FIRST IMPRESSIONS AND EXPERIENCES IN CHANG-POO.

By J. Howie, M.B., C.M.

Chang-poo may be little known, even to the readers of the China Medical Missionary Journal. It is not a densely-populated city. I have asked several well-informed Chinamen as to the probable number of inhabitants. The answers have been amusing and various. One man looked at me with a puzzled expression, as if I had asked the distance of some far-off planet or the diameter of the sun. A second gentleman thought there might be 100,000. Another, more cautious fellow, put it down as 30,000, and I should think he is about right. A large section of the city is uninhabited, having been devastated by the "long-haired rebels" some twenty years ago. Patches of ruins here and there, mouldering away under the huge banyan trees, give a quiet, sacred aspect to the place. Nature has had her own way with some of the old, roofless houses, and seems as if she were making strenuous endeavours to teach the careless untidy inhabitants, lessons of sweetness and grace. Some of the people appear to have taken the hint, and have planted small, carefully-kept gardens here and there among the ruins.

The city is of a most irregular shape, and reminds me of the drawings of white blood corpuscles given in some of the books on physiology. The gateways are like entrances to pig-styes enlarged twenty diameters. The streets are narrow and filthy and in a chronic state of dirt-congestion, that even the chair-bearers pick their way along more carefully than usual. The city boasts of several schools, and a very large portion of the people might be said to be
The south part of the city lies low, and is a hot-bed for malaria, dysentery and cholera. Fruit-trees are plentiful and luxuriant. Looking at the city from a hillock outside the walls, only a few houses can be seen, the trees being so thickly planted. The city lies in a cup which has a deep chip on its south brim, through which one almost imagines he can see the blue sea. We are inland only about six miles. The surrounding valley bears rich crops, almost the whole of the soil being under careful cultivation. A high, rugged range of mountains to the south would make splendid backgrounds for scores of interesting sketches. Amoy is about 40 miles to the north-east. The city is the central market-town of a very large and populous region.

For six or seven years earnest attempts were made to purchase ground for the erection of a chapel. The people were very hostile, and repeatedly stoned and mobbed missionaries who entered the city for a night. An old house was hired in a main street, and under the greatest difficulties work was carried on for some time. Afterwards a larger and less-exposed place was found and rented for some years. There were complications and wranglings over this matter which I am unable clearly to record, only having appeared lately on the scene. Those who know the struggles from the beginning, have told me some very thrilling incidents of their treatment by the mobs, in this old, rickety chapel, in the Yamen, and in the "Hotels" of the city. The first attempt to purchase land was met with wild opposition from the literary men and the Yamen people. The man who sold us the ground was seized and beaten, and for several months kept in prison; false witnesses were whipped up, who swore that the ground belonged to another man, the other man proving afterwards to be quite an imposter. The case was put before the mandarin, and the upshot of the matter was that we were left with a small portion of ground only, about one-fourth the size of the original piece. Still the opposition kept up. A band of the stronger and more patriotic gentlemen of the place vowed that they would do everything in their power to keep out the foreigners. We were suspected of some secret design to seize their ancient city.

Some nine months ago a sudden attempt was made to build on the small piece of ground above mentioned. To our surprise there was no outcry, and a house was roofed and finished. I am sitting in it now. The thing was done so suddenly that the wise men of the place were only rubbing their eyes and looking round the wee cottage when we began to inhabit it. Our appearance and furnishings tickled the fancy; they came about us and melted like ice in a
summer day, before the Galvanic Battery, the Microscope, and the performing of a few simple surgical operations. For weeks every afternoon, we were visited by four or five literary or well-to-do gentlemen, robed in their finest. Crowds used to gather round the house, and I always found the best line of action was to go out with my instrument case and pull as many teeth as the people were willing to part with. So that it was no uncommon thing to see a crowd of about 100 people with every tenth man bowed and spitting blood, with one or two sympathising brethren round him enquiring as to the state of the wound and the manner in which it was received. I believe these laborious days of tooth-pulling were the means of breaking down much prejudice. After a while I began to bandage legs, open abscesses, and remove small tumours. Giving Chloroform under the trees was a sight! You would have thought that every man standing round had suddenly gone off with the patient, the stillness was so striking. Our native pastor preached to the sick and told them our motives in coming to live in their midst.

One day, a man was laid at our door. I heard his moans and went out. There was no one beside him; one or two fellows looked at him "afar off." He was emaciated, dirty, thin and sallow. I never saw a more miserable-looking man. His left leg was in the following condition:—

A large sloughing and ulcerating wound; both tibia and fibula fractured, and the bones protruding, the wound smelling so badly that the very Chinese who stood "afar off" held their noses; the lower part of the limb was in a state of commencing gangrene. I got the man removed to a house near by, fitted up a rough bed and laid him on it. He was so low, that I could not make up my mind to amputate there and then. I washed and dressed the wound; my bandages and antiseptics being few, I had little to come and go upon. He pulled through the night. Still I could not make up my mind to cut. I felt my position a very difficult one. Should I operate and the man die, his death would be put down to my door! The second afternoon arrived. Just as the day was beginning to darken, the man who was asked to tend the patient came along to tell me that the wound was smelling very badly, and that the man was dying. I gathered my instruments together, took one student and two native medicine men (Christians) with me, and went, determined to amputate. Mr. Gregory was in Amoy, so I was the only foreigner about.

The man was lying in a dirty shed, and a crowd of about 100 people soon packed the open space in front. All through the operation there was perfect stillness. There was no blood lost, but I told the folks standing round that the chances were that he would die. I may say he was a confirmed opium-smoker. His smoking had brought him to beggary. I have not time to enter into the details of the result of the operation. For a fortnight after, my hopes were
small. He was daily visited by friendly and unfriendly critics. Opium was smuggled in to him, till at last I had to make very strict rules about his food and visitors. Part of the flaps sloughed, the healing was long and wearisome, but to-day the man is a walking wonder to all who saw him, and a telling proof of the fact that we have come to this city not to destroy but to save.

(To be continued.)

LACKER POISON.

By H. T. W.

Many Europeans and some Chinese frequently suffer from the poison of native varnish, caused usually by handling newly-lackered furniture. This varnish is made from the sap of the Poison Sumach (Rhus Vernicifera) which grows in this Province (Fuhkien) as a bush about as large as the common sumach (Rhus Globra) in New England, U.S., and which it also resembles in respect to leaf and stalk, but has not the sumach cone.

The poison depends upon a volatile acid in the varnish called tsihic acid, from the Chinese name of the varnish tsih. In Japan Mr. Romyn Hitchcock calls it Urushic Acid, from the Japanese native name urushi, and gives its chemical formula as \( \text{C}_{14} \text{H}_{18} \text{O}_2 \).

The poison produces an inflammation of the skin, which runs a course of six to ten days, according to severity, and followed by desquamation of the part affected.

No very effectual remedy has yet been discovered for this poison, but its severity, and often intense itching can be ameliorated by the use of external applications.

The Lead and Opium Wash is good to allay the burning sensation and to some extent the itching.

The writer has suffered several times from this poison, and, in addition to the wash, also used a mixture of olive oil one ounce, carbolic acid ten drops, and laudanum twenty drops, as a local application, applied twice daily. In the July 1889 No. of the Therapeutic Gazette, Prof. Prentiss, of Columbia University, D.C., gives a very good prescription, viz, carbolic acid one part, linseed oil and lime water each 50 parts; this is applied constantly to the inflamed surface, and in addition a 10 per cent solution of carbolic acid is applied to parts itching badly.

Prof. Prentiss also uses the above prescription with good results for burns, erysipelas, and the bites and stings of insects.
An important preventive measure in cases of newly-varnished articles is, after they are well dried, to wipe thoroughly, once a day for two or three days, with a cloth wrung from hot water. This process seems to destroy the poisoning property of dried varnish, perhaps from the moist heat evaporating the residue of volatile acid. However this may be, the practice is effectual, as we have several times tested it.

We have never known of its poisoning after being used two or three years, and in the recent state, if those susceptible to its effects will take the above precaution, they will doubtless be able to use articles of furniture, etc., with comparative safety.

