

THE

# China Medical Missionary Journal.

VOL. III.

---

SEPTEMBER 1889.

---

No. 3.

## MEDICAL MISSIONARY WORK IN FOOCHOW.

By H. T. WHITNEY, M.D.

Medical missionary work was first begun in Foochow in 1850, under the auspices of the Church Missionary Society, by Mr. WELTON. He began dispensary work in the city, and continued it successfully, against a strong prejudice and many obstacles, for six years, treating thousands of patients, winning the confidence and goodwill of the common people, and through his influence the right of missionaries to live within the city was admitted by the officers, "a concession which up to that time had been yielded to no other missionary." Mr. WELTON, being in feeble health, went to England in 1856, and was never able to return, but continuing with variable health for two years, his life and labours were finally terminated in 1858.

From 1856 till 1869 but little was done of a directly medical missionary character, though indirectly, as through the Community physicians, a great many Chinese received medical aid. Early in 1870, Dr. D. W. OSGOOD, and wife, of the American Board, arrived in Foochow, and took up anew the medical missionary work. In March 1870, he and Rev. C. HARTWELL made a trip to Yen Ping, 140 miles N.W. of Foochow, on the left bank of the Min river. The people there are very proud and extremely anti-foreign. But Dr. Osgood treated over 150 patients and performed some operations. He began his work within the city of Foochow, after this trip, where he dispensed to outsiders, and also rented a small, native building and received a few in-patients. In October

1870, he opened a second dispensary in that part of the Foochow suburbs called Ponasang. A native building was also afterward rented near Ponasang for hospital use. Dispensing was at first done on two days of each week, but later on four days each week. In the beginning of 1872 he opened a third dispensary at Hapuoka, another part of the Foochow suburbs.

His first Report, July 1st, 1872, covering over two years of preliminary work, records 6,579 patients treated, including second visits, and 267 and more operations performed.

The second Report records 7,925 patients and 422 operations. He also remarks upon the increased number of women coming to the dispensary for treatment, as a hopeful sign that prejudice is being removed. This, of course, was true to a certain extent, but lest any may get a wrong impression, it should be stated that in Foochow we have a large class of "field-women," large-footed, who work in the fields with men, bear heavy burdens, carry produce to market, go about boldly on the streets, and mix freely with the crowds, so that they would naturally come to a free dispensary. It may furthermore be stated in this connection that in later years a fair number of the better class of women, "bound-footed," annually visited our dispensaries.

His third Report records 9,321 patients and 659 operations. During the year he visited eight villages and cities, and dispensed medicines, and performed operations. Several of these places were in the N.W. part of the Province, in what is now the Shaowu field. He dispensed at Yang K'eu, on the left bank of the Min, 180 miles from Foochow. Afterward, at Tsiang-loh hien, 220 miles from Foochow, on the Tsiang-loh branch of the Min, and later at Shaowu fu, on the right bank of the middle branch of the Min, 250 miles from Foochow. At each of these places he treated several hundred patients and performed quite a number of operations.

The fourth Report gives 8,253 patients and 488 operations. It is to be noted that the in-patients increased gradually from year to year, although the hospital was only a poor, native building, and not very convenient or suitable for such work, yet it was the best he could do at that time.

The fifth Report gives 5,134 patients and 300 operations. He states that the in-patients might have been more if he had had room to receive them. He attributes the less number of out-patients to the arrival of Miss Dr. TRASK, of the Methodist Episcopal Mission, who already had quite a large practice among the women and children.

The sixth Report, July 1st, 1877, gives 6,203 patients and 353 operations. Many in-patients had to be turned away, for want of room, and he had failed to secure any better place. There was an unusual amount of ague, owing to floods in the Min. The Governor established two dispensaries with four native doctors in attendance, who gave free prescriptions to all who chose to apply.

There was a large number at first, but they gradually decreased, and in a few months the work came to an end. This instance is suggestive by way of comparison. In the summer of 1876, Dr. Osgood and family took a few months' rest and paid a visit to North-China, and learned of the methods and progress of the medical missionary work there. This Report notes the real beginning of the cure of opium patients in Foochow. This subject will be noticed more particularly later on.

The seventh Report gives 7,288 patients and 418 operations. During the period covered by this Report, *i.e.*, from July 1st, 1877, to June 1st, 1878, a site for a new hospital was purchased near Ponasang, and a two-storied wood building, with eleven rooms, was erected by the end of April 1878. The eleven rooms were as follows:—seven wards for common patients, that would accommodate from eight to ten patients each, one ward for paying patients, an operating-room, and two rooms for assistants. Three rooms for cooking purposes, a bath-room, and door-keeper's lodge, were built separate from the hospital.

During the summer of 1877 there was a severe Cholera epidemic, following very high floods in the Min, in which it was estimated that ten thousand, in and about the Foochow district, died. The percentage of mortality was very high. A large number came to the dispensary for medicine, not the patients but friends of patients. Very few cholera patients have ever come for treatment.

The eighth Report, June 1st, 1878, to June 1st, 1879, gives 9,578 patients and 560 operations. The cholera epidemic of 1877 re-appeared in the summer of 1878, but was not so violent or extensive. A greater number of in-patients were treated than in any previous year.

The ninth is a decade Report, and the last one before Dr. Osgood's death. He gives 7,838 patients and 548 operations. A general survey of his ten and one-half years' work gives but a general idea of the magnitude, extent and usefulness of this work.

The total number of prescriptions recorded was 78,697, of which 51,838 were individual patients, *i.e.*, first visits. The whole number of operations recorded was 4,015. These patients included beggars, coolies, labourers, farmers, artisans, merchants, soldiers, literati, and officials, from nearly every Province in China. Men, women, and children alike shared the benefits of the hospital and dispensary.

*Religious Work.*—In accordance with the original idea of medical missionary work, to serve only as an auxiliary to direct religious work, it has always been the practice to hold religious services in connection with the dispensing of medicines, and in most cases also the Scriptures and other religious works have been offered for sale. In the hospital there is opportunity for more definite and

permanent religious work, as, in addition to the regular services, books can be supplied to suit individual needs, and there is opportunity for personal conversation and instruction. The benefits of such work are always much more than anyone can trace, and often in unsuspected lines. Thus, a missionary could hardly expect to go and rent a chapel, and carry on religious work in any particular village simply because one or more of those villagers had once received medical treatment from some foreign physician, or that a foreign sportsman should be allowed to escape injury in the country, because a foreigner had once dispensed medicine in that region. But the Chinese often reason differently from others. The number of conversions resulting both directly and indirectly have been somewhat numerous, though we have no data for the exact number. The seed sown has gone out in all directions, so that only a small part of the fruit has been gathered by the sower. However, Dr. Osgood had the satisfaction of seeing quite a number of conversions, as the result of his labours, and since his death, the number has been increased from the seed he had sown.

*Medical Instruction.*—The work of the medical missionary is also many-sided. It is always necessary to employ native young men to help the physician, and care is always taken to obtain young men who have some natural talent, for such work. And, aside from the large amount of clinical experience afforded them, it is also of the first importance to instruct them in the principles of medicine. To do this with any degree of thoroughness requires much time. Four days each week, during six months of the year, has been the ordinary time given to study. The clinical instruction has been given on dispensing days, and nearly every day at the hospital, both in the wards and the operating-room. In former years there were but very few text-books to aid in giving instruction. Dr. DUDGEON's *Anatomical Atlas* was used, with HOBSON's works, at first, till Dr. KERR began to prepare a series of works on different sections of medicine, and Dr. OSGOOD translated GRAY's *Anatomy* into Chinese, ready for use in 1881. By this time we had a fair vocabulary, and text-books enough to arrange a very respectable course of study for native students. Quite a number of students received partial instruction with Dr. Osgood, and two completed their course. The "skeleton" was of great service in lieu of dissection and text-books.

*Literary Work.*—Dr. OSGOOD, in connection with his other duties, prepared two small tracts, one to use in connection with sabbath worship in the hospital, and the other, "Prayer," containing the Lord's Prayer, Decalogue, Apostles' Creed, etc. This last has had a very wide sale, and has been of great service to help the heathen to get at the fundamentals of the Christian religion, and so prepare the way for the Bible and other books. During the last three years of his life, he spent his available time in translating GRAY's *Anatomy* for the use of Chinese medical students. This was perhaps the most important work of his life as a

medical missionary, as it is a standard work in English, and will probably become such in Chinese. One edition has already been sold out and a second is now in the press.

*Drugs and Instruments.*—One of the incidental benefits of medical missionary work is the displacing of native, by the introduction of foreign, medicines and instruments. When we consider the present state of Chinese Practice, the vile, disgusting, and worthless nature of many of their remedies, and the few rude apologies which they use for instruments, the disparity becomes very apparent, and the great superiority of the one over the other fully appreciated. At first the natives were afraid to use foreign medicines, but in a few years, after thousands of their number had been treated, and they had learned the value of some foreign remedies, their fears were overcome, and the call for particular drugs began. Quinine, iodine, carbolic acid, santonine, bromide and iodide of potash, castor oil, cathartic pills, sulphate of zinc, tincture of iron, cod liver oil, chloral hydrate, tincture of catechu, and a few others, were the first in special favour. A formula, prepared by Dr. Osgood, containing medicines for colic, diarrhoea and dysentery, and called "*K'ü-fung*," has been very popular with the Chinese here, and large quantities have been sold. We never made it a business to sell medicines promiscuously as a druggist would do, but only to those who had learned the proper use of these drugs, and to certain ones who were curing opium patients in and about Foochow, and also in the country from 50 to 150 miles away. These sales were small at first, but gradually increased to one, two, three, and four hundred dollars a year. In 1882 the use of foreign drugs had become so general, patent medicines were being scattered abroad, and a foreign drug-store having been opened in the settlement, we availed ourselves of a good opportunity and turned over the sale of medicines to a trusty native, who had graduated from the hospital.

*Trusses* were early introduced, and being found of practical value, the large amount of hernia called out a considerable sale. By degrees also surgical instruments of various kinds were in demand, as the natives learned how to use them. This business was also committed to Dr. CHANG, in connection with the sale of foreign medicines. Foreign drugs are so much more powerful than native that many accidents might naturally be expected, but as far as we have ever known, but comparatively few fatal accidents have happened. The danger is with our poisons, especially morphine. One or two cases have been reported: one death occurred by an over-dose, and in the other, morphine was mistaken for quinine. We wish to record in this connection that we never sanctioned the sale of opium or morphine, but the natives, knowing there was "money in it," and risking the "destruction in it," have purchased it, through other sources, in enormous quantities, and the evil has been very great in connection with the religious work.

*Support.*—The funds to pay the general expenses of the hospital and dispensary work have been generously contributed, to a large extent, by the numerous friends of the work in the Foreign community of Foochow. These have been supplemented by an annual contribution, in later years, from some fifteen of the higher officials, some natives in the tea trade, and compradores in the Foreign hong.

In a subsequent article we will complete the history of the medical missionary work in Foochow carried on by the American Board, leaving the C.M.S. medical work of recent years, and the work among women in connection with the M.E.M., to be written, if at all, by those more familiar with the details of their work.

---

## A DEATH FROM CHLOROFORM.

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

There is an old saying, almost a superstition, that when one begins to congratulate himself on his good luck, then misfortune comes. So it has happened to me. I had read with much interest various papers and discussions on the subject of anæsthesia in surgery, which have been appearing in the medical journals of the past few months, and it occurred to me that I had never come across any statement of the effects of anæsthetics on the Chinese. Towards the end of last year, when preparing statistics and material for my annual report, I jotted down a few sentences on the subject, to be embodied in my report, the gist of which was, that the Chinese seemed to be good subjects for anæsthetics, as I had never heard of death from chloroform occurring in China, and in my own practice no case had occasioned me any special anxiety. Only a few days afterwards, on the 12th of January, we had a death from chloroform. As is often the case when such unfortunate accidents occur, the operation was comparatively a trifling one, and the anæsthetic had been administered but for a short time. The patient was only 16 years of age, and the disease from which he was suffering was necrosis of the tibia. There were several sinuses over the upper third of the tibia, and, on probing, a long, thin, superficial sequester could be felt. The general health of the boy seemed to be fairly good. His heart was not examined previous to the operation. The patient was young, and there was nothing to excite suspicion of cardiac mischief. Moreover, cardiac affections are relatively rare in this part of China. Dr. HENRY LAYNG assisted me during the operation. A Chinese assistant administered the chloroform. The boy went quickly under the influence of the anæsthetic, and

the operation was proceeded with at once. An incision was made through the sinuses, and the sequester was divided into two pieces by means of the chisel and hammer, and removed. Some carious bone was then detected and was gouged out. All this took only a few minutes to perform, possibly ten or fifteen minutes. Chloroform was now stopped. The sinuses, which had not been included in the incision, were now probed, and one was found to lead to carious bone on the opposite side of the tibia to where the sequester was lying. We decided to cut down and scrape away this carious bone also. The sinus was enlarged, the finger inserted to investigate into the condition of the bone, and as we were beginning to use the gouge, the alarm was given. The boy's face was pale. He made one feeble gasp and then ceased to breathe. I at once resorted to NELATON's method of complete inversion of the body. When this failed to restore the breathing, artificial respiration was employed, ether injected, and various other expedients used, but all proved of no avail. The Chinese assistant stated that he ceased to give chloroform after the first stage of the operation was completed, and that on my making the second incision the patient moved and seemed to be awaking from the chloroform. He then dropped a few drops of the anæsthetic on the cloth and applied it to the face. He had his finger on the pulse, and almost immediately on re-applying the chloroform the pulse became weak and, with a flutter, suddenly stopped. The patient made one or two short gasps for breath and then the breathing ceased also. The chloroform was removed as soon as the pulse began to fail.

The cause of death was evidently heart-failure. Two questions are naturally suggested, viz., Had too much chloroform been put on the cloth? or, Did the assistant fail to realize at once the danger when he found the pulse becoming feeble? The assistant has been in the constant habit of giving chloroform for ten years or longer, and has hitherto met with no mishap, and his statement as to the quantity of chloroform put on the cloth may be relied on. Neither do I think that he had failed to realize the danger.

This, then, so far as I can learn, is the first case of death from chloroform reported in China. Dr. KERR, of Canton, has not had a case during his long career as a medical missionary. Dr. MANSON, late of Amoy and Hongkong, has been equally fortunate. Heretofore, my experience has been that Chinese patients take chloroform very well. Sometimes cases are met with which are difficult to put under, and a good quantity of the drug is required, but usually they are easily anæsthetised. The stage of excitement is, I think, less marked than in the case of Europeans, but nausea and vomiting afterwards are equally common. In India, the experience of Dr. LAWRIE is remarkable. He says, he has given or superintended the administration of chloroform 40 or 50 thousand times without having a fatal case.

## MANIA FOLLOWING AN OPERATION FOR ENTROPIUM.

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

In the discussion on Anæsthetics, already alluded to, the occasional occurrence of insanity after operations was referred to by several surgeons both in England and America. The cause of the insanity was generally accredited to the effects of the anæsthetics (chloroform and ether), on the nervous centres. About two months we had a case in the Swatow Hospital of acute mania following an operation for Entropium. No anæsthetic, general or local, was given. The patient was a woman, about 30 years of age. The day after the operation she became restless, refused food, and was irritable on being spoken to. In a few days she gradually became wildly maniacal, and so violent that she had to be shut up in a room by herself. Eight years before, she had suffered from an attack of insanity. On her removal from the hospital, a month after the operation, her mental condition, though better, was still far from being satisfactory.

---

## THE RELIGIOUS WORK OF MISSION HOSPITALS.

By MILDRED PHILIPS.

