DR. AYRES ON OPIUM SMOKERS IN THE HONGKONG GAOL.

The following are extracts from the Colonial Surgeon's Report for the year 1888, published in the Hongkong Government Gazette:

"Table XIa. shows the number of opium smokers consuming one mace and upwards received into Gaol, their weight on admission and their weight in each week of the first month in Gaol or until their discharge.

"Table XIc. shows the number of opium smokers admitted to the Gaol Hospital and the diseases they were suffering from. There were no deaths among them, and no cases of cholera occurred among them, enfeebled though they are supposed to be by this said-to-be pernicious habit, though they had exactly the same diet as the other prisoners and were distributed among those that were attacked. The only cases worthy of note are, first, one who was 60 years of age, had been an opium smoker forty years—the longest time of all the 75 who came into Gaol—smoked 3 mace per diem, weight 85 lbs. on admission and the same after a month's confinement, though he was subject to the penal diet, the same as other prisoners; he was never on the sick list nor received any particular treatment to cure him of the habit.

"All opium smokers now are only under observation; unless there is special reason besides this habit they receive no treatment whatever; the habit is entirely ignored and they go to their work and diet same as other prisoners.

"The heaviest weight on admission was 133 lbs., lost 2 lbs. in the fortnight he spent in Gaol, was 58 years of age, 20 years an opium smoker, and consumed one mace daily.

"The greatest decrease in weight among the opium smokers was 8 lbs., and this case was never on the sick list. This man had been 15 years a smoker of one mace daily."
"The greatest gain in weight was 8 lbs. This man had been 10 years a smoker of 1½ mace, had never been in hospital, so that there was only the ordinary diet to account for the increase.

"This habit in itself appears to me to be perfectly harmless. In conjunction with women, wine, late hours and gambling it is very possibly injurious, but in this case 'it is not in it,' to use a slang phrase, compared with tobacco, as while indulging in this 'pernicious' habit you must devote your whole attention to it and it alone. The opium hells of Europe and America combine more than one of these attractions as a rule. The great majority of opium smokers in China have this 'vice' only, and too much pity is wasted abroad which might well be spent at home. The 'poor heathen Chinese' affords a better example than most Europeans. It is only a small minority, even among the well-to-do, that are not frugal and industrious in their habits, and sober in their enjoyments though they are opium smokers.'"

The following is part of Dr. Ayres' report on the same subject for 1887. We give it as probably many members of our Association have not seen it.

"As usual there were no evidences of suffering from the deprivation of the opium-pipe, though opium in any form was carefully excluded from their treatment. The exclusion of opium is rigidly adhered to, unless the treatment of the disease imperatively demands it; this, however, did not happen to be the case with any of the opium smoking prisoners under treatment last year.

"I give the ages, consumption, and weights of the largest consumers received into Gaol. They were six in number, all had habitually consumed 4 mace, i.e., half-an-ounce, of opium daily; the time they have been addicted to the habit of opium smoking is also set forth:—

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of years opium smoker</th>
<th>Consumption per diem</th>
<th>Weight on admission</th>
<th>Weight at end of 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>*56</td>
<td>20</td>
<td>4 mace</td>
<td>110</td>
<td>106</td>
</tr>
<tr>
<td>*67</td>
<td>40</td>
<td>4 mace</td>
<td>103</td>
<td>109</td>
</tr>
<tr>
<td>52</td>
<td>40</td>
<td>4 mace</td>
<td>120</td>
<td>114</td>
</tr>
<tr>
<td>78</td>
<td>35</td>
<td>4 mace</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>70</td>
<td>36</td>
<td>4 mace</td>
<td>106</td>
<td>98</td>
</tr>
<tr>
<td>*72</td>
<td>36</td>
<td>4 mace</td>
<td>75</td>
<td>80</td>
</tr>
</tbody>
</table>

"Those marked with an asterisk were under treatment for general debility; the others were under no treatment for other ailments. It will be gathered from these figures that the habit of opium smoking does not interfere with the digestive powers. These men all consumed an amount of opium equivalent in value to 30 cents a day, or $9 per month. Therefore they must have been of a comparatively well-to-do class, and when at liberty could afford better food than
Dr. Ayres on Opium Smokers in the Hongkong Gaol.

the diet of the Gaol Hospital, for in order to live well (for instance, as well as the best class of Chinese servants) it need not have cost them more than 3 pounds per month for food.

"Of the three not under treatment two decreased in weight, and the one who is 78 years old remained the same. A man of 78 that can digest the ordinary Gaol diet and keep his weight must have his digestive powers in excellent order.

"There were 78 opium smokers of one mace a day received into Gaol, of whom 17 were taken into Hospital, none of them having very serious complaints, as Table XIc shows.

"Moreover, it must be remembered that opium smoking prisoners not under treatment have the ordinary rice-and-water diet one day every week, which would tend to decrease their weight. Notwithstanding this, however, most of those weighing under a hundred pounds remain of the average weight. The Chinese of the chain-gang are picked from the strongest of the prisoners, and their average weight is 110 lbs. It is only reasonable to expect that those who are above the average weight on admission should not add to that weight on a Gaol diet, which, though sufficient and wholesome, cannot be said to be fattening. These tables, which have been given for the last six or seven years with my Annual Reports, prove conclusively that the opium smoker can discontinue the habit at once without any detriment to himself, and that it is idle to talk of the suffering which the deprivation of the opium entails. I do not think the suffering attendant on that deprivation is more than that of a tobacco smoker, if so great.

"Opium smoking held forth as the Chinaman's greatest vice is certainly not to be compared in its evil effects with the European vice of spirit drinking, a habit to which the Chinese as a nation are not given. Instead of making such an outcry and wasting large sums of money in trying to reclaim the Chinaman, one cannot but reflect with how much greater advantage we might look nearer home and attend to our own need of reform in respect of intemperance." — China Mail, July 16th, 1888.

We publish the above extracts from Dr. Ayres' report, not because we think them of any special importance. His statements are so obviously one-sided and superficial that it is not likely that they will influence any but those who desire to be persuaded of the harmlessness of the opium habit. We simply wish to call the attention of medical missionaries to the fact that views so diametrically opposed to the experience of most, if not all, medical men in China who have any experience in the treatment of opium smokers, are year by year promulgated by the Colonial Surgeon of Hongkong. We very much desire that medical missionaries would utilize the Journal to thoroughly discuss the subject
of opium smoking from a scientific point of view. We are not specially anxious for papers simply denouncing the habit. About the morality, or rather the immorality, of the habit, none of us have any doubts. Everyone who knows anything about the subject cannot but condemn the habit as a vicious one, not only for its injurious effects upon the habitué himself, but also for the misery it brings upon others who are dependent upon the opium smoker for the necessaries of life. Even the "heathen Chinese" look upon the opium smoker with contempt. Dr. Ayres may possibly consider that as a medical man he has nothing to do with the moral aspect of this subject, but still less is it the duty or business of a member of the medical profession to try to bolster up any system of dissipation even though he may not consider it injurious to health. It may be Dr. Ayres regards his productions as thoroughly scientific, and although we may have a different estimation of them, yet we must give him due credit and accept his opinions for what they are worth.

His opinion is, stated briefly, that the opium habit is in itself harmless, and that the opium smoker can be deprived of the drug at once without inducing any suffering. The reasons he gives for his belief are not many and are not very convincing. He pins his faith on the results obtained by weighing his prisoners on their admission to gaol and once a week for the first month afterwards. As a matter of fact, the statistics thus obtained do not teach us much, view them in any way you choose. Much more data are required concerning each individual, as, for instance, his size, and his material circumstances, before any very reliable conclusion can be drawn from them. At the most, they only prove what is already well known—that if a man is able to obtain good, nourishing food, opium, in moderate quantity, does not in many cases reduce the weight of the body, and that the opium habit can be given up at once without much danger to life or health. This, however, is not incompatible with the fact that the deprivation of the accustomed stimulant is followed with a good deal of suffering and prostration. It is surely a well-recognized fact, that if a man be accustomed to take daily stimulants of any kind, their withdrawal is followed by more or less depression or exhaustion for a greater or lesser time. Must an exception to this rule be made in favor of opium? It is probably true that twenty or thirty years ago many physicians had exaggerated fears of the dangers which would follow the sudden deprivation of opium in the case of opium habitués. In those days the profession generally also considered it dangerous to withdraw too suddenly alcohol from chronic inebriates, and the principles physicians were taught on which to treat alcoholism they applied to the treatment of opium smokers. The theory of there being special danger in withholding alcohol from the subjects of alcohol poisoning, has been exploded long ago. So in China for the last ten or fifteen years, and how long before I do not know, medical missionaries, almost without an exception, have treated their opium patients by other means than by
Dr. Ayres on Opium Smokers in the Hongkong Gaol.

gradually-decreasing doses of opium. That there is danger to life in some cases, however, has been proved by stern fact. Dr. Edwards, of Tai-yuen-fu Hospital, reported in 1887 two deaths of opium habitués, treated on the “no opium” plan. If the Reports of the various Chinese Hospitals were searched, records of other fatal cases would doubtless be found.

Dr. Ayres’ experience is very remarkable. In his report for 1887, he says that “there were no evidences of suffering from the deprivation of the opium pipe,” and again, “I do not think the suffering attendant on that deprivation is more than that of a tobacco smoker, if so great.” In his report for 1888, he considers that while opium smoking is harmless in itself, yet in conjunction with various other immoral habits it may possibly be injurious, but “in this case ‘it is not in it,’ to use a slang phrase, compared with tobacco.” Excessive use of tobacco is credited, no doubt, with the production of functional disturbances of various organs of the body, but that tobacco as smoked by the Chinese can be justly compared, in its effects on the body, with opium smoking, will be news to most medical men. Chinese tobacco is comparatively mild, and the Chinese smoke but little of it at a time. Even its effects upon the body as smoked by Europeans seem to be very transient and are quickly overcome. The action of opium on the body is much longer continued, and one would naturally expect that its effects would thus be correspondingly greater. Moreover, most opium smokers are also tobacco smokers, and the two habits combined should surely produce some effects. Yet Dr. Ayres sees “no evidence of suffering from the deprivation of opium” and none, we presume, from tobacco also in the case of tobacco and opium smoking habitués.

That opium smoking can be as easily given up as tobacco smoking is certainly not proved by the statistics that Dr. Ayres gives. We are told that 12 out of 72 opium smoking prisoners (the other 3 men were discharged at once, and need not be reckoned) required to be taken into the hospital for special treatment on being deprived of their opium. The habit being “harmless,” we can conclude that the reason for their admission to hospital was the effect produced by the deprivation of the drug.

Tobacco smoking prisoners are also, I presume, deprived of their “weed” on admission to gaol, and if the suffering attendant on the deprivation of tobacco is as great as, if not greater, than that following the deprivation of opium, we would expect to find that as high a percentage of the tobacco smoking prisoners required medical care on account of the sudden withdrawal of their accustomed nicotine poison. Indeed, a much larger percentage of this class should need hospital treatment, because tobacco smoking, according to Dr. Ayres, is more frequently associated with really injurious habits than is opium smoking. But so far as we can gather from consideration of the statistics, not a single prisoner required medical care on being deprived of tobacco. Consequently, we may
conclude that Dr. Ayres' comparison between tobacco and opium smoking is a mere assertion, the accuracy of which is entirely contradicted by his own statistics.

We have had a good many hundreds of opium smokers pass through our hands, and, so far as our experience goes, there is no great danger to life from cutting off opium at once. It is followed, however, in the large majority of cases, by great depression and restlessness, diarrhoea more or less severe, nausea, sometimes vomiting and anorexia, sleeplessness which is sometimes difficult to overcome, seminal emissions, and a general feeling of misery and wretchedness which is aptly called the "horrors." In some cases of specially debilitated subjects stimulation is required. In about a week they begin to pick up, the appetite gradually recovers and the craving for opium disappears. Sometimes the nervous debility continues for many months after giving up opium, showing itself in a low state of general health and in inability to do any work requiring an effort.

What is maintained, however, is not that an opium smoker cannot give up opium without danger to life, but that few men who have become opium habitué can give up the habit. Opium quickly enslaves a man, and the condition of paralysed control is soon induced, so that few men, no matter how sincere they may be in their desire to give up the habit, have the strength of will necessary to keep away from the drug. Many who have sought help in the hospital have relapsed sooner or later on returning to their homes. Some take to chewing opium-ashes, others resort to "anti-opium powders," which contain morphia. My assistants reckon that not more than 20 per cent of those who have given up opium under our supervision have kept from relapsing on return to their former environments. This estimate, I believe, is quite large enough.

Dr. Ayres considers "the habit in itself to be perfectly harmless," and it is, according to his 1887 report, "not to be compared in its evil effects with the European vice of spirit drinking." The harmless habit apparently has some evil effects, but these he does not indicate. Certainly we could hardly call the habit harmless, seeing that about 17 per cent of his opium smoking prisoners, most of them in adult life and probably well fed, required special medical care. Be this as it may, opium smoking is certainly not harmless in China. Why it should be harmless in Hongkong is beyond our comprehension, and Dr. Ayres does not try to enlighten us.