MEDICAL TERMS.

By H. T. Whitney, M.D.

In looking forward to a standard Medical Vocabulary or, what would be still better, an Anglo-Chinese Medical Dictionary, it seems appropriate to early offer a few suggestions in regard to the principles which should govern, and certain terms now in use that should be replaced by more suitable ones; also the shortening of terms unnecessarily long.

In a previous No. of this Journal we called attention briefly to this subject, suggesting that accuracy, conciseness, and euphony should be the order in constructing Chinese terms. It need only be added that the Chinese as a people studiously avoid long and awkward terms. Their literature; their thousands of proverbs, crystalizing ideas and facilitating memory; their classic composition, despising anything colloquial; their language in debate, discourse, essays, or giving instruction; all evidence their inherent aversion to bungling and inconvenient terms.

This element in Chinese character should be recognized if we wish to make Western science attractive. And as medical science naturally contains more "jawbreaking" terms than any other, we need to be specially careful. The one difficulty above all others which we have experienced in teaching Chinese medical students is, notwithstanding their excellent memories, their inability to remember accurately, or readily, our long unrhythmic names.

The fons et origo of medical terms begin with Anatomy, and if we start wrong here we shall limp throughout the whole course of medical literature. And as the base of anatomical terms rests upon osteology, it is of the utmost importance that the names of the bones, and the terms used in describing the
bones, should be as short and simple as possible; otherwise, when we come to make combinations for names of other tissues of the body, our terms become long and unwieldy.

Fortunately, the names of most of the bones in Chinese contain only one character besides the general character for bone; so that the changes necessary in Osteology are comparatively few. Quite a number can be shortened by eliding one or more superfluous characters without changing the name; and most of those requiring change are unimportant bones, as those of the carpus and tarsus, and are less frequently used in combination with other parts.

To make the subject more intelligible, we will give a list of those requiring elimination and then call attention to them separately.

Thus from the Temporal bone 耳聞骨 Ḗ men kuh elide Men leaving it Ḗ kuh.
From the Mastoid portion 馬乳骨 Ma å kuh elide Ma leaving it Û kuh.

" " Petrous " 三角石骨 San koh shih kuh elide San koh leaving it Shih kuh.

" " Sphenoid bone 飛蝶骨 Fu tieh kuh elide Fu leaving it Tieh kuh.
" " Ethmoid " 羅釁骨 Lò sai kuh " Lò " Sai kuh.
" " Nasal " 鼻梁骨 Pi Liang kuh " Liang " Pi kuh.
" " Lachrymal " 淚管骨 Lai kuan kuh " Kuan " Lai kuh.
" " Vomer " 睰頭骨 Li t'ao kuh " T'ao " Li kuh.
" " Coccyx " 尾閰骨 Wei lü kuh " Wei " Lü kuh.
" " Scapula " 肩胛骨 Kien kiah kuh " Kien " Kiah kuh.
" " Radius " 轉肘骨 Chwen chiu kuh " Chiu " Chwen kuh.
" " Ulna " 正肘骨 Chiu chiu kuh " Chiu " Chiu kuh.
" " Femur " 大腿骨 Ta t'ui kuh " Ta " T'ui kuh.
" " Patella " 膝蓋骨 Sih kai kuh " Sih kuh.
" " Fibula " 輔脛骨 Fu t'ui kuh " Fu kuh.
" " Astragalus " 腳輪骨 Hua len kuh " Hua kuh.
" " External Cuneiform bone 外尖斧骨 Wai chen fu kuh elide Wai chen leaving it Fu kuh.

" " Sesamoid bones 芝蕨骨 Chi ma kuh elide Chi leaving it Ma kuh.

The shortening of the name of the Temporal bone by eliding men will not conflict with the names of the bones of the middle Ear, as they have their individual names. The ma in the mastoid portion of the Temporal bone, and the San koh in the Petrous portion, have no special significance and can be readily dispensed with. The Fu in the Sphenoid bone and the Lò in the Ethmoid can be elided for a like reason. Two characters of synonymous meaning should not be used in a single name.
Medical Terms.

The Liang in the Nasal bone, Kuan in the Lachrymal, T'ao in the Vomer, Wei in the Coccyx, and Kien in the Scapula, are entirely superfluous and should be rejected.

Chiu in the Radius is evidently incorrect as well as being unnecessary; and Chiu is not needed for the Ulna.

Ta is not needed for the Femur if the Tibia has its proper name 腓 Kin. Kain is not required in Patella as a part of the name, though it might be used in other connections, when Kuh would not be required.

T'ui in Fibula and Len in Astragalus are both unnecessary. The Wai chen can be elided from the External Cuneiform if the names of the Internal and Middle Cuneiform are changed as proposed below. Ma kuh is sufficient for Sesamoid bones without using Chi.

The above eliminations can be readily made without detriment to the names and would greatly facilitate the construction of other terms.

There still remain fifteen bones in which a change of name is essential to complete the plan proposed above. In some cases it is required for the sake of greater accuracy, in others to approach nearer a literal translation, and in all cases for the sake of brevity.

In some cases the change can be effected by adopting synonymous Chinese native names but shorter.

The names of the bones are as follow:

<table>
<thead>
<tr>
<th>Bone</th>
<th>Chinese Name</th>
<th>Change to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parietal</td>
<td>颩頂骨 Lu tin kuh</td>
<td>圓骨 Wei kuh.</td>
</tr>
<tr>
<td>Turbinated</td>
<td>水池骨 Sui p'ao kuh</td>
<td>卷骨 Kuen</td>
</tr>
<tr>
<td>Superior Maxillary</td>
<td>上牙床骨 Shang ya ch'ang kuh</td>
<td>頜骨 Kiu</td>
</tr>
<tr>
<td>Inferior</td>
<td>下牙床骨 Hia</td>
<td>頜骨 Hoh</td>
</tr>
<tr>
<td>Innominate</td>
<td>無名骨 Wu min kuh</td>
<td>骨骨 Kwa</td>
</tr>
<tr>
<td>Clavical</td>
<td>鎖柱骨 Sö chü kuh</td>
<td>匙骨 Shi</td>
</tr>
<tr>
<td>Humerus</td>
<td>臂骨 Pi kuh</td>
<td>腕骨 Nao</td>
</tr>
<tr>
<td>Semilunar</td>
<td>半月骨 Puan vieh kuh</td>
<td>弓骨 Kung</td>
</tr>
<tr>
<td>Trapezium</td>
<td>斜長方骨 Sie ch'ang fang kuh</td>
<td>異骨 I</td>
</tr>
<tr>
<td>Trapezoid</td>
<td>斜方骨 Sie fang kuh</td>
<td>劈骨 P'ih</td>
</tr>
<tr>
<td>Unciform</td>
<td>錘骨 Kew kuh</td>
<td>鳴骨 Keu</td>
</tr>
<tr>
<td>Tibia</td>
<td>小腿骨 Siao t'ui kuh</td>
<td>腓骨 Kin</td>
</tr>
<tr>
<td>Scaphoid bone, of foot</td>
<td>船骨 Ch'uen kuh</td>
<td>舟骨 Chiu</td>
</tr>
<tr>
<td>Internal Cuneiform bone</td>
<td>內尖斧骨 Noi chen fu kuh</td>
<td>鋸骨 K'i</td>
</tr>
<tr>
<td>Middle</td>
<td>中尖斧骨 Chung chen fu kuh</td>
<td>斤骨 Kin</td>
</tr>
</tbody>
</table>

The advantage of changing the name of the Parietal bone is that it is an equivalent translation from the English, is shorter, and does not conflict with the use of 頤 Lu for cranial, which is very important.
The first two reasons are also true of the Turbinated bones, which is sufficient to justify a change.

The two Maxillary bones have long, awkward and inconvenient names. But K'ang Hi's Chinese Dictionary, the standard for China, gives 腭 K'iu as the name of the bone between the Malar and 齲 Kiah regions, and as the Superior Maxillary is the only bone in that region it can be used as a synonymous name for this bone, and has the advantage of being native, short, and easily combines with other terms.