There is a great difference in the position some of the hospitals are taking in regard to this matter. With some the medical work has the prominence, with some the religious work. Which of these states exists in any given Hospital will depend largely upon the physician in charge. If he or she has a livelier interest in science than in spiritual things, it will be the former. If more spiritual zeal than scientific, it will be the latter. But neither of these will give such satisfactory results as the proper union of the two. They must be carried on side by side if we fulfil our mission. The people come to us for the healing of their bodies. Though we receive them with a double object in view, we should give them that for which they come, if possible, at whatever, proper, outlay at our command. If we fail to heal them, we have at least given a testimony that will work for good. In many and varied ways can good come from failure under such circumstances, whereas failure without having done our all is likely to result in harm greater or less according to circumstances. We can not be too zealous in the care of the bodies of those who come under our charge. There is room here for us to be continually and ever incited to greater diligence. Still, a



note of warning need not be considered amiss. Judging from my personal experience, and the reports of Mission Hospitals, the temptation lies on the side of letting the medical choke the religious work. If so, it is a serious and grave mistake. I do not say as *Missionary* enterprises such hospitals are a failure, for I do not believe that they are. I think, if *simply* medical work be carried on conscientiously, without self-seeking, with none or only the feeblest efforts at Christian teaching accompanying it, that still such medical work will, *alone*, be a power for good in the evangelization of China; that still such a hospital is a *Missionary* enterprise; because it is an institution where love and goodwill to man are put into practice; because it is an institution that manifests the developments of science possible under Christian civilization. By these means such a hospital conciliates the people, breaks down prejudice, and commands the respect of the people. So much as that is a great work. But in itself that is not saving souls; it is rather preparing the ground, so that when the sower of the good seed does come and stretch forth his hand and begin to scatter the seed, they fall, not all upon hard and stony ground, but some upon good ground, and bring forth fruit, some an hundred fold, some sixty and some thirty fold. Then, truly, are we not unwise as we go along not to see that these seed are scattered broadcast over the ground that *our own hands have so labored to prepare*? We need not do it all ourselves, but see to it, and rest not until we know that the seed are being scattered. I think that we will be rather the wiser, if, instead of trying to do this all ourselves, we secure other help, medical or non-medical it does not matter. The three vital things are—Have they good seed to sow? Are they willing patiently to sow day by day? Have they been taught by the great Husbandman how to do this work? For not all the good seed that falls upon good ground springs up and bears fruit. It must be rightly lodged, covered, watched, watered. Is it reasonable that we are doing all in this line that we can, when out of the thousands that attend many of the hospitals yearly, we see the small number of five, six or a few more brought into the church? In my own work I am so fortunate as to have a foreign assistant appointed to this as her special work. Were it otherwise, I fear I would find it impracticable for me to give to the patients the religious instruction that they ought to have.

This plan will lessen the work and the responsibility falling upon the individual, while I think more real good will be accomplished than where we overcrowd and overwork ourselves in trying to combine the two lines of work in the individual.

Soochow, May 21st, 1889.

---

## REPORT OF THE LONDON MISSIONARY CONFERENCE.

By A. L.

The Report of the Centenary Missionary Conference, held in London last year, fills two large volumes. The editor, the Rev. JAMES JOHNSTON, is certainly to be congratulated on the way in which he has performed his editorial duties, and on his being able to furnish the public with the books at such a low price. These volumes are full of valuable information concerning Protestant missions, and all the missionary questions of the day are more or less fully and freely discussed.

In this journal the medical missionary parts interest us more especially. Medical missionaries have no reason to complain of the treatment which their special work has received. They have reason to be thankful, for these reports bear ample evidence of the fact that medical missions are becoming more and more appreciated, and their importance recognised, by the Christian Church and by missionaries. Dr. LOWE, of Edinburgh, mentions, in his address, that when he went out to India, in 1861, there were not more than 20 medical missionaries in the foreign field, in 1878, there were between 90 and 100, but now, there are more than 300 medical missionaries in all parts of the world, and of these about thirty are fully-qualified lady physicians. This fact alone shows great progress, and Dr. LOWE himself has played no mean part in the bringing of it about.

Chinese medical missions apparently were not numerically, strongly represented at the Conference, but they were efficiently represented by Drs. MAXWELL, GOULD & WILSON. Dr. MAXWELL's paper on "The Relative Value for Mission Purposes of Hospital, Dispensary, and Itinerant Medical Work" is an able one, and his conclusions will be generally accepted by medical missionaries in China. His paper deals more with the spiritual, than the medical results of medical missionary effort, and he sums up as follows:—"All three methods are "needful to the complete manifestation of the medical missionary's efficiency "as a servant of Christ. The intensive spiritual force cannot fail to be more "fully shown in hospital work than in any other, the rapid diffusive philan- "thropic influence will reveal itself more rapidly through the dispensary, whilst "the living presence of the medical missionary, as he passes from village to "village in itinerating tours, will prepare the way most effectually for the labours "of the evangelist." Another statement which he makes is worth quoting, as it corrects a misconception regarding medical missions which is widely prevalent. The misconception is that "medical missionary work is only good for pioneer

purposes, and that its use ends there." MAXWELL says, that "brief residence in any mission field in China would soon satisfy the most rigid upholder of this theory, that his idea of pioneer work must be made to cover scores of years, during which time the medical mission is continually gathering fresh increase of power and efficiency. The fact is, that the mission hospital is not only a pioneer agency, but from year to year a great feeder of the Church."

Amongst the subjects discussed were the following :—The Power and Place of Medical Missions ; The Relation of the Doctor to the Mission and to Mission Work ; Ordained and Unordained Medical Missionaries ; Training of Native Medical Students, etc.

Emphatic testimony was borne to the absolute necessity of medical missionaries, both men and women alike, being fully trained and equipped for their work. About this there was no uncertain sound. The subject of a partial medical training for missionaries was touched upon by several speakers. Perhaps a fuller consideration of this matter would have been profitable. So far as China is concerned, many experienced missionaries will agree with Mr. HUDSON TAYLOR in his remarks on this subject:—"Twenty years ago," he says, "my own opinion was very much what has been expressed here,—that all missionaries should have a limited measure of medical training. I have now come to the opposite opinion. I think it is a profound mistake to give a person just a smattering of medical knowledge. I have seen many good missionaries spoiled, and very few really benefited by it. Let us have medical missionaries." Some missionaries who, in the earlier years of their missionary career, used to carry about with them mixtures, ointments, and liniments, have come to think that this kind of philanthropy is more a hindrance than a help to them in their work. It takes up valuable time which he wishes to spend in preaching the gospel or in pastoral work.

It is true that intelligent men and women can pick up a considerable amount of practical knowledge of medicine in a year or two, and that in certain circumstances they may put this knowledge to good purpose. Such persons, however, should not be sent out as medical missionaries, nor, on reaching their field of labour, should they specially give themselves out as healers of the sick. In Indian Zenanas partially-trained ladies may do a great deal of good medically as well as spiritually, but even for Zenana work we would say, "Let us have fully-trained medical missionaries." We have no wish, however, to argue against missionaries obtaining some medical knowledge and training. It may be doubted if England and America are the best places for getting this medical knowledge. Perhaps, if such agents, after getting some idea of Anatomy and Physiology at home, were to proceed to the foreign field and attach themselves to a mission hospital for a year or two, they would probably spend their time more profitably there than by walking the hospitals at home.

Another subject was referred to which perhaps it is unnecessary to notice. Some missionaries, who had no medical training, described how they had been forced to become medical practitioners. One gentleman, who was at a lonely post, tried first homœopathic drugs, but on finding that they had little effect on the sturdy constitution of the heathen, he resorted to patent medicines, using as his guide, the almanacks published to explain these medicines. If these drugs fulfilled all that is said of them, what cures would be effected! While fully appreciating the motives of such workers, we yet doubt the wisdom of this kind of work. There is a serious aspect in this matter which perhaps it may be well to notice. Some patent drugs, no doubt, are harmless, others may be good remedies for certain complaints, but some of the most popular kinds owe their popularity to the alcoholic and morphinic stimulants they contain. Hence, these drugs should not be indiscriminately used. Perhaps it might be possible to find a good brother who is on the one hand taking every opportunity of denouncing the iniquities of the opium trade, and on the other unconsciously doling out to all and sundry, as a panacea for various ills, a patent mixture strongly impregnated with opium.

---

## AMPUTATION AT THE KNEE-JOINT FOR EPITHELIOMA OF THE RIGHT LEG.

October 29th, 1888. By H. W. BOONE, M.D., St. Luke's Hospital, Shanghai.

C. L. C., male, 49, farmer, native of China, married, never had syphilis. When he was six years of age he received an injury of his right heel and of the outer side of the leg; was laid up for some time. The sore healed up, but from time to time it broke out again. During the last 21 years it has been sore all the time, and for 5 or 6 years he has been unable to do any kind of work. His appetite and digestion are fairly good. *Present Condition.*—There is a very extensive ulceration which has destroyed all the soft parts over the heel; the bone is bare and necrosed, the ulcer extends up the leg more than half way to the knee, and the skin is very unhealthy around it. There are very peculiar dark streaks running up the leg in the lines of the superficial lymphatics. The knee-joint is quite sound, and the skin over it is healthy. The patient had a bath, with prolonged soaking and scrubbing of the parts; a dose of castor oil was given, and he was put to bed.

*October 30th.*—The patient had a good breakfast; his thigh and leg were carefully scrubbed with warm water, soap and a nail-brush, then with a mixture of

turpentine and alcohol. At one o'clock the parts to be operated upon were enveloped in a towel wrung out of 5 % carbolic solution, and oiled paper and a bandage applied over all.

3.15 p.m.—Chloroform was administered with an Esmarch inhaler by Mr. CHING FONG, the house surgeon. With the assistance of Drs. JAMIESON & REID, and in the presence of the surgeons of H.B.M. Ships "Mutine" and "Heroine," I proceeded to operate by the method of STEPHEN SMITH, of New York. Taking a large scalpel, the incision was commenced about one inch below the tubercle of the tibia, and cut to the bone, then carried downward and forward beyond the curve of the side of the leg, thence inwards and backwards to the middle of the leg, thence upwards to the middle of the popliteal space; repeat this incision upon the opposite side; raise the flap, consisting of all the tissues down to the bone, until the articulation is reached, divide the lateral ligaments, enter the joint, and sever its connections internally and externally. Care should be taken that the incisions incline moderately forwards down to the curve of the side of the leg, to secure ample covering for the condyles, and that upon the internal aspect it should have additional fulness, for the purpose of insuring sufficient flap for the internal condyle, which is longer and larger than the external. The flaps were very flabby, as the muscles were atrophied from disuse, and had undergone fatty degeneration. As this fatty mass would not retract, I had to pare it away after the limb had been removed. The arteries and veins had retracted a little and had to be pulled down and tied with catgut. The condyles were completely covered, and the flaps were brought together with deep relaxation sutures of catgut; the edges were brought into apposition with intercepted sutures of finer catgut. A large opening was left behind the joint for drainage, but no drain-tube was inserted. After cleansing the parts with 5 % carbolic solution, warm, a little iodoform gauze was applied to the line of incision, and over all Gamgee pads and a bandage.

*October 31st.*—Some pain during the night, for which he had  $\frac{1}{4}$  gr. morphia; temperature 100°. On the fifth day the temperature went down to the normal; the first dressing was removed; it was slightly stained with bloody serum; upper part of wound united. Eighth day.—Stain on dressings, which were changed; slight sero-purulent discharge from the degenerated muscular tissues. Thirteenth day.—Dressings removed; wound entirely healed. Good stump; the line of the cicatrix is behind the limb; the surface which will rest on the artificial leg has no scar tissue at all on it.

*November 27th.*—Four weeks after the date of the operation, he struck the stump against the bed-foot in getting up. There is a black bruise at the upper angle of the scar, and he complains of pain and tenderness over the end of the condyles.

*November 28th.*—The upper angle of the stump has opened, and there is a discharge which looks like thickened synovial fluid; there is also a flabby granulation, which was touched with nitrate of silver.

*December 1st.*—Removed dressings; one-half drachm of blood-stained synovial fluid: probe goes in two inches over the surface of the inner condyle; one drachm of blood-stained synovial fluid was pressed out. The stump is perfectly sound and healed up, except this sinus at the upper angle of the cicatrix. Put in a small drain-tube and dressed the stump. The man seems to be quite well.

*December 8th.*—There is a slight stain on the cotton; the drain-tube had come out of the sinus; pressed out one-half drachm of serum; probe went in  $1\frac{1}{4}$  inch; there seemed to be nothing left but the track of the drain-tube. Dressings applied without the drain-tube.

*December 10th.*—Dressings removed, wound healed.

*December 14th.*—Tried his wooden leg.

*December 17th.*—Can bear his weight on the limb; no trouble with the stump.

*December 21st.*—At his own request, he was discharged. Cured.

The *Lancet* of October 13th, 1888, contains a report of two cases in which this amputation was performed, at "Guy's Hospital," by Mr. BRYANT. Mr. BRYANT refers to a paper which was published in *Medical and Chirurgical Transactions*, New Series, Vol. II., 1885, on Amputation at the Knee-Joint by Disarticulation, in which he strongly advocated the employment of the method of operating by lateral flaps, used in the following two cases:—"These are not good examples of the operation, the time which elapsed before the patients could be pronounced well being prolonged by suppuration."

*Epithelioma of the Left Leg following Chronic Ulcer; Stephen Smith's Amputation at the Knee-Joint; Cure.*

(From notes by Mr. W. E. TRESSIDER and Mr. F. W. HALL.)

M. A. G., aged fifty-two, living in Dorsetshire, was admitted on November 7th, 1887, and was discharged on March 4th, 1888. The patient was married; had had two children; no miscarriages. She had always had good health. Her present trouble commenced five years ago, when she injured the inner side of her left leg by striking it against an iron bedstead. The wound was about an inch long and not very painful. As the wound did not show any signs of healing, she consulted a medical man. She had been under treatment for a long time, wearing a Martin's bandage most of the time; but the wound had continued to ulcerate, to slowly extend in area, and at the same time to cause her more or less intense suffering.

*Condition on admission.*—There is a large ulcer on the inner aspect of the left leg, situated at about the junction of its middle and lower thirds; its vertical

measurement is five inches and a quarter, and its transverse diameter is about four inches and a-half, reaching in front to within half-an-inch of the anterior border of the tibia, and nearly to the middle line at the back of the calf; the base is very rough and irregular, and formed of fungating, unhealthy-looking granulation tissue. According to the patient's account, the ulcer has been steadily growing from the first; it has shown no tendency to heal, but has gradually progressed in every direction; the surface is exceedingly tender, and any pressure or other irritation from the dressings, or exposure to cold air, gives the patient intense agony. Below the sore there is some swelling under the skin on the inner side of the ankle-joint. A section of the ulcer taken from a part near the margin, showed clearly the characteristic structure of epithelioma.

*22nd.*—To-day Mr. BRYANT amputated the leg, employing STEPHEN SMITH's method of amputation at the knee-joint. The patient was put under chloroform, the leg raised in order to deprive it of blood, and an Esmarch bandage placed round the thigh. Mr. BRYANT then made an incision, beginning from a point about an inch below the tubercle of the tibia and carried backwards and slightly downwards over the outer side of the leg. As the incision reached the posterior surface it was curved upwards to the middle line. An exactly similar incision was then made on the inner side. Both flaps thus formed were dissected away from the deep fascia, and therefore consisted only of skin and subcutaneous tissue. Mr. BRYANT then cut through the fascia and capsule of the joint in front, keeping as closely as possible to the articular surface of the tibia and separating attachments of semilunar cartilage. Traction being put upon the leg, he then cut through the lateral ligaments of the joint and the tendons of the muscles on each side; he then divided the crucial ligaments within the joint and cut through the attachments of the semilunar fibro-cartilage to the margin of the tibia. This was done in order to secure the apposition of the semilunar cartilages to the articular cartilages of the femoral condyles. Lastly, the knee being in the semi-flexed position, he cut through the vessels, nerves, and muscles, at the back of the joint, thus completely separating the leg at the knee-joint. The vessels were then tied and Esmarch's bandage withdrawn. There was then some spouting from one of the articular arteries (or sural), which came off above the spot where the main artery was cut through, but this was soon stopped. The wound was then well washed with warm iodine lotion. The flaps having been brought together, their edges met along a vertical line situated entirely behind the stump, the lower part being covered by the skin over the patella and the portion which normally lies in front of the joint between the patella and the tubercle of the tibia. A drainage-tube about three inches long was inserted upwards into the cavity, three silk sutures fixing the edges of the flaps above the tube and two below. The stump was then well covered with iodoform gauze strips, and these were overlaid with a triangular piece of Gamgee tissue. A back splint was then

placed in position, and the whole firmly bandaged. The patient was put back to bed, with the stump slightly elevated under a cradle. Two ounces of brandy were given at once, and a quarter of a grain of morphia subcutaneously.

