated, and there will be about the same number this year 1888.

The hospital left by Dr. S. was enlarged during 1887 by the addition of two wings with money granted by the king, and we can now accommodate twenty-five patients comfortably. At no time during the last twenty months have we been without at least one in-patient, and recently there were ten.

It is from this class of patients that we naturally look for greatest results, as I believe is true of all medical missionary stations.

But this class is hardest to secure among the Siamese. They are too listless to make sufficient effort to arrange their domestic affairs so as to bring the sick one to our hospital, nearly always permitting him to lie until either recovery or death settles the question as to what to do with him.

A portion of the overflow from your Chinese Empire turns up even here, and from them we have our most satisfactory patients. Usually manifesting perfect confidence in us and our recommendations, fearless under the knife, and bearing with stoical patience anything we subject them to, makes it a pleasure to do for them.

Not so however with the pure Siamese who constitute the great majority of our patients.

Timid, doubting, never knowing their own minds, and, as a rule, too stupid to be reasoned with, they do most sadly try the grace and patience of a Christian physician. Yet, God bears with us day after day, and
who of us then would not endeavour to bear with their lack of character if Christ may be glorified?

But I am making my letter too long, and will close by stating that by the gift of the ex-Prime Minister of Siam, our mission, (Amer. Presb.) comes into possession of a fine large house at Ratburee, on the Mâklong River between this point and Bangkok.

Dr. B. F. Paddock is on his way to join our medical missionary for this year, and I am under orders from our mission to turn over the work at this place to him, and proceed as soon as possible to open the new station. We move from here (D. V.) in two weeks. The new field is a promising one, and should have a better man.

At the close of this year either Dr. Paddock or I will send you a report of the work done this year in the Petchaburee Hospital. We have had some cases of interest though doubtless our work is much similar to yours in China.

Sincerely yours,

JAS. B. THOMPSON.

HOT SPRINGS.

By way of calling attention to other hot springs in China than those mentioned by Dr. Neal in your June issue, we refer to a visit some time since to the Hot Springs of Yung-mak, Kwang-tung Province, about 20 miles from Macao. Near by are Cold Springs, it is said, but not knowing it at the time we did not visit them. Gov. Bowring gave an account of the Hot Springs in the Transactions of the China Branch of the R. A. Soc. for 1847, which is republished in the Chinese Repository, Vol. XVIII, p. 86, with Dr. W. A. Harland's complete analysis of the water. Dr. Pearson, the introducer of Vaccination into China, in 1805, is said to have found this water highly serviceable in cutaneous diseases and the lime ingredient will account for a repute in scrofulous affections.

In a valley encircled by high mountains these springs are supposed to lie in the crater of an extinct volcano. The water being 170° F. and higher, the people can here cook their food, and the water is used for bathing or the mud from the sides of the pools taken to rub over the body as medicinal.

The proportion of the salts in 24 ounces is given as follows: muriate of soda (salt) 50·29 gr., sulphate of soda 27·85 gr., muriate of lime 11·54 gr., loss 66.

The steam from the pools is distinguishable at a considerable distance; the smell also perceptible.

The villagers have attempted to fill up the pools but without success; at thirty fathoms no bottom was found. Some account of these springs is also given in Mayer's Treaty Ports, p. 220, and China Rev., IV, 130.

J. C. T.

Other Hot Springs are found in Kwang-tung, one on the Lien-chow River near Yeung-shan, and two others in San-neng district.

CHILDREN IN THE TAI-WAN-FOO (FORMOSA) HOSPITAL.

We clip the following from the Med. Missions at Home and Abroad, June 1888.

We have again begun, along with our medical and surgical work, the class for teaching the patients the reading of the Scriptures in the Romanised form (in letters like ours, that is, instead of in the Chinese characters). Just at present we have about a dozen pupils, old and young.