The same authority gives 髁 Hoh as the bone immediately below the ear, and as the Inferior Maxillary is the only bone in that region it becomes synonymous with the long name in common use, and can be used as a classic name, for the same reasons that apply to the Superior Maxillary.

The Innominate, or Nameless, bone has a clumsy Latin name and does not improve much by translation into English, or Chinese as now used. The Chinese use 眉 K'wa to indicate these pelvic bones, so that this term would be readily understood, and it is short and convenient.

Returning now to the Upper Extremity, we are unable to see why the English name of the Clavicle should not have been literally translated, being simple and easy for combination and far preferable to the one adopted. It means the "key bone," which in Chinese is 匙骨 Shi khu.

In regard to the bones of the arm and forearm there seem to be some confusion and uncertainty.

But according to the Chinese dictionary the character 臂 Pi, which has been used for the Humerus, refers primarily to the forearm, i.e., the region between the elbow and wrist, and 髁 Nao is the humeral region, i.e., the space between the shoulder and elbow.

It was unfortunate also in adopting 匝 Chiu to represent the bones of the forearm, as this character refers particularly to the elbow or olecranon process, the head of the ulna. But as it has gone into use it can be retained to represent the whole ulna bone as well as the olecranon process, and eliminate it from the Radians as indicated above; in that case 臂 Pi can be used to represent our "forearm."

It is very awkward and wholly unnecessary to use 腿 T'u'i for the thigh and leg bones also. T'u'i means thigh without any further qualification and is so used in this part of China. Besides, 腿 Kin is the proper term for Tibia instead of 小腿 Siao T'u'i, and the Fibula needs only to be literally translated, i.e., 輔骨 Fu khu, leaving out the T'u'i, which is entirely superfluous. This would leave 腿 T'u'i, thigh, to its proper use, without requiring 大 Ta to specify any particular T'u'i.
Medical Terms.

The remaining bones, 4 carpal and 3 tarsal, requiring a change of name, it makes but little difference what they are called provided they have a short, convenient name. Thus to make the plan of the simplest nomenclature complete for the bones, the semilunar *Pwan vieh kuh* can readily be changed to 弓骨 *Kung kuh*, and would be a more literal translation, as the original idea was not semilunar but crescentic, which *Kung* more nearly represents. The Trapezium 斜長方骨 *Sie ch'ang fung kuh* can be properly called 異骨 *I kuh*, from its great irregularity of shape, and 劫骨 *P'ih kuh* would be appropriate for the Trapezoid, in place of 斜方骨 *Sie fang kuh*, owing to its wedge shape. 鳥骨 *Keu kuh* would be more appropriate for Unciform than 鉤骨 *Keu kuh*, as this latter term is already in use for Sacrum.

Of the tarsal bones, it would be more accurate to use Navicular than Scaphoid, as we have a scaphoid in the carpus; and to avoid the liability to confusion in Chinese, 船骨 *Ch'wen kuh* should be changed to 舟骨 *Chiu kuh*, as more nearly representing the *navigular* idea.

The names of the cuneiform bones, given on account of their shape, can be easily simplified by calling the Internal cuneiform 斬骨 *K'i kuh*, adz bone; the Middle cuneiform 斧骨 *Kin kuh*, hatchet bone; and the External cuneiform elide the 外尖 *Wai chen*, as given above, leaving it 斧骨 *Fu kuh*, axe bone. There is one other bone, the sacrum, it may be well to notice. While 鉤骨 *Keu kuh* is appropriate enough, *Fang* is its native name, and there are good reasons why this should be the one adopted. It would be more readily understood, it is concise, euphonious, and easily combines with other terms, of which there are a large number, connected with this bone. This term and those of the other pelvic bones, as well as those of the other tissues and organs of the pelvis, are in constant use in teaching Obstetrics, Surgery, etc., making simple and easily intelligible terms here a great desideratum.

The changes necessary to reduce all the bones in the system uniformly to two characters each have thus been indicated and our own preference of change signified.

The advantages of these changes are: they are more simple and concise, thus making uniform the only correct basis upon which to form a medical nomenclature; they embrace more native names and approach more nearly a literal translation of the foreign term; they are more classical, correct, and euphonious; they materially shorten a large number of terms in constant use, so that of the 5,000 Anatomical and Physiological terms already collected the large majority contain only two, three, and four characters each. Again, these changes not only apply to teaching and preparing text-books, but will affect all subsequent medical literature.
While changes in the Osteological system will simplify to a large extent the terms in other systems, yet there are several which will not be affected, and the more important ones are referred to below:

The Pharynx is a region constantly referred to in Medicine, but unfortunately has a bungling name and combines badly with other terms. It takes its name 食道 Shih kwan t'ao from the oesophagus 食道 Shih kwan, calling it the head of the oesophagus. But 舌 Yen is the native and proper term for oesophagus. However, the pharynx is not strictly the head of the oesophagus. The stomach might with the same propriety be called the head of the small intestine, or the larynx, the head of the trachea.

The Chinese probably have never recognised the pharynx only in so far as 喉 Heu or 喉 Lang represent it, but as Lang is synonymous with Heu it can be discarded from the name. The Chinese dictionary says Heu is at the root of the tongue and controls it, it is also said to Heu the 氣 Ki breath, i.e., controls it in the same way that Yen is said to Yen liquid, i.e., swallow it, thus enabling us to fix definitely the name of the oesophagus. From this fixing of the location of Heu at the base of the tongue, and remembering their ignorance of the anatomy of those parts, it seems more than probable that the pharynx is the region designated, and Dr. Hobson was undoubtedly correct in choosing Heu to represent the pharynx. It is short and convenient for combination, and we prefer it to Shih kwa T'ao or Yen T'ao.

The use of 喉門 Heu men, pharynx door, or fauces, is also consistent with the use of Heu for pharynx.

肛 Kang, for large intestine or colon, is a handy and convenient term and far better than the one in use.

It is used by the Chinese for colon, and would agree with their use of 肛門 Kang men, colon door for anus, but incorrectly translated rectum. This would leave 肠 Ch'ang for small intestine, and in some cases it could be used for intestine in general and greatly simplify the nomenclature of those parts.

Another very important character is 管 Kwan, where 管 Kwan is now in general use. Intelligent natives condemn the use of 管 Kwan except for bone canals. Its meaning is properly a dry tube with hard walls, as indicated by having the bamboo radical, and hence its use for a classifier of tubular things such as pipes, tubes, guns, quills; and tubular instruments, such as pipes, flutes, flageolets, etc., while 管 Kwan with the flesh radical has a proper medical use, and signifies hollow parts with soft or fleshy walls, and is appropriately applied to vessels, ducts, etc.

These two characters are important for medical use, and if rightly employed are both significant and valuable.
In the New Vocabulary 管 Kwan is used only for the different canals of bones, while 胸 Kwan is employed for all vessels, ducts, tubes, etc., in the fleshy parts and in the bone canals, i.e., all vessels, ducts, etc., lined with mucous membrane, or epithelium. Thus all arteries, veins, and lymphatics; the alimentary, biliary, catamenial, lachrymal, respiratory, seminal, and urinary tracts; and other ducts, canals, tubes, etc. This distinction is very helpful in teaching, and aids the student’s memory.

The four characters 頰, 頰, 頰, 頜, Sai, Kiah, Hai, and I, seem to be used with some confusion of meaning.

According to the Chinese dictionary, Sai is evidently appropriate to designate the region immediately front of the ear and covering the parotid space, so that the internal maxillary artery and parotid gland might take their name from it. Kiah we understand to include the space between the parotid space and corner of the mouth, or the region covered by the buccinator and masseter muscles.

Hai evidently refers to the submaxillary region, i.e., the under surface of the jaw from the chin back to the angle of the jaw, so that 胸核 Hai Huh, for submaxillary gland, is sufficient without the 下 Hia, under, as the idea of under resides in Hai.

I seems to mean the chin proper, and not synonymous with Hai, neither does Hai mean chin with us, nor can it be made to mean chin from the Chinese dictionary.

The Chinese are not always clear in the use of their own medical terms; they have many synonymous terms, and many we probably shall never know the exact meaning of, as their best medical literature is ancient, the practice of medicine as well as medical education has greatly degenerated, and few, if any, at present can explain the exact use of many of the terms we find in their dictionary.