To get a fairly accurate idea of the evil effects of opium smoking it is necessary that one's attention should not be solely confined to any single class of opium smokers. Practically opium smokers may be divided into two classes for consideration—those in well-to-do circumstances and those belonging to the laboring classes. If the evil effects on the former class be only considered, then grossly one-sided statements will be made. On the other hand, a true description of the terrible evil inflicted by the habit on the laboring classes may not be quite
accurately applicable to opium smoking as observed among the well-to-do. Perhaps the whole gist of the opium controversy lies in a want of recognition of these facts. Like drunkenness, the curse of the habit falls with greatest severity on the working classes. It is impossible to overstate the evil of opium smoking among the poor. One mace or a mace and a half is about the average amount smoked per diem, and it takes fully a half of a laborer's wages to obtain this amount. In the laboring class we include farmers, artisans, boatmen, burden-bearers—in fact, the largest proportion of the population of China. To these men the opium habit soon brings poverty in its train and a weakened capacity for labour. The physical evils attendant on the habit soon become apparent enough, and these also are by no means slowly developed.

The well-to-do smoker is, as a class, less injured physically and mentally by opium in moderate quantities. Among this class it is not difficult to find men who have smoked two or three mace daily for many years with little apparent physical deterioration. But it is also not difficult to find among this class opium sots who are physical, mental, and moral wrecks. In China, as elsewhere, very different effects of the habit are occasionally met with. In some cases, three and four mace of opium have been smoked daily for many years with apparent impunity. In other cases, in equally good circumstances, a few years' consumption of a mace and a half daily has resulted in ruining the physical and mental organism.

The moral evils resulting from indulgence in opium are very apparent and well known, but it is not our intention to consider them at present. The well-to-do smoker does not escape moral deterioration, though, of course, he is not exposed to certain temptations to which his less fortunate brother is liable in order to provide the drug to satisfy the craving. Unlike Dr. Ayres, who says that opium smokers in China practise this vice only, intelligent Chinese are in the habit of tracing the first steps in the downward career of Chinese prodigals to indulgence in opium or in gambling.

It is noticeable in such productions as we have been criticising, that the writers, no matter how positive they may be in their assertions, generally end by making explanations which show signs of weakness. Formerly we used to be warned not to confuse opium eating with opium smoking. The former habit was said to be decidedly injurious, whereas opium smoking was harmless. Of late years this distinction is not so frequently heard of. This year Dr. Ayres has a new explanation to offer. It seems that "opium hells" are now to be found in many European and American cities, and that these places present other attractions to their patrons besides the opium pipe. Dr. Ayres is therefore careful to explain that while opium smoking in itself is harmless yet in conjunction with various other vices, which are specified, "it may possibly be injurious." The warning is timely, for any home physician who may have to treat an opium smoking fellow-
countryman will assuredly not travel so far in search for the cause of the functional or organic disorders of his patient. That Dr. Ayres' explanation will be altogether satisfactory is open to question.

Perhaps we should not leave Dr. Ayres without trying to relieve his anxiety of spirit with reference to the amount of pity which is wasted by certain classes in Britain on the "poor heathen Chinese," which could be better spent at home. It is a common saying, which we believe to be true, that it is just those men whose sympathies can extend to such miserable objects as Chinese opium smokers, who are foremost in every benevolent endeavour to relieve the misery of unfortunate fellow-countrymen at home; and, inversely, those who care nothing for the "heathen Chinese" or any other heathen, are not generally specially distinguished for their philanthropy at home or elsewhere. On this point, therefore, Dr. Ayres need not be unduly anxious. Besides, there are other people, not so far distant from China, who in their own way are helping the Chinese to get rid of their opium smoking habits. Some of them are even found in Hongkong, notwithstanding Dr. Ayres' annual pastoral on the harmlessness of opium smoking. Their method is to push the sale of "anti-opium powders," containing morphia as an infallible remedy for the opium craving. Would Dr. Ayres not leave the home-folks alone for a little and turn his attention to those misguided reformers near his own doors? In this work he would command the sympathies of all of us, for although we think opium smoking a vice, yet most of us are ready to acknowledge that morphia eating is decidedly worse.

A. L.

MEDICAL MISSIONARY WORK IN FOOCHOW.

By H. T. Whitney, M.D.

II.

After the death of Dr. Osgood, August 17th, 1880, the writer was called to take charge of the Ponasang medical work. From the March previous, owing to Dr. Osgood's many duties and failing health, we had taken charge of the dispensary, helped in the hospital, and assisted in preparing his Decade Report, to enable him to give more time to the Anatomy. The full charge of a developed work, however, was undertaken at some disadvantage, as my previous three years
in China had been spent in Shaowu, where the Mandarin language is the one in general use, and the few months that we had been in Foochow was of little benefit in speaking the Foochow language. But as Dr. Osgood's first assistant could speak a little Mandarin, we managed to get on, using him as interpreter. In 1881 a new dispensary was opened in another suburban village called Watergate, and about one half-hour's walk from the hospital. This increased both the dispensary and hospital patients, so that the Tenth Report, June 1st, 1881, records a total of 8,651 patients and 514 operations.

The Eleventh Report gives a total of 8,176 and 527 operations. The enlargement of the work necessitated increasing the number of students, and seven were under training at this time.

The Twelfth Report, January 1st, 1884, covering 19 months, gives 14,445 patients and 845 operations. During the summer of 1883, owing to much sickness, including also a cholera epidemic, dispensing was carried on in three other places away from Foochow, which accounts for the large increase of patients. The students had been temporarily increased to twelve, including four young ladies in the Seminary.

The Thirteenth Report gives 3,506 patients and 62 operations. The cause of this decrease was owing to several reasons. The Opium Asylum had been turned over to Dr. Chang, and all the dispensaries closed but one in anticipation of the writer's returning to the U.S., and the main part of the work left to native assistants. This year also occurred that memorable event—the French bombardment of the Foochow Arsenal—which turned Foochow into entire confusion; thousands escaped to the country, many foreigners left the port, and business generally was interfered with. For a time also no foreigner was allowed to venture among the people so far as Ponasang; but though the assistants kept at their post and treated many soldiers, yet the effect was to diminish the average attendance at the hospital and dispensary.

The Fourteenth Report gives 3,864 patients and 425 operations. The work this year (1885) up to November was under the medical care of Drs. Adam and Rennie, who assumed charge in February 1884. The number of patients had increased over 1884, owing to the subsidence of the Franco-Chinese war troubles, with an increase of soldiers over the number before the French trouble, and the return of the people to their homes. Another severe cholera epidemic prevailed during the summer and autumn of this year.

The Fifteenth Report gives a total of 8,266 patients and 521 operations. This Report covers 16 months and also includes 1,070 treated during a tour in the Shaowu field. Also May 23rd, 1886, the Foochow Native Hospital was burned, which materially increased both in and out patients.

The Sixteenth Report, carrying the work to the end of April 1888, gives 5,073 patients and 490 operations. This Report records the transfer of the
dispensary to the hospital, building a new physician's residence nearer the hospital, and the combining of all the medical work, except bedside practice, under one roof, thus saving expense and the time and strength of the physician.

The Seventeenth Report brings the work down to April ultimo. In October 1888 we removed to Shaouwu, leaving this work in charge of Rev. G. H. Hubbard and three native assistants. Arrangements were subsequently made with Drs. Rennie and Adam, Community physicians, for semi-weekly visits to the hospital. During the eleven months covered by this Report there were 318 inpatients, 3,756 outpatients, including return visits, making 4,074 in all, and 551 operations. In the autumn of 1884 Miss Dr. Woodhull and sister, of Brooklyn, N.Y., were appointed by the American Board to come to Foochow and take up medical work among women and children. They reached Foochow at the end of November 1884, and Dr. Woodhull soon found plenty to do, and even more than she ought to do, in connection with the study of the language. She located in the city, some two miles from the Ponasang work. Native premises were secured and temporarily fitted up for a hospital and dispensary, where she has had an increasing number of patients each year since and quite a large obstetrical practice besides—a kind of work within the city that has been a great help to the religious work. Dr. Woodhull has several lady students under training, which it is hoped will be of considerable help to her soon. The religious influences brought to bear upon the patients is of the best kind, and much good has already resulted from this branch of the medical missionary work.

We have now taken our readers rapidly over a period of 19 years of steady medical missionary work at Ponasang, including a reference to the first six years of opening work by Mr. Melton, of the Church Missionary Society. A great deal more might be written, but perhaps this will suffice to show in a general way the opening medical work in Foochow, by the Church Missionary Society, and the subsequent resumption and continuation of it by the American Board.

To make the history complete we need an account of the work done for women and children by the M. E. Mission, and the general medical work of later years done by the Church Missionary Society. It is hoped that Miss Dr. Carleton and Dr. Taylor will early favor your readers with this complementary history.
THE OPIUM HABIT.

"This habit in itself appears to me to be perfectly harmless."


Dr. Ayres, Colonial Surgeon of Hongkong, has the unenviable notoriety of standing almost, if not entirely, alone in his opinion of the "perfect harmlessness" of opium smoking, one of the great curses of China. Were it not for the influence position gives him, his opinions might be passed in silence as "perfectly harmless," but since position gives authority it will not be amiss to note some of the evils of the narcotic drug which are plain to the eyes of everybody but those of Dr. Ayres.

We enumerate some of the direct and indirect evils of opium smoking:

1st.—A poison like opium, when daily received into the system, permeates the blood, the nervous system and all the organs, exerting a morbidic power in proportion to the amount imbibed and the susceptibility of the individual.

2nd.—Opium smoking vitiates the action of the nervous system in its relations to the physical, intellectual and moral nature of man.

3rd.—The opium habit causes torpidity of the bowels, including of course torpidity of the stomach and liver.

4th.—Opium smoking is attended with sallowness of countenance and loss of flesh, the results of injury to digestion.

5th.—Opium smoking masks the symptoms of disease in its early stages.

6th.—Opium smoking aggravates disease in its advanced stages and counteracts the effects of medicines.

7th.—Opium smoking shortens life.

8th.—Opium smoking wastes the time and money of the smokers and brings poverty and want to the family.

9th.—Opium smoking causes distress of mind to parents, to wife and children.

10th.—Opium smoking favors suicide, because it puts the poison always within reach of those who, in fits of anger or despair, wish to end their lives.

11th.—Opium smoking holds a man in the chains of a most abject slavery. Whatever else is neglected, the imperious craving for the drug must be obeyed and that twice every day.

12th.—Opium smoking causes laborers to lose their situations, and is an obstacle to further employment. On the cruisers employed by the Customs to prevent opium and other smuggling, instant dismissal follows detection of any of the men in smoking opium, whether it be on or off duty.
13th.—Opium smoking wastes the land, capital and labor of a nation and therefore impoverishes it.

14th.—But above and beyond all opium smoking deteriorates the morals, hardens the conscience, destroys natural affection, and in the end centres all there is left of the man on the gratification of his morbid appetite.

15th.—The opium habit therefore not only counteracts all moral improvement in the individual, but absolutely disqualifies him for being associated with or taking part in any of the grand schemes now in operation for the moral and spiritual elevation of the race. By common consent of all missionaries he is excluded from church membership.

J. G. K.

CANTON, August, 1889.

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NOTES ON SOME OF THE RARER CASES AMONGST CHINESE.

By E. T. PRICHARD.

Scarlet-Fever.—In your last issue, Dr. Hodge seemed wishful to elicit expressions of opinion relative to the possibility of foreigners receiving the infection of scarlet-fever from Chinese sources. The following notes will indicate my own convictions on the subject.

In the spring of last year I suffered from an attack of scarlet-fever. Three days previous to the symptoms of invasion becoming manifest, I was called at night to see two somewhat anxious cases. The second was a midwifery case, in a Chinese family, in which operative interference was rendered necessary, on account of there being a transverse presentation of the child, which had not received proper attention. It was morning before I reached home, and there seems to me little doubt but that the scarlatinal infection came from some Chinese source that night, taking effect the easier on account of my somewhat exhausted condition.

One of the two foreign patients (a little boy 2½ years of age) with scarlet-fever, who I attended this spring, probably caught the infection from Chinese. It was the malignant form and proved fatal.

It will be more satisfactory, however, to refer to cases amongst the Chinese themselves. It the early part of last May I was asked to visit a Chinese family,
in which two of the children were sick with fever and sore throat. I was soon able to satisfy myself of the presence of scarlet-fever in the younger girl, and to infer it in the elder one, where the rash was so indistinct as to be no safe guide in diagnosis. The angina, however, was very severe, accompanied by high temperature and rapid pulse. No time was lost in acquainting the family with the highly infectious character of the fever. The father and third child consequently removed speedily to other quarters. Soon afterwards I went down to Tientsin, to attend our annual meeting. On my return, a few days later, I learned that the third child went back home during my absence, had taken fever, was dead and buried. A Chinese doctor was in attendance, but from the resemblance which the attack appears to have borne to the other patients affected (fever, sore throat, and rash being all present) it is almost certain to have been due to like causation.