29th.—Patient doing very well. Temperature this morning 98·8°. Her general health is very good.

December 1st.—The temperature has risen to 100·4°. On examining the wound this afternoon, a fluctuating swelling was found just above the knee. Mr. BRYANT cut into it, and a quantity of clear, pinkish, bursal fluid was discharged; a drainage-tube was put in, and the wound dressed with iodoform gauze, etc.

2nd.—Wound dressed; a small quantity of fluid was found behind the joint; the wound was probed, and some adhesions broken down to let it out. Temperature 102·6° this afternoon. Ordered five grains of quinine.

5th.—The lower third of the thigh looks inflamed, so hot lead-and-opium lotion has been ordered. Temperature 100·6°.

6th.—The leg does not look so inflamed this morning. Temperature 99·6°. There is still considerable discharge; an extra drainage-tube was put in yesterday.

7th.—The inflammation has quite subsided; the lead-and-opium lotion has therefore been discontinued. Temperature this morning 99·2°.

9th.—Leg dressed this morning; there was a good deal of discharge. The stump is very sensitive. There was some inflammation this morning and the lead-and-opium lotion was again applied. Temperature this morning 100·2°.

10th.—The inflammation has quite gone, and the lotion was discontinued this morning. Discharge about the same. Temperature last night 101·8°; this morning 99·4°.

13th.—Discharge less for the last three days. Temperature 99·8°.

17th.—Scarcely any discharge this morning; the wound is now about an inch long. Temperature 99°.

January 31st, 1888.—Wound quite healed.

March 2nd.—Patient had a wooden pin fitted.

4th.—Patient discharged from the hospital with an excellent stump. The soft parts move readily over the condyles of the femur.

*Recurrent Melanotic Sarcoma of Right Leg after Amputation of Foot  
two years and a-half previously; Stephen Smith's  
Amputation at the Knee-Joint; Cure.*

(From notes by Mr. BROCK and Mr. W. STEDD).

S. A. W., aged fifty-three, a laundress, was admitted on March 11th, 1887, and was discharged on September 11th, 1887. The patient has been married twice, and has had eighteen children, ten being still alive.



*Condition on admission.*—The patient suffers a good deal. There is a granulating surface on the base of the stump about the size of a-half-crown; there are several dark-coloured spots scattered on the stump, one about the size of a sixpence, situated at the posterior part, looks very like melanotic sarcoma.

*Operation.*—On March 18th, the patient being under the influence of chloroform, Mr. BRYANT amputated at the knee-joint. The amputation performed was that known as STEPHEN SMITH'S. Each flap was formed by an incision commencing one inch below the tuberosity of the tibia and running downwards and forwards over the side of the leg until it reached the posterior surface, when it was curved towards the median line; the soft tissues were then dissected away from the bones of the leg as high up as the upper margins of the tuberosities of the tibia. Mr. BRYANT next separated the semilunar cartilages from the tibia and allowed them to slip up on to the condyles of the femur, so forming a cartilaginous buffer; the leg was then removed at the knee-joint. All the injured vessels were twisted; the capillary oozing was stopped by means of sponges dipped in hot iodine water, and the flaps were stitched together with silk sutures. A drainage-tube was inserted and the wound dressed with iodoform; an external splint was applied.

*March 19th.*—Patient had a morphia injection. She is in great pain this morning. The wound was dressed; there was a good deal of serous discharge. Temperature 100·4°.

*20th.*—Patient had sickness, so she was ordered one minim of tincture of iodine to a teaspoonful of water, to be taken every twenty minutes. The wound looks healthy; discharge about the same.

*22nd.*—The sickness has ceased. Ordered an ounce of brandy and eight ounces of port wine.

*25th.*—There is a little eczema of the thigh this morning. Boracic ointment was applied to it. Four sutures were removed this morning.

*28th.*—The eczema still continues. A little pus was found in the discharge this morning. Temperature 100°.

*30th.*—The patient is better this morning. The eczema is disappearing. There is still a little pus in the discharge. Temperature 99·6°.

*April 1st.*—She is going on well. No pus in the discharge. Temperature 98·2°. The last suture was taken out to-day.

*6th.*—The wound looks well. Temperature 98·2°. No pus.

*May 16th.*—Stump healed up and looks well.

*June 2nd.*—The wound has re-opened. A good deal of serous discharge and about three drachms of pus came away. Temperature 100°.

*3rd.*—Wound dressed; discharge about the same. Temperature 100·6° last night; 99° this morning.

8th.—Discharge about the same. She complains of a good deal of pain, and there is a tendency to bagging on the lower aspect of the stump.

July 4th.—For the last three days there has been considerable redness and tenderness on the outer aspect of the stump. The temperature went up to 102°. This afternoon there was distinct fluctuation to be felt. Cocaine was applied. Mr. BRYANT made an incision in the direction of the limb (half-an-inch in length); about five ounces of bloody pus were got out. The wound was syringed out with iodine water and dressed with boracic and iodoform gauze. It was suggested that the suppuration was due to breaking down of the cartilages, etc.

12th.—A great quantity of discharge daily from the stump. Patient complains of great pain in the stump. Temperature 98·8°.

16th.—There was a large quantity of thick pus on the dressings this morning, which seems to have come from the old sinus at the bottom of the stump, and about another ounce escaped during the dressings. A probe can be passed inwards for some distance into the abscess cavity.

20th.—The patient is better. The discharge has nearly ceased. Temperature keeping down.

27th.—Stump quite healed; it is very well rounded, with the scar quite behind and running up the limb. The patella is drawn up in front of the condyles, but does not show prominently on the surface. The soft parts are rather tightly fixed to the end of the femur, but at the same time they seem ample enough.

September 11th.—Patient's condition very good indeed since July. Wound quite healed.

#### *Remarks.*

In the report of Mr. BRYANT's cases it is stated, "He then divided the "crucial ligaments within the joint and cut through the attachments of the "semilunar fibro-cartilage to the margin of the tibia. This was done in order to "secure the apposition of the semilunar cartilages to the articular cartilages of "the femoral condyles." In the report of the second case, the following remark is made:—"It was suggested that the suppuration was due to breaking down of the cartilages, etc." In both of these cases the recovery was delayed by prolonged suppuration, which was due, no doubt, to this very fact of the semilunar cartilages being freed from their attachments and left in the flap,—they acted as foreign bodies, and it was only after the cartilages had broken down and been discharged by the process of suppuration that recovery took place.

In the case reported by me there was perfect recovery on the thirteenth day, with a firm, sound stump free from pain. He could have gone home then, but while waiting for his artificial leg, he happened to sustain a very severe contusion

of the stump against the iron bed-post; this caused some trouble, from which he got well without any serious difficulty. The original directions of STEPHEN SMITH say nothing about the retention of the semilunar fibro-cartilages in the flap. The stump after STEPHEN SMITH's operation is a perfect one, and, unless his operation is modified, there is no trouble about the healthy union of the flaps. McLEOD says:—"The knee-joint amputation is much preferable to amputation through the thigh; it is quicker, easier, requires simpler instruments, and is attended with less bleeding; there is less shock, less danger of septicæmia and osteo-meyelitis, as the bone remains sealed; the integuments preserved are, as a rule, better adapted to sustain pressure; there is less risk of injury to flaps from a rough sawn bone; less retraction of muscles; the sustaining power is more quickly acquired; the point of support is broader and better fitted for pressure; from large anastomoses about the joint, the blood-supply is more quickly established; the redundant size of the articular head of the femur in time disappears." E. D. HUDSON, states:—"The practice of dividing the condyles cannot be sustained by any rational hypothesis, nor practised on any scientific principles; except disease or injury of the condyles compel their excision, their osseous covering and cartilage investments should be kept inviolate from knife and saw, for, as constituted, they are the strongest, most tolerant and important supports in the entire body; the inter-condyloid fossa is readily filled with a neatly-shaped elastic pad, of wool-felt, even with the convexity of the condyles, and made to extend over them for a cushion, in the adaptation of prothetic apparatus. Equally reprehensible is the method of placing the patella over the fossa with a view of making that a point of support, and also of sawing off the condyles and applying the patella to the cut surface; these and other ingenious experiments are of no practical value." The case which I have reported was operated upon before I had the opportunity of reading the reports of Mr. BRYANT's cases. The result was so good, and the stump resulting after the operation was so admirably adapted to furnish a sound basis for support, that I deem it my duty to call the attention of the members of the Society to this form of operation as one from which they can expect to obtain the most satisfactory results.

---

## NOTES ON A CASE OF OBSCURE BRAIN TROUBLE IN THE MARGARET WILLIAMSON HOSPITAL, SHANGHAI,

Under the care of Dr. GALE.

Patient, a Chinese male child about five years of age, was admitted to hospital on the afternoon of Jan. 23rd, 1889. The previous history of the child is as follows:—From infancy he has not been strong; as a baby he cried constantly. The family thought he had brain trouble, because he did not sleep. Until a year old some one was constantly trotting him. Was subject until within a year to protracted attacks of diarrhoea. During this last year the family considered him very well.

In the 11th month of last year a brother had measles; at that time this child for two weeks had fever at night. Some time during the 12th month the present illness began with vomiting, which continued during the day and has not since been repeated. This was followed by convulsions, repeated as many as ten times in one day; the convulsions were followed by coma; after one he was in profound stupor for two days, the only indication of life being his breathing. For three weeks before entrance there had been no convulsion, but speech was entirely lost, hearing and sight doubtful, and there was paralysis of both upper and lower extremities.

On admission child was extremely emaciated, flesh and muscle wasted, abdomen retracted. The face was small and pinched, and of a dusky hue. On the forehead between the eyes was a plaster covering a spot where the child had scratched himself severely. There was considerable ecchymosis of the right eye, and from the closed lids of both issued a puriform fluid. The gentlest touch of lids for the purpose of inspecting the eyes was forcibly resisted as if painful. The teeth were much decayed, the central incisors being mere stumps. Tongue was coated with a white fur, the breath musty. When put to bed lies on the back, quite unable to turn in any direction. Nucha contracted, but not markedly so, noticeable chiefly when trying to lift or turn the head. Eyes closed, breathing quiet and not accelerated. On waking, eyebrows contracted as if in pain, and utters a shrill cry, unaccompanied by tears, the cry being almost constant. While awake it was impossible to count the pulse on account of the choreiform movements of both hands when touched, and the hyperæsthesia of the skin of temples. The muscles of the left side had somewhat regained their power, those of the right were still flaccid and relaxed. Choreic movements seemed easily excited by touch or fretfulness.

Pupils irregularly, but not markedly contracted, that of the left eye the least so. Pulse slower than normal, temperature normal. Ordered Santonine and

Calomel, and Potas. Bromid gr. v, to be repeated as needed, and Milk every 2 hours. Child slept well.

24th.—Ordered Potas. Iod., gr. 2½ every 4 hours, Potas. Bromid. at night. Bowels moved twice. Had a quiet day and night, sleeping most of the time. Ate eagerly. Eyes insensitive to light, often staring and immovable. Axis of eyes slightly upward.

25th.—Pulse feeble, only 60, respiration sighing, seemed sinking. Gave stimulant of Brandy and Aromat. Sp. Ammon., which revived him.

26th.—Though cry and expression indicate great suffering, is soothed by somewhat vigorous patting, and will fall asleep under it. At noon had a slight convulsion, quieted immediately by Bromide Mixt. Bowels moved by injection, to the child's great comfort; a hot bath at night; Iodide discontinued.

28th.—Passed a good sized lumbricus. Santonine and Calomel repeated.

30th.—No worm passed. Child more comfortable. Inflammation of eyes lessened.

31st.—Pupils of equal size, slightly contracted. Cry less sharp, more a moan; does not frown so much.

Left hand natural in appearance. Right hand can be extended on itself and on the wrist, but is very flaccid, and soon returns to a position of flexion at the metacarpal joints; thumb abducted into the palm, and the fingers pointing to the radial side.

Feb. 1st.—Ordered stimulating liniment for back.

5th.—Renewed Potas. Iod. Potas. Bromid twice daily. Twitches left side constantly and fretfully when awake. For two weeks the pulse and temperature range have been as follows. Pulse from 60–88 in the morning, from 84–90 in the afternoon. Morning and evening temperature never rising above normal and sometimes sinking to 97°·2.

On the night of the 6th there was a great accumulation of saliva, which increased; throat became filled with it and child was unable to expel it. On the 7th discontinued Potash Mixtures, and gave Ammon. Carb. in Syr. Glyc., and an astringent mouth-wash.

On the 9th and 10th there was some diminution of urine, soon relieved by Cream Tartar.

12th.—Secretions of mouth and throat nearly ceased. Ordered Cod Liver Oil and Iron.

16th.—Begins to look better, does not frown, complexion clearer, notices a little, eyes still partly closed, but no inflammation existing, eats well, Chorea continues.

19th.—Right foot responds feebly to tickling of the sole. Moves tongue constantly.

25th.—Whole appearance has changed. Lies quietly with eyes open, apparently taking notice of what goes on around him. Sheds tears when he cries.

March 3rd.—Notices everybody, smiles often in a silly way, and seems to try to talk.

8th.—Left hand more natural in position .

			°	°	Pulse.
On 22nd Feb.,	Temp.	a.m.	99	p.m. 99.6	82-98
23rd	"	"	99.2	" 98	72-80
25th	"	"	99	" 99	84-80
March 2nd	"	"	"	99	80-86
" 3rd	"	"	"	99.2	80-84

The rise in temperature seemed due to the notice taken of him chiefly.

March 7th	a.m.	—	p.m.	99.8	
" 8th	"	101.4	"	99.6	Pulse 106-94
		100			

On morning of 8th seemed very hot, weather close. Ordered Sweet. Sp Nitre as drink, and bathing with Alcohol every 2 hours. At noon temperature fell to 100°, and afternoon to 99° 6.

9th.—86-100°.

With the exception of slight fever, looks very bright, eyes intelligent, moves left leg vigorously, and the right one can support itself flexed at knee and thigh.

April 3rd.—Has been constantly improving. To-day was able to walk with support. Attempts at speech more marked, but unsuccessful.

## CASE OF PALMAR ABSCESS IN AN INFANT.

Under the care of Dr. GALE.

During December 1887 was called to see a woman suffering from a large abscess in the popliteal space. Opened abscess and dressed with carbolized oil and oakum. Abscess healed in about three weeks. Shortly after the woman gave birth to a child. When the child was two weeks old it was brought in to the Hospital with a large abscess in the palm of the hand, which had made a small opening for itself. This was enlarged, and after a few days, as it showed no disposition to heal, a counter opening was made and a small drainage-tube introduced. The hand was healed in about three weeks. The child has since had a large abscess above the left breast, and yet she is a plump, good-natured baby.

## WAS IT ENTERIC FEVER, OR WAS IT A CASE OF TABES MESENTERICA?

23rd March 1889. By CAWAS LALCACA, M.D., L.M., L.R.C.P. Lond.

JOSE HAIMOVITCH, aged three years and a-half, living at the French Yang-king-pang, is one of the eleven children born of strong and healthy parents. She has been suffering from slight fever, headache, restlessness, and has been feeling out-of-sorts for the last three days. When seen in the morning, T. 103·4, P. 150, regular and quick; skin dry; feels thirsty, appetite impaired; *bowels not moved for two days*; urine somewhat high-coloured; lips are dry, tongue slightly furred; *no pain* in the abdomen. *Ordered a saline purgative.* Put to bed. Milk and soda, and beef-tea to be given.

23rd *Vesp.*—T. 104, P. 155. Bowels moved twice. Feels a little easier. Foot-bath at night.

24th.—Slept well at night. No headache. T. 101, P. 130. 4 grs. quinine. *Vesp.*—Bowels moved twice; thin, greyish yellow, with an offensive smell. T. 101, P. 136.

25th.—Had a fair night. One stool similar to those of yesterday. T. 100·8, P. 134. Quinine 3 grs. ordered. No headache. *Vesp.*—Had three stools; yellowish, watery (passes water with the stool) with a deposit, offensive. Very suspicious of typhoid. T. 103, P. 150. Nausea and vomiting.