As soon as one of our scholars is proficient, he reads his verse in turn at evening worship. Our best reader just now is a young man who came to be cured of the habit of taking opium. It is rare that such cases show any desire for either mental or spiritual improvement, but he is a pleasing exception.

The next most hopeful pupil is a little boy, named Thân-â. His father is a beggar,
and the boy was similarly employed till his eyes were affected (evidently with poor living), and he came under our care in the hospital. He keeps himself, and helps to keep his father too, by tending some of the more helpless patients, who in return give him a few cash daily.

Although this boy's eyes will soon be well, he hardly gives them justice in his eagerness to learn his letters. He had been poring over his primer the other evening somewhat late, and bending too near the lamp, he actually set fire to his cap, and burnt a hole in it!

Another little boy, who has evidently not very long to live, has been a fluent reader for some time, and is useful in assisting the others at their tasks. Although his body is far gone with disease and he frequently suffers a good deal of pain, he is patient and even cheerful.

He amuses himself sometimes by making sketches on the book-slate, and he lately made a picture scrap-book with the help of an old volume of Chatterbox which we gave him. He had the pictures pasted very neatly into a blank-book and only two of them, we found, were upside down.

The picture-book is now in daily use among the other sick boys and girls in the hospital.

Though not very able to walk, this boy is generally about the first to take his place in the hospital chapel after the bell has rung for worship, and he is evidently much more interested in the service than some of the other people.

He has no mother; she was taken away when he was very young. His own health is going, and altogether this world seems to have little to offer him. Pray that he may be enabled truly to choose "the good part which shall not be taken away."

P. ANDERSON.
**Therapeutic Notes.**

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**THERAPEUTIC NOTES.**

Hypodermic or other syringes, when clogged so that a fine wire cannot be forced through them, may be cleaned by holding over a spirit-flame for a moment, and the foreign matter will be quickly expelled or destroyed, so that liquids may be used immediately. When a wire has rusted in a needle, dip the point into oil, then hold it over a flame and it can be removed. It is well to draw oil through the point, then heat it, and rust will be removed from the interior; afterwards wash with alcohol and it is ready for use.—*Dental Review.—Peoria Medical Journal.*

**TREATMENT OF CRACKED NIPPLES.**

Cracked nipples are treated with great success by Pinard, as follows: As soon as there are any appearances of cracks, or even tenderness, of the nipples, a compress, folded in four and steeped in boracic acid solution, three or four per cent., is applied. Oil silk is placed over the compress to prevent evaporation. Over this a layer of cotton wadding, and the whole secured by a bandage. Another method is that pursued by Monti, who covers the fissures with caoutchouc dissolved in chloroform (traumaticine), and this protects the fissures against the saliva of the infant.

**TREATMENT OF SICK HEADACHE.**

Dr. W. Gill Wylie, of New York, has produced excellent results with the following method of treatment. So soon as the first pain is felt, the patient is to take a pill or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria every hour, until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.

It may not be generally known among physicians that the bromide of lithium is almost a specific for muscular rheumatism. —Bartholom.

**A FUMIGATION FOR ASTHMA.**

Sawyer (Birmingham Med. Rev., Lyon Méd.) recommends the following as having afforded the best results that he has observed among those of a great number of inhalants:

- Potassium nitrate, 1 each, 2 parts
- Powdered aniseed, 2
- Powdered stramonium-leaves, 4

A thimbleful of the mixture, fashioned into a little cone, is placed on a plate and lighted at the top.—*N.-Y. Medical Journal.*

**MECHANICAL TREATMENT OF WHOOPING-COUGH.**

Goldsmith gives a practical method by which he has had unexpected success. He treats this disease mechanically. Believing that the nose and the naso-pharynx constitute the seat of the contagion, he injects a solution of salicylic acid (1 to 1,000), or corrosive sublimate (1 to 10,000), into the nose, making the injection every two hours,
and effected in this way a complete disinfec-
tion of the nose and naso-pharynx. He only
uses the inoculation in the daytime (six times),
the next day only four times, and in post-
cases the whooping-cough disappears by this
treatment. Should another attack appear in a
few days, it would only be necessary to make a few more injections. Goldsmith
decides that whooping-cough in the
first stage will certainly disappear in the
short time stated under the above-men-
tioned treatment.—New-York Medical Times,
April, 1888.