The father also fell a victim to the fever, and was visited from here. It ran a mild course, but was followed by dropsy, which gave some little trouble.

Desquamation was abundant in the father and younger girl. It was but slight and partial in the elder one. In this last case the throat symptoms formed the prominent feature, and were attended with delirium.

The patient has since been under treatment for the resulting ear trouble.

In concluding the notes on these cases, it may be well to state how I was subsequently able to trace the possible conveyance to a foreign child of some of the germs derived from this very source.

Whilst I was still attending the father, a physician in Peking mentioned to me some facts about a case of fever at the Western Hills, which had been diagnosed as scarlet-fever, and that a foreign child residing at the same place had probably thus received infection. Upon enquiry, it transpired that the Chinese child, with its mother, had been present at the funeral of the little boy previously referred to, and had gone almost immediately afterwards to the hills, where the child sickened in about three days after the funeral. The mother was in foreign employ, and the two children played together.

Rickets.—Dr. Palm, now at home in England, but for many years a Medical Missionary in Japan, is investigating the etiology of Rickets. In order to supply him with more material than could be provided by my own limited observations, I communicated with one or two physicians in N. China, who have had the most extended medical experience. The resulting reports were to the effect that they had never met with any well-marked cases. Occasionally we find one included in the hospital lists of medical and surgical affection, which reach us from time to time. I am glad to avail myself of the opportunity, through the medium of this Journal, of seeking wider information regarding the existence of Rickets in China.
Myxoedema.—Not having happened to see any reference to a case of Myxoedema amongst the Chinese, I take the following one from my note-book, as probably coming under that designation, though not by any means a typical case. The fact that the woman was only seen once, in our out-patient clinic, accounts for the absence of some desirable particulars.

Patient was 35 years of age, and had given birth to eight children. Present symptoms had been observed to come on after the birth of the last child, about a year previously. Expression of face was sad and somewhat dull. There was deep red colouration of cheeks, extending back to the ears, and finishing abruptly beneath the orbits, contrasting markedly with the rest of the skin. Speech was slow, and mental processes partook of the same character. There seemed to be a sort of consciousness of deficiency in adequately expressing herself. Locomotion was awkward, but nothing more than needing apparently a little consideration. Hands were slightly swollen, but seem to have been worse than just at the present time, when patient states she was clumsy in wiping and handling things. Face was but slightly oedematous. The skin, though dry, was not rough, except on arms, which was probably from exposure, however. The presence of the thyroid gland was not distinguished by manipulation of that locality. There was some tumefaction in supra-clavicular region, specially in the right side.

Absence of Vagina with Menstrual Retention.—Patient is a girl of 16 years of age, and appears to have menstruated about 10 months. She was brought to hospital about a month ago, suffering great pain. Upon examination the external parts proved to be imperfectly developed. The uterus was very firm, and distended to about the size of a four months' pregnancy. There seemed to be sufficient tissue present between the bladder and rectum to warrant puncture of the uterus being attempted by passing a trocar and canula between these two viscera. This plan was accordingly carried out, and a considerable quantity of the retained menstrual secretion was thus gradually evacuated. The patient has returned home to consult with her friends. In the event of their desiring further operation, we propose to try and make a false vagina. The girl is already engaged to be married, but it is scarcely likely that we shall be able to recommend fulfilment of the contract.
THE AIM AND WORK OF THE MEDICAL MISSIONARY.

By A. Fahmy.

In the noble outburst of Modern Missions, the Medical agency has been assigned a most important place, and rightly considered necessary and indispensable in the evangelization of the world.

Thus it is at once evident that the first aim of the Medical Missionary should primarily and essentially be the evangelization of the people amongst whom he is sent to labour. And Medical Missionary work has generally and always been regarded as important, successful, and warranted in so far as it was auxiliary to and helping on the spread of the Gospel of Christ. This being the spirit in which the Church societies send out their men, and also the motive which is possessed, or at any rate should be possessed, by the representatives of the Church, it follows that the prime and grand aim of the Medical Missionary is to diffuse the knowledge of the Truth wherever he may be. "Jesus went about all Galilee teaching and preaching the Gospel of the Kingdom, and healing all manner of disease." In this we plainly perceive that the Medical Missionary is a double functionary—a Christian healer and teacher. He combines in himself at one and the same time two of the noblest functions ever man cherished or dreamt of. He can soothe the body and spirit alike. He can hush physical as well as spiritual fear, and as such will be readily trusted and confided in by his fellowman. Thus it is not for the advancement of science and art, nor yet is it for mere philanthropic ends that the Medical Missionary exists, and derives his high value and importance in the Christian world. True that to be the means in GOD'S hands of restoring health or alleviating pain and suffering is alike Christlike and noble, yet this is by no means the grand aim of the Medical Missionary. Our grand aim, as I have already stated, is primarily and supremely the Christianising of the thousands who yearly pass through our hands. And it may also be asserted that in proportion as our Medical work becomes a direct help in winning men to Christ, just in the same proportion is it successful and worthy of the help of all Christians.

But the Medical Missionary does more than that—he acts also as a pioneer by paving the way for the Truth. Men are then more ready to lend the hearing ear and the understanding heart, and there is less opposition, less suspicion, less distrust.

But while the Christianising of the heathen is the main aim of the Medical Missionary, there yet is a secondary aim, but also a Christlike and almost equally important aim.
This other aim is the declaring to the heathen world the philanthropy of Christendom. For this we have for a warrant our LORD'S noble example—"Jesus went about doing good" and "healing all manner of disease." We have also the present enlightened love of man to man. True that the Radical Darwinians condemn that philanthropy which is practised under the form of public benevolence, and even deny all duty of relief on the part of communities and individuals alike. Nay more, they declare that private charity is dangerous and irreligious. They tell us that "since nature is charged with governing and punishing, it should be a very foolish and misplaced ambition to pretend to put ourselves in her place, and take upon ourselves the odium of execution." Now, it is evident that such a view is, at least from a Christian standpoint, erroneous and fallacious. Thanks to our Christianity, which makes it binding on us "to love our neighbour as ourselves," and "to have charity toward all men."

But there yet remains another, also a secondary aim—I mean stamping out Quackery. To appreciate the value of this aim, it is only necessary that you should have some knowledge of the existing deplorable condition of the heathen world as regards the science and art of Medicine, to say nothing of Surgery. But why should we aim at stamping it out? There are many reasons, one only should I mention here, namely, that by stamping out quackery we are really preparing the way for the reception of Gospel Truth, because thereby we are undermining and supplanting superstitious beliefs, and striking at the very root of priestly power and pretensions. The gods also lose much in the contest; they lose that usurped prerogative that has been assigned to them from ages immemorial. In the barbarous ages, and among many races at the present time, e.g., China, man has attributed all diseases to the influence of evil spirits, and sought by various means to ward off or lessen their injurious and malevolent actions. Now, the controlling of unknown powers has always been a matter which ordinary mortals with average ability could not successfully attempt. Hence arose a class of clever men, and these were the priests. They supplied charms and potions, and made use of incantations, not only to cure but also to prevent disease. Hence the great influence of the priests. Remove quackery and you snatch the sceptre of power and authority out of their hands.

I shall now proceed to the consideration of the second part of my subject, namely, the work of the Medical Missionary, i.e., the manner of carrying on his medical and spiritual work.

The Medical Missionary having obtained some knowledge of the language of the people amongst whom he is to labour, he now proceeds to establish a dispensary, or a dispensary and a hospital combined, or else he may choose to act as an itinerant Medical Missionary.

As to itinerancy we have every reason to believe its inadequacy and unsatisfactoriness. If the idea originated in the Great Physician's example, it
The Aim and Work of the Medical Missionary.

was wholly erroneous and fallacious. The Christian physician cannot, as the disciples of old, work out miracles or claim supernatural powers of healing. He acts in accordance with fixed laws and established principles. He cannot say "Thy faith maketh thee whole," nor, with one word of authority, say "Arise and walk." He must trace and discover the cause of the disease presented to him; he must find the connection between cause and effect before he can successfully treat his patient. In short, he must act deductively and not inductively or empirically, far less without regard to either method can he rationally afford relief. By a process of exclusion alone can he arrive at a definite, or at any rate probable, conclusion. And so the treatment must be causal, systematic, as well as symptomatic.

Thus, then, if we cannot cure disease after the same fashion as the Great Physician and the early disciples, it seems to me that itinerancy is in great measure labour lost. The amount of good done is small and far between. There is hardly any known diseased condition of body, worthy of the name, and requiring the physician's help, which could be cured by one or two doses of drug, or a passing hurried glance from the physician. Moreover, surgical operations, even of the simplest, may be said to be in most cases out of the question, i.e., they could not be reasonably undertaken. He may give a Gregory's powder or extract a tooth, but he can't, considering the short time he has at his disposal, stop to treat even "a cough" or "extract a cataract."

Then again, from a pecuniary point of view, itinerancy is far more expensive, and involves great wear and tear of body and substance.

A fixed locality, then, which should be as central as possible, is, it seems to me, the best policy, even from a mere professional point of view.

But our aim and object in labour is, as we have already said, essentially and supremely a Christian one—I mean the winning of our patients to Christianity. And a fixed station is precisely what we require to meet our object. Opportunity is then given to the crowds of human souls that often swell our waiting-rooms, seeking our physical help, to hear more frequently and quietly things new and old regarding GOD'S love to sinful man. And let me emphatically remark, that of all others the Inpatients may be considered as the possible fruits of our labours.

But an occasional country tour has certainly its value, if not for the purpose of healing, at least for making the acquaintance of our old patients, and exhorting them not to forget or forsake in the day of their strength what they heard in the time of their sore need and suffering.

So much, then, for the value of a fixed station. Now, there are other points of importance equally deserving notice; 1st, the use and value of a native evangelist and students.

The Native Evangelist should give up all his time and energy to the systematic teaching of the inpatients, as also to the regular preaching in the
Institution. He should also be ready to visit patients at their own homes, if
their abode is within a reasonable distance. But the Christian work should on no
account be left entirely in the hands of the native Evangelist. The Medical
Missionary should himself take part in all the varied departments of the spiritual
work, and more especially in personal dealing with the patients. The inpatients
afford him the best opportunity. The outpatients, on outpatients' days, can only
be dealt with, as proved by experience, by the Evangelist himself as well as by
the Clerical Missionary,—and happily missionaries are now sent in twos, so that
wherever you have a Medical Missionary you have also a Clerical Missionary.

But the students should also take a practical part in the evangelistic work
of the Institution. By the patients they are usually looked upon as second to
none but the doctor himself, and hence is the value of their ministrations.
They could be made to take part in the public services, but more especially in
ward teaching, where they can feel themselves more at home.

All that I have just said of students implies that I took for granted that
they are Christians. And none but such should be admitted as students. The
age is also a matter of some importance. Eighteen should be, in my opinion, the
minimum limit. The reason for this is quite obvious,—if admitted younger they
are less likely to appreciate the importance and gravity of their calling and also
less likely to be of much service in helping in the spiritual work of the hospital.
Moreover, since their term of study is fixed for four years, it would be unwise
sending out too young fellows, with all the grave responsibilities of a physician,
to start practice on their own hook.

Another question, also relating to the students, is "the nature and extent
of their medical course." In considering this important question, due regard must
be had alike to the heavy duties of the Medical Missionary, which demand almost
all his time and energy, and to the little spare time of the students who are
usually kept pretty busy while the physician is in the hospital. Besides, they too
must have a little time for rest and physical exercise after their daily practical
duties are over. Bearing this, then, in mind, and also remembering that their
term of study extends only to four years (and it is exceedingly difficult getting
men to sign an "iok," or agreement, for a longer period) we are now in a position
to determine the nature and extent of their course of study.

To begin with, we have not the means for teaching them practical anatomy,
except through the medium of diagrams and manikin; nor yet do we possess the
materials and the other requirements necessary for teaching practical pathology,
except indeed it be by the aid of microscopic specimens or preparations.

Again, if practical anatomy could not, as we have just stated, be taught,
then minute and thorough lectures on descriptive anatomy are not, in my
opinion, of much value to the students. And if the student did not know
practical anatomy, i.e., if he did not dissect the human body, so as to see for
himself the arrangement and relations of the various structures, he could not possibly perform major and many minor surgical operations, and therefore he does not require to know much of operative surgery. What I have just stated demonstrates at once that in certain departments, at least, we have to be selective and superficial in teaching.

The other remaining subjects, which go to form an ordinary medical course, may be entered into more or less fully,—physiology, chemistry, materia medica and therapeutics, as well as the practice of medicine and obstetrics, should, I think, be thoroughly taught.

Before dismissing this question, allow me to mention one thing more, namely, "Systematic Examinations."

To ensure that what we teach is alike appreciated and assimilated by the students, we ought, in my opinion, to enforce regular examination, not in the shape of professional examinations, but examinations on the subject or subjects on which they are receiving lectures. Thus, if they were examined say three times on each subject, that ought to suffice. Extensive and comprehensive examinations on three or four subjects at a time, such as we have at home, will not, I think, be practicable among mission hospital students. Far less is it practicable to enforce, as has been suggested by certain friends, a "combined system of examinations," to which all the students of the various hospitals must submit themselves at various stages of their studies, and by passing which examinations they shall be entitled to a medical diploma.