26th.—Did not sleep well, is restless. Could not keep down quinine. T. 102·6, P. 136. Had two stools at night. Bismuth and Dovers powder given. (Quinine omitted.) *Vesp.*—T. 102·2, P. 140. Had two stools. Does not take nourishment well. Complains of pain in the abdomen. Tenderness about the right iliac fossa and the left epigastric region. Slight gurgling.

27th.—Had fever all night, and was restless. Vomiting troublesome. T. 104 at 8 a.m. 11 a.m. T. 102, P. 140. Had two stools last night. *Vesp.*—T. 102·4, P. 135. Had two more stools.

28th.—Slept a little at night. T. 101·8, P. 134. Had three stools. *Vesp.*—T. 101·8, P. 140. One more stool.

29th.—Just the same. No eruption all the time. Stools continue to be of the same sort, now and then somewhat thickish. T. 102, P. 138. *Vesp.*—T. 103, P. 140. Five stools during the twenty-four hours.

30th.—T. 102·2, P. 136. *Vesp.*—102·4, P. 136. Four stools.

1st April.—T. 102, P. 130. *Vesp.*—T. 102·4, P. 132. Three stools. Complains of more pain in the abdomen.

2nd.—T. 103, P. 144. Had a bad night, and is restless. Had five stools, more liquid. Ordered acid sulph. dil. with liq. opii sedative. *Vesp.*—

T. 104, P. 152. Pain less. No eruption, nausea not so much. Had one stool.

3rd.—Had a restless night. T. 105 at 3 a.m. Had one liquid stool. 10 a.m., T. 102·8, P. 146. *Vesp.*—T. 103, P. 144.

4th.—T. varies between 102 and 104.

5th.—T. sometimes goes up to 105, very early.

6th.—Bowels moved in the morning. Stools, two to three a day. Pain a little less.

7th.—Bowels not moved.

8th.—Fever is getting less. T. 100·8. *Vesp.*—T. 101·2, P. 145. Weak and irregular. Brandy given with milk and beef-tea. Tympanitis and uneasiness about the abdomen, so restless. Turpentine stupes, and a little castor oil ordered.

9th.—Passed two stools, semi-solid, with a large amount of gas. Abdomen somewhat smaller. Sp. Ammonia with strychnine and Aqua Menth. *Vesp.*—Tympanitis makes her feel very restless. T. 102, P. 150. A little stronger. No stool.

10th.—Had a very restless night. Tosses about all the time exhausted. Had one stool, a hard lump. T. 102. *Vesp.*—T. 102·8, P. 150. Restless all the day. Enema of turpentine with castor oil given.

11th.—Slept a little at night. Feels very tired. T. 100·4, P. 146. *Vesp.*—T. 101·6, P. 150. Tympanitis less. No stool.

12th.—Had a consultation with Dr. ——. Looks a little better. T. 102. Has cramps in the legs. Cod liver oil inunction and iodide of potassium ointment ordered. Mixture of strychnia and ammonia, turpentine stupes discontinued. Marked area of dulness. *Vesp.*—About the same. No stool, and restless, so turpentine enema given.

13th.—Area of dulness higher up, more flatus. T. 99·6, P. 150. Feels worse. *Vesp.*—T. 101. No stool.

14th.—T. 100·4. Restless night.

Measurements :—Round the umbilicus	...	23½ ins.
2 ins. above	...	24 „
Round the mark	...	23½ „
Upper mark to pubes	...	8¼ „

Area of dulness marked varies. *Vesp.*—T. 102. Enema given.

15th.—T. 100, P. 144. Passed about 15 hard, round lumps by the enema last evening. Does not take nourishment well. *Vesp.*—T. 100·4. Area of dulness much less all over.

16th.—T. 99. *Vesp.*—T. 101.

17th.—T. 98·6. *Vesp.*—T. 100.



21st.—Temperature normal in the morning all this week; evening goes up to 100. Pulse 130. Bowels moved once, sometimes twice a day, more solid. Takes nourishment. Is more cheerful. Has tympanitis.

*Measurements*:—Round the umbilicus ...  $22\frac{1}{2}$  in.  
 2 in. above ... .. 23 „  
 Upper mark ... ..  $22\frac{1}{2}$  „  
 Upper mark to pubes ...  $7\frac{1}{2}$  „

23rd.—No fever on two days. Bowels move once. Feels hungry. Sleeps well. Abdomen looks smaller and softer. P. 90, a little stronger but irregular, intermits.

24th.—No fever. Stool one. P. 116. *Measurements*:— $22\frac{1}{2}$ ,  $22\frac{3}{4}$ ,  $22\frac{1}{2}$ ,  $7\frac{1}{2}$ .

25th.—A little fever last night. T. 102. Had one stool last night, watery. (Had some sweets on the sly.) Port wine given. Ammonia and strychnia mixture stopped for three days, on account of the cramps in the leg she has been feeling this week.

26th.—Last night T. 100. Had three watery stools yesterday. To-day T. normal P. 92, intermits.

27th.—No fever. Had no stool. P. 100. *Measurements*:  $22\frac{1}{2}$ ,  $23\frac{1}{4}$ ,  $22\frac{1}{4}$ .

30th.—No fever. P. 120. Bowels not moved for two days, so castor oil given. Abdomen soft. Does not take nourishment well.

1st May.—Had one large, hard lump of fœces after the castor oil. P. 110. No fever. Abdomen  $22\frac{1}{4}$ ,  $23\frac{1}{4}$ , 23.

3rd.—Gets one stool every day. Is getting over the habit of passing water in bed. Appetite good. Takes Vin de Voelkel. Fellows' Syrup ordered.

6th.—Passed a little blood and mucous in the stool. Stopped the Syr. Hypo. and Vin de Voelkel. Milk diet and rest in bed. Stop also the cod liver oil unction.

7th.—Had one stool, no blood.

8th.—Had two stools, no blood.

9th.—Passed a little blood and mucous. Castor oil and opiate given.

10th.—Had two stools in large lumps. Comfortable. Takes no medicine. Milk, soup and Port wine.

11th, 12th.—Doing well. Had one stool.

13th.—Abdomen still large with flatus. Takes Liq. strychnia with ammonia and chloroform water. The diagnosis of this case rests between its being Typhoid Fever (Typho-Remittent) (Infantile Remittent Fever) or *Tabes Mesenterica*.

The mesenteric glands, in enteric fever secondarily are almost always congested and swollen.

I might mention some points which would help us to diagnose this case.

1a. Family history; 1b. Previous history; 2. Duration of the disease; 3. Temperature; 4. Diarrhœa; 5. Abdominal symptoms, pains, tenderness,

gurgling; 6. Absence of eruption; 7. State of the tongue; 8. Skin; 9. Enlargement of the abdomen, due to enlargements of liver spleen, retained fœces, flatus, and a little fluid; 10. A lump in the left lumbar region, no œdema; 11. State of the other glands in the body.

---

## NOTES ON REMOVAL OF TUMOUR FROM THE BUTTOCK OF AN INFANT.

In December of last year, I was called to attend a young child of three, an inmate of St. Mary's Orphanage. Upon examination, I found a large, flattened growth—that is, large when the baby surroundings are considered—situated immediately off the coccyx and seated deeply in the gluteals. There was considerable turgidity and ecchymosis of surrounding parts. Upon enquiry, I ascertained that the tumour had been noticed only within the past four months, and of late, the child had drawn particular attention to it, as owing to its situation and appearance it must have caused some considerable distress; its growth, moreover, had been more rapid of late. Beyond the fact of the growth being lobulated, such a contrariety of detail presented themselves, that no very satisfactory diagnosis could be made, beyond the probability of its being a mixed tumour, and as every facility for prognosis would present itself, and the child's health not being good, I did not wish to immediately interfere. A week or so after, an opportunity occurred of obtaining another opinion, of which I availed myself, the result being that seeing to the existing conditions of the growth, it mattered little as to its nature, as to whether it was elephantiasis, viewing the thickened dense and more or less tuberculated appearance of the skin, or whether it was some form of mixed tumour, a definite diagnosis could be made upon excision. I had put the child under treatment, syrup. ferri iodidi and cod liver oil, and upon her improving somewhat, I saw that it was necessary to remove the growth forthwith, as not only was the surface of the skin highly inflamed, and on point of ulceration, but was causing considerable distress to the little one. Chloroform being administered, I made a large elliptical incision, so as to enclose the diseased skin, and cut down upon an intermuscular lobulated mass, firmly adherent on all sides to the structures by which it was enveloped. Upon free dissection the growth was removed as radically as possible—a large mass when compared with the surroundings before alluded to. The wound was brought together, a drainage-tube inserted, and dressed antiseptically. Being

situated so closely up on the margin of the anus, involved some little difficulty as regarding dressings. The healing process was slow, attributable, in some measure, to the difficulty of keeping the parts clean in so young a child. Should a case of a similar nature recur, it is my intention to sling my patient, as, taking all the circumstances into consideration—unskilled and not too attentive nursing, etc.—I do not see how it is possible to maintain cleanliness excepting some such arrangement be made. Upon examination of the growth in question, I found it presenting the appearance of a flattened, somewhat ovoidal, tumour, weighing 12 oz.

There are points of interest in connection with this apparently simple case, I would touch upon, prefacing my remarks by diagnosing a fibro-sarcoma, and its being rare in so young a child. The growth in the first instance was possibly a pure fibrous tumour, which developed under conditions of continued irritation and assumed a malignant character, that is, malignant in his clinical sense, the assumption of diagnosis being based upon the diffusion of its parts into the muscular tissue, the preceding of softening to the process of ulceration, the correspondence between the soft, fluctuating feel and its rapid growth and consequent malignancy, and again the rapidity with which it had undoubtedly attained the maximum of its development, and, what is thoroughly confirmatory, its recurrence now, four months after the operation. I am aware it is recognized that under ordinary conditions tumours of this class grow more rapidly in the young than those which do not form till middle age, and although they never retrograde, small tumours, those say the size of an egg, of this variety, may cease growing late in life. Touching briefly upon the literature of the clinical character of the sarcomata, it is well recognised that they are the most malignant of new formations next to the cancers. They are especially characterized by their great tendency to extend locally and to infiltrate the surrounding structures, so that they are exceedingly prone to recur after removal. "Secondary growths occur very frequently in the lungs," the dissemination being naturally effected by means of the blood, as owing to the thinness of the wall of their blood-vessels, and to the immediate contact of these with the cells of the growth, the conditions are most favorable to the entrance of the cellular elements into the circulation. Referring to the subject immediately under notice, it is an accepted rule, that the softer and more vascular the tumour, and the less its tendency to form a fully-developed tissue, the greater is its malignancy. PAGET tells us that he operated six times upon a tumour of the upper part of the leg, which in two years had been removed five times, and re-appeared for the sixth time after the last operation, when, as it had become large and ulcerated, amputation was deemed advisable, this procedure, however, was followed by death. He relates another instance of a tumour removed from the shoulder, which returned four times in six years, and, with an interval of one year, re-appeared for the fifth time. SYMES removed a

tumour of this kind five times from the upper part of the breast; it recurred a sixth time and caused death. The most interesting case I can find account of is one by MACLAGAN, in which four removals were performed in the course of thirty-six years, twenty-three intervening between the second and third removals, and eleven between the third and fourth. BILLROTH, very characteristically, sums up the mode of development of these sarcomata. He says:—"The first tumour is completely extirpated; after a time, in, under or near the cicatrix, a new tumour appears; this also is completely removed; again a new tumour appears at the point of operation, or at a slight distance from it, and near it, other new ones; the patient begins to emaciate; possibly further operations are not practicable; marasmus occurs; possibly lung or liver tumours, with their symptoms, develop; the patient dies from suppuration from the primary tumour, or from disease of internal organs." It will be observed that the course just described differs from that of carcinoma, because in the latter, continuous recurrence is the most frequent, while in sarcoma the regional predominates, provided the tumour has been completely extirpated. This may readily be explained by the fact that the bounds of infiltrated carcinoma are much more difficult to determine than those of encapsulated sarcoma: hence, *ceteris paribus*, the latter may be more certainly removed; if portions of sarcoma be left, of course there will be continuous recurrence. GREEN gives a case of fibro-sarcoma of the back of the head, when it was twenty-three years from the development of the first tumour, till death from recurring tumours; meantime, the patient was operated on five times, and on each occasion he was cured for some time. From the consensus of opinion of many writers, it is thoroughly established that these tumours appear to become more malignant in the latter than in the earlier recurrences, becoming more painful, rapidly degenerating, and giving rise to an ulcerating fungus, which eventually proves fatal by exhaustion and hæmorrhage. Touching upon the structural changes developed in these tumours under certain irritating conditions, such as were present in this case, VIRCHOW says, "Even connective tissue (that is, fibrous) tumours become, under certain circumstances, richer in cells, and enlarge, whilst their interstitial connective tissue becomes more succulent, nay in many cases disappears so completely that at last scarcely anything but cellular elements remain." This is the kind of tumour which, according to my opinion, ought to be designated by the old name of sarcoma. These sarcomata are frequently indeed benignant, still they do not unfrequently recur, like epithelial cancer, at their original site, whilst under certain circumstances they appear secondary in the lymphatic glands, and in many cases occur throughout the whole body, to such an extent that scarcely any organ be spared by them.

P. M.

## AN OUT-PATIENT DAY AT THE HANGCHOW HOSPITAL, 12TH FEBRUARY, 1889.

By D. DUNCAN MAIN, M.D.

On account of the New Year's holidays, and inclemency of the weather, the out-patients at this season of the year are not numerous; to-day, however, we had a goodly number, and perhaps a few notes on their diseases and the way in which we carry on our out-patient work may be of interest to some of the readers of the *Medical Missionary Journal*.

At 8.30 a.m., the patients begin to assemble at the gate. On admission the name, age, and residence of each patient is demanded by a clerk, who enters the same in a register kept for the purpose. An entrance-fee of 14 cash is charged, in exchange for which a small bamboo ticket is handed to the patient; these tickets are numbered and regulate the order in which the patients enter the consulting-room. From the entrance-hall the patients pass on to the waiting-room, which is large, clean, airy, well ventilated and provided with very comfortable seats; Scripture pictures of Chinese art adorn the walls. In the waiting-room an Evangelist and Bible Woman invite the patients to be seated, and then go in for button-hole theology, and in a plain, personal and practical way tell them of Jesus the Physician of Souls. The patients listen with respect and attention, some show great interest in the Gospel story, and many buy portions of the Scriptures, Tracts, etc.

At 10 a big bell rings and summons us to the consulting-room, where, with our students, Evangelists, etc., we kneel in prayer and ask God to help us and enable us to use our skill and medicine as a means to an end and successfully reach the inner man through the outer. Prayer finished we commence our work.

No. 1 is called out, and an old patient enters, and tells us that he is somewhat better, that his medicine agrees with him, and all he wants is his bottle refilled.

2.—Is an ague patient from an ague district. Hangchow and its neighbourhood is very malarious, and the people suffer a great deal from malarial fever and its consequent sequelæ. Sulphate of cinchonidine is prescribed, and No. 2 passes on.

3.—Is a brazier, 44 years of age, married, has a wife and five children, he is badly dressed, much emaciated and ill-looking; has seen better days; he begs for anti-opium medicine. His case was easily diagnosed. The old story—opium! He had smoked opium for 24 years, and in the 6th month of last year, he commenced to try and cure himself with anti-opium pills, which he bought in the city. For three months he gave up his pipe, and took the pills according to the

vendor's instructions, but at the end of the three months, instead of being cured, he discovered that his craving was increasing, and so came to the conclusion that the pills were a snare and a delusion, and he cursed the day he commenced taking them, and again took to his pipe. However, the amount of opium that satisfied him before he commenced taking the pills, now left an aching void, and he has to supplement his pipe with a little raw opium, which he swallows every night at bedtime. On being asked, he told us that one day with another he was able to earn about 100 cash, and that 70 cash of it went for opium, and the remaining 30 cash went towards household expenses. His wife and children wind silk and provide for themselves. We asked him how he managed, under those circumstances, to get both ends to meet, and he said "that here and there he had to beg, borrow," and at this stage I interrupted him and added "steal;" but with a knowing and characteristic shake of the head and twinkle in his eye, he declined the compliment, and ended by saying that, although he was poor, there was one *good* thing about him, and that was, that he was honest. We did not argue the point with him, although we had our own thoughts on the subject. The honesty of an opium-smoker depends very much on the state of his purse. When the craving returns and the purse is empty, honesty does not stand in the way of the desire being satisfied. The honesty of an opium-smoker is elastic enough at times to cover even stealing! We gave him a few words of healthy advice, and invited him to enter our Opium Refuge, and promised, if he did that, we would cure him of his opium habit. He said he was most anxious to enter to be cured, but could not raise the \$3, the fee charged by the hospital for curing opium-smokers, and to convince us that he was in downright earnest about being cured, he said that he had been trying for some days to sell one of his daughters, but could not get anyone to give him even \$3 for her. We promised to admit him free of charge, and said, "We would meet to-morrow," whereupon a student wrote out a prescription for him—a tonic—another entered his disease in a book for the purpose, and a third entered in a register, his name, age, sex, occupation, residence, duration of illness, etc., etc., and passed him on to the Dispensary, where he presented his prescription, which was dispensed free, and then passed out.