METHOD OF EXTRACTING LYMPH WITHOUT
OPENING THE VESICLE.

Allow a drop of pure glycerine to fall upon
the ripe vesicle, and this has the effect of with-
drawing the lymph from the interior without
any solution of continuity of the investing
membrane. Judging from the results ob-
tained by Dr. Grigg, in nearly three
thousand cases, in only one of which did he
fail to secure satisfactory effect, the lymph
thus obtained is fully as active as ordinary
lymph. Dr. Grigg remarks incidentally
that lymph obtained from infants less than
fifteen days of age is always scanty in
amount and unreliable. He also records

"The fact that in cases where only one of the
incisions proves successful in the first
instance, a more satisfactory result may be
obtained by revaccination from the solitary
vesicle, which remains stationary until the
second crop attains the period of maturity,
and then the whole number go through the
retrograde changes together.—Medical Press,
April 18, 1888.—Medical News.

PAINLESS DESTRUCTION OF NÆVI.

A.B., aged two, suffering from naevus the
size of a shilling, behind the right ear, was
on May 13th, 1887, treated in the following
manner for its removal. Having first painted
the healthy skin around the circumference
of the naevus for about half an inch, with a
coating of collodion flexile, a thick layer of a
four per cent solution of corrosive sublimate
was applied on collodion over the naevus.
On the 25th, when the collodion was
removed the naevus had entirely disappeared,
and nothing remained but a small scab.
Dr. Boing was the first to suggest this
method of treatment, and my object in
publishing this case is to draw attention to
so simple, satisfactory, and painless a method
of treatment.—British Medical Journal.—
The New-York Medical Times."
VALEDICTORY.

This number completes the two years for which the present editors were appointed. How far we have fulfilled the expectations of the members of the Association is for them to decide. Medical missionaries with a difficult language to study, and all their daily duties, have not time for original investigation, but the vast field of observation before them affords opportunities for the study of disease, and for gaining experience in the use of remedial measures. The record of those in our Journal, is one of the chief objects for which it was established.

As a medium for the interchange of views on the best methods of combining evangelistic with medical work, the Journal should be of much value to us all, and especially to the younger members. Very little has been written on this subject, and we trust that future numbers will contain articles from all those who have definite plans for Christian work among those who seek medical aid.

In retiring from the responsible position we have held, we would like to whisper a word in the ear of all members whose names are not among the list of contributors, and urge that each one should feel the obligation of doing 'something for' every future number. To those who have aided us, we express our best thanks.

J. G. K.

We have been favored with a copy of the Report on The Causes of Fever in Hongkong, by a Commission of the leading physicians of the Colony, appointed by H. Ex. Governor des Vœux.

Our expectations, founded on the recognized ability and large experience of the gentlemen composing the Commission, have not been realized.

We may revert in a future number to this document, which deals with a subject of transcendent importance not only to foreigners but to the natives of the whole Empire.

J. G. K.
THE RESULTS OF ELECTION.

According to the By-laws of the Medical Missionary Association of China, a circular has been issued by the Secretary, instructed by the President Dr. Kerr, calling for the votes of the members for election of officers for the next biennial term which commences February 1st. The votes having been returned and counted, the following result is announced:

President.—Henry W. Boone, M.D., Shanghai.

Vice-Presidents:

North China.—B. C. Atterbury, M.D.
Wuchang and Hankow.—S. R. Hodge, M.R.C.S., L.R.C.P.
Shanghai and Nankin.—D. Duncan Main, L.R.C.S. & L.R.C.P. Edin.
Fukien and Formosa.—H. T. Whitney, M.D.