Again, such a system, if adopted, would unnecessarily increase the amount of our labour, as each of us would wish his students to creditably pass their examinations. We would have to act as teachers and tutors alike—as tutors in order to "coach" them up, so as to minimise their chances of failure. Moreover, in order that such a system prove successful, certain "text-books" will have to be universally adopted; and this would at once make us servile to the opinions and teaching of one writer, and, in fact, we would cease to act as lecturers.

Such a system of examinations, therefore, should, in my humble opinion, be left to regular medical institutions, such as there are in Hongkong and Canton.

Now, to go back to a hospital's evangelistic work, allow me to suggest that there should be a colporteur alike to sell books to the patients and follow up cases in the country. That method I find very valuable in connection with the Chiang Chiu hospital work.

In conclusion, let me ask whether we can produce proofs to show that, by attending to the spiritual welfare of our patients, we do not neglect their bodily ailments? In reply, I humbly say that, proofs positive may easily be obtained by examining the records of cases treated in mission hospitals, and also by comparing the yearly reports of missionary hospitals with those of non-missionary hospitals as to the amount of solid work done and good received by the patients.

*August 12th, 1889.*
A CHINESE BENEVOLENT ASSOCIATION.

Oi Yuk Tong (愛育堂), the Native Dispensary of Canton, was organized in the 10th year of Tung Chi (1871). Previous to that time two missionary hospitals and several dispensaries had been in operation in the city. The oldest of these, the Medical Missionary Society Hospital, had been open for 35 years, and the benevolent work of foreigners in healing disease without pay had become known far and near. Moreover, hospitals in other parts of China, conducted by missionaries, had established the fact that this was a charity which they designed to be a permanent part of their work. In Hongkong, also, the civil, military and naval hospitals were more or less known to Chinese who had to do with foreigners.

It may therefore be stated as an undoubted fact that the example of foreigners was the moving cause which led to the initiation of “Oi Yuk Tong” and other native dispensaries and so-called hospitals, which are now quite numerous in South China.

Taking Oi Yuk Tong as a specimen of these institutions, a sketch of its administration and of its work will show how far they are copied from the foreign models and how far native ideas have developed them on new lines.

The Report of “Oi Yuk Tong” for 1887 is an 8vo. volume of 208 pp. with 18 pp. more of plans of buildings and lands. The first 14 pp. contain several proclamations issued in 1871 by the “ Kwong Tung Shin Hau Tsung Kuk” (廣東善後總局)—a Board of officials for the management of affairs—giving their approval of the proposed institution, authorizing its establishment, and exhorting the people to give it their support. The next 28 pp. give a long list of rules and regulations for the management of the various departments, and the duties of the officers and employés. Then follow on 8 pp. lists of the names of the founders, living and dead, of the agents in California and Australia, and of the managers for each year from the beginning. The next 20 pp. contain the names of 20 teachers and of 20 free schools, and of the 531 scholars taught in them. The next 41 pp. give a list of the names (as far as known) and residence or places of death of paupers for whom coffins were furnished. The receipts and expenditures occupy 33 pp., and 7 pp. more give the totals of the income and outlay for each year from the beginning. A detailed account is given of the coffins distributed and of the schools taught, but all the information we get of work in other departments is the statement of the amount expended for certain objects.
The work may be divided under the following heads:—

1st.—Medical,
2nd.—Educational,
3rd.—Aid to poor,
4th.—General objects.

Under the first head we find that the sum of—

838 Taels = $1,163, were paid to 4 doctors and
2,975 " = $3,993, " for 78,501 prescriptions filled at drug-stores for the patients.
320 Taels = $444, were paid for vaccinations. How many, where, or by whom is not stated.

Under the head of aid to poor we notice two small items:—

120 Taels = $167, paid for rice congee,
88 " = $123, " wadded jackets.

But the chief item is for coffins and graves:—

1,713 Taels = $2,379, were paid for 1,023 coffins,
301 " = $408, " " gravestones,
81 " = $113, " " ground for burial.

Three qualities of coffins were supplied, the cost of each quality being:—

For aged poor ... ... $3.62 cents each,
" respectable poor ... $2.50 " "
" friendless paupers ... $1.50 " "

These sums include carrying the coffin, digging the grave, and burial.

Coffins are not supplied for children, and it is a rare thing to see little graves in Chinese burying-grounds.

On further examination of the list of coffins furnished, it is seen that 415 were for paupers who died at the Fong Pin Sho (方便所),—a notice of which was given in your last number,—and which is designed to receive friendless paupers who are dangerously ill.

It is also to be noticed that 89 coffins were for persons recorded as "mo ming" (無名) nameless, or unknown, whose days were ended on the public street, or on the pavement in front of temples, where, of course, they had no attention, and died without any of the comforts in the way of food, medicine or care, or protection from cold in winter or from heat in summer.

Coffins are also furnished on application for paupers dying in the Medical Missionary Society's Hospital, and 26 of our patients received this benefit.

The number of deaths occurring in the streets of Canton from starvation and cold are not so numerous now as formerly. In the early years of Oi Yuk Tong, coffins were supplied for as many as 200 persons in one year who had died
nameless and friendless in the public highway. The "Fong Pin Sho" has received many of this class since it was opened. The large number still reported by Oi Yuk Tong may be taken as evidence that many thousands of human beings in the cities and villages of China end the sorrows and sufferings of this world every year with no more care than is received by the brute creation.

The educational department shows—

1,725 Taels = $2,395, paid to 20 teachers for instructing 531 pupils;

For preaching Confucian doctrines—

285 Taels = $395, were paid to 5 preachers.

Besides this there was rent paid for halls and school-rooms.

The amount of money spent for these two purposes does not indicate any great enthusiasm either for the education of the masses or the propagation of morality or religion. It is satisfactory, however, to see that the needs of man's moral and spiritual nature are recognized even by a heathen association. While the provision made for these objects is infinitesimally small, we can look forward to the time when an enlightened Christian sentiment will make ample provision for the mind and soul, as well as for the body, of these needy millions.

The funds of Oi Yuk Tong are also given in aid of general objects, as we see from a donation of 2,000 Taels = $2,777, to the Viceroy's College, recently built, and of 700 Taels = $962, to the "Home for Blind."

The Reports of former years also show that large sums of money have been collected and disbursed for the relief of sufferers from famine and floods, both in this and in the more distant Provinces of the Empire.

The receipts of Oi Yuk Tong show that the institution is in a prosperous condition. During the year 1887 the total receipts amounted to—

32,048 Taels = $44,508, from the following sources:—

3,930 " = $5,450, were donations from companies and individuals,

4,887 " = $6,797, land-rents,

7,100 " = $10,000, rents of shops,

1,144 " = $1,587, deposits of renters,

60 " = $84, plasters and sundries sold,

13,744 " = $15,192, for rice sold,

1,179 " = $1,635, interest on deposits.

This statement of income for one year shows that the financial interests of the institution rest on a solid foundation. The Report gives a detailed list of the names and location of shops, and the location of lands owned by the institution, from which an annual revenue of over $16,000 is derived, and real estate is added yearly by purchase and gift. Nearly one half of the income of the year under consideration was deposited at interest, to be available for purchases when opportunity offered.
Imperforate Vagina.—Craniotomy.

The policy of the managers is thus seen to be not to trust to voluntary contributions, but to invest in real estate, so that they will not be dependent on what in a heathen country is well known to be a very uncertain source of support for benevolent objects.

The last 7 pp. give the total receipts and payments for each year from the beginning, the grand total being—

690,856 Tael \(=\) $970,234—Receipts.
686,214 \(=\) $953,072—Payments.

It is evident from these figures that the monetary affairs of Oi Yuk Tong are administered with no small measure of financial ability, as far as securing an income is concerned, and the success attained under the control of heathen managers is an assurance that the same business talent, sanctified by grace and devoted to works of Christian benevolence, will fill this land with institutions for the relief of human suffering in all its forms, as well as for the elevation of the people intellectually, morally and spiritually.

J. G. K.

Imperforate Vagina.—Craniotomy.

By Jas. B. Neal, M.D.

Mrs. Ts'ung, age 23, married five years, presented herself at the Tung-chowfu Dispensary, August 28th, 1889, for the relief of a tumor in her abdomen. She was very weak, being unable to walk without assistance, extremely anaemic and nervous, and complained of a great deal of pain in her abdomen.

Examination showed her womb much distended, and her vagina imperforate, there being a thick, tough, fibrous septum closing it completely, situated just where its opening should be. Her mother informed me that there had formerly been a passage, but that eight months before, her daughter had suffered from a sore there, which had caused it to grow shut.

Diagnozing the case as one of retained menses, no history of pregnancy being given, I made an incision, about an inch and a half long, through the septum, which proved to be an eighth of an inch thick, and immediately there was a discharge of thick, tarry-looking matter. Being surprised, however, at the comparative scantiness of the flow, I introduced my finger, and found the vagina occupied by a large, hard body, which, on further examination, proved to be the head of a child at full term, the bones being well ossified.
I immediately set to work to perform craniotomy, and after three hours work succeeded in extracting the head, piece by piece, without tearing the mother. The arms were cut away separately, and finally the trunk and legs were born, but in the effort the woman's perineum was ruptured badly, being torn nearly to the margin of the arms, a slight laceration being also made between the vagina and rectum. The after-birth came away immediately, and was tough and dry, evidently having been detached for a long time. The womb was washed out with 10% carbolic acid solution and the parts dressed with carbolized cotton. This treatment was repeated twice a day, and later on three times a day, boiled water being substituted, after a few days, for the carbolic acid solution, the womb at each dressing being thoroughly washed out. She suffered from slight septic fever for nine days, her temperature dropping to normal on the tenth day, on the coming away of a small piece of foul flesh which had resisted former washings. At the end of two weeks she had developed a hearty appetite, her womb was well contracted, with little discharge, and she had regained her strength sufficiently to return to her home to wait until her physical condition should be such as to warrant an operation on her perineum, the stitches which I put in at the time of the tear failing to cause union.

Remarks.—I have presented the foregoing case not so much to draw attention to the presence of an imperforate vagina, which is not an infrequent occurrence, nor to the performance of craniotomy, but rather to record the following facts, which did not come to light until after the operation, and which seem to indicate the probability of the child having been carried in the womb for three full months after it had died.

The woman's husband went to Manchuria in the seventh moon of last year, that is, in August 1888.

About the end of the Chinese year she began to feel the foetal movements, which continued until near the end of the fourth moon of this year (approximately May 20th), when labor pains set in. After ten days of ineffectual efforts to expel the child, the fetus ceased its movements, having apparently died, the native doctors all telling her that she had no child to be born, the pains she was suffering being due to some other trouble. The woman herself says she was not aware that her vagina was closed until after she had been in labor some days, when on examining herself she found no opening. She had had a soreness about her vulva, in October of last year, but had not known that it had grown over.

From this time on she suffered from very severe pains in her womb, coming on either in the morning or afternoon and continuing several hours, then ceasing, from great difficulty in defecation, and from irritability of her bladder. When she came to me, the head of the child was pressed low down into the pelvis, being near the opening of the vagina, her abdomen was not nearly so much distended as is usual at term, while her general health, and especially her blood, had suffered
severely, from the long-continued strain of daily suffering, and from absorption of the contents of the bag of waters. When I removed the child there was no offensive odor whatsoever and no signs of putrefaction, showing that the womb had been sealed up air-tight, while the remains of the amniotic fluid was a thick, tarry-like liquid. If the woman’s story is a true one, she had carried a dead child in her womb for three months, and yet at the end of that time was able to submit to the operation of craniotomy and return to her home in two weeks. The thing, however, which impressed me most in the history of the case was the ability which the womb displayed of going through its course of involution so rapidly after so long a period of distention and vain efforts at expulsion.

TUNGOHOWFU, September 14th, 1889.

NOTES ON CHOLERA AND OTHER DISEASES.