The sale of anti-opium medicine is very extensively carried on in this region. It is a dangerous business, and I am sorry to say that Native Christians sometimes dabble in it, but not, I fear, without injury to their spiritual life. Our experience is, that this work does anything but recommend Christianity, and ought to be discouraged on every side. The cases are very exceptional where an opium-smoker can be trusted with morphia pills to cure himself of the opium habit. The pills are very convenient, and, as a rule, are bought not to cure, but to take as a substitute for the pipe by those who find it inconvenient to smoke during business hours.

4.—Was a young man from the country suffering from ague.

5.—Was an old in-patient, who said he wanted a tonic. On renewing our acquaintance, we were happy to find that what he had heard of the Gospel last May, when in the hospital, he had not forgotten. He told us that he had destroyed his kitchen god, and ceased to worship idols, and that he now believed in Jesus the Saviour of Sinners. He is an applicant for baptism.

6.—The next patient was a Shang-tung beggar, who begged for an ointment for a large, callous ulcer on his leg. He gets a prescription for sulphate of copper ointment, and moves on.

7.—Is a friend of No. 6, pale, sallow, and complains of debility. We order him Bland's pills.

8.—Was a middle-aged man, unmarried, with symptoms of tertiary syphilis. On putting a few questions to him, we discovered that his morals were at a discount. A prescription containing iodide of potassium was written out and he passed on.

9.—Was a girl, 10 years of age, brought by her father, suffering from strumous disease. The glands of the neck were much enlarged and several were suppurating. We prescribed syrup of iodide of iron. On examining her hands, we discovered that she had been cauterised on the adductor muscles of the thumb, and the reason given for this infliction was, that it was to prevent her from constantly going to stool. The Chinese here cauterise a great deal, in fact there are very few diseases in which cauterisation is not applicable. They use for the purpose the woolly leaves of the *Artimesia Moxa*, which are dried, and then rolled up into a pellet, placed upon the affected part, and then set fire to. Well-marked keloid masses are often produced as a result.

10.—Was a young man in silks, wanting our advice about a leper (a woman). He wished her admitted to the female ward. We told him, if she was admitted, we might be able to relieve her symptoms, but that we could not cure the disease. He seemed satisfied, and went off to fetch his patient.

11.—Was an ague patient. Quartan type.

12.— Do. Do.

13.— Do. Do.

14.—Was a patient from the country, 70 miles from Hangchow, who wanted medicine for himself and 10 friends, who were all ill. His own complaint was "a lump in his stomach," for which we gave him a mixture containing soda, rhubarb, ammonia and peppermint. He described the symptoms of his 10 friends as follows :—

a.—Twenty-six years of age, male. Complaint, cough with black (black as ink) expectoration.

b. Male, æt. 35.—Cough with white (white as snow) expectoration.

c. Male, æt. 22.—Cough with white and yellow expectoration.

d. Female, æt. 23.—Pains in the bones and lumbar region.

e. Female, æt. 21.—Had a child a month ago. Complains of a swelling in her abdomen, which moves about from one place to another.

f. Male, æt. 45.—Rheumatism.

g. Female, æt. 21.—Leucorrhœa.

h. Male, æt. 84!—Cough with expectoration, the colour of which he did not know, because he (the patient) was unable to cough it up!

i. Female, æt. 21.—Thin blood.

j. Male, æt. 31.—No strength. He went away with 12 bottles of medicine, 2 plasters and 1 box of Bland's pills (not bread pills). On leaving, I said that I hoped he did not mean to open a medicine a shop!

25.—Was a woman begging an ointment for her son, who had an ulcer on his foot and was unable to walk to the hospital. We gave her benzoated zinc ointment.

26.—Was a boy, nine years of age, suffering from chilblains. He got chemical food.

27.—Was an old hospital friend, suffering from cough, shortness of breath and expectoration, the latter very copious. He was supplied with the Hospital cough-mixture, which contains squills, chloroform, senega and syrup.

28.—Ague.

29.—Do.

30.—Do.

31.—Next was a young man, 19 years of age, with the itch. We prescribed sulphur ointment, and a few remarks on the value of soap and water.

32.—Was an old gent in furs, who said his heart was empty, and wanted something to brace him up. He also said that he would like to pay for his medicine, and we were glad to take him at his word, and prescribed 50 cents' worth of Fellows' Syrup.

33.—A woman with irritable ulcer of the leg. Zinc and Vaseline Ointment.

34.—An old patient, with chronic granular ophthalmia. We paint the inner surface of his eyelids with a solution of nitrate of silver, which we neutralize with solution of salt, and then freely douche the eye with a continuous stream of cold water. We recommend him to come into the hospital for a month, but he has no time and goes off with a zinc lotion.

35.—Was a leper, female, mentioned by No. 10. Hands, feet and face much affected; parts of the toes have already dropped off. Circulation in hands and feet much impaired, and sensation absent in affected parts. She enters the hospital as an in-patient. A student conducts her to the office, where she is registered as an in-patient. The name and address of someone who is surety for her are also entered in the register. She pays \$1 in advance for her board



for a month. The scale of charges for in-patients ranges in proportion with the means of the patients, from \$1 to \$10 per month; opium-smokers pay \$3 per month. We do not profess to give charity to those who are able to pay. The system of paying is a *healthy* one, and as that is in our line, we thoroughly approve of it, and so do the Chinese. They value the medicine and treatment much more when they have to pay a little for them. Those who are really ill and have nothing to pay are admitted free of charge. But to return to our patient, she is conducted to the female ward bath-room, where she is introduced to hot water and carbolic soap, and dressed in hospital garments. From this she is taken to the ward and put into the "Daisy" Cot, which has a spring mattress, sheets and blankets. Nearly all the beds in the female ward are endowed. \$24 supports a cot for one year. It costs the hospital \$2 a month to board a patient, and the average cost for medicine, etc., for each in-patient is nearly \$2.

36.—Was a child 2 years and 2 months old, and still at the breast, suffering from large chilblains on the hands, feet, and face. We ordered it chemical food, and gave the mother a little sound advice, and told her that she was injuring her own as well as the child's health by suckling it so long.

37.—A woman, who complains of sore pains in her bones and stiffness in her muscles, and what troubles her most is, that she cannot raise her hand to comb her hair. Battery and rheumatic mixture.

38.—Patient with psoriasis. We give him Goa Ointment and iron and arsenic mixture.

39 & 40.—Two old patients, with chronic rheumatism, who come to have their medicine renewed and a turn at the battery.

41.—Is an old woman, who brings her son to be cured of an eruption caused by what she calls "*Sch Ky'ji*"—damp air. Our diagnosis does not agree with hers; the *Acarus Scabiei* is the mischief-maker, and she goes off with sulphur ointment.

42.—Woman with large ulcer on the leg, of many years' standing; it is sealed over with an adhesive plaister, which, when removed causes one to wish for the time being that their olfactory apparatus was not so sensitive. We touch it up with sulphate of copper, give her bran and charcoal for poultices, and recommend her to indoor treatment.

43, 44, 45, 46.—All ague patients.

47.—Old patient, brought her daughter (39 years of age) to have a tooth extracted. A student applies the forceps, and in a very short time the extract is bottled.

48.—Young man, with abscess on the hand, ready to be opened. A student gives him relief with the steel lozenge, dresses it with lint, carbolic and glycerine, and applies a bandage. The patient leaves with instructions to return next day to have the dressing renewed.

49.—Quartan ague.

50.—A leper, for whom we prescribe arsenic and quinine.

51.—A patient with painful piles. He gets gall and opium ointment.

52.—Is an asthma patient. She goes off with box of stramonium-leaves.

53.—A young man with consumption. Both of his lungs are diseased; he is much emaciated, and his cough is very troublesome. We write out a prescription for Begbie's Mixture, and take the opportunity of saying a few words to him about his soul. We tell him plainly that his disease is difficult to cure, and press upon him the importance of not neglecting the salvation of his soul. These few remarks ended, a student informs us that there are no more patients; so we bring our forenoon's work to a close a little before 1 o'clock.

## LARGE OSTEO-SARCOMA (?) OF HUMERUS.

THOMAS GILLISON, M.B., C.M.

Patient, YANG FUNG TSUIN, Male, 61, admitted to hospital, 10th July 1889.

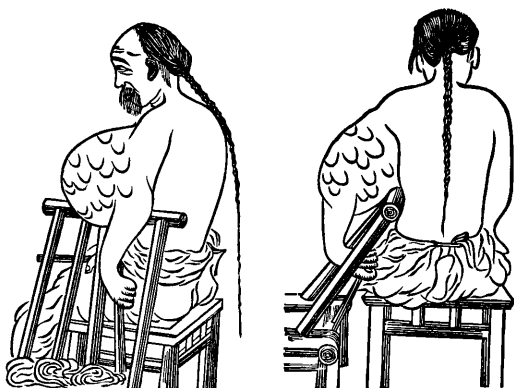
*History.*—When a child, patient had a fall from a height, and sustained a fracture (?) of his left humerus about the junction of the middle and lower



thirds. After some time this got better, and he could use his arm, but it still remained slightly weaker than the other. The condition remained as above until

four or five years ago, when, at the seat of fracture, a swelling began to manifest itself. It grew continuously, and up till the time that it was of the size of a goose's-egg it was as hard as bone and painless. Gradually, however, it became soft in some parts and remained hard in others. Last year it was of about the size of a man's head. He denies ever having been operated on by a native doctor (?). A scar on the internal surface he attributes to scratching after poulticing with leaves of some sort which had been prescribed by a native physician.

*Examination.*—The tumour is nodular all over, both in front, and also in the line of the humerus posteriorly, though this is somewhat indistinctly brought out by the woodcuts. Some parts were so soft and fluctuating to the touch as to lead to the conclusion that a proportion of the tumour was cystic. Some of the nodules were of a bony feel, others not so hard.



*Measurements.*—Extreme length  $11\frac{1}{2}$  inches, long circumference  $35\frac{1}{2}$  inches, transverse circumference 28 inches, circumference of man's chest 29 inches! The shoulder and elbow joints seemed healthy. The movements of the latter were, however, somewhat limited by extension of the growth evidently into the substance of the condyles of the humerus. The shoulder-joint was perfectly free.

Patient refused amputation for the present.

LONDON MISSION,

HANKOW,

31st July 1889.

# The China Medical Missionary Journal.

VOL. III.

SEPTEMBER 1889.

No. 3.

## REVIEW

[*"Report to the Subscribers of the Medical Education Scheme."* By W. WYKEHAM MYERS, M.B.]

This is a quarto volume of some 65 pp., clearly printed, on good paper, and reflecting great credit on the American Presbyterian Mission Press at Shanghai, by whom it is issued. The Geneva Red Cross adorns the cover, whilst an excellent portrait of H.E. LI HUNG CHANG and grandson form the frontispiece. The first eleven pages contain Dr. MYERS' account of the progress of his work, from the inception of the scheme to the present time. The next twenty-nine pages are taken up with a reprint of leading articles from various Hongkong and Shanghai Papers, on the occasions when Dr. MYERS and his pupils have come before the public, and also contain the various examination questions set. A list of subscribers, a statement of accounts, and a number of interesting photographs, including the review on the Tientsin Parade Ground, David Manson Memorial Hospital, etc., close the volume.

One is impressed with the thoroughness of the work Dr. MYERS has done, and the indomitable perseverance he has shown in developing and carrying out his ideas. The regulations under which a student enters are well conceived and invite confidence; the names of the gentlemen who have acted as examiners are a guarantee that no slipshod work has been allowed to pass; whilst the papers set are fully up to, and in one or two cases, we venture to think, more than up to, the standard of the College of Surgeons' diploma.

The little episode of the practical test to which one of the candidates was put on the dead subject, affords a valuable and encouraging testimony to the sufficiency of models. Even in England it is very common for students, after having dissected the whole body once or twice, to review, as we ourselves did, with great delight and profit, on the beautiful and unique wax models in Guy's Hospital Museum.

Dr. MYERS' ingenuity so completely triumphed over a difficulty that will constantly present itself to all workers in the field, and triumphed in such a happy way, that we cannot forbear reproducing the passage for the benefit of

our brethren who may not see the Report. In endeavouring to secure practical obstetric training for his pupils, he determined on the following plan of action :— “After summoning all the old crones of this district, who practised as midwives, to a ‘friendly tea,’ showing them the mannikin, and talking generally about the subject, they agreed to attend a course of three lectures a week. This went on for *six* weeks, by which time I had, at least, explained the more important and leading points, and practically demonstrated, or rather allowed them to discover for themselves on the mannikin, the absurdity of their own theories and procedure. The plan, though tedious and taking time, succeeded ; the old creatures became so far amenable that, by addition of a *douceur* for each case provided, it was possible, at last, to enable my students to obtain and attend five cases, for which I granted certificates.” Dr. MYERS makes some wise remarks on the advantages of the tutorial system of teaching for Chinamen. We can scarcely say that our experiences at home have led us to the conclusion that Lectures were either “useful” or “pleasant.” Of the many courses that we attended, we can only recall about *two* that were useful, the rest were a decided bore, and as such regarded by most students, chiefly useful as providing a quiet hour in which tired and over-worked brains could obtain the refreshing sleep they so much needed. We are heartily glad that Dr. MYERS has pronounced against the system, and we thoroughly agree with him when he writes, “I submit that in China, and for the Chinese, at least for many years to come, the tutor’s *close and continued association*, together with his definite explanation of statements and facts, such as only a tutor can give, must rank above the lecture system ; ” and again, “the tutorial method, and that only, can put a *Chinese* medical student .....in a proper position to understand.....and also to guard against his natural proclivities for learning by rote.”

We are glad to note that Dr. MYERS pays a graceful and just tribute to the work that HOBSON, KERR, DUDGEON and other medical missionaries have done, but when he describes the efforts they have made to train native medical men as simply “teaching native attendants the use of simple drugs and appliances, which these persons afterwards have been sent out to employ,” he is more than unjust. Dr. MACKENZIE, of Tientsin, in the Viceroy’s Hospital (see Vol. I. *Medical Missionary Journal*, p. 100) did something far more than that ; and Dr. KERR, of Canton, is still doing something different to that, and the well-informed world knows it. It would not be difficult to produce old pupils of both these hospitals who could give a very good account of themselves. Dr. MYERS has unconsciously caught the tone of certain journals we will not name, though Dr. BOONE’s letter last year, in the *North-China Daily News*, should have given him a different estimate of the training medical missionaries give to that which he seems to hold.

On page 12 Dr. MYERS refers to hints that have been thrown out as to this scheme being a plagiarism, or, at any rate, suggested by what has gone before, and very properly contends that, "as to the extent of knowledge required of the candidate, the length of compulsory study, and, above all, the necessarily independent and peculiar precautions taken to secure that these requirements have been complied with, the scheme now under notice cannot fairly be said to have been anticipated or improved on as yet, at least by any other that has reached maturity." Nevertheless, as early as December 1881, MACKENZIE had commenced his medical school in Tientsin, under the patronage of the Viceroy LI HUNG CHANG, having as pupils eight young men who had been living in America for from seven to ten years, taking them through a three years' course with a set of apparatus as complete as any that Dr. MYERS possesses, and passing examinations conducted by foreign medical men. The Hospital possessed also a small Ambulance service for seven surgeons, with a very complete supply of everything necessary. Had Dr. MYERS admitted all this he would have lost nothing by it, and no sensible man would have called him a plagiarist.