頜 Kin and 頜 Hiang are in danger of becoming confused in their use, much as our collum and cervix; collum originally means the neck proper, but has come to be used almost exclusively for nape; while cervix, originally the nape, is now used for all parts of the neck but the nape. So 頜 Hiang, nape, while confined to its proper use by some, by others has been used for all parts of the neck, and 頜 Kin, neck, has been ignored altogether. As we find no authority for such usage, ought we not to always employ them in their natural and proper signification?

There is also a tendency to use promiscuously such characters as 網 Wang, 篮 Lô, 核 Huh, 結 Kieh. It would be much better to give them a definite use as medical terms.

Thus Wang seems most appropriate to use for vascular plexus, while Lô would be more appropriate for nerve plexus or any other than vascular plexus.
Kieh has been chosen for ganglion and Huh for gland, and as they are appropriate it seems a pity to mix them up.

筋 Kin has been objected to as inappropriate for nerve, but when 脳 Nao is connected with it, it is as intelligible as any term, and perhaps more so, since the Chinese already employ it though having but little idea what it means.

In any case Nao would also have to be used, so that nothing would be gained by using 線 Sien or 絲 Sz, either for brevity or clearness. Besides, we need both 筋 Kin, 線 Sien, and 絲 Sz, in order to make a proper sub-division of the nerves, as: nerve, nerve-fibre, and nerve-fibril.

We should much prefer 輪 Len, disk, for cell, to 珠 Chū, as being the most appropriate of any character we know of in Chinese.

The 自 Tsz in 自 and Tsz Fū, sympathetic, is wholly superfluous and makes very unwieldy terms in combination.

No really good term has yet been found for pancreas. A literal translation from either English or Latin would be both inaccurate and ridiculous, for it is neither "sweetbread" nor "all-flesh," but a gland; 腺 I has been suggested as a good name for it, but I is used for the caul, in animals, and would be very appropriate and more intelligible for omentum than the one now in use—脂囊 Chi Nang. We have never seen a native doctor or butcher who could tell the pancreas when they saw it. Butchers claim to know it, but if asked to bring one they bring the caul, or the caul and pancreas together, not knowing the difference. So that, with us at least, when they use 腺 I or 膏 Liao, which is synonymous, they do not mean pancreas but caul.

In the absence of a better term we have changed 肉 Yuh to 核 Huh, as it is a gland, and retained 膳 T’ien, sweet, as not altogether inappropriate, inasmuch as one of the functions of the pancreatic secretion is to convert starch into glucose or grape-sugar; and the two characters combined will enable the student to remember both the nature and function of this viscera from its name.

There are other characters and changes which we should be glad to see adopted, and if it shall be thought best to make a thorough revision of our medical vocabularies, and they are not suggested by others, we may make other suggestions hereafter.

We believe the basis of forming a nomenclature adopted by Dr. Osgood to be the correct one, and the changes we have made and the suggestions now offered are only to help perfect the nomenclature in harmony with that system. We are confident he would have made many of these changes if he had lived to revise the vocabulary. We need a simple, accurate, concise, and as far as
possible euphonious, nomenclature which will be satisfactory to the Chinese, convenient, and capable of development, as text-books and medical literature multiply, without becoming unwieldy or burdensome in its use.

The object of language is to convey ideas, not to obstruct them. So that not only is it important that Anatomical and Physiological terms should be the simplest possible, but it should also be borne in mind that we have a superstructure to rear, and the terms required in Practice, Surgery, Materia Medica, etc., should be formed with the greatest care and forethought. Work of this kind in China has really but just begun, and what we fasten upon them now is going to aid or hinder the spread of Western science amongst them according as we are wise or otherwise in our initiatory work.

It might be added here, that in order to carry out our plan for a new vocabulary, it was found necessary to add a number of new terms.

Our principal aid was the Dictionary, Medical students more or less familiar with Chinese and Western Medicine, and native teachers to help determine the meaning, combination, and use of characters. We make no claim to be above criticism, but have done the best we could under the circumstances, and others must feel free to point out any errors, or make suggestions of improvement of terms; and such work should be thoroughly done before any measures are adopted to prepare a Standard Medical Dictionary.

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NOTES ON A CASE OF NEURALGIA.*

By CAWAS LALCACA, M.D., L.M., L.R.C.P.

Chinaman, Anew, aged 33. Married. Is a house-boy by occupation. He suffers from fever and severe headache for about a month.

Previous History — Says that he had hemiplegia on the right side some five years ago. It came on in two or three days and was cured by Chinese medicine in about three months. A month previous to the present illness, he suffered for about a month from pain, without swelling and weakness, of both the knees. Has had malarial fever now and then. There is no history of any constitutional disease, though admits of having over-indulged in sexual habits. The family history does not reveal anything of importance.

* Read before the Medical Missionary Association of China, 18th February 1890.
History.—The present illness commenced, about a month ago, with chills and fever and somewhat constant headache, which steadily got worse, in spite of his taking Chinese medicines.

When first seen, on the morning of 17th October 1889, his temperature was 102. Quick and feeble pulse. Bowels confined, having had only one motion in the last week. Urine scanty and high-coloured. Dry furred tongue, sallow complexion, emaciated, and tossing about restlessly on his bed on account of the severe pain in the head. The pain is located in the left supra-orbital and temporal region. It is constantly there, sometimes worse. Diffused pressure causes a little relief temporarily, although it is somewhat tender at two spots, one located just above the supra-orbital notch, and the other in the upper part of the temporal region.

He has had very little food all through his illness. Now and then vomits bilious watery stuff, has had but little sleep for the last six nights.

All the other systems of the body are normal. Hypodermic injection of a quarter grain of morphia was given, also an enema of warm water, and a dose of Epsom salts ordered.

_Vesp._—Bowels moved twice, feels easier, has slept a little, the pain is less, temp. 100. A dose of bromide of potassium with chloral ordered at bedtime.

18th.—Slept a little at night. Pain in the head still bad. T. 101. The stomach is somewhat irritable. A mixture containing iodide and bromide of potassium with tinct. gelsemii ordered, with a dose of quinine in the morning.

_Vesp._—The mixture makes him feel worse. T. 102. A large dose of bromide of potassium ordered at bedtime.

19th.—Slept a little at night. Headache is still bad. T. 100. Castor-oil given and antipyrin given in 20 gr. doses thrice a day.

_Vesp._—T. normal. Pulse 90. Stronger. Headache much better. Slept after the first dose of antipyrin. 20 gr. antipyrin to be taken at bedtime.

20th.—Feels better, slept well, headache very little, takes milk and soup, with a little brandy, no fever. Antipyrin continued in 15 gr. doses thrice a day.

21st-24th.—Has had no fever. Bowels somewhat costive. Sleeps fairly well. Headache is much better. Antipyrin reduced to 7 gr. thrice a day.

24th, 27th.—Doing well. Antipyrin 5 gr. twice, as the headache comes on slightly now and then.

27th October.—Goes about and feels well. Ordered Fellows’ Syrup and cod-liver oil, which he has hardly ever taken from some excuse or another.

From this time he went back to his work and did not consult me till about the middle of November. Said that for the last few days, the headache was now and then coming on again although not so badly as before. Antipyrin ordered, 10 gr. thrice a day.
This time the antipyrin does not agree with him. Larger doses of 20 to 30 gr. tried four times a day. The relief to the headache was very temporary, not lasting for more than an hour at a time and then only at the expense of causing severe griping in the stomach and cramps in both the extremities. These annoying symptoms, as a rule, came on as soon as he took a dose of antipyrin, whether large or small. 7 gr. of antipyrin was injected subcutaneously, without his knowing it was the same medicine, which caused the painful symptoms almost the same minute. He had to be relieved by subcutaneous injection of morphia with atropine, which only relieved the pain for a few hours. A small blister was applied at the painful part in the temporal region, but did not do him any good. Large doses of bromide of potassium, with and without chloral, quinine about 7 gr. four times a day. Croton chloral hydrate in 10 gr. doses four times, external application of aconitin were all tried one after the other. Internally, quinine relieved him for a little time. The rubbing-in externally of linim. aconit. was also of no avail.