Secretary and Treasurer.—Mary Gale, M.D.

Censors:

Robt. Beebe, M.D.
Jas. B. Neal, M.D.
Rev. A. L. Macleish, M.D.
Rev. C. Wenyon, M.D., M.Ch.
Dr. Fred. C. Roberts.
Rev. J. C. Thompson, M.D.

Editors of Journal:

A. Lyall, M.B., C.M.
H. W. Boone, M.D.
B. C. Atterbury, M.D.
S. R. Hodge, M.R.C.S., L.R.C.P.

Shanghai, December 29, 1888.

Mary Gale, M.D.,
OFFICIAL NOTICE.

To the Members of the Medical Missionary Association of China.

We the undersigned Committee, appointed by and acting under instructions from Dr. Kerr, the President of our Association, issue the following call:—

1st.—For a Meeting of the Association to be held at Shanghai, at the time of the General Missionary Conference in 1890.

2nd.—For Volunteers to write papers for the Meeting.

3rd.—Asking members of the Association (a) To suggest subjects, (b) What writers should treat the specified subjects.

Kindly fill in the accompanying blank form, which will be sent you, at once and return it, signed, to the Secretary, Dr. H. W. Boone, Shanghai, so that the Committee may have time for correspondence and to arrange the preliminaries in order to secure the success of the proposed meeting.

Committee

A. LYALL, Chairman.

A. W. DOUTHWAITE,

H. T. WHITNEY,

H. W. BOONE, Secretary.

HOSPITAL REPORTS.

A. B. C. F. M. Mission Hospital, Foochow.

The 16th Annual Report of the Foochow Medical Missionary Hospital, under Doctor Henry S. Whitney, speaks of a renovated hospital lifted by the contributions of kind friends out of its pecuniary troubles.

"The first part of the year we had six students, three of whom occupied the position of assistants. During the year two of the assistants went out and three other students have been added, making seven now under instruction,—six students and one assistant.

"Medical instruction has been confined mostly to anatomy, theory and practice, and surgery, with some clinical teaching in physiology and therapeutics.

"Osgood's Gray's Anatomy, an edition of eight hundred copies, printed in 1881, has been sold out, and the writer is revising it in prospect of a new edition this year.

"The religious part of the work has been continued as usual. Rev. G. H. Hubbard kindly took charge of the daily religious exercises until I moved back to Ponassang from Southside in June last. The students living in the hospital are all professed...
Christians and take their turn in conducting the daily religious worship, and (once a week) five times, they take turns in holding a special service. Most of the patients freely attend these exercises and derive more or less benefit from them.

"The remarks of former Reports still apply, that these influences in connection with books and papers to which they have free access, combine to exert a civilizing, elevating, and in some instances a saving effect upon this benighted people.

"Every year witnesses anew the great benefits of medical work for the Chinese. There is no people worthy the name of nation so lamentably destitute of intelligent native physicians as China, and we may regard it as a high privilege that we can mutually render such needed help to the thousands of helpless creatures in our midst.

"The whole number of In-patients is 411, Out-patients 4,662, making 5,073 in all, and 490 surgical operations.

"The opium asylum, now carried on by Doctor Chang, continues to have from one hundred to one hundred and twenty opium patients annually."

Dr. Whitney has generously given up this hospital and gone to a new and difficult field in the interior, as it is easier to get a new man for an old established work than to find one willing to enter on a new and untried field. With this spirit the Doctor will carry a blessing wherever he goes.

H. W. B.

ANNUAL REPORT OF THE C. M. S. HANGCHOW MEDICAL MISSION FOR 1887,
BY DR. D. DUNCAN MAIN.

This admirable report needs no words of commendation. A few extracts will show what the work is and the spirit in which it is done.