The treatment of Cholera is so unsatisfactory that any fresh suggestions are to be thankfully received. Professor Cantani, from experience of late epidemic at Naples, lays down the following indications for treatment: 1.—To diminish the multiplication of the bacilli in the intestinal canal. This is only useful in the initial period of the infection, and, owing to many difficulties in the way of administration by mouth, is best accomplished by large rectal irrigation. He employs a hot solution of tannic acid (38°-40° C.)—the ordinary dose of tannic acid was from 5-20 grammes (75-300 grains) in ½-2 litres (17½-70 fl. oz.) of hot water or infusion of camomile,—this internal hot bath acts more certainly than the ordinary hot bath in preventing the onset of the algid condition; further, cultivation experiments shew that the tannic acid is very fatal to the comma-bacillus: 2.—To render innocuous the chemical cholera virus in the intestinal canal and to eliminate rapidly from the blood virus already absorbed. The results obtained with the tannic acid solution justify the supposition that tannic acid diminishes the deleterious action of the cholera poison, in a manner analogous to its action with various other alkaloids, and perhaps transforms it into an insoluble, or at least less soluble, tannate. 3.—To obviate the thickening of the blood by the introduction of water. He recommends subcutaneous injection of sterilized water at a temp. of 38-40 C., containing chloride of sodium ¼ per 1,000. Carbonate of soda 3 per 1,000 a litre, more or less, should be injected, and is generally absorbed with great facility. Treatment should be commenced with the first appearance of choleraic diarrhoea, and continued pari passu with it. The regions of the body most suitable for the injections are the lumbar, abdominal, inguinal, interscapular, and gluteal.
The use of Glycerine for Rectal Injection.—This is an old remedy resuscitated, for, from the B. M. J., January 21st, 1888, we find that Dr. Warden was using it in the treatment of constipation 17 years ago. The drug has now been extensively used, empirically for constipation, and a good literature exists, so that we are now able pretty clearly to lay down the kind of cases in which it is indicated and to formulate some theory of its action. All are agreed that it acts by causing a local irritation of the rectal mucous membrane, producing peristalsis. Observers differ as to whether this irritation is of the nature of congestion, or whether it is caused by a desiccation of the mucous membrane from the taking-up of water by the drug; in favour of the latter view is the undoubted fact that the purgative action of the drug is weakened exactly in proportion to the amount of water added.

The peristalsis excited by its use practically does not go beyond the sigmoid flexure, and it is therefore in cases of fecal accumulation in the lower bowel, however caused, that it is chiefly useful. The constipation of pregnancy, and of infants who have too long fed on milk alone, are speedily, and especially, relieved. It has also been found useful in cases of habitual constipation as a means of "training" the rectum, that is, for exciting regular rectal "calls."

Glycerine has also been advocated by Dr. Rice—Practitioner, December 1888—for some forms of diarrhoea, with offensive smell, in children. In his experience the treatment causes no pain, and is very successful. Quantity to inject:—"1 or 2 drachms of pure glycerine in an adult, and of \( \frac{1}{2} \) to 1 drachm in a child, is invariably followed by stools occurring in two or three minutes."

The method of administration is a difficulty. Many special apparatus have been invented and extensively advertised. One writer always uses an "India-rubber urethral syringe with a piece of thick-walled elastic-tube on the nozzle. One of the most valuable suggestions, and well worthy a trial, comes from Dr. George Grewcock, of Brighton—B. M. J., December 22nd, 1888, p. 1424. He says, "If a piece of cotton-wool alone, the size of a nut, is well saturated with glycerine, and inserted as a suppository, in a short time a copious motion is produced."

A. L.
TIC-DOULOUREUX.

By Robert Coltman, Jr., M.D.

This most distressing affection is comparatively rare. In eight years I have met but three cases, and these three cases all due to different causes.

Case I.—Dentist, age 35. Came to me in July 1884, telling me he had "Tic," and that he had suffered the removal of all his teeth and had undergone an operation in which the infra-orbital foramen had been laid open and a neurectomy performed within it. This gave him three months' relief, but the paroxysms had since returned with increased severity. He said his only relief during paroxysms was obtained by hypodermic injection of morphia over seat of the pain. He had been treated by a number of the best physicians and specialists in Philadelphia, and was no better, in fact worse than at first. I told him that if any one could suggest a plan for his relief it would be Prof. Bartholow, and advised a consultation with him. He joyfully acquiesced, and the following day we consulted that gentleman. After hearing his history and minutely examining his symptoms, the Professor said, "If the section of the nerve had not been made, the patient could have obtained relief for from three to six months at a time by an injection of ten drops of chloroform into or over the sheath of the infra-orbital nerve, but as the section had been performed he feared it would be useless; in which event nothing better could be done than to use morphia hypodermically as needed for the relief of the pain." At the patient's earnest entreaties I made a trial of the chloroform injection, but, as Dr. Bartholow predicted, it proved useless, not affording the slightest relief. The patient continued to come to me for some time, but never improved, and finally I lost sight of him. Dr. Bartholow's opinion was that the disease arose from some inter-cranial exostosis.

Case II.—Farmer, age 33. Came to me in January 1885, saying he had suffered for two years with paroxysms lasting a week or ten days at a time and recurring twice a month, gradually becoming more severe. During the paroxysms eating and sleeping were impossible. Teeth all sound, no history of malaria or syphilis. No operation had been performed; had received morphia hypodermically several times, which had given some relief.

I introduced the needle of a hypodermic syringe under the lip at the junction of the mucous membrane of the lip and teeth, and passed up under the muscles of the face to the infra-orbital foramen, depositing ten drops of chloroform. In two hours the pain entirely left and was succeeded by numbness which lasted up to the time I left America, some three months later. The patient was exceedingly
grateful, and said I had undoubtedly saved him from suicide, as he could not much longer endure the torture. As he had suffered previously with rheumatism, I am inclined to think his disease of rheumatic origin.

Case III.—Chinese farmer, age 47. I first saw this man three weeks ago while itinerating in a village a hundred li from Chinanfu. He had suffered the past three years. At first the paroxysms came weekly, then daily, and about three months ago seemed to have come to stay, as day and night he suffered inexpressible torture, and could not do a stroke of work. The pain came on at intervals of from three to five minutes, during which he would vigorously rub the side of his face affected, the moustache and eyebrow of that side being rubbed entirely off by the constant friction. The pain lasted a minute to a minute and a half and was succeeded by a lull of a few moments. No history of syphilis, malaria or rheumatism. Finding two decayed teeth on the affected side, I extracted them, but not the slightest relief followed. As I did not have a full supply of remedies with me, I requested him to accompany me to the city for treatment. I first gave him 16 grs. of quinia sulphate with small doses of morphia, daily for three days; then, on arriving at the city, gave him hypodermic injections of $\frac{1}{8}$ gr. of morphia over the infra-orbital nerve with iron, quinine and strychnia by the stomach, but not the slightest relief followed. Then I put him on Potassium Iodide grs. 10, Hydrarg Chloridum Corrosirum gr. $\frac{1}{12}$ ter in die. In three days he said he was slightly better, and so I continued the treatment a week longer, and now he is entirely well. Sleeps well at night, eats well, and proclaims himself a new man. I shall give him a supply of Ricord's pill of Hydrarg prot. idodide et opii, one to be taken each night for a month, and send him home. Although he has denied syphilis, and there are no positive proofs of of it on his person, I believe this case to be due to a gumma somewhere in the course of the nerve. If this treatment had not succeeded, I should have given him the chloroform injection for relief.

I should never perform a neurectomy for this affection, as the weight of testimony is that only a few months' relief follow in the best cases, and then the patients are deprived of the constant relief they would otherwise get from the quarterly or semi-annual injection of chloroform. Dr. Bartholow told me he had a wealthy patient living in Boston who came to him semi-annually, first to Cleveland and then to Philadelphia, to obtain relief by this method. If after treatment for malarial, rheumatic, and syphilitic poisoning the pain still persists, chloroform by hypodermic injection, directly over the nerve affected, promises the most satisfactory relief.

Chinanfu,

September 26th, 1889.
REMINISCENCES—(continued).

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

During the T'ai-ping Rebellion, an officer named Yü-yuh-shan, in the service of the Imperial Government, was stationed in Ning-po, in command of a company of soldiers, and while there, was attracted by the preaching of the Missionaries. How much he understood of Christian doctrine, I am unable to say, but what he did understand made a lasting impression upon his mind. At the close of the rebellion, the Imperial army was, to a large extent, disbanded, and Capt. Yü, being one of the officers whose services were no longer required, was cashiered—or, more probably, dismissed without cash, as is the usual custom,—and had to seek other employment. Having the misfortune to be a scholar, it was infra dig. to work at any trade, so he purchased a few medical works, studied the ancient methods of writing prescriptions, put on the indispensable spectacles, and commenced practice as a full-fledged physician. He was naturally very religious, but had no faith in idolatry, so joined a sect of reformed Buddhists, who oppose image worship. Yü had that true missionary spirit so rarely met with in China, which makes a man fearless in trying to compel others to believe what he himself knows to be true. His religion was everything to him, and believing with all his heart the doctrines of the sect he had joined, he asked permission of the chief men to go forth as their accredited agent, and win converts wherever he could. He received no salary, but travelled on foot, and lived on the food given him as he went from house to house preaching his new doctrine. His earnestness, coupled with his gentlemanly bearing, carried conviction to the hearts of the people wherever he went, and ere long he had enrolled the names of thousands of converts, in all parts of Chehkiang province, and over the borders of Kiang-si. He continued this itinerant work for several years, and then settled in the city of Kin-hwa, and resumed his medical practice. In 1875, I opened a mission station in Kin-hwa, and "Dr" Yü, who had not forgotten what he had heard in Ning-po, fifteen years before, attended regularly the Gospel services held there every day. After about a year's careful study and enquiry, he became convinced of the truth of Christianity, asked to be baptized, and was received into the Church. Several months after his conversion he was taken ill, and I invited him to come to me for treatment, in the city of Kū-chao, three days' boat journey from his home. So far, he had manifested none of the zeal in the cause of Christianity which had characterised him as a Buddhist missionary, but during his sickness, his old aggressive spirit was roused within him, or rather, the Spirit of God so stirred his soul to enthusiasm, that before
he had fully recovered, he requested me to send him forth as missionary to the adjoining province of Kiang-si.

I well remember his earnest entreaty to be allowed to go, for he said, "I have led hundreds on the wrong road, and now I want to lead them to the way of truth: Let me go. I ask no wages, nor do I want any of your money, I only want to serve Jesus."

I, of course, sent him away gladly, and as he was too old and feeble to walk, I gave him a little money to defray his travelling expenses.

Three weeks later he returned, bringing with him one of his former converts, a stout, jolly looking old farmer, named Yü-liang-hyi, who seemed almost wild with delight at having, as he said, "found the truth, after searching in vain for forty years."

The old man stayed with me several days, and then begged to be baptized before returning home. At first I declined to receive him into the Church, as I knew so little about him; but he pleaded so earnestly, saying that he "was an old man, and would never be able to make such a long journey again," that I yielded, and baptized him. Six weeks later, he turned up again, accompanied by six of his neighbours, men who showed plainly that they were earnestly seeking for something that would satisfy their souls, as their own religion utterly failed to do. I entertained and instructed them for several days, then sent them back to their villages to tell others what they had learned. They were subsequently baptized, and through their efforts, nine others—men and women—were led to trust in Christ, while I had charge of that work.

It was not to be expected that the devil would allow such a work to go on unhindered, and it is sad to have to relate that the farmer Yü-liang-hyi, who had been so earnest in seeking the salvation of others, and had even built a small chapel at his own expense, became a backslider, and is still, I am informed, kept out of fellowship.

But to return to our devoted missionary, Yü-yuh-shan. Having fully recovered his health, he started on another journey into Kiang-si, and while on the road leading over the borders, fell in with a young man named Tung, a well-to-do farmer, of T'ai-yang, near the city of Yuh-shan. He was evidently a kind-hearted fellow, for he volunteered to assist the old doctor in carrying his bundle of bedding. Our friend Yü, always ready to speak a word for his Master, urged the young man to give up idolatry, and to trust only in Christ for salvation; and ere they parted, he gave him a New Testament, with a request that he would read it carefully.

Yü stayed in the village of Sing-keng, and Tung proceeded to his home in T'ai-yang, forty li further on; but the words he had heard so impressed him that he frequently gave up a whole day to visiting the old missionary during his stay in Sing-keng.
Nine months afterwards, I visited T'ai-yang, and was overjoyed to find that Mr. Tung had so effectually proclaimed what he knew of the Gospel, that many of his neighbours had given up idolatry, and were, nominally, Christians. I remained in the village five days, dispensing medicines during the day, and preaching to large and attentive audiences every night. While there, the brother of my host, a youth about 19 years old, informed me that he was about to be married, but that both he and the bride, with their families, desired a Christian marriage ceremony, for they would have no more idolatrous practices. I consented to marry them, and the rite was performed in the presence of a large assembly of onlookers.

During the year following my visit to T'ai-yang, I baptized fifteen converts from that village, and when I was compelled by failing health to leave that district, my successor, Mr. (now Dr.) Randle, opened a preaching hall in the city of Yuh-shan, to which the converts went weekly for assembled worship. I am informed that there are now about seventy communicants in connection with that church, though many of the first converts have died. Our friend Yü-yuh-shan has long since gone to be with the Lord, whose service was his delight, but the seed he sowed is still springing up and bearing fruit, and who can estimate the results of his earnest labours.

I have told this story, not because of any direct connection with medical missions, but that others may be encouraged by the facts narrated, as I have been, to persevere in the glorious work of preaching "Christ and Him crucified," however few may apparently believe our report, and even though we may never see the results of our labours.

Our brethren who were preaching in Ning-po thirty years ago—most of them now with Christ—never knew that among their stolid, indifferent hearers was one who was eagerly drinking in every word they said, and who was God's "chosen vessel" to carry the news of salvation to the regions beyond.