Two hypodermic injections of chloroform (three drops) were given at both the painful spots, which caused a great amount of swelling and inflammation of the subcutaneous tissue, with the corresponding amount of pain, without relieving the headache.

The stomach being in an irritable condition, neither the cod-liver oil nor any ferruginous tonics were given. However, by the Xmas week he was a little better. He was encouraged to go out in the open air, and take as much milk and beef-tea as he can. Though never entirely free from the headache he was getting on fairly well and did not look much pulled-down.

He was taken bad again in the middle of January, this time the pain being on both the temples and the frontal region. Previous to this the pain was either on the left or the right side.

Complains of pain at the inner side of both the eye-balls, and says that he does not see very well. There is no increased tension of the eye-ball, and ophthalmoscope does not discover any choked or cup-shaped disc.

The stomach is very irritable and vomits up everything. Has eaten very little these last four days.

Antipyrin was again ordered. This time he could bear it without getting any painful symptoms, but the relief was very transient. Small injections of morphia with atropine were absolutely necessary to relieve the pain. The vomiting was still severe, so 40 gr. doses of bromide of potassium were ordered with spt. ammonia and chloroform-water, and mustard plaster on the epigastrium. This stopped the vomiting.
For these last three weeks morphia has been stopped, the bromide of potassium was also discontinued and a pill of—

- Ext. Cannabis Indica $\frac{1}{3}$ gr.
- Quinine $\frac{1}{2}$ gr.
- Ext. Gentian q. s. ordered twice a day.

These seem to have done him some good, and he has been going about his work, though not quite well. Last night I was called again to see him, the headache being worse. A small morphia injection was given. The same this morning, as the ext. cannabis indica does not relieve him, according to what he says. Urine was examined, sp. gr. 1,010, no albumen or sugar.
The China Medical Missionary Journal.

Vol. IV. MARCH 1890. No. 1.

The New Year—may it be a prosperous and happy one to us all—witnesses the first number of the fourth volume of our Journal. While, on the one hand, we congratulate ourselves, on the other, we have much cause for regret, for this infant volume, born of the New Year 1890, has lost the wise, guiding hand of the late Managing Editor, Dr. Boone, to whose able management its predecessor was indebted for the year now past. With health not too strong, and with many duties to perform, Dr. Boone has deemed it necessary to resign, and thus under existing circumstances the management has devolved upon us. We have, with diffidence, accepted the trust, and in so doing earnestly represent how much we need and ask for assistance in the furthering of that which we have much at heart, the welfare of our Journal, the only exponent, as it is, of our Medical Missionary work in this vast kingdom of the East, and, with doubtless many of us, our only chance of exchanging views. And thus, in the New Year, many contributors be added to our list, and so build up a Journal worthy of being the representative of our ever-increasing work, and also of pride to those who have the honor of being associated with it.

OFFICIAL NOTICE.

We beg to call attention to the fact that the continuance of the publication of the Journal is dependent upon the decision arrived at in May, when the whole subject of the Journal and its future will be submitted to the Conference.

Referring to the Official Notice published in the December No. of last year, it has since been ascertained that the By-law on Association Dues has never been rescinded, so that the annual subscription to the Journal, viz., $2.00 a year, is in addition to annual dues.

As the continuance of the Journal is dependent upon its being rendered possible, we would, if such continuance be deemed desirable, recall and emphasize the plain business statement of fact made in the Official Notice alluded to.
NOTICES OF BOOKS.

China Imperial Maritime Customs Medical Reports

For the Half-Year ended 30th September 1887.

The Customs Medical Reports are always welcome. The present number is rather late in making its appearance, but contains much of an interesting nature. At Foochow "five cases of scarlet-fever, with one death, were treated at the American Methodists' girls' school." "In the course of the summer, several cases of beri-beri among Cantonese residents came under observation."—Dr. T. Rennie. Tamsui and Kelung.—Dr. Alexander Rennie reports:—"In Kelung the mortality has been excessive. In the spring of this year the construction of a railway was commenced. The line runs through a hill, and it is in the excavations for this tunnel and cuttings on the hill-side that men have been chiefly engaged; about 2,400 soldiers were drafted for this work. For the three months ended with August, the mortality from all causes was set down as 493. For the six months ended 30th September, a mortality of 800 is certainly not over the mark. The actual mortality however by no means represents the loss,—many who recovered are so weak as to be useless for further operations. The prevailing disease was malarial fever, and the duration of the attacks varied from 3 to 20 days. A few cases of inoculation also occurred. It is striking to note the severity with which soldiers suffer from climatic conditions in this island. They are mostly drawn from the northern provinces of the empire. Although in point of physique they are far superior to the natives of the island, they are by no means so well fitted to withstand the sickness attendant on the work they are engaged in. The worst cases of malarial fever and malarial cachexia, I have seen, have been in northern men employed in railway work, or from the Kelung coal-mines. It is not the degree of fever that is noteworthy so much as the rapid exhaustion, and, in cases that recover, the marked anaemia and prolonged debility following in its train." Dr. Alexander Jamieson, Shanghai, says:—"To deny absolutely the existence of a dangerous and even fatal form of remittent fever in Shanghai would no doubt be rash and unjustifiable, in face of the number of deaths, diminishing, however, year by year, certified as attributable to it. But this I can positively say, from my own experience, that whenever a fever lasting more than a week; presenting exacerbations and remissions which may or may not correspond respectively to evening and morning hours; with slight and irregularly recurring rigors and sweats, languor, anorexia, nausea, sleeplessness, headache or lumbar
pain, restlessness; wherein the temperature varies in an irregular manner through the 24 hours between 101° F. or a little lower, and 103°-5 F. or a little higher, where the cardiac action, at first unchanged, loses in force and increases in frequency as days pass by; where there is a furred tongue, thirst, yellow diarrhoea or obstinate constipation, where quinine has little effect or none,—whenever such a fever has under my hands proceeded through stages of increasing gravity to a fatal termination, and that I have been able to secure an autopsy, I have invariably found, in greater or less development, the intestinal lesions of enteric fever." "The great majority of fevers which are classed as remittents are really enteric."

Dr. Jamieson appends to his report a paper on simple continued fever:—

"By this term I mean to indicate an affection characterized by high bodily temperature and other manifestations of the febrile state, not contagious, having no specific eruption, unaccompanied by structural complications, and usually of brief duration."

"This form of fever declares itself, in the vast majority of instances, in hot weather, and assails, by preference, new arrivals. Its commonest antecedents are imprudent exposure to the sun, exercise in super-heated air, sudden chill with arrest of perspiration, or over-indulgence in stimulating food and alcoholic liquids. Mental fatigue and emotional shock should also be cited as causes; at all events they certainly exasperate the action of the other causes enumerated." "In a case of average violence the face is flushed or very pale, the conjunctivæ injected; there is intolerance of light, intense throbbing headache, often accompanied by severe lumbar pain and cramping pains in the extremities, sleeplessness; dry pungent skin, with an axillary temperature from 103° to 105° F.; rapid bounding pulse, palpitation on exertion; white or brown loaded tongue, usually with red edges, complete loss of appetite, urgent thirst, nausea; diminished urinary secretion. The bowels may be either costive or relaxed, dyspnoea may or may not be present, vomiting is not constant, but when it occurs, the vomited matters consist at first of undigested food, then of tenacious mucus, and finally contain much bile as the attack is beginning to pass off.

"As a general rule, confinement to a dark room, complete mental and physical rest, ice to the head, saline laxatives and diaphoretics, with iced lemonade in small quantities at a time, suffice to bring the attack to an end within 48 hours; sweating, diuresis and fetid stools marking its termination. When it proves more obstinate, general treatment with the cautious exhibition of quinine, salicylate of sodium or antipyrine may be required for a longer or shorter period. In the early stage quinine only adds to the distress. Occasionally nervous exhaustion from persistent sleeplessness appears to maintain the fever, which vanishes immediately after sound sleep has been procured by a dose or two of
chloral with digitalis. I have seen but one fatal case, and I must admit that my diagnosis in that instance was not accepted by the patient's ordinary medical attendant." The above observations by Dr. Jamieson, are interesting as reporting a class of cases which the older medical men in China have long had under observation. They are distinct, on the one hand, from enteric fever, and, on the other, from malarial fevers; one thing is always noted, that, at first, quinine aggravates the symptoms, although, later on it may find use as a tonic.