H. W. B.

The double mission of healing the sick and preaching the gospel was carried on during the year without any interruption and with considerable encouragement and success. In last year's report we said that "I had "no wonders to chronicle and few changes to record," but we cannot say the same of 1887, because it was marked by several very important events. The first as regards date and importance was the arrival of Dr. HICKIN on the 19th February, to assist in the work of the Medical Mission. His arrival was hailed with joy, because the yearly increasing work of the hospital, the duties connected with the medical class, the medical care of the missionaries and their families, etc., were making me feel more like a general practitioner than a medical missionary,—a thing not to be desired by any means, for a medical mission is not worthy of the name, if the medical work is not second in importance to the spiritual.

Our methods of work are much the same as those of former years. We have an out-door and in-door department. The Dispensary is open daily for the treatment of out-patients, and in the waiting-room are to be found all sorts and conditions of men, women and children, good, bad and indifferent, examples of broken-down gentility and faded respectability, men and women who have seen better days, the man of showy exterior and the beggar in rags, the well-to-do farmer and the degraded opium-smoker. The hospital is open to all, but we do not practise indiscriminate giving away of medicines, which may be as hurtful to the Chinese as indiscriminate almsgiving, or as the Rabbies v. 42 in its literal sense. Neither do we press to do charity to those who are able to pay for advice and physic, but try to teach such, that those who participate in the privileges of an institution ought to help in its maintenance. We aim at reaching the sick-poor; poverty and disease being the best recommendation a patient can present for admission. We have a small entrance fee of 14 cash (little more than one half-penny), less than what is charged at the native dispensaries or by native physicians; it is not sufficient to
cover the cost of the medicine supplied, is sufficient to make a Chinaman feel that he is receiving something which possesses cash value, and helps to infuse, in a small way, a healthy spirit of self-help. But it is the in-door department that we look to most for success, not only from a spiritual but also from a physical point of view. The difficulties of treating the Chinese as out-patients are legion, and the advantages of in-door treatment it is hardly necessary to enumerate—the large, well-ventilated and comfortable wards, spring beds, clean clothing and bedding, an abundant supply of wholesome food, plenty of hot water and soap, good nursing, daily attention and medication. For in-patients, we have a scale of charges ranging in proportion with the means of patients, and over a dozen free beds for patients who are very poor and not able to pay anything towards their board. No one is ever debarred from the advantages of the hospital because of being poor.

Dr. Hickin, as soon as he reached Hanshaw commenced the study of the language, and that very delightful task kept him fully occupied during the year, except in the autumn, when he laid it aside for more than two months and took charge of the hospital, setting me free to take a holiday.

STATISTICS OF THE WORK.

Number of Patients treated 1887.

Out-patients (register only)
on first visit ... Male, 5,995
Female, 4,282

10,277

In-patients ... Male, 433
Female, 69

502

<table>
<thead>
<tr>
<th>Operation</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraction of Teeth</td>
<td>401</td>
</tr>
<tr>
<td>Teeth stopped</td>
<td>19</td>
</tr>
<tr>
<td>Excision of Tumours</td>
<td>19</td>
</tr>
<tr>
<td>Tapping</td>
<td>48</td>
</tr>
<tr>
<td>Opening Abscesses</td>
<td>170</td>
</tr>
<tr>
<td>Whitlows</td>
<td>14</td>
</tr>
</tbody>
</table>

On the Body Generally.

Extraction of necrosed bone ... 13
" Nasal polypi ... 18
" Needle from Abdomen ... 1
" Thigh ... 1
" Pieces of Bamboo, glass, etc ... 5
" Bullets ... 23