We need reminding frequently of the words of Solomon, and their spiritual significance,—"In the morning sow thy seed, and in the evening withhold not thy hand: for thou knowest not whether shall prosper, either this or that, or whether they both shall be alike good."
A CASE OF FÆCAL FISTULA.—OPERATION.—RECOVERY.

By H. W. Boone, M.D.,

Surgeon to St. Luke's Hospital, Shanghai, China.

This patient comes in with the following history, furnished by the doctor who first saw the case:—November 1st, 1888: "Nineteen days ago was seized with pain in inguinal region, which he said soon became general over the whole abdomen. After his seizure there was for some days more or less stercoraceous vomiting. On the 16th day, he says, an oblong tumor, which had been observed in the inguinal region, ulcerated through, and discharged much feces, pus and fluid. After he was seen an enema was given, which resulted in the passage of a moderate amount of very firm feces. Some days after this the bowels began to act spontaneously but irregularly. For two months past he has passed one-half of his feces by anus, and one-half by opening in inguinal region." Admitted to St. Luke's Hospital, March 23rd, 1889, a healthy-looking, fairly well nourished lad of 19. He has a small opening over the region of the cæcum, from which fairly well-formed feces are passed. There are the marks of two sinuses, one running toward the scrotum and one toward the median line, which are fully healed up. The opening of the fistula is too small to admit of the passage of the little finger, and there appears to be a cavity between the skin and the bowel which seems at times to fill up, and then, after a free evacuation, to become smaller. A probe, slightly curved, passes freely upward and appears to be in a large cavity; it can also be passed directly downward for two inches, but not in any other direction. The patient was carefully prepared for the operation by bathing, the evacuation of the bowels, appropriate food, and the cleansing and disinfection of the parts. On March 27th, at 10.45 a.m., chloroform was administered by Dr. Reid, and with the kind assistance of Dr. Jamieson, and Surgeon Kellard of H.M.S. Mutine, I proceeded to operate.

A free incision was made over the site of the lesion, and the parts were dissected up, thus opening into a cavity which connected with the cæcum. A ragged, irregular wound was found two inches above the lower end of the cæcum, nearly transverse in direction, and one and three-quarters inch in length; the mucous membrane was ragged and everted. On insertion the finger passed up readily in the direction of the ascending colon, also downward for nearly two inches. With one finger in the gut, I then carefully freed the bowel in this vicinity from some cicatrical attachments, removed some shreds of areolar tissue, and then thoroughly cleansed the parts with sponges wrung out of a warm two-per-cent
solution of carbolic acid. I then put in a double row of "Lembert sutures," of 
fine silk, and closed the opening, passing two stitches at either end of the line 
through healthy tissues beyond the angles of the wound. The edges of the 
wound having been thus inverted, and being in close apposition, the parts were 
cleansed, a short india rubber drain-tube was inserted beneath the skin, and the 
wound of incision was united with interrupted sutures of catgut. Borated cotton 
was applied over the line of incision, then Gamgee pads; a wide bandage was 
applied around the body, with a spica in the groin. The patient bore the 
operation well. He was put to bed and allowed nothing but one teaspoonful of 
weak, hot tea from time to time. On the evening of the day of the operation his 
temperature was 99.3 F., on the next evening it was normal, and continued so 
afterwards. Slight chloroform nausea for 24 hours. At twenty-five hours after 
the operation, began the injection of beef-juice per rectum. After one day he 
objected so strongly to the use of enemata, and to taking Valentine's meat-juice 
by the mouth, that I ordered three ounces of equal parts of milk and rice-water to 
be given him, in spoonful doses, during the day. Fourth day.—Slight stain on 
dressings, which were removed; they were stained with pink serum, wound quite 
healthy, no pain or tenderness; fresh dressings applied; rice-water and milk, 
eight ounces. Sixth day.—Enema, followed by a small passage containing 
faeces; meat-broth in addition to milk and rice. Eighth day.—Change dressings; 
wound healed, except track of drain-tube, which was removed. Ninth day.— 
Minced meat and boiled fish with the rice and milk. One-half ounce of salts in 
the morning was followed by two natural stools in the afternoon. Eleventh 
day.—Two natural motions without the use of any aperient. After this time a 
regular and natural stool every day. On the morning of the thirteenth day 
removed the third dressing. Wound entirely healed; a small pad of absorbent 
cotton and a bandage were applied to keep his fingers from the groin. On the 
seventeenth day allowed him to get out of bed and sit in an arm-chair, 
April 20th.—Returned to his ordinary native diet, and walked about the 
hospital yard. April 22nd, twenty-six days after the operation, he is perfectly 
well, and is discharged at his own request.

Remarks.—This young man had twice attempted suicide, and there is no 
doubt that his parents, with true oriental disregard for the sanctity of human 
life, were quite willing to allow him to make away with himself. His complete 
recovery seemed to them but little short of a miracle. The man came to me in 
very good condition, for his physician had kept the parts cleansed, healed up the 
sinuses which had burrowed in the surrounding region, and had put the parts 
into a healthy condition; while by careful attention to the general health of the 
patient, he had put him in a good way to recover from the results of an operation. 
This is an example of a case where the operation was an easy one, and there 
were no untoward complications. My former cases were of fistulae, in which the
small intestine was involved, and where the two ends of the gut connected with the artificial anus were resected and the cut ends joined together by sutures,—a much more dangerous operation for the patient.

This case is reported as showing that it is not every case of faecal fistula in which the operation for cure is specially dangerous; and that, while the modern plan of cutting down and operating directly upon the injured portion of bowel is the best, in a certain proportion of cases it is not attended with very great danger to the life of the patient.

In this case the faecal fistula seems to have resulted from some obstruction to the bowel, for we learn that he had severe pain in the inguinal region, and, after a few days, vomiting of stercoraceous matter. A faecal abscess was then formed, which later on effected an opening through the integument. There was ulceration of the cæcum,* but nothing to show whether the appendix was or was not involved in the inflammatory process. As the appendix was completely shut off from the site of the injury, it was deemed best to confine attention to the local lesion and not to go exploring for undiscovered troubles. The bowel opened indirectly to the surface; the skin-wound was quite small, and the fistulous track was irregular; there was a cavity containing pus and feces between the wall of the abdomen and the bowel; it is a variety known as the stero-purulent fistula. The method employed,—of putting in a double row of Lembert sutures, and of inserting a couple of stitches beyond each angle of the wound—seems to me the one which offers the greatest safety. Two rows of stitches give greater security from yielding or leakage than one; the extra stitches at the corners of the wound make sure that no openings were left at those points. The very fine silk used would seem to be the most reliable material for the sutures.

The wound never gave any trouble at all, and in less than thirteen days it was entirely healed up. With our modern style of operating and dressing, this is the result which we have a right to look for. Since giving up the use of the spray, and then the general use of the irrigator in all cases, I find more and more that perfect cleanliness and dry dressings give me the best results, and operations for laparotomy, the radical cure of hernia (so called), and other operations, go on to a cure with but little, if any, untoward complications.—The Medical Record.

* This seems to have been a perforating ulcer of the cæcum. There have lately appeared several accounts of this rare and interesting trouble.
CHINA AS A FIELD FOR RESEARCH IN NERVOUS DISEASES.

It has been said that in China "Diseases of the nervous system are remarkably infrequent." That they form but a small part of the total number of cases that find their way to Mission Hospitals is doubtless true, but it is also true of the large general hospitals in any part of the world. We are inclined to think, however, that there is a wide field for useful research in this branch of our work, and a perusal of the many Mission Hospital reports, published from year to year, will strengthen this conclusion. Owing to the easy-going and quiet life that the ordinary Chinaman lives, the many evil effects of the high-pressure life of Western cities are scarcely to be expected; but this makes the investigation of all cases coming before us the more important. With so many of the conditions usually considered to be at the root of nervous troubles absent, the enquiry into questions of heredity, causation and predisposing surroundings become all the more interesting and valuable. The triumphs of Surgery are so evident and convincing that the Chinese readily grant us the palm. The investigation of obscure medical cases is a work of much patience, and frequently brings little satisfaction to the patient and less still of gratitude to the doctor. But we are working for higher ends than the immediate present, and we ourselves always feel that one of our aims is to prepare the future generation for a wider acceptance of the blessings of medical science. Should a prolonged and careful investigation into a difficult nervous case end in nothing more satisfactory than a gloomy, though accurate, prognosis, we have done much for our patient and more for the generation at large. A man who can successfully use his ophthalmoscope and laryngoscope, and who invokes their aid in suitable cases, to whom the investigation of deep and superficial reflexes is a routine but yet intelligent procedure, and whose patient realises that the doctor can see with his fingers,—such a man, whatever be the ultimate result of his treatment, must make a lasting impression upon the patient, which will reproduce itself in many minds. To know that in telling a man that his disease is incurable you are saving him—if he will but believe you—from the cruel mercies of many physicians; to know that although you cannot promise a cure, you may yet frequently with certainty promise alleviation of suffering; to know that in impressing one patient with your skill and knowledge you are opening up the way
for the saving of many lives; to know all this is surely ample reward for all the trouble and time given. But the benefits of careful investigation in Nervous Diseases do not stop with others, they recoil upon ourselves, and make themselves felt in every department of our work,—we train ourselves in habits of accuracy, patience, and delicacy, the lack of which is ever fatal to success. It is obvious that many of us are far too busy to take up any special line, for we can scarcely expect a man who has to be general practitioner and specialist in one, to keep abreast of medical science everywhere. A busy man may be forgiven if his minute anatomy of the brain gets somewhat hazy, and if he is somewhat foggy on the subject of reflexes and the reactions of degeneration. There are some, too, doubtless, who may feel that with the great mass of suffering humanity around them, they can find no time for such refinements of medical science, especially when success in treatment is not proportionate to the satisfaction of diagnosis. All this notwithstanding, we trust that our brethren will try and specially bear this matter in mind, and with many careful observers in so wide a field as China, we may hope to add something, either in the way of addition or modification, to what we already know of the diseases of the Nervous System.

S. R. H.

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REVIEW.

["Annual of the Universal Medical Sciences." Edited by Charles E. Sajous, M.D., and 70 Associate Editors, assisted by over 200 Corresponding Editors, Collaborators and Correspondents. 5 vols. 8vo. London Office:—139-143, Oxford Street, W.; New York Office:—45 E, 12th Street; San Francisco Office:—427, Sutter Street.]

The issue of this work for the year 1889 is now before us, and, as with a former edition, we will not attempt a review of the entire work, but take such portions as may seem of most general interest to those of the profession whose lot is cast in China.

Chronic Tropical Diarrhea.—"As found in those who have lived in India, this is well described by Sir Joseph Fayrer. He considers it a general derangement of all, rather than a specific disease of any one organ. There is a thinning of all the coats of the small intestine, so that they become translucent, with atrophy of the glandular tissues. The mesentery, mesenteric glands, liver, spleen and kidneys are atrophied in long-standing cases. The most effective
treatment is dietetic, milk alone being most serviceable; great attention should be paid to the clothing and mode of life; drugs are of little use."

**Acute Dysentery.—Treatment.**—"Correspondents continue to give favourable reports of their experience with rectal treatment. Large enemata of hot water or ice-cold water are said to relieve tenesmus and diminish the number of stools. An enema of two to three pints of water, with one-half to one drachm of alum to the pint, once in 24 hours, through a soft rubber tube, introduced 1 foot into the bowel, gives comfort for the next twelve hours. Antiseptic irrigation is in great favour, ice-water 1 pint with ten grains of salol every two to six hours, or one or two enemata of eight grains of Napthalin in three ounces distilled water, are methods recommended. Fluid extract of ipecacuanha, thirty to fifty drops in two or three drachms of water every six, twelve or twenty-four hours, combined with tincture of opium, if not retained, and given by the mouth, is a method of administering this specific remedy."

**Typhilitis, Perityphilitis, etc.—Treatment.**—"If we were guided by the results of the operations and post-mortem examinations, we should say, as Fritz asserts, that typhilitis, perityphilitis, perityphilitic tumor and abscess mean inflammation of the vermiciform appendix; that the chief danger of this affection is perforation; that perforation in the great majority of cases produces a circumscribed suppurative peritonitis, tending to become generalized; that in the light of our present knowledge the surgical treatment (operation in the first week) offers the best chances for the life and future health of the patient. But, as has been shown in this review, so many cases recover after all the typical symptoms of the disease have been presented, that we may well feel that we have, so far, no assured guide as to which cases do and which cases do not require surgical interference. As long as the disease is mild, with a tendency to improvement in all the symptoms after the third day, no abscess being discovered by physical examination, surgical interference is not justifiable. If there is evidence of pus, or if the patient is daily growing worse after the third day, an exploratory operation should be performed before the end of the first week or as soon before this as the symptoms demand, the operation to be continued to the end if pus is demonstrated to be present, or abandoned if no pus is found. In all cases where general peritonitis exists, laparotomy should be performed. In acute rapidly progressing cases, even when no pus can be discovered, an exploratory incision should be made." The above is very sensible and sound advice, but the reviewer desires to call attention to the studies of Dr. Treves, who has demonstrated the fact that even in cases which are rightly diagnosed, and where recovery is supposed to take place, this recovery is very frequently only temporary, and is, sooner or later, followed by one or more relapses; also, that the only sure cure is to remove the cause by an operation. He reports such cases in which he has operated with the result of bringing about a final and perfect cure. These facts
should lead us to be very cautious about leaving any well-assured cases of the above diseases to the natural efforts towards recovery, and, at all events, it should teach us to watch such patients with the utmost care for long periods after their convalescence.