At present we know that the neurotic theory of fever prevails. Disturbance of heat regulation is the first step in the morbid process. The cause of the disturbance may be an impression, direct or reflex, upon nerve-centres, or it may be a morbid agent produced within the body or introduced from without. Poisonous substances, alkaloids, whether putrefactive or the result of normal or abnormal metabolism, and non-alkaloidal fermenters normally present in the economy or arising from perversion of normal processes, are the principle intrinsic pyrogenic agents. Of extrinsic agents, micro-organisms are still considered the most important. Welch recognizes fever as a complex process, though he would prefer to limit the term to elevation of temperature. There is both increased heat production and increased heat loss. The temperature at any time, depending on the ratio between these processes, fails to indicate the actual energy of either. In the early stages, production predominates; in defervescence, loss prevails, and in crisis may be threefold the normal amount. Augmented oxidation is an essential part of the febrile process, indicating increased heat production, and is not merely the result of elevated temperature. Recognizing in muscles and glands the principle sources of body heat, all thermogenic phenomena may be found, as pointed out by MacAlister, to depend upon the action of katabolic (thermo-excitatory) and enabolic (thermo-inhibitory) nerves. The symptoms of fever point to disturbances of both sets. With certain restrictions, Welch asserts that febrile temperatures do not in themselves exert the injurious influences usually attributed to them. Independently of other causes, heat exposure may give rise to a special form of thermic fever. Purely nervous fever or neurotic pyrexia may exist in organic disease and in hysteria, or as a reflex neurosis, as in some cases of catheter fever. The doctrine of evolution indicates a protective tendency in a process which characterizes the reaction of all warm-blooded animals, against the invasion of an enemy, and we are justified in believing that fever-producing agents light the fire which consumes them. It is not inconsistent with this view, that the fire may require the controlling hand of the physician, to prevent injury to the patient.

Dr. Begg, of Hankow, contributes a paper on "Psilosis, or Sprue, or Diarrhoea." In this paper Dr. Begg says:—"In dealing with cases of simple intractable diarrhoea, I at first found that all the drugs I had been in the habit of
using failed to cure the condition, and felt bound to confess that the results of treatment were most unsatisfactory. It then struck me that the symptom which I had been in the habit of relying on in the treatment of spurious dysentery was constantly present in these cases, namely, a clean tongue. From that time I was in a position to attack my cases with a definite plan of treatment, expecting that I had to deal with but another form of mischief, produced and sustained by the presence of the ascaris lumbricoides in the digestive tract, and I therefore directed my attention to attempting, by the exhibition of santonin, its removal. In not a single case have I ever seen an ascaris in the evacuations as a result of the treatment adopted, but all the distressing symptoms of the disease have yielded to its influence, and I feel confident I have been able to cure a disease I had begun to regard formerly as incurable.” After reviewing the history and the symptoms of Sprue, as given by Dr. Thix, in his pamphlet, Dr. Beeo says:— “In short, it seems to me that there is no evidence to support the statement that in cases of sprue we have to deal with a serious disease of the mucuous membrane of the intestine, which is quite distinct from the chronic diarrhea of tropical countries. In conclusion, I would shortly state my position as follows:—I do not believe that the disease sprue exists. It is defined as a disease of, and originating in, the mucuous membrane of the intestinal tract, and the symptoms seen are charged to its account. I believe we are dealing with an alteration in the products of digestion induced by the agency of an organism; that by its action the contents of the bowel are rendered unfit for absorption, and all clinical phenomena are but the result. The organism, no doubt, produces irritation of the mucuous membrane, by its presence and by the changed character of the motions. The state of the mouth and general condition of the patient are simply the to-be-expected result of such interference with so important a function, and, in detail, are but what is seen every day in patients suffering from other diseases including or causing similar functional derangements. The drug Santonin I believe to be inimical to the life of the organism, and as the result of its destruction, nature reasserts her sway.” “The dose of santonin is the usual one of five grains for an adult, and is given in a teaspoonful of olive-oil, well mixed, and taken the first thing in the morning, or in some cases, where it is found that the patient suffers considerably from the effects of the drug, I prefer to give it at bedtime. I give one dose a day, and continue the treatment for six days.”

H. W. B.
We are glad to have another issue of these Reports, though it has been somewhat tardy in making its appearance.

One of the first things which a young medical man does, on going to a foreign country such as China, is to try to get hold of some literature bearing on the special diseases of the country. Usually he comes out armed with one or more books on Indian diseases, and while these are doubtless useful, yet for practical purposes the Customs Reports would be more helpful and instructive. A careful perusal of them will give him a ready-made experience, to use a phrase of Dr. Jamieson, which he would find valuable in the commencement of his career. A Digest of these Medical Reports was published some years ago by Surgeon-General Gordon, which I suppose will be easier to obtain than a complete set of the Reports.

In the present issue the most interesting paper is one by Dr. Jamieson, on simple continued fever as observed in Shanghai. He defines simple continued fever as "an affection characterised by high bodily temperature and other manifestations of the febrile state, non-contagious, having no specific eruption, unaccompanied by structural complications, and usually of brief duration," and states that it arises from "causes so various, as sudden suppression of perspiration, exposure to the sun, excessive fatigue, mental exhaustion or shock, the introduction of noxious matters, or of matters whose products of disintegration are noxious, into the alimentary canal, or the inhalation of foul gases." He suggests that the condition common to all of these causes is found in the contamination of the blood by poisonous substances absorbed from the pulmonary or intestinal surface; in the latter, and commoner case, the substances are Leucomaines and Ptomaines. His medicinal treatment consists of laxatives and diaphoretics, and in more obstinate cases general treatment with the cautious exhibition of quinine, salicylate of sodium, or antipyrin, for a longer or shorter time. The purgative which he gives most frequently is 15 grains of calomel followed by a seidlitz powder. One would like to know what advantage there is in giving such a large dose of calomel. In the case of most ordinary individuals one or two grains of this drug followed by a saline laxative produces results of a sufficiently decided nature. Quinine is said only to add to the distress when given in the early stage. In the south of China a form of simple continued fever is met with, both among foreigners and Chinese, in which quinine has no
effect, but in the ordinary run of such cases, after a few doses of a saline febrifuge mixture, and the bowels attended to, quinine is generally very satisfactory. We hope Dr. Jamieson will continue these interesting "clinical studies" in subsequent numbers.

There is also a most remarkable paper on Sprue, by Dr. Begg, of Hankow. This observer does not believe that the disease Sprue exists. He thinks that the diarrhoea commonly designated Sprue, is due to an alteration in the products of digestion, induced by the agency of an organism which by its action renders the contents of the bowel unfit for digestion. Hence, if another name is necessary, he would call it "parasitic or microbic diarrhoea." He asserts that six doses of santonine, each 5 grs. in a teaspoonful of olive-oil, is an "infallible remedy" for the disease. He gives one dose a day, the first thing in the morning, and continues the treatment for six days. We venture to suggest that possibly Dr. Begg's experience of Sprue has not been very extensive. Anyhow it remains to be seen if his plan of treatment will be found to be an "infallible remedy" by other medical men. We know of one case of Sprue where santonine was given in the initial stage of the disease, yet it has gone on from bad to worse. The santonine, however, was not given in olive-oil.

A. L.

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AMERICAN ARMAMENTARIUM CHIRURGICUM,
4to, pp. 846; New York: George Tiemann & Co.