We can only spare a few lines to touch on the subject of English as the medium of teaching; the subject is too wide and too important to be thus dismissed; the late Dr. MACKENZIE gave his view on it in Vol. I. of *The Medical Missionary Journal*, p. 127. It seems to us that Dr. MYERS and Dr. MACKENZIE, while both agreeing in the necessity of English, differ in one important particular,—that the latter recognizes that this anomalous state of things will last only for a time, but the former *seems* to take for granted that all Western medical education to be *thorough* must for all time be given in English. Our own predilection is with the former. It seems to us plain, beyond controversy, that if ever Western science is to become general in China it must be through the medium of her own language. But this cannot be yet. Meanwhile such work as Dr. MYERS is doing,—work of the highest quality, undertaken and carried out at great labour and perseverance,—is hastening the coming of that day. We wish him all possible success in his work, and trust his students may find a more profitable future than some of those did whom the great Viceroy formerly patronised.

S. R. H.

---

## NOTICE.

*Election of Delegates from the Medical Missionary Association of China, to attend the Tenth International Medical Congress at Berlin in 1890.*

The Tenth International Medical Congress will meet in Berlin in 1890, and we are invited to attend its meetings. It will be necessary for us to elect delegates to represent our Medical Missionary Association. The only way to get delegates to serve is to elect those who will be at home in 1890. Our best plan will be to find out the names of those who will thus be eligible for election. It will be advisable to elect as many delegates as may prove to be eligible, for of the whole number elected, probably not more than one or two will find it convenient to be present at the meeting of the Congress. Dr. VON S. TAYLOR and Dr. DUNCAN MAIN, of the Church Missionary Society, Dr. A. L. MACLEISH, of the English Presbyterian Mission, Dr. D. CHRISTIE, of the United Presbyterian Church of Scotland, Dr. W. A. DEAS, of the American Protestant Episcopal Mission, Dr. E. REIFSNYDER, of the Woman's Union Mission, are now at home or going home soon. No doubt, Members of the Association can suggest other names.

### Need of timely action.

It will be necessary for those delegates who can attend the Congress to write and inform the Secretary-General of the Congress at Berlin, of their intention, and to notify him of the subjects on which they desire to read papers. We therefore need an early election in order to enable our delegates to carry out their part of the work.

### Send in your votes.

All members of the Medical Missionary Association of China are requested to communicate as soon as possible with the Secretary, Dr. GALE, of Shanghai, sending the doctor a list of the names of those whom they desire to have serve as delegates to the Tenth International Medical Congress.

H. W. BOONE, M.D.,

*President Medical Missionary Association  
of China.*



## HOSPITAL REPORTS.

---

### FIRST ANNUAL REPORT OF THE CHI-CHOU DISPENSARY, 1888.

*In connection with the London  
Missionary Society.*

Dr. MCFARLANE'S report is a neatly-gotten-up brochure of over 30 pages, telling, in the first instance, of his advent only six months previously, his struggles and successes. The Doctor, in warmly acknowledging The Rev. W. H. REE'S services as assistant and interpreter, goes on to say :—

"The Dispensary is open daily. After morning prayers with our native Christians, the large gates are thrown open, and in stream the patients, who are anything but patient. Bamboo tickets being next distributed, a short gospel service is held in the Chapel, followed by the chief feature of our work—individual dealing with each person. Some refuse to be spoken to, stating that they only came for medical relief. By selecting an intelligent-looking patient and entering into a cheery conversation with him, whilst the others listen, we generally manage to secure universal attention."

And again, in referring to the difficulties of obtaining a suitable building for a Hospital, "Every one demanding fabulous prices for rent, because we were foreigners," quoting him, he tells us that, "The Lord graciously answered prayer and opened the way. A man who had previously refused us his premises eventually consented, and now we rejoice in a little hospital accommodating eight patients, quite private, surrounded by a wall, and in close proximity to the Mission, for which we pay a very small rent,"

### *Number of Patients treated during 1888 (July to December).*

Visits paid by patients to	
Dispensary ... ..	5,116
In-patients (including those	
at the Chinese inn) ... ..	98
Visits paid to patients at	
their homes ... ..	63
Number of operations ... ..	262

---

### REPORT OF THE MISSION HOSPITAL AT SWATOW.

*Presbyterian Church of England, 1888.*

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

Dr. LYALL reports that the various branches of the work were carried on as usual with a fair amount of success, both from the medical and the missionary points of view, the following statistics being advanced :—

In-patients ... ..	2,719
Total number of visits of	
Out-patients to the Dis-	
pensary ... ..	7,500
Number of Operations ... ..	853

Two events on the *Annus medicus* of Swatow must be recorded,—the first is that Dr. COUSLAND has opened a Dispensary in the city of Chao-chow, "thus beginning a work which we trust and believe will be greatly beneficial to the people of that city and its vicinity." The Doctor, in further allusion to this, says :—"Almost from the first week the number of patients coming for treatment has been so numerous that it was necessary to limit the number admitted each day." The other event is the proposal by the native merchants of Swatow to erect



a large Hospital, to be conducted according to native principles, and to be placed under the charge of Chinese Physicians imported from Shanghai or Hongkong. The foundations have already been built. Mrs. LYALL, in giving a most interesting account of the Evangelistic work, remarks:—"Special efforts have been made by the ladies of the mission that no woman among the patients should leave the hospital without having obtained sufficient knowledge of the Truth, to lead, sooner or later, to her becoming a Christian, should she ever have a desire for something better than can be found in idolatrous worship."

From the six pages giving an account of operative work, the following two paragraphs are condensed:—

"*Large Fibroma*.—This patient, a woman, aged 46, was admitted with a large pedunculated tumour, growing from the posterior aspect of the right shoulder and reaching nearly to the hip, measuring about  $2\frac{1}{2}$  feet in circumference at its widest part. Its weight was so great that frequently on sitting down patient would lose her balance and fall backwards to the ground."

"*Elephantiasis Scroti*.—There were only two cases operated on this year, the tumours weighing after removal 25 lbs. 10 oz. and 9½ lbs. respectively."

#### CHAO-CHOW-FOO DISPENSARY.

Brief mention has already been made of this Dispensary, which, notwithstanding its extreme infancy, Dr. COUSLAND is much to be congratulated upon the good work already done. "The Dispensary was opened on the 18th November 1888; from that time to the end of the year 1,969 patients were seen. . . A good feature was the large proportion of women—nearly one-third. . . This surely shows some little confidence in us and our methods."

Operations 55, including "Removal of fatty tumour of back" (weight 12 lbs. 12 oz.)

#### REPORT OF THE BANGKOK HOSPITAL FOR 1888.

Dr. HAYS, who took charge in November of 1888, reports the total number of out-door patients treated in 1888 to be 3,455, being an increase of 210 on 1887; vaccinations 41. Among the operations performed, number not given, the most notable was an amputation of leg below knee and below hip-joint. This Hospital appears from its report to be established upon a very gratifying financial basis, "and is about to open a new wing."

#### FOURTH REPORT OF THE MEDICAL MISSION AT T'AI-YUEN-FU, SHANSI, NORTH CHINA.

C. I. Mission, 1887-8.

E. H. EDWARDS, M.B., C.M.

Dr. EDWARDS remarks that, owing to sickness and the necessary work in connection with the building of the new chapel, dispensary, and the commencement of the Schofield Memorial Hospital, the Report does not really represent the two years' work.

Statistics are given of 155 in-patients in 1887, and in 1888 of 2,566 out-patients, including 2,453 out-patients and 113 in-patients, and 118 operations. Space unfortunately precludes mention of some details of interesting cases recorded in "Brief Notes." The Doctor gives an account of the immediate and permanent relief resulting from the employment of FAYRER'S treatment in summer diarrhoea or sprue, that of milk diet, equable temperature night and day, and rest in the recumbent position. We can ourselves substantiate the efficacy of this treatment under the circumstances indicated.

#### *Opium Refuge.*

During the thirteen months of the two years the Refuge has been open, 101 patients have passed through it, with the results that 88 were dismissed free from

craving, 10 left before time was up, and 3 dismissed for misbehaviour.

SIXTH ANNUAL REPORT OF THE SOOCHOW  
HOSPITAL OF THE CHINA MISSION.

*Methodist Episcopal Church South.*

October 1887–September 1888.

W. H. PARK, M.D.

More than the half of this Report gives exhaustive and interesting statistics regarding the work of the Opium Refuge. The Doctor tells us that out of 24,017 recorded out-patients to the Dispensary, 1,022 were opium-smokers, this giving a percentage of 4.25 %. This estimate, however, is regarded by the natives as "ridiculously small." "One man stated that he believed seven out of every ten men in the city of Soochow smoked opium—four habitually and three occasionally." This would represent upwards of 60,000 opium-smokers in this one city alone. The Doctor goes on to say he has often heard the woman's reply when asked as to her husband's occupation, "He doesn't do anything, he just smokes opium."

The following statistics are interesting, as they give a careful and methodical analysis of 349 cases:—

*Opium Smokers among Out-patients, 349.*

*Health.*

(Since they began smoking and by their own testimony).

Better ... ..	36
Same ... ..	86
Worse ... ..	227

*Place where smoked.*

Home ... ..	168
Shop ... ..	172
Home and shop ... ..	9

*Percentage of Smokers.*

5.4 %.

*Kind of Opium smoked.*

Foreign ... ..	331
Native ... ..	10
Foreign and Native ... ..	8

*Number of Years smoked.*

Greatest ... ..	40
Least ... ..	1 mo.
Average ... ..	9 yrs. 5 mos.

*Average Amount each Day.*

2.2 mace.

*Reasons for contracting the habit.*

Disease ... ..	172
Pleasure ... ..	177
Total ... ..	349

Grand total of patients visiting Dispensary 9,170, Dispensary Surgery 326 cases, Operations 31.

REPORT OF THE LAOLING MEDICAL MISSION.

*Methodist New Connexion Missionary Society.*

Dr. SHRUBSHALL tells us, "in taking a general retrospect of the past eight months' work we cannot fail to see many encouraging signs; with a widened experience of native habits and customs, a greater freedom in the use of the language, and increased facilities for administering medical and surgical aid, we may fairly anticipate extended usefulness in the future."

The attendances at the Dispensary during the eight months alluded to number 2,307, representing over 130 separate villages. "The number is steadily increasing week by week." Patients treated during journeys to the mission stations are estimated at 450, and with the fifty visits paid patients, make a total of 2,807. Two hundred minor surgical operations are equally recorded.

REPORT OF THE MEDICAL MISSIONARY  
SOCIETY'S HOSPITAL IN CHINA,  
FOR THE YEAR 1888.

Physicians and Surgeons:

J. G. KERR, M.D., J. M. SWAN, M.D.,  
MARY W. NILES, M.D.

"The work of the Hospital has been carried on without interruption during the past year."

The records of hospital and dispensaries show an aggregate of 39,442 visits. The visits of out-patients to the hospital amount to 17,200. More than 6,870 individuals have been thus treated. The number of in-patients admitted was 1,324.

The list of operations is a grand one of 2,159, inclusive of lithotomy and lithotripsy 37, extraction of teeth 561, accouchement cases 42.

In reference to the cases of Urinary Calculus, 65 cases were under treatment, 24 of which were operated upon by lateral lithotomy with 5 deaths, and 13 by lithotripsy, all of which were successful. A number of circumstances combined to give an unfavourable record in the lithotomy operations,—not only was the year an exceedingly unhealthy one, “but the patients themselves were unfavourable subjects, and only urgent necessity justified an operation.”

*Combined lithotomy and lithotripsy.*—The presence of a large calculus evidencing itself in a man æt. 27, it was decided to break up the stone, so the usual lateral incision being made, it was seized with a light pair of lithotomy forceps, and held against the opening. An especially-prepared, pointed chisel was then held against the stone, and struck with a mallet, with the result of breaking off fragments weighing 3½ ounces. The patient was dismissed cured three weeks afterwards. Attention is called to the use of the drainage-tube as being of great advantage, and to be regarded “as one of the most important improvements in the after-treatment of many cases of lithotomy.”

Passing over notes of interesting cases, a case of odontoma is met with. “The patient was a man, about 25 years old, and the wisdom-tooth of the right side, lower jaw, was the one affected. It was extracted with much difficulty. The bony tumor surround-

ed 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.” 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.—*Lancet*, January 14, 1888. JORDAN FLOYD, F.R.C.S. Birmingham, gives one of the upper jaw.

The following is an abstract of the Report of the Hospital and Dispensaries :—

## CANTON HOSPITAL.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Out-patients ...	13,785	3,415	17,200
In-patients ...	945	379	1,324
Surgical operations	1,543	616	2,159
Patients visited in homes ...	—	—	337
Patients seen on country trips ...	—	—	673

13TH ST. DISPENSARY FOR WOMEN  
AND CHILDREN.

Out-patients ...	—	—	393
Surgical operations	—	—	20

## YEUNG KONG—(DR. THOMSON).

Out-patients ...	—	—	5,787
Patients visited in homes ...	—	—	80
Surgical operations	—	—	284

SZ PAI LAU (CANTON) DISPENSARY—  
(DR. FULTON).

Out-patients ...	—	—	6,070
Surgical operations	—	—	314

## NODOA, HAINAN—(MR. JEREMIASSEN).

Out-patients ...	—	—	6,467
In-patients ...	—	—	234

## SZ UI DISPENSARY.

Out-patients ...	420	387	877
Surgical operations	38	24	62

P. M.

## SOCIETY REPORTS.

---

The Shanghai Medical Missionary Association held its regular monthly meeting at St. Luke's Hospital on the afternoon of the 12th March, the Vice-President, Dr. BOONE, in the Chair. The meeting having been called to order, the minutes of the former meeting were read and approved.

Dr. GALE was then invited to read her paper on a case of "Obscure Brain Trouble," an account of which appears in the present issue of the Journal. In the course of the discussion which followed, Dr. BOONE commented upon the difficulty of diagnosing the disease, inasmuch as it had not come under the care of a physician, until after some weeks from the commencement of attack. Dr. REID, in remarking upon the pleasure with which he had listened to "this carefully-recorded and interesting case," understood that Dr. GALE was inclined to regard it as one of Cerebro-Spinal Fever, but considering we had only an imperfect history of the case from the parents to go upon, that no mention was made by them of any form of rash, and that cerebro-spinal fever is, as far as he was aware, not prevalent in Shanghai, he was rather doubtful as to its being a case of that nature. He had not seen the child, and seeing the unsatisfactory history for the three weeks of its illness, he was unable to form anything like a reliable opinion. He thought the convulsions were due either to some gastric or intestinal irritation, which, taken together with the vomiting, possibly marked the onset of some feverish attack, such as measles occurring in a weak and ill-nourished child; that the convulsions were followed by cerebral congestion, and by hæmorrhage into the substance of the brain. He then referred to a case which, though not quite analagous to Dr. GALE's, was yet interesting as viewed alongside of it. A child of 11 years of age, suddenly one morning fell down and became semi-comatose; when seen in the evening was found to have paralysis of motion on the left side, arm and leg. She was given Santonine and Calomel, of each 2 grains; when seen next morning the paralysis had disappeared and she seemed almost well, and remained so until evening, when she again became unconscious, and seemed also to have paraplegia of the lower limbs. She vomited a good deal during the night, during which she brought up a large lumbricoid worm. Next day she remained unconscious with complete loss of sensation in both legs, though she could move them slightly. She was given an enema of castor oil and turpentine, and in the course of the afternoon passed another worm. She remained in this condition until the following day. A slight improvement being then noted, in the afternoon she was given a soap-and-water

enema, which had the effect of bringing away a lumbricoid worm 14 in. in length, after which she was able to get up and walk about, though still unable to speak; the day following she was almost well. The discussion upon the paper being ended, a patient was then brought in, examined and dressed for fracture of humerus. After sundry business matters had been transacted the meeting, with a vote of thanks to Dr. GALE, then adjourned.

---

9th April.

The Meeting having been called to order by the Vice-President, Dr. BOONE, the minutes of the previous meeting were read and approved. Dr. TA TING, a native graduate, a gentleman who had been educated under Dr. McKENZIE, in the Viceroy's Medical School, Tientsin, was proposed for membership and duly elected.