"In the published notes of cases by Osler, there are three of perforating ulcer of the caecum. In the first the abscess communicated with a localized abscess in the iliac fossa; in the second with an abscess-cavity between the caput coli and the psoas muscle, and an ulcer on the posterior wall; in the third case the colon was strictured and the wall had broken through; there was a large abscess which extended behind the psoas muscle. These are interesting and rare cases." In another part of this journal will be found a reprint of a case reported to The Medical Record, of what was probably a perforating ulcer of the caecum. As these are rare cases, the readers of the journal are referred to this article.

Infantile Digestion.—Escherich found that "there was no essential difference between the digestion of cow's-milk and human milk when the cow's-milk was completely sterilized. Although cow's-milk contains three times as much curd as human milk, and the curds when formed were larger and firmer, it was as completely used up in the digestive process as was the case in human milk. The larger amount of feces in infants fed upon cow's-milk is explained by the imperfect absorption of inorganic ingredients and of fat, and this is principally due to the almost universal practice of over-feeding hand-fed infants. The essential difficulties with cow's-milk then are not the curd, but the bacteria which it contains and the quantity in which it is given." By sterilized milk he means put milk in 4 or 6 oz. bottles with perforated corks; stand 8 or more of these bottles in a kettle of water with a perforated tin false bottom; put on the fire; when the milk begins to boil, the perforations in the corks must be closed with stoppers; keep up the process until the milk has boiled for 30 minutes, then take the bottles out, and keep in a cool place; do not remove the corks and stoppers until you desire to use the milk, then put a sterilized rubber nipple over the bottle and let infant nurse from it. Milk thus sterilized will keep for several days in the hottest weather. Never use the milk in a bottle except the one time when it is first opened." This article, by Holt, on Gastric Intestinal Diseases in Children, is replete with interest.

H. 17. Attention is called to the rules to be found on this page for the thorough disinfection of patients, clothing and bedding in Typhoid Fever.

Jacobi "points out the various sources of danger in typhoid fever in children. The small intestine is affected principally. After the first few days a considerable amount of food is required, and it must be chosen so as to be digestible in the stomach. Besides plenty of water, or water acidulated with Hydrochloric acid, albuminoids are indicated. Milk and cereals (in decoctions)
which must be strained, are the proper foods. At no time during the disease, and
during the first ten days of fully-established convalescence, must the food ever
be solid. No vegetables must be allowed until three weeks have elapsed since
the beginning of apyrexia. When the milk and cereal food become distasteful,
a change in their preparation will and must suffice. The large majority of
relapses are due to dereliction in the strict rules of feeding. Variola.—"If,
only to try the American method of giving iodide of potassium in nervous
syphilis, i.e., of one-half to two and one-half drachms three times a day, they
would soon obtain better results."—Seguin. Beri-Beri.—There is less inclination
to the belief that this disease is a multiple neuritis. Kynsey, of Ceylon, attempts
to prove the identity of Beri-Beri, of Ceylon, (or anaemia) with the disease
cased by the presence in the intestine of the parasitic worm—Ankylostomum
duodenale. The disease in the Malay Archipelago is different from the beri-beri of
Ceylon; in the former, paralytic symptoms are marked; in the latter, while there
is difficulty in locomotion, owing to the oedema of the lower extremities, there
is no true paralysis. The Articles on Diseases of the Brain and Spinal Cord,—
Seguin; Peripheral Nervous Diseases and General Neuroses.—Hun; Mental
Diseases,—Brush; Inebriety, Morphinism and Kindred Diseases,—Birdsall,
are very full and replete with interest. Senn contributes an admirable article on
the Surgery of Brain and Nerves. Malarial Orchitis.—"E. Calmette, recalling
the published testimony of Bertholon and Schmit, in 1886 and 1887, adds five
cases of this malady, treated in the hospital at Pavia, by L. Maguini, going to
prove that malaria may cause Spontaneous Orchitis, sometimes followed by
Atrophy. An admirable presentation of this subject of Malarial Orchitis, with
histories of six cases, is given by Charvot. Quinine alone seems to help the
patient, and atrophy in some cases cannot be prevented. Hydrocele.—The favorite
remedy is the injection of pure carbolic acid—a few drops. Kelsey in summing
up on the arguments for the different methods of operating for the cure of piles,
writes, "For exactly the reasons that Weir prefers Whitehead's operation to the
ligature, I prefer the clamp to both. All three of them give the same satisfactory
results in the end, but the clamp and the method by excision cure with less
pain than the ligature, and the clamp operation is much simpler than that
of excision, while possessing all of its advantages. "The reviewer, can
fully concur with the above statements from his own experience of various
This is an accident every operator should be prepared to meet at an instant's
notice and to overcome. Pressure with cotton-wool and a pad and bandage against the anus should first be tried, and ice or iced water may be placed in the rectum. These failing and the patient continuing to evacuate large clots of fresh blood when the desire for a stool is felt, no time should be lost in half measures. A bell-shaped sponge the size of a closed fist, previously rendered asceptic, should always be in the operating bag. A hard rubber tube, or bamboo, of half inch diameter and six or eight inches long, should be thrust through the apex of the sponge and firmly tied so that an inch of tube projects. Squeeze the sponge dry, and freely dust with dry subsulphate of iron. Etherize the patient, introduce sponge and tube above the bleeding point, pack the rectum below the sponge down to the anus full with coarse charpie, pull down on the end of the tube and press up on the charpie, and a pressure is exerted on the lower rectum and anus which will be absolutely reliable. The compress may be left in indefinitely (a fortnight) and may be removed under ether." Gunshot Wounds.—"Military surgeons at the present time are coming to the opinion that, excluding the head, the extraction of balls is a matter of secondary importance, and do not favor any prolonged attempts toward accomplishing this object. These wounds when made by a ball alone are for the most part asceptic, and if left alone and dressed asceptically, heal without sloughing to any extent. Often balls can be removed with better results if allowed to remain until the track of the missile has healed." "In regard to laparotomy for gunshot wounds, a much bolder and more successful surgery has been practised than was formerly the custom."—A.G.N.E.W. "A. H. Ferguson, of Winnipeg, Manitoba, collaborator, reports on the use of galvanic electricity in the treatment of cancerous tumors of the breast. A patient twice operated for scirrhus of the mammary gland has been, during four years, rendered fairly comfortable in respect to pain. The growth has been retarded in its progress and the general health and possibilities for activity greatly improved. The current is allowed to pass for as long a period as the convenience of the patient admits." Orthopaedic Surgery, by Morton and Hunt, is full of good points, but our space forbids quotations.

Carbuncle.—Treatment. EDUMLD OWEN, "recommends the treatment of carbuncle by erosion, and reports a case in which this treatment, followed by antiseptic washing, resulted in the disappearance of the symptoms of septicæmia with a rapid cure." A case of facial anthrax, greatly indurated, with extensive edema, and all the symptoms of grave general infection, was injected, in the fourth day of the disease, in four places about the pustule with a two-per-cent solution of carbolic acid. This treatment was repeated twice on the first day, and once daily for three days; compresses, soaked in five-per-cent carbolic solution, were kept constantly applied to the part. Improvement was rapid, and the patient recovered with a scarcely perceptible scar." CONTENTO reports six cases, LOMINESKY three, treated in the same way and with a similar result. "A writer
Recommends the powdered flowers of the *pyrethrum*, *carneum*, or *roseum*, Persian Insect Powder, for the destruction of head and crab lice. The parts affected should be wiped perfectly dry and a small quantity of the powder dusted over the part and rubbed in thoroughly. In two minutes every louse coming in contact with the powder will be dead. In clothes or body lice the powder should be blown by a powder-blower upon all the under-clothing. As the nits are not destroyed, the operation must be repeated at intervals of two or three weeks. (Vinegar or acetic acid [dilute] will destroy the nits). We can only draw attention to the excellent article of Van Harlingen on Diseases of the Skin. The article on Ophthalmology, by Oliver and Gould, is very full, profusely illustrated with woodcuts, fine engravings and colored plates, and is well up to date. *Diseases of the Eyes consequent upon Malaria.*—"We have this year the convictions of other observers rendering the fact more positive. Brunt reports the details of six cases of malarial retinal haemorrhage. All were middle-aged males, the victims of chronic malarial poisoning, enlarged spleens, etc. Both eyes were affected in five of the cases; the haemorrhages were usually multiple; there was slight retinitis and papillitis; the vision was impaired according to the location of the haemorrhage. The tendency is toward recovery as the general malarial affection is conquered. The haemorrhages are ascribed to no special morbid process, but simply to the poverty of the blood induced by the malarial poison." "In the St. Petersburg Institution cases of irido-choroiditis following severe recurrent fever occur every year."

"Chassaingac suggests that there is a variety of acute tonsillitis in which malaria plays a prominent causative rôle, since in them there is a periodic exacerbation after painful symptoms, and since also they are not benefited by the usual methods of treatment, but yield readily to the alkaloids of cinchona." The Editor, Chas. E. Sajous, M.D., gives us a most instructive article on Diseases of the Nose and Accessory Cavities. Delavan, Ingalls and Cohen treat fully of the diseases of the Pharynx and Larynx. Intubation of the larynx is gaining steadily in favor with the profession, especially since the introduction of "A New Method of Feeding in cases of Intubation of the Larynx by Position Head Downward on an Inclined Plane," by Dr. Casselberry, of Chicago. Casselberry says: "Regarding the exact position, the angle varied in different cases; but from 45 degrees to 90 degrees seems necessary to obtain the best results. The child is held on its back in the arms of its nurse, the feet elevated, and the head left to hang over the arm, then it may take the mouth of the feeding bottle, suck through a tube from a glass or be fed from a spoon." It must not be allowed to regain the upright position until the food is entirely swallowed, the last drop taken in to the mouth. Some patients will swallow quite as well in the inclined position when lying upon the abdomen. Urinalysis is well treated by Tyson and Smith, General Therapeutics by Crozer Griffith, and Experimental
Therapeutics by Hobart A. Hare are very full and interesting articles. Electro-Therapeutics, by A. L. Ranney, contains valuable suggestions. Histology and Microscopical Technology by Walter P. Manton, and Bacteriology by Harold C. Ernst, are valuable and well-illustrated articles. The last two articles, Physiology, by H. Newell Martin and W. A. Howell, and Anatomy, by Wm. S. Forbes, M.D., require and deserve a very careful reading.

This very imperfect review fails to give any idea of the great value of these volumes. The best articles are too long for quotation, while so condensed that any attempt to shorten them would make them unintelligible. The illustrations are very numerous—engravings, photographs and colored plates—some of them of exceeding value, are liberally scattered through the volumes. The dates of all journals referred to are mentioned in the text. An index has been added to each volume besides the complete triple index—General, Therapeutic and Authors quoted—at the end of the entire work. In the words of Dr. Benjamin Ward Richardson (London Asclepiad), "the cost of the labor has been prodigious—up to the hilt of the indefatigable Dominié Sampson himself," .......... .......... "everything that money could do has been done." The very moderate cost at which these volumes are issued places them within the reach of every student; they furnish him with an encyclopædia of progress in "The Universal Medical Sciences."

H. W. B.

A CASE OF MALARIAL FEVER IN WHICH THE LUNG SYMPTOMS MASKED THE TRUE NATURE OF THE COMPLAINT.

H. K., Chinese, aged 23, a seller of vegetables, admitted to hospital September 16. When then seen he had been ill a month. Formerly known to me as a particularly plump, strong, vigorous lad, but with a tendency to catarrh of the lungs. The contrast since last seen in health was very great, for on admission he was very anaemic, exceedingly weak, and wasted away to a shadow of his former self.

State on admission.—Breathing noisy and hurried, respirations 36. No flattening of chest-walls, and no dulness to percussion. Heart sounds normal. No pain on breathing. Lungs.—General catarrh, sub-crepitant mucous rales with wheezing being heard ever both lungs, back and front. No increase of voice sound,
and no bronchial breathing, white and frothy expectoration. Temp. 101.6. Pulse 120. Tongue furred and dry. Skin moist. Bowels loose and watery. No abdominal tenderness. Sleeps badly. Eats badly, in fact vomiting up his food both before and after admission.

*History.*—Says the illness began with ague, which lasted for some time, and later on came cough and spitting. He had no ague at time of admission, and only once, a fortnight after admission, had he any suspicion of such.

An open mind was kept on the matter of diagnosis until the lung catarrh had cleared up. Patient was put to bed, kept on low diet, and given the following mixture:—Potassii iodidi gr. ii, sodii bicarbonatis gr x, tr. nux vomica min. xv, vini ipecacuanhal min. xv, aquam ad. oz. i, t.d.s.