This catalogue forms such an exception to the ordinary ones that it is worthy of special notice. This large volume contains 4,414 illustrations of surgical instruments and appliances. The publishers—leading instrument-makers of the country—have furnished us with a valuable store of information as to the endless variety of instruments used by the surgeon. There are many things that we look for in vain in books, but of which it is useful to have some information. It differs from the ordinary catalogues in having descriptions of the anatomy of various parts, and it contains accounts of the proper modes of using all the instruments. These accounts are copied from standard authorities, and due credit is given for all quotations. The surgeon need not be at a loss for the name or uses of any surgical appliance which he may require; with these beautiful illustrations and the accompanying descriptions he has every information which he could wish for. It will prove indispensable as a reference-book for finding new instruments, surgical apparatus and appliances.
HUMAN URINE IN PHTHISIS PULMONALIS.

A few weeks ago I was called to attend a Chinese gentleman for haemoptysis. He informed me that he had heard that human urine was good for consumption, and that for two months he had been taking a wine-glassful of his own urine twice daily. He thought that he had put on a good deal of flesh and that his general health was better since he began the treatment. This gentleman had been educated in the U.S. of A.

A. L.

SWATOW MEDICAL MISSION.

By A. Lyall, M.B., C.M.

In organising a medical mission there are several objects to be kept in view. We must first take into consideration the general circumstances of the town in which the medical mission is to be located, and then, to the best of our ability, adopt such methods as will enable us to utilise the resources at our command for the treatment of our patients, and, at the same time, admit of efficient missionary operations being carried on. Neither of these objects should be neglected, and a plan should be chosen which admits of both being reasonably well conducted. It is generally admitted that a hospital of some kind is essential to the success of a medical mission. The question naturally arises how a hospital can best be carried on to suit our special purpose. Some medical missionaries, perhaps, will prefer to have a small hospital, well equipped and manned, in which they can treat a few selected cases of more or less scientific interest. On the other hand, they might have a hospital with much larger accommodation—but, necessarily, less efficiently equipped—so that less care need be exercised in admitting cases, and thus the special influences of a mission hospital be brought to bear upon a larger number of patients. There may be a difference of opinion, but it seems to me, in the present condition of things in China, that it would be preferable, when possible, to choose the latter plan, on account of its affording a better field for evangelistic and Christian work, and, at the same time, admitting of fairly efficient medical work being performed. I have no wish to advocate a low standard of efficiency in mission hospitals. All I maintain is, that we are in China for a special purpose. We
are here, not first as medical men, but as missionaries, and we should adapt our methods accordingly. It would no doubt be more pleasant to us to have a hospital under our charge equipped and manned as efficiently as a home hospital, but we must ever remember that while it is the duty of Christian churches in the home lands to send the Gospel to less favoured nations, it is not specially their duty to maintain in heathen lands expensive charitable and benevolent institutions. Hence, we should be satisfied to aim at giving our patients better accommodation than they could have in their own homes, until the Chinese themselves are willing to support such hospitals, when we may then approach nearer to the home standard.

The question of the relative importance of medical and evangelical work in a mission hospital, I do not care to discuss. But, to my mind, the duty of a medical missionary is perfectly clear. He must be guided by his conscience in conducting the medical treatment of his patients as well as in his efforts for their spiritual good. While he must ever remember that he is a missionary as well as a doctor, yet he has no business to undertake the treatment of any man unless he is prepared to do his best for him, so far as circumstances and the resources at his command will admit. A physician may be an evangelist, pure and simple, if he chooses, using his medical knowledge to help him in his evangelistic work. But, if he lays himself out as a medical missionary, he is not justified in neglecting his medical work. Moreover, it is only by efficient and skilful treatment of disease that any permanent impression is exerted in the district in which the medical mission is placed. Many missionaries are inclined to under-estimate the influence of the native system of medicine. Doubtless this system is rude and primitive and still in the fogs of superstitation, yet it is native, and, consequently, has a great hold on such a conservative people as the Chinese. A medical missionary must, therefore, train himself to be a skilful physician and surgeon, if he desires to win the confidence of the people among whom he dwells, and to influence them for good.

Again, I do not think that any hard and fast rule can be made as to the share in the evangelistic work which a medical missionary must himself undertake. His duty in this line will vary very much according to the special circumstances in which he is placed. In some circumstances he may require to limit the number of his patients, and devote a good deal of time and strength to Christian work among them. In other circumstances it may be best to give the greater part of his time to purely medical work, though ever seeking to exercise a Christian influence in every way possible in the institution under his charge. Especially will this be the case when the hospital is connected with an old established or a large mission centre where Christian natives can be obtained as helpers, and where ministerial colleagues, recognising the valuable opportunities
afforded by the hospital as an evangelistic agency, are willing to take a greater or less share in that branch of the work.

My intention in this paper, however, is not to discuss the general question of medical missions, but, in response to a request some months ago from our former President, Dr. Kerr, to give a short description of the medical work in Swatow.

Swatow is a small town, the sea-port and commercial centre for a very populous region. It is essentially a commercial town, which has sprung up since the port was opened for foreign trade. There are but few Chinese families living in it, a large proportion of the native population being merchants, boatmen, and ship-coolies whose families live in the country villages. Besides being the sea-port, Swatow is really the best centre that could have been chosen for missionary work among the Tie-chiu speaking people. From it to almost every part of the Department there is easy water-communication by means of sea or river. The country occupied by the Swatow-speaking people is perhaps 200 miles long by 80 miles broad, the population being variously estimated from four to six millions. Patients come to us not only from the whole of this region, but also from the neighbouring parts of the Prefectures of Hwei-chou, Ka-eng chou, and from the southern border of the Hokien province. The very nature of the centre has, to a large extent, helped to make the hospital the success it has been. The English Presbyterian Mission at its beginning was fortunate in having a medical missionary in the person of my predecessor, Dr. Gauld, who had the ability not only to observe the special advantages of the place as a centre, but also to organise his work in a way to avail himself of them. At first, owing to the hostility and turbulence of the people, he began work in a small way. When his patients increased in number, he built a large hospital. Just before leaving he had the pleasure of erecting his third hospital, which was on a much larger scale than either of the others, and it has been the duty of his successor to cope with a yearly increasing number of patients coming from all parts of the region.

Our out-patient department is comparatively small. The bulk of our patients come from a distance, and this being so, if we are to treat them at all, it is necessary to provide accommodation for them. There are really few, if any, suitable places where they could live in Swatow. The inns for emigrants are expensive, and probably not very well conducted. Therefore the number of our in-patients is very large. Many of these, no doubt, could be successfully treated as out-patients, if they could find suitable lodgings in Swatow. But as they cannot, we must give them a place to live while under treatment. The requirements of this place as a centre really necessitates a combination of a hospital and a hostelry. I scarcely need to point out that a splendid field for missionary
work is thus provided. In 1888 the average number of in-patients was 160 (some years it has been considerably larger) and the average length of stay for each patient is about three weeks. In the course of a year we have patients coming from 1,600 to 1,800 different towns and villages. Hence, we have under Christian influence and instruction a daily average of at least 160 people drawn from all parts of the country round about. So far as results are concerned, our experience is much the same as that of other medical missionaries. We have rarely seen any out-patients permanently influenced for good, while from the in-patients there is seldom a year in which there are not more than a hundred applicants for baptism.

Medical.—We have two hospitals, one with accommodation for about 120, the other can hold from 40 to 50 Chinese. To carry on such a large work necessarily requires a pretty large staff of native assistants. Without them the foreign missionary himself, no matter how strong or energetic he may be, could never over-take all the routine work. Generally the native staff consists of from eight to ten persons, one being a woman, the matron. Of the assistants, four are paid, two of whom have been engaged in the hospital for many years. The rest are pupils, bound to stay, at least, three years, getting no wages, and supplying their own food. All of them are professing Christians. It would only be absolute necessity that would induce me to have a heathen as a paid assistant, pupil, or, indeed, in any official position connected with the hospital. The influence of the native assistants on the patients is great. They can do a great deal of good or a great deal of harm. With regard to pupils, though we have a good many, we have not laid ourselves out to get them. We only take in and train a few for our own convenience. I have nothing to say against a medical missionary undertaking the teaching of a class of native students in addition to his other work. But it takes up much valuable time, and as there are so many claims on our time, one has to choose the kinds of work he considers most useful. At present, I believe I can spend my time and strength in doing other work calculated to be of greater assistance in spreading Christianity than by training native doctors. We have made no attempt to use natives as paid medical missionaries, i.e., sending them out as our agents to do medical mission work by themselves. If any of the brethren have done so, we would be glad to learn how it has worked.