Dr. BOONE then read a paper, entitled "Amputation at the Knee-Joint for Epithelioma of the Right Leg," October 29th, St. Luke's Hospital, Shanghai, a report of which appears in the present number of the Journal. It may be remarked, in connection with this case, that the method of procedure was an adaptation of STEPHEN SMITH's, of New York, and an admirable illustration of its simplicity and effectiveness, the excellent stump it leaves for the adjustment of an artificial leg, and the maintaining, wherever practicable, of what have been considered the three essentials of amputation at the knee-joint—abundance of flap-material, retaining the patella, and accurate union of wound. A vote of thanks being moved to Dr. BOONE, and there being no further business, the Society adjourned.

PERCY MATHEWS, M.D.,  
*Secretary.*

---

## NOTES AND ITEMS.

---

### MEDICAL MISSIONARY ASSOCIATION MEETING AT SHANGHAI IN 1890.

The following is the list of those elected to prepare papers for the meeting, who have replied to the Secretary:—

*Consenting to write:*—Dr. KERR, Dr. J. C. THOMSON, Dr. ROBERT COLTMAN, jr., Dr. PARK, Dr. W. E. MACKLIN, Dr. H. T. WHITNEY, Dr. R. C. BEEBE, Dr. S. A. HUNTER,

Dr. K. C. WOODHULL, JOHN FRYER, Dr. LYALL, Dr. DOUTHWAITE.

*Declining to write:*—Dr. F. C. ROBERTS, Dr. D. D. MAIN, Dr. ARTHUR MORLEY, J. M. SWAN, GEO. B. CREWS.

*Names of those elected who have not yet sent in their answers to the Secretary:*—Drs. PORTER, MACLEISH, REIFSNYDER, NEAL, VON S. TAYLOR, PECK, MACFARLANE, ANDERSON, GILLISON, WENYON, MURDOCK.

An early answer from them will greatly oblige, as nothing further can be done in the way of arranging for the meeting until we know whether they will accept. Should anyone decline, we can then correspond with others with a view to obtaining papers for the meeting. Should any member be unable to attend, his paper will be read and a report of it published in the account of the proceedings of the Society.

The Members of the Committee on nomenclature will confer together; they will be glad to receive lists of terms, arranged alphabetically, suggesting terms that may be preferred to those now in use; these lists may be sent to Dr. J. G. KERR, at Canton.

It is hoped that the Chinese Medicines will be divided up among the writers, so that we may have some definite information about mineral, and *more especially* vegetable medicines, from reliable sources. It is suggested that all those whose names are down for one, and the same subject, would do well to correspond with one another, and arrange their work, in such a way as to obtain the greatest possible amount of light on the subjects to be dealt with.

Writers who may be unable to attend the meeting, are requested to send in their papers to the Secretary of the Association, Dr. M. GALE, Shanghai. The papers will be read at the meeting, and published in the report of the proceedings of the Association.

Should anything be remarkable regarding the editing of this number of the Journal, we humbly offer this explanation: the Managing Editor is taking his well-earned rest in Chefoo (and we are pleased now to have satisfactory news of his welfare), the weather has been very hot for griffins, and..... 'tis but the "prentice hand" who has collated *late copy*, met the printer's exigencies, and who now diffidently submits this issue of the Journal to its supporters.

#### AYER'S CHERRY PECTORAL.

##### Recipe:—

Morphiæ Acetate ...	...	gr. iii
Tinc. Sanguinariæ Canaden	...	dr. ii
Vine Antimony Tart.	} a a	... dr. iii
„ Ipecac.		
Syrup Pruni Virg.	...	oz. iii

J. G. K.

#### THE POTATO-CURE FOR SWALLOWED FOREIGN BODIES.

Dr. SALZER, at a meeting of the Medical Society of Vienna, held January 11, 1889, stated that he had treated a six-year old boy, who had swallowed a small weight, a woman, who had swallowed a set of teeth, and a nine-year old girl, who had swallowed a nail, by the method advocated by Dr. CAMERON, of Glasgow, which consisted in feeding the patients for several days on nothing but potatoes. This treatment, which in all three cases was followed by success, is a method in vogue among the pickpockets of London, who swallowing their booty, live on potatoes until the stolen articles appear *per vias naturales*.—*Berliner Klin. Wochenschrift*, Jan. 28, 1889.

Caution is necessary in the use of ANISEED OIL, as several deaths have been reported from it in Japan, and cases of poisoning in Germany, where it is frequently given in bronchial affections. It is also used as an ingredient in prescriptions and in confectionery in Europe and the U.S. The genuine *Illicium anisatum* (on the Continent the *Pimpinella anisum*, grown in Germany and Austria, with an over-production of it in Russia) is adulterated with the bastard *Illicium Religiosum*, or "Skimi" fruit of Japan, which closely resembles the genuine, as seen by enclosed samples.

Quantities of the oil have been returned from Germany and England to China recently, we are told. The fruits, also exported for medical uses, are in China given in colic, constipation, hernia, lumbago, and in fevers of all kinds, and eaten as a condiment according to Dr. F. PORTER SMITH.

The export China Cassia Oil has also been found adulterated, up to 50 %<sub>o</sub>, with fat, oils, petroleum, etc.

---

#### MALARIAL ORCHITIS.

CHARVOT (*Lancet*) has recently described a severe and very painful form of acute orchitis, occasionally met with in subjects saturated with malaria, and probably due to the direct action of the malarial germ on the testicle. The orchitis appears during an attack of malarial fever, and often at night. In a few hours the testicle is greatly swollen and painful, but the disease does not reach its height for two or three days; it then somewhat slowly subsides. Both the body of the testicle and the epididymis are inflamed, and effusion into the tunica vaginalis occurs. Under full doses of quinine, pain and inflammatory œdema quickly subside, but the absorption of the exudate is slow and is followed by more or less atrophy of the secreting substance of the gland.—*Polyclinic*.

---

The proper thing to do for a case of *sunstroke* or *heat exhaustion* is to remove or loosen clothing about the neck; do not move unless hospital is near; throw buckets of water upon patient, or, what is better, rub down with ice. Get the bowels open; turpentine injections or croton oil, if not too much exhausted, or inject cold water, or one-half drachm of glycerine, into rectum. For the stroke, draw blood if pulse is full and strong. Antipyrin is of great value, not

only the immediate but subsequent result good. When he commences to recover, allow a bland diet. As one attack predisposes to another, patient should be careful in hot weather; go to mountains, if possible; keep the bowels open. To control convulsions, use morphine hypodermatically, or inhalation of small amount of chloroform.

---

#### PRESERVE YOUR INSTRUMENTS.

To preserve your instruments from rusting, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years, not even when exposed to a damp atmosphere.—*Columbus Medical Journal*.

---

#### STRYCHNINE IN NARCOTIC INTOXICATIONS.

In a brief but valuable article in the *Practitioner* for December, Dr. G. A. GIBSON calls attention to the very great value of hypodermic injections of sulphate of strychnine in narcotic intoxications. The dose is from one-hundredth to one-fiftieth of a grain, and the immediate effects are a marked increase in frequency and regularity of breathing. In some instances cited by the author, of chloroform narcosis where breathing had been entirely suspended, it recommended immediately after the injection.—*The Saint Louis Med. and Surg. Jour.*

---

*Historic.*—Napier's famous dispatch from India, announced his victory in one word, "Peccavi,"—I have Sinned. Gen. de Bourmont's message to the French War Minister, in 1830, when the Dey of Algiers had escaped him after being taken, was, "Perdidi Diem,"—I have lost a Day. And a reporter tells us that Drake, when the ships of the Armada turned their sails, telegraphed to Elizabeth, "Cantharides."

---

"Are you feeling very ill, Mrs. Blues? let's see your tongue." "It's no use doctor, no tongue can tell how bad I feel."

---

**BIRTHS.**

At Chentu, Szechuen, June 27th, the wife of H. PARRY, M.R.C.P., China Inland Mission, of twin sons.

At Nankin, August 25th, the wife of ROBERT C. BEEBE, M.D., Meth. Ep. Mission (Central), of a daughter.

---

**DEPARTURES.**

From Amoy, April 17th, Dr. A. L. MAC-LIESH, and family, of the Eng. Presbyterian Mission, for Europe.

From Shanghai, May 25th, Dr. E. H. EDWARDS, wife and child, China Inland Mission, Taiyuen foo, for Europe *via* Canada.

From Yokohama, June 25th, Dr. and Mrs. L. H. GULICK, Am. Bible Society's Agency, Shanghai, for Oakland, Cal., U.S.A., per S.S. "Gaelic."

On the 5th August, for Chefoo, Dr. H. W. BOONE and family.

---

Reports from Dr. GULICK continue to be most encouraging. He has reached Oakland, and is finding great benefit from the treatment he is receiving at the "Rural Health Retreat" near St. Helena, Napa County, Cal.





Telegraphic Address: ALLENBURY'S, LONDON.

# ALLEN & HANBURY'S.

ESTABLISHED 1715.

## WHOLESALE & EXPORT CHEMISTS.

*Special Manufacturers of*

CASTOR OIL (TASTELESS ODOURLESS).

COD LIVER OIL.

EFFERVESCENT PREPARATIONS.

FLUID EXTRACTS.

INFANTS' FOOD (MALTED).

LOZENGES (MEDICATED).

MALT—EXTRACT AND FLUID EXTRACT.

PILLS—SOLUBLE, COATED.

TINCTURES, INFUSIONS, EXTRACTS.

AND ALL

PHARMACEUTICAL PREPARATIONS.

### COMPRESSED TABELLÆ OF VARIOUS DRUGS.

*These Tabellæ will be found very convenient for the taking of many simple medicines, both from their portability and the ease with which an exact dose can be administered. The following are a few of the more recent additions :—*

**ANTIPYRIN** has now been employed in many thousand cases of typhoid fever, pneumonia, acute articular rheumatism, and other diseases associated with high temperature, with the most satisfactory results.

**ANTIPYRIN TABELLÆ** (*5 grains in each*).

Its value will be appreciated when given for rheumatic or gouty affections accompanied by painful arthritis, or still better, in nervous conditions associated with painful manifestations. Administered in doses of from 1 to 1½ drachms in the twenty-four hours, the pain almost invariably yields in the course of from two to four days without any undesirable effect being produced on the heart or kidneys. Neuralgia, migraine, sciatica, lumbago, and paroxysmal pains generally, are relieved.

**PHENACETIN** has been recently introduced for use in the same class of cases as Antipyrin. It is a true antipyretic in doses of from three to eight grains. The effects are mild, the sweating very slight and no cyanosis has been observed, even after the repetition of several eight-grain doses.

**PHENACETIN TABELLÆ** (*5 grains in each*).

Phenacetin possesses the same analgesic properties in neuralgia and paroxysmal pain as Antipyrin.

**SULPHONAL** has lately come to the front as a valuable hypnotic.

**SULPHONAL TABELLÆ** (*5 grains in each*).

Given to patients suffering from restlessness or insomnia, they fall into a tranquil and sound sleep in from half an hour to two hours, lasting from five to eight hours. Digestion, pulse and temperature were unaffected. It appears to be most efficacious in cases of sleeplessness in nervous subjects. The average dose for adults is from 15 to 20 grains.

The above Tabellæ are put up in small bottles, or supplied in bulk to the Medical Profession or Hospitals. A Complete List of Tabellæ sent on application.

ALSO OF

### SACCHARINATED TABELLÆ

Or Compressed Drugs Sweetened with Saccharin.

*Wholesale Price Lists on Application*

Plough Court, Lombard Street, London.

生 醫 牙 泰 森

**H. H. WINN,**

**DOCTOR OF DENTAL SURGERY,**

No. 2, BUND,

**SHANGHAI.**

---

**L. VRARD & CO.,**

36, NANKING ROAD,

**SHANGHAI.**

---

GENERAL STOREKEEPERS,

**WATCH MAKERS, JEWELLERS,**

AND

**OPTICIANS.**

---

*REPAIRS MADE OF ALL KINDS.*

---

Dr. H. MASON PERKINS.  
Dr. ROBERT S. IVY.

*Drs. PERKINS and IVY,*

SUCCESSORS TO DR. G. O. ROGERS,

**DENTAL SURGEON,**

**SHANGHAI.**

# KELLY & WALSH, LIMITED,

SHANGHAI, HONGKONG, YOKOHAMA, AND SINGAPORE.

## NEW AND IMPORTANT MEDICAL WORKS.

- A Text Book of Human Physiology*; designed for the use of Practitioners. Illustrated with 3 Lithographic Plates and 313 Woodcuts. By AUSTIN FLINT, M.D., LL.D. \$10.00
- Keetley's Index of Surgery.* \$4.00
- Quain's Dictionary of Medicine*; including General Pathology, General Therapeutics, Hygiene, and the Diseases peculiar to Women and Children. Fourteenth Thousand, 1888. \$12.00
- Gray's Anatomy*, Descriptive and Surgical. 11th Edition. Edited by T. PICKERING PICK; with many additional Drawings and Coloured Plates. \$14.00
- Cassell's Manual of Surgery*, in treatises by various Authors. Edited by FREDERICK TREEVES, F.R.C.S. In 3 volumes. \$8.00
- A Practical Treatise on Diseases of the Eye.* By R. B. CARTER, F.R.C.S. With numerous Illustrations. \$6.50
- Diseases of Tropical Climates*; lectures delivered at the Army Medical School. By W. C. MACLEAN, M.D., C.B. \$4.00
- The Germ Theory*; applied to the explanation of the "Phenomena of Disease." By T. MACLAGAN, M.D. \$1.50
- The Disorders of Digestion; their Consequences and Treatment.* By T. LAUDER BRUNTON, M.D. \$4.00
- The Cure of Consumption, Chronic Catarrh, Bronchitis, Asthma, etc.* By E. W. ALABONE, M.D. 13th Edition, 102nd Thousand. \$2.00
- Comparative Anatomy and Physiology.* By F. JEFFREY BELL, M.A. \$3.00
- The Abolition of Zymotic Diseases, and of other Similar Enemies of Mankind.* By SIR THOS. WATSON, Bart., M.D., F.R.S. \$1.50
- Braithwaite's Retrospect of Medicine.* Vol. January to June 1889. \$2.25
- Analysis of the Urine*; with special reference to the Diseases of the Genito-Urinary Organs. By HOFMANN & ULTMANN. \$5.00
- On the Functional Diseases of the Urinary Organs.* By D. C. BLACK, M.D., L.R.C.S. Edin. \$4.50
- The Functional Diseases of the Renal and Urinary Organs.* By D. C. BLACK, M.D. Edin. \$2.00
- Squire's Companion to the British Pharmacopœia.* 14th Edition. \$4.00
- Hygiene of the Vocal Organs.* By SIR MORELL MACKENZIE, M.D., London. \$2.50
- Campbell's Medical Visiting Book.* \$2.25
- Campbell's Professional Account Rendered Book.* \$2.00

Orders now being received for

**THE YEAR BOOK OF TREATMENT (1890).**

A Critical Review for Practitioners of Medicine and Surgery. \$2.00

# THE NEW HYPNOTIC SULFONAL RIEDEL

(in 8 oz., 4 oz., & 2 oz. bottles),

AND

## TABLETS OF SULFONAL RIEDEL

(in boxes of 100, 50, & 25 pieces each 1 gramm).

*Diacthyl-sulfondimethylmethan.*

*Melting point, 125.5°*

1. It is no stupefying narcotic, but produces and stimulates perfectly normal slumber; quiet, sound and healthy sleep.
2. Its action is reliable and perfect, even in cases of habitual uses of narcotics.
3. It is superior to all other hypnotics, owing to absence of taste and odour.
4. Harmful effects are absolutely wanting even after long continued use.
5. Digestion, appetite, respiration and pulsation are in no wise influenced.
6. It causes no intoxication nor nervous excitement.
7. It is highly commended in all cases of recomplicated diseases accompanied by sleeplessness.

To be had at all Dispensaries.

### CARLOWITZ & Co.,

SHANGHAI, CANTON, HONGKONG AND TIENTSIN,  
Sole Agents for China.

---

## SALICYLIC ACID AND ITS PREPARATIONS

FROM

Dr. F. v. HEYDEN Nachfolger of Radebeul,  
*IN EXCELLENT QUALITY*

*especially:* HYDRAG. SALICYLIC., contg. 59% Hg.