Extraction of Teeth ... 401
Teeth stopped ... 19
Excision of Tumours ... 19
Tapping ... 48
Opening Abscesses ... 170
" Whitlows ... 14
Operations for Fistula ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ......
we give prominence to the claims of the sick soul, we do not neglect the sufferer's body. With hand and heart, deed and word, we work from the outside to the inside, and not. I am thankful to say, with tokens of blessing. During the year over ten thousand patients heard the Gospel story, and we rejoice to say of some, that they not only heard, but believed, and were baptized, and are now giving proof of their profession in a life possessed. Nations are not yet born in a day, but the ones and the twos are being gathered in, and we take courage and go forward. The spiritual work consists in daily services for the in-patients, daily preaching in the wards, preaching to the out-patients, preaching to the heathen in the street chapel, weekly prayer-meeting, weekly meeting for Bible study, bed-side instruction, and visiting patients at their homes, who while in the wards showed an interest in the Gospel. This last part of our evangelistic work is pregnant with promise, and we hope to make adequate arrangements for the further development of it. We purpose adding two Evangelists to the hospital staff, in fact one has already been appointed to the work.

ST. LUKE'S HOSPITAL, SHANGHAI.

The Twentieth Annual Report of St. Luke's Hospital for Chinese in connection with the American Episcopal Church Mission, Shanghai, is a brief one, Dr. BOONE returning from his visit home in the middle of the hospital year.

Description of the work done during the year.

Description. Intern. Extern. Total.

Native Males ... 436 12,653 13,089

" Females ... 56 578 934

Foreign Males ... 17 144 161

" Females ... 2 15 17

511 22,590 23,101

The Vaccination Dispensary connected with the hospital was conducted as usual, and a large number of infants and children were vaccinated. Our method of providing second and third class accommodation seems to meet the wishes of the people. The officials and gentry have often been to the hospital seeking relief, and our general wards have been well filled. Only 19 foreigners applied for admission to the wards, although many sought and obtained relief at the out-patient department.

112 surgical operations were performed in the hospital with two deaths, due respectively to exhaustion after resection of intestine in a very feeble man, and to Pneumonia (induced by a sudden change of weather) in a patient upon whom ovariotomy had been performed.

The minor operations in the out-patient department numbered 581 cases.

The Rev. Mr. KOENIG acted as Chaplain to the hospital until the spring, when he was called to assume important duties in connection with Mission work at Kiading and elsewhere. While thus losing his valuable and efficient services we gain those of the Rev. Y. K. YEN, who, as Rector of the Church of Our Savior, Hongkew, is also in spiritual charge of the hospital located in his parish. Mrs. N. F. YANG and Mrs. WOO came as lady visitors bringing words of Christian comfort and sympathy to the women patients in the wards.

Surgical Operations.

Eye-ball and Appendages.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Relieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pterygium</td>
<td>2</td>
</tr>
<tr>
<td>Entropion</td>
<td>2</td>
</tr>
<tr>
<td>Staphyloma Corna</td>
<td>1</td>
</tr>
<tr>
<td>Granular Lids</td>
<td>2</td>
</tr>
<tr>
<td>Cataract</td>
<td>9</td>
</tr>
</tbody>
</table>

Bones.

Removing diseased parts:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Relieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>3</td>
</tr>
<tr>
<td>Caries of Sternum</td>
<td>1</td>
</tr>
<tr>
<td>Upper Extremity</td>
<td>2</td>
</tr>
<tr>
<td>Lower</td>
<td>1</td>
</tr>
<tr>
<td>Excisions of Lower Jaw</td>
<td>2</td>
</tr>
<tr>
<td>&quot; Head of Humerus</td>
<td>1</td>
</tr>
</tbody>
</table>
The present corps of Editors present to their readers the concluding number of the second volume of China Medical Missionary Journal. The next number will appear under the supervision of other Editors. We resign our work with many thanks to those who have so efficiently assisted us. When all our bills of the last two years have been paid, and when all subscriptions have been received, we shall have a small credit-margin. There is much still to be attained, and our successors will be able to improve upon our embarrassed beginnings. We anticipate a brilliant future for the Journal, and for the Medical Association.

We would draw the attention of all members of the Medical Association to the call which they will soon receive for votes regarding a Medical Missionary Conference to be held May, 1890. It is none too soon to commence arrangements for it.