Routine Medical Work.—Four days of the week are devoted to the in-patients, and two days—Tuesdays and Fridays—chiefly to out-patients. Of the hospital days, Mondays and Thursdays we give out medicines sufficient to last three or four days, and examine newly-admitted patients. On Wednesdays and Saturdays we operate and examine new arrivals. The programme of a day's work may be stated thus: After worship the native assistants are arranged in three
groups; one group attends to the eye cases, of which there are always a great
number, the second dresses operation cases, ulcers, and the third dispenses
medicines. Then, on hospital days we see new patients, or old ones whose
prescription requires changing, or operate according to the day. On Tuesdays
and Fridays after worship we attend to the out-patients first. When these are
finished the hospital work begins. In the afternoons about four, the eye cases, or
at least such as require it, are again attended to. Such is the general routine work,
but of course every day there are extra or special things to be done in addition.

The patients are not asked to pay anything for the medicines. They
require to provide their own food. Opium-smokers are charged $1 on admission.
Two or three years ago they were coming in large numbers, one year there were
664, and being very unsatisfactory patients, Dr. Cousland was obliged to charge
an admission fee.

Evangelistic.—Morning and evening services are conducted with the patients
by the missionaries, senior native assistants, and others. On Sunday afternoons
we have a special service for the examination of applicants for baptism, conducted
by a missionary or by an elder of the church. This service has proved signally
useful. The examination is made largely instructive. Besides applicants for
baptism, generally there are other patients present who listen attentively to what
is going on. This, together with the daily services in which the native assistants
take the gospels in regular course, gives the patients an opportunity of obtaining
a fairly good knowledge of Christian truth. The hospital just adjoins the mission
compound, where the missionaries live and have their various educational institu-
tions. The medical mission therefore has always been recognised as one of the
branches of mission work. All of my colleagues arrange when in Swatow to
take some part in the evangelistic work, and the ladies of the mission visit
regularly the female patients and conduct various classes. More or less help is
also obtained from the students and Bible-women under training and other
Christians living in or near the compound. With the in-patients we have never
any difficulty in getting them to attend the services. Seldom do we find a man
trying to avoid them. The out-patients, however, are very different, and those
from Swatow and neighbourhood are the most given to shirking worship.

(To be continued.)
HOSPITAL REPORTS.

REPORT OF THE MACKAY MISSION HOSPITAL, IN TAMSI, FORMOSA, FOR 1888.


REV. G. L. MACKAY, D.D.

"The following figures will shew that more than an average year's work has been done, and that the institution has lost none of its popularity." New patients (out-door and indoor) 3,380; Return visits of patients for medicines, etc., 7,685. In the brief and interesting résumé of the work carried on throughout the year, Dr. RENNIE makes some very pertinent remarks regarding the fostering of the spirit of independence in the recipients of charity, and the rule that each patient as far as possible should maintain himself in hospital, is good, and if it were possible to inculcate some such system, modified according to circumstances, our home charities would not be abused to the extent they are.

The Rev. Dr. MACKAY appenda highly instructive and interesting account of native therapeutic...
cataract of both eyes. Upon the one we operated, telling him to return at a given time. One afternoon, some three months afterwards, whilst busy in the dispensary, the message was brought us, Mr. Lo has come down bringing with him forty-nine patients who wish to stay in the hospital. Then the corollary, in all its true acceptance of the word, "We are thankful to say that Mr. Lo gave up his idolatry and was baptized, and we trust we may see some fruit from this seed, in the vicinity of his own home."

The following statistics are then advanced:

<table>
<thead>
<tr>
<th></th>
<th>Out-patients</th>
<th>1887</th>
<th>1888</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases: men</td>
<td></td>
<td>4,345</td>
<td>4,572</td>
</tr>
<tr>
<td>women</td>
<td>610</td>
<td>796</td>
<td></td>
</tr>
<tr>
<td>children</td>
<td>717</td>
<td>859</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5,672</td>
<td>6,227</td>
<td></td>
</tr>
<tr>
<td>Return visits</td>
<td>3,664</td>
<td>4,398</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9,336</td>
<td>10,625</td>
<td></td>
</tr>
<tr>
<td>In-patients (included in the above):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>629</td>
<td>643</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>679</td>
<td>701</td>
<td></td>
</tr>
</tbody>
</table>

Opium Smokers.

"This class of patients still continues to come to us for treatment, 120 during 1887, and 137 during 1888." In commenting upon those who seek to defend opium smoking on the ground, that it is not necessarily an evil, but only a luxury, and that its effects are not as ruinous as they are often reported to be, Dr. GILLLISON sums up, basing his clear practical reasoning upon the experience of upwards of 1,000 cases, in these words—

"Opium smoking is more than a luxury, it is a vice which enthrals its victims with an iron grasp, from which escape is nigh hopeless."

The operations performed during 1887 total

General ... 316 Minor 432
1888 ... 396 414

Appended to which are notes upon the more interesting cases.

Passing on to the evangelistic phase of the work, "we have left it to the last, but it is the helm which guides the ship." During the two years under review, twenty-eight of the patients were baptized, all with one exception being in-patients. The Doctor thus closes his report:—"Should this fall into the hands of any one who may be thinking of Medical Mission work as a possible future for himself, we can only say 'Come.' It is a glorious work, full of present encouragement and future promise. It is an entrancing work, and a needed one."

TWENTY-FIRST ANNUAL REPORT OF
ST. LUKE'S HOSPITAL FOR CHINESE, IN
CONNECTION WITH THE AMERICAN
EPISCOPAL CHURCH MISSION,
SHANGHAI.

For the year ending 31st October 1889.

We have received two reports of St. Luke's Hospital, the one in English, the other in the Chinese characters. We regret having to confine our attention to the former, for the present, which is a clear business-like résumé of a good year's work, plainly told, and amply evidenced.

"It is a record, expressed in the simplest terms, of work which must have carried happiness into many Chinese homes, and which, if such a sentiment as gratitude animates the Celestial mind, should do something towards reducing the antipathy to foreign devils."—N.-C Daily News.

Dr. BOONE tells us that "The work of the Hospital has been carried on without interruption, during the past year, and we trust that a large amount of good has been done."

"The Hospital is open every day in the week for out-patients, while in-patients are also admitted, going to the first, second or third class wards, according to their ability to pay, or their own wishes in the matter. The third-class wards are free."

"DR. R. A. JAmIeSON, as Honorary Surgeon, has continued his unremitting and valuable services to the Hospital. DR. H. M. PEKINS has performed the duties of Honorary Dental Surgeon, and DR. DUNCAN REID has conducted the eye clinic, thus giving much relief to a large class of patients."

"We have to thank Drs. Pichon, LALOCA, and SLOAN for the interest which they have shown in the work, and for sending patients to the Hospital. The following table gives a summary of the work done during the year:

<table>
<thead>
<tr>
<th>Description</th>
<th>Intern.</th>
<th>Extern.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Males</td>
<td>442</td>
<td>11,815</td>
<td>12,257</td>
</tr>
<tr>
<td>Foreign Males</td>
<td>55</td>
<td>8,024</td>
<td>8,079</td>
</tr>
<tr>
<td>Females</td>
<td>12</td>
<td>315</td>
<td>327</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>127</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>511</td>
</tr>
</tbody>
</table>

"The Vaccination Dispensary connected with the Hospital was conducted as usual, and a large number of infants and children were vaccinated. The officials and gentry have made use of our first-class rooms, and the general wards have been well filled. Only 14 foreigners applied for admission to the wards, although, many sought and obtained relief,
at the out-patient department. 130 Surgical and 593 Minor operations were performed in the hospital. The Medical Pupils attended the hospital regularly, and have received clinical instruction.

"Daily services for the out-patients have been held in the chapel, in addition to the work done in the wards by the clergy, who have regularly visited the patients."

Further on, Dr. DUNCAN REID gives some interesting notes of operation cases, two of which we must find space for.

"Case of Mitral Disease of Heart and General