BISMUTH. SALICYLIC., contg. 64.2% Bi<sub>2</sub> O<sub>3</sub> free  
from Nitrate.

SALALUM, Dr. v. HEYDEN's patent.

*To be had at all Dispensaries.*

### CARLOWITZ & Co.,

SHANGHAI, CANTON, HONGKONG AND TIENTSIN,  
Sole Agents for China.

# MUSTARD & CO.,

IMPORTERS OF

**STOVES, GRATES, KITCHEN FURNITURE,  
LAMPS, SCALES, ETC.**

*To Missionaries we make an allowance of 5 per cent.  
on these goods.*



## MUSTARD & CO.,

IMPORTERS OF

**STORES OF ALL KINDS**

FROM THE

*United States, England, Germany, France,—*

**Wherever goods of best quality and best prices  
can be purchased.**

*On these goods our Prices are net.*

---

## MUSTARD & CO.,

SHANGHAI.

# COMPRESSED TABLET TRITURATES,

COMBINING ABSOLUTE ACCURACY OF DOSE,

*Convenience in Administration, Speedy Disintegration and  
Consequent Rapid Absorption,*

**Thereby insuring the Most Effective Results.**

We feel confident that few physicians will prescribe any of the more powerful remedies, such as Aconite, Morphine, Digitalis, Arsenic, etc., either in powders or in solutions, when fully aware of the advantages presented by our TRITURATES, their accuracy and convenience in administration, coupled with the absolute freedom from danger in prescribing, always attending to a greater or less extent the dispensing of dangerous drugs in the form of powders, drops, or large doses in solutions.

The TRITURATES are absolutely exact, and will keep indefinitely; they can be readily swallowed with a mouthful of water, or, if smaller doses be required for infants, the tablet can be reduced to a fine powder by simply crushing with a knife, or the thumb-nail.

Our circular (which it will give us pleasure to forward) gives in detail all the claims we make for this series of preparations, together with a list of all the combinations. It embraces almost every drug in popular demand, and the doses are so graduated as to meet every indication. The following are a few of the active agents in every-day use:

<i>Price per bottle, 500</i>		<i>Price per bottle, 500</i>	
ACID ARSENIOS, $\frac{1}{30}$ gr.,	\$0.40	EXT. PILOCARPUS FLD., $\frac{1}{2}$ min.,	\$0.45
ACONITINE, $\frac{1}{30}$ gr.,	1.25	HOMATROPINE HYDROB., $\frac{1}{100}$ gr.,	3.00
ALOID, $\frac{1}{4}$ gr.,	.50	LITHI CARB., $\frac{1}{2}$ gr.,	.55
ANTIMONY and POTASS. TART., $\frac{1}{8}$ gr.,	.40	MERCURY, GREEN IODIDE, $\frac{1}{4}$ gr.,	.50
APOMORPHIA, $\frac{1}{10}$ gr.,	.60	MERCURY, RED IODIDE, $\frac{1}{30}$ gr.,	.40
ATROPINE SULPH., $\frac{1}{100}$ gr.,	.60	MORPH. SULPH., $\frac{1}{20}$ gr.,	.65
CALOMEL, 1 gr.,	.50	PILOCARPINE HYDROCHLOR., $\frac{1}{20}$ gr.,	1.25
COCAINE HYDROCHLOR., $\frac{1}{30}$ gr.,	.70	PODOPHYLLIN, $\frac{1}{8}$ gr.,	.45
CODEINE, $\frac{1}{8}$ gr.,	2.75	SANTONINE, $\frac{1}{2}$ gr.,	.85
CORROSIVE SUBLIMATE, $\frac{1}{30}$ gr.,	.40	STRYCHNINE, $\frac{1}{60}$ gr.,	.40
DIGITALIN, $\frac{1}{100}$ gr.,	.50	TR. ACONITE, 1 min.,	.40
ELATERIUM, $\frac{1}{8}$ gr.,	2.00	TR. BELLADONNA, 2 min.,	.40
ESERINE SULPH., $\frac{1}{100}$ gr.,	1.00	TR. GELSEMIUM, 3 min.,	.40
EXT. CANNAB. INDICA, $\frac{1}{8}$ gr.,	.50	TR. HYOSCYAMUS, 2 min.,	.40
EXT. COLOCYNT. COMP., $\frac{1}{4}$ gr.,	.45	TR. OPIUM, 2 min.,	.60
EXT. IGNATIA., $\frac{1}{4}$ gr.,	.60	TR. VERATRUM VIRIDE, 1 min.,	.40
EXT. IPECAC FLD., $\frac{1}{2}$ min.,	.50	ZINC PHOSPHIDE, $\frac{1}{10}$ gr.,	.50
EXT. NUX VOMICA, $\frac{1}{4}$ gr.,	.50		

We shall be glad to send samples of these Triturates to any physician who may desire to try them in his practice.

Complete lists, with prices, etc., of all our preparations will be sent by mail on application.

## JOHN WYETH & BROTHER,

SPECIFY WYETH'S WHEN ORDERING.

PHILADELPHIA,

Pa., U.S.A.

FIVE PRIZE MEDALS AWARDED.

# FERRIS & COMPANY,

BRISTOL,

WHOLESALE AND EXPORT DRUGGISTS,

**SURGICAL INSTRUMENT MAKERS, &C.,**

Beg respectfully to call the attention of MEDICAL MISSIONARIES and other members of the Medical Profession in China, in charge of *hospitals and dispensaries*, and in private practice, to their

## SPECIAL EXPORT TERMS.

All indents for Drugs, Surgical Instruments or sundries, amounting to £50 sterling and upwards, will, with the following exceptions, be forwarded to any port in China *free* of all charges for *freight and insurance*, thus giving our friends the full advantage of cash purchases in England. Remittances should be sent either with the indent, or as soon as possible after receipt of invoice.

This free delivery is equivalent to a discount of ten to fifteen per cent, and enables our customers readily to estimate the actual value of indents they are sending home.

EXCEPTIONS:—Freight and insurance will in all cases be charged upon strong acids and ethers shipped on deck, and on large quantities of empty glass bottles, pots, &c. War risks and rates are also excepted.

*Special attention is paid to safety and economy in packing.*

We very rarely hear of a breakage, or damage of any kind. The cost of packages averages about five per cent on the value of order.

Messrs. FERRIS & Co. confine their wholesale trade almost exclusively to the supply of the Medical Profession and hospitals at home and abroad. Extreme care is taken in the selection of all Drugs and in the processes of manufacture and manipulation, and medical gentlemen may therefore confidently rely on the genuine character of all medicines, &c., supplied to them.

## PRICES MODERATE.

The latest edition of *Ferris and Company's Wholesale and Export Price Current* of pure Drugs, Chemical and Pharmaceutical Preparations, Surgical Instruments, Surgery Fittings, Soluble Pearl-coated Pills, and Domestic and Dietetic Articles, with a complete table of doses, and exhaustive notes upon New Remedies, mailed to any member of the Medical Profession free on application.

**FERRIS, BOORNE, TOWNSEND & BOUCHER,**

BRISTOL, ENGLAND.

(ESTABLISHED 1770.)

# VOELKEL & SCHROEDER,

PHARMACIE DE L'UNION,

AGENTS FOR

## MAIGNEN'S PATENT "FILTRE RAPIDE."

---

These Filters can be confidently recommended as  
Perfect Water Purifiers.

---

THEIR construction is based on the principle of the multiplication of the filtering surface, the particles of which are so small, they lie so close together, that nothing whatsoever, which has a body however small, can pass through. The pores are so numerous that the atoms of water have, as it were, a long and rugged way to traverse from one side to the other of the layer, and it is in this extreme state of division that a decomposition of the organic matter, and of the dissolved metallic salts, takes place. Then the asbestos cloth (which is made of absolutely pure asbestos fibre alone, without admixture of foreign fibre or any other substance) is of such a texture that it further subdivides the water, and thus when the filtered water enters the filtering frame, it is in a most minute state of division, and absorbing a considerable quantity of air, becomes in this way most pleasant to the taste, agreeable to the palate, light and easy of digestion.

The purifying power of these Filters has surprised all who have seen it.

"A better filter could not be desired."—*The Lancet*.

"A really excellent Water Filter."—*The Globe*.

"It is now regarded by highest competent authorities as the best Water Filter extant."—*Civil Service Gazette*.

"The 'Filtre Rapide' attracted much attention, and received the highest award of the National Health Society."—*The Lancet*.

"TABLE" "FILTRE RAPIDE"—GLASS.....					Capacity 1 Pint.
"	"	"	—	"	2 Pints.
BIJOU D.	"	"	—WHITE	STONEWARE, Decorated	1 Gallon.
COTTAGE	"	"	—BROWN	STONEWARE	1 Gallon.
"	"	"	—	"	2 Gallons.



The China  
Medical Missionary Journal.

---

VOLUME III.

---

JANUARY—DECEMBER 1889.

---

SHANGHAI:  
KELLY & WALSH, LIMITED, THE BUND.  
HONGKONG—YOKOHAMA—SINGAPORE.

---

1889.

# The China Medical Missionary Journal.

## VOLUME III.

JANUARY—DECEMBER 1889.

### CONTENTS OF No. 1.

	PAGE
I.—Our Medical Students. By Robert C. Beebe, M.D. ... ..	1
II.—Cases treated in the London Mission "Viceroy's" Hospital, Tientsin. By the late J. K. Mackenzie, M.R.C.S., L.R.C.P. ... ..	4
III.—Hemorrhagic Diathesis. By Robert Coltman, jr., M.D. ... ..	12
IV.—Cases treated in Medical Missionary Hospital, Canton. By Mary W. Niles, M.D. ... ..	13
V.—Reminiscences. By A. W. Douthwaite, M.D., F.R.G.S. ... ..	14
VI.—Extraordinary Gunshot Wound of the Thigh. By A. L. Macleish, M.A., M.B., C.M. ... ..	17
VII.—A Cheap and Reliable Filter. By H. W. Boone, M.D. ... ..	19
VIII.—Notes on Malaria ... ..	20
Editorials :	
Introductory ... ..	23
The Alice Memorial Hospital ... ..	25
List of Medical Missionaries in China, Corea and Siam ... ..	26
Hospital Reports ... ..	29
A Year's Medical Work in Tungchowfu. By Jas. B. Neal, M.D. ... ..	31
Society Proceedings ... ..	33
Progress of Medical Science ... ..	36
Clinical Reports on Sulphonol ... ..	37
Correspondence ... ..	41
Notes and Items ... ..	43

### CONTENTS OF No. 2.

I.—Cystic Tumor of the Antrum—Operation. By J. M. Swan ... ..	45
II.—Opium Poisoning treated with Atropia Sulphate. By J. M. Swan ... ..	46
III.—The Antidotal Treatment of the Opium Habit. By A. P. Peck, M.A., M.D. ... ..	48
IV.—Acute Pulmonary Tuberculosis. By Robert Coltman, jr., M.D. ... ..	51
V.—Notes on Chinese Materia Medica. By A. W. Douthwaite, M.D. ... ..	53
VI.—Medical Mission Work in Eastern Agricultural Mongolia. By Rev. Jas. Gilmour ... ..	55
VII.—Worms. By Rev. Jas. Gilmour ... ..	60
VIII.—Large Urinary Calculus. By Robert Coltman, jr., M.D. ... ..	62
IX.—A Case of Sporadic Scarlet Fever. By Sydney R. Hodge, M.R.C.S., L.R.C.P. ... ..	64

	PAGE
Editorials :	
Is it an Advance? ... ..	66
Salol as a Remedy for Asiatic Cholera ... ..	68
Hospital Reports ... ..	71
Society Reports ... ..	74
Progress of Medical Science ... ..	76
Correspondence ... ..	77
Notes and Items ... ..	82

## CONTENTS OF No. 3.

I.—Medical Missionary Work in Foochow. By H. T. Whitney, M.D. ... ..	85
II.—A Death from Chloroform. By Alexander Lyall, M.B., C.M. ... ..	90
III.—Mania following an Operation for Entropion. By Alexander Lyall, M.B., C.M. ... ..	92
IV.—The Religious Work of Mission Hospitals. By Mildred Philips ... ..	92
V.—Report of the London Missionary Conference. By A. L. ... ..	94
VI.—Amputation at the Knee-Joint for Epithelioma of the Right Leg. By H. W. Boone, M.D. ... ..	96
VII.—Notes on a Case of Obscure Brain Trouble. By M. Gale, M.D. ... ..	104
VIII.—Case of Palmar Abscess in an Infant. By M. Gale, M.D. ... ..	106
IX.—Was it Enteric Fever, or Was it a Case of Tabes Mesenterica? By Cawas Lalcaca, M.D., L.M., L.R.C.P. ... ..	107
X.—Notes on Removal of Tumour from the Buttock of an Infant. By P. M. ... ..	110
XI.—An Out-Patient Day in the Hangchow Hospital. By D. Duncan Main, M.D. ... ..	113
XII.—Large Osteo-Sarcoma (?) of Humerus. By Thomas Gillison, M.B., C.M. ... ..	118
Editorial :	
Review.—[“ Report to Subscribers of Medical Education Scheme ”]... ..	120
Hospital Reports ... ..	124
Society Reports ... ..	128
Notes and Items ... ..	129

## CONTENTS OF No. 4.

I.—Dr. Ayres on Opium Smokers in the Hongkong Gaol. By A. L. ... ..	133
II.—Medical Missionary Work in Foochow. By T. Whitney, M.D. ... ..	140
III.—The Opium Habit. By J. G. K. ... ..	143
IV.—Notes on Some of the Rarer cases amongst Chinese. By E. T. Prichard ... ..	144
V.—The Aim and Work of the Medical Missionary. By A. Fahmy ... ..	147
VI.—A Chinese Benevolent Association. By J. G. K. ... ..	152
VII.—Imperforate Vagina.—Craniotomy. By Jas. B. Neal, M.D. ... ..	155
VIII.—Notes on Cholera and other Diseases. By A. L. ... ..	157
IX.—Tic-Douloureux. By Robert Coltman, jr., M.D. ... ..	159
X.—Reminiscences. By Rev. A. W. Douthwaite, M.D., F.R.G.S. ... ..	161
XI.—A Case of Fæcal Fistula.—Operation.—Recovery. By H. W. Boone, M.D....	164
Editorial :	
China as a Field for Research in Nervous Diseases. By S. R. H. ... ..	167
Review.—[“ Annual of the Universal Medical Sciences.”] By H. W. B. ... ..	168
A Case of Malarial Fever. By S. R. H. ... ..	175
Notes and Items ... ..	177

## OFFICIAL NOTICE.

*To the MEMBERS OF THE MEDICAL MISSIONARY ASSOCIATION OF CHINA.*

The December Number of the Journal now issued completes the third volume. A word or two of explanation is necessary. For the first year, and also during a part of the second year, the members of the Association paid two dollars as subscription to the Journal and two dollars annual dues as members of the Association. This sum was not only sufficient to meet the expenses of the Journal but to allow a small surplus, which was invested to meet such contingent expenses as might arise. Last year—before the present staff of editors were elected—this was all changed. No dues were collected from members, and they were informed that for the future they should receive the Journal for two dollars a year and be exempted from payment of their annual dues; in other words, the new Editors found themselves with the Journal on their hands,—costing just as much as ever to run, and with nearly one-half less income to support it. They assumed the charge for one year, and find, that although the expenses have not exceeded those of former years, the expenses exceed the income by more than one hundred dollars. Under these circumstances, the Managing Editor must decline the attempt to run the Journal on a less sum than the actual cost of publication.

The Editor will settle up all the accounts for Volume III, and he now resigns his position as Editor. The *only* way in which the Journal can be published for another year is: firstly, pay up your subscriptions—(only one hundred dollars has as yet been paid in for 1889); secondly, pay the subscription for 1890, *in advance*; thirdly, all members *must* be willing to pay one dollar a year Society dues. Please send in your subscriptions for 1889 and 1890 to Messrs. KELLY & WALSH, LIMITED, and send in one dollar for dues to Dr. GALE, Secretary and Treasurer, Shanghai. The Editors, DR. LYALL, HODGE and MATHEWS, will then have sufficient money to conduct the Journal without running into debt.