*Sept. 20.*—It was noted that the right lung seemed in a somewhat worse condition. Over the lower half of the right lung in front, above line of liver dulness, there was some slight dulness, with inspiratory and expiratory crepitations. There was dulness over both bases, but whilst the left base conveyed to the ear the crepitation of simple congestion, over the right base the crepitations were decidedly harder, with some suspicious creaking. Still he complained of no pain there. The remainder of the lungs presented the ordinary conditions of general catarrh. To-day the diarrhœa was noted as less.

*Sept. 21.*—Sweats much at night. Ordered to be sponged with weak solution of acid acetic.

*Sept. 23.*—Diarrhœa ceased, motions approaching normal. Citrate of potash and bicarb. of potash substituted for the iodide of potash, the ipecac. being omitted.

*Sept. 27.*—Dulness and crepitations in front have now disappeared. Still some dry creaking over the right side. General catarrh of lungs slightly less. Ordered inhalations of eucalyptus, oil night and morning, and to have iodine applied to right side and base of lung. The night sweating has been so profuse that atropine has had to be resorted to in order to control it.

*September 30th.*—The temp. still keeps up, but out of all proportion to the local signs in the lungs. The ratio between pulse and temp. is about normal, and although there is one at base that I have called creaking, yet it is only doubtfully of pleuritic origin, and if it be so is probably more of the nature of a past inflammation,—indeed, to-day it seems to be resolving itself more into a very low-pitched, coarse rhonchus, distinctly inspiratory, and not, as in pleural, creaking, at the time of fullest expansion of lung. Further, a careful study of the temp. chart indicates a fairly regular tendency to go up every three days, and this, together with his history of ague, and the intestinal disturbance, rather points to a malarial fever. Ordered quinina sulph. gr. iv., pul. ipecac. gr. ⅛, t.d.s. To-day complained of feeling shivery, and had some elevation of temp. but no marked aguish attack.
October 13th.—All cough has now ceased, and the lung signs are rapidly clearing up. Temp. has been, on the average, two degrees lower since taking the quinine, but still continues high. Ordered temp. to be taken every hour, so as to find out exactly when the rise commences. Finding a remission at my evening visit, gave 20 grs. quinine at once, to be followed by another 20 grs. in the early morning before the next rise.

October 14th.—Profuse sweating last night, only controlled by atropine. Temp. commenced to rise at 5 p.m., and at evening visit it was still rising. Although subnormal, the tendency was upwards, so gave 20 grs. of quinine at once, to be repeated in early morning.

October 19th.—Since last note, temp. has remained normal. Been taking a tonic of iron, strychnia and quinine, with small doses of ipecac. (grs. $\frac{1}{2}$ every night), to keep the bile circulation in good order. Lungs now quite clear, inhalations stopped. A slight rise of temp. to-day was at once checked by two 10-gr. doses of quinine. Has been up two days.

October 24th.—Discharged cured. Seen since; remains well, rapidly gaining flesh and colour.

Remarks.—(1.) Had I not had the opportunity of taking the patient into hospital, I should have thought this was a case of phthisis. The rapid breathing, the hurried pulse, the marked wasting and anaemia, the diarrhoea, and the general catarrh of the lungs, were all in favour of such a diagnosis. As it was, my mind inclined to its ending in phthisis, and it was only the experience that such a general catarrh might completely clear up, that caused me to keep an open mind. I have not the slightest doubt, though, that many such cases left alone do end in phthisis, catarrhal phthisis, and that this may be a partial explanation of the many cases of phthisis that come to our out-patient department. Further, had the patient been treated at a dispensary, seen only occasionally, with no opportunities of watching his temp. and condition carefully, and with one's orders only imperfectly carried out in his home, I doubt whether any but a very experienced man would have detected that it was a case of malarial fever.

(2.)—Some small experience has led me to differentiate a form of malarial fever, in which the fever runs high and the general condition is bad, a form (call it by what name you like) in which, in addition to intestinal catarrh, there is more or less implication of the lungs, and the general tendency of the patient is to asthenia. That this lung affection, unlike that of ordinary typhoid fever, may be at one time a severe general catarrh with hurried breathing, and at another time may show itself as a local patch, of what one fears may be pneumonia, with pain on breathing, a short, dry cough, and inspiratory crepitation to auscultation, but with a fairly slow pulse and with no hurry of respiration. I know it is usual to call all such cases "typho-malarial," under which name is certainly grouped
several types of malarial fever; and different observers have different notions of what they mean by the name (see discussion in *Medico-Chirurgical Transactions*). We do not want names, we want descriptions, as faithful as the capacity of the various observers can make them, of the various types of malarial fever.

(3.)—There is a right and a wrong way of giving quinine. I feel sure that if we always give quinine with a clear idea as to when to give it and in what quantity to give it, we should rarely find a fever run away with us. Speaking generally, the best time to give quinine is, as we all know, during a remission. This does not mean that in a case of high fever we must wait for a remission before we give it. The old school pushed this practice so far that many a patient was lost whilst his doctor was waiting for the opportune moment to give quinine, but it does mean that we should seize the moment, when there is a slight remission, to put in a large dose of quinine, and this moment can only be seized by taking the temp. every hour. A routine practice which I consider very important, when we are able, previous to a course of quinine, is to clear out the bowels with a good cholagogue purge. This is a very important preliminary step, and at all times it is good routine practice to combine small doses of ipecac. (¼ to ½ gr.) with your quinine, to act on the portal system, in which, research has led us to suppose, the malarial poison circulates.

S. R. H.

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**NOTES AND ITEMS.**

**MEETING OF THE MEDICAL MISSIONARY ASSOCIATION, SHANGHAI, 1890.**

The following gentlemen (in addition to those who have already promised) will write papers for the meeting. Dr. McFarlane, London Mission, Chichou,—“Itinerant Medical Work;” Dr. Jas. B. Neal, A.P.M., Tung Chow Fu (Chefoo)—“Training of Medical Students;” Dr. A. P. Peck, A.P.M., Pang Chuang, North China,—“Itinerant Medical Work.” The Committee on Medical Nomenclature.—It is feared that Dr. Hunter will not be able to attend the meeting. By request, Dr. Southwaite, C.I.M., Chefoo, and H. T. Whitney, M.D., A.B.C.F.M., of Shaowu, Fukien Province, have been added to the above committee, and are requested to correspond with Dr. Kerr and Mr. John Fryer, in order to take their share of the work with the other members.
Drs. J. G. Kerr and J. C. Thomson have a Vocabulary—English and Chinese—in course of preparation. Dr. Kerr, the first President of the Association, is also preparing a paper for the meeting,—"Influence of Medical Missionaries in elevating the moral tone of the Medical Profession."

The Chinese Scientific and Industrial Magazine.—It has been determined to continue this publication under the above name and form, but on a more extended scale—as a quarterly. Each number will contain about 100 pages, interspersed with many engravings as can be obtained, and will be issued from the Chinese Scientific Book Depot, 472, Hankow Road, Shanghai, 25 cents per number or one dollar a year, including the usual Chinese cloth case. The Medical Department will be one of its prominent features. The Medical Missionary Association of China are invited to contribute to this magazine articles in Chinese on Medical and kindred subjects. It is suggested that the Association use the columns of the Magazine as its organ for communicating with the Chinese. [Note by Editor.].—The whole subject of the need for a Medical Missionary Journal in Chinese for the Chinese, will be discussed at the meeting at Shanghai in 1890; in the meantime, we cannot do better than to avail ourselves of the invitation to use the columns of the Chinese Scientific Magazine. Contributions are to be sent to Mr. John Fryer, Kiangnan Arsenal, Shanghai.

At the last meeting of the Medical Missionary Association of China, Mr. John Fryer was unanimously elected an honorary member of the Association.

FOR SALE.

BEST PEPPERMINT OIL
MADE FROM IT'S REALLY LEAFS.

Can be curable for the sicknesses of Male, Female, or Boy.

DIZZY:—Use to put or wipe few drops on the forehead, both sides under eyebrows, noseholes, and both sides the back of ears.

FEVER:—Wipe on the forehead, and noseholes.

FIT:—Wipe most to the noseholes, and drink few drops mixed with tea.

GIDDY:—Wipe both sides of forehead, and noseholes.

GOUT or GOUTSWOLLEN:—Wipe both sides of forehead noseholes and much to the breast.

HEADACHE:—Wipe on the forehead and noseholes.

Believe us,

CHOW THOONG SONG,
Tai-pin Gate outside Brass Smith Road,
CANTON.

TENTH INTERNATIONAL MEDICAL CONGRESS AT BERLIN IN 1890.

The following named members of the Medical Missionary Association of China have been duly elected as delegates to the Tenth International Medical Congress at Berlin:—Drs. Von S. Taylor and Duncan Main, C.M.S., Dr. A. L. Macleish, English Presbyterian Mission, Dr. D. Christie, United Presbyterian Church of Scotland, Dr. A. P. Peck, American Presbyterian Mission, Dr. K. Reifsnyder, Woman’s Union Mission, Dr. Wm. A. Deas, of American Protestant Episcopal Church, and Dr. S. A. Hunter, A.P.M., Chefoo.

M. Gale, M.D.,
Secretary,
Notes and Items.

PEBBLES.
The reason that some men can't make both ends meet is because they are too busily engaged in making one end drink.

"Doctor, will you let me know how much I owe you?" "Oh, my good woman, I know you are not in easy circumstances, I will not charge you anything for my trouble."

"Yes, that's all very well; but who is to pay the apothecary?"

ARRIVALS.
Arrived in Shanghai, September 9th, Dr. and Mrs. J. Goldsbury, A.B.C.F.M. Mission, Shansi; Dr. and Mrs. M'Bride, and two children, for same Mission, Kalgan.

E. H. Mackle, M.D., and wife, American Presbyterian Mission, for Lien Chow Foo, N.W. Canton Province; H. N. Kinnear, M.D., and wife, A.B.C.F.M., for Foochow; E. R. Wagner, M.D., A.B.C.F.M., Kalgan; J. W. McKean, M.D., wife and son, of A.P.M., for Chiang Mai, Siam. All arrived in the month of October.

Arrived in Shanghai, November 6th, Dr. E. R. Jellison, for Methodist Episcopal Mission, Nankin.

Mary Brown, M.D., of University of Ann Arbor, Michigan, A.P.M., for Wei Hien, November 14th, 1889, Shantung.

Chas. F. Johnson, M.D., of Rush Med. College, Chicago, A.P.M., for Wei Hien, November 14th, 1889, Shantung.

DEPARTURES.
From Shanghai, October 25th, Dr. A. P. Peck, A.B.C.F.M. Mission, P'angchwang, for U.S.A., via Europe.

Dr. Gulick, reports himself from Cal. as slowly improving; he feels, however, it is very probable, that in order to secure a decided and permanent benefit, a more lengthened stay may be found necessary than he at first thought expedient; this, he hopes to obtain in a drier and more invigorating climate than the one in which he is now.

KELLY & WALSH, LIMITED, PRINTERS, SHANGHAI.
COMPRESSED TABELLÆ OF VARIOUS DRUGS.

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

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**Saccharinated Tabellœ**

Or Compressed Drugs Sweetened with Saccharin.

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COMPRESSED TABLET TRITURATES,
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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:

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<tr>
<th>Price per bottle, 500</th>
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<tr>
<td>Acid Arsenious, $\frac{1}{10}$ gr.</td>
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<td>Aconitine, $\frac{1}{6}$ gr.</td>
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<td>Algin, $\frac{1}{6}$ gr.</td>
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<td>Antimony and Potass. Tart., $\frac{1}{6}$ gr.</td>
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<td>Atropine Sulph., $\frac{1}{10}$ gr.</td>
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<td>Calomel, 1 gr.</td>
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<td>Cocaine Hydrochlor., $\frac{1}{10}$ gr.</td>
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<td>Codeine, $\frac{1}{6}$ gr.</td>
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<td>Corrosive Sublimate, $\frac{1}{10}$ gr.</td>
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<td>Elaterium, $\frac{1}{6}$ gr.</td>
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<td>Eserine Sulph., $\frac{1}{10}$ gr.</td>
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<td>Ext. Colocynth. Comp., $\frac{1}{6}$ gr.</td>
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<td>Ext. Ignatia, $\frac{1}{4}$ gr.</td>
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<td>Ext. Ipecac Fld., $\frac{1}{6}$ min.</td>
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<td>Ext. Nux Vomica, $\frac{1}{6}$ gr.</td>
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<td>Ext. Pilocarpus Fld., $\frac{1}{10}$ min.</td>
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<td>Homatropine Hydrobor., $\frac{1}{10}$ gr.</td>
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<td>Lithii Carb., $\frac{1}{6}$ gr.</td>
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<td>Mercury, Red Iodide, $\frac{1}{6}$ gr.</td>
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<td>Morph. Sulph., $\frac{1}{6}$ gr.</td>
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<td>Zinc Phosphide, $\frac{1}{10}$ gr.</td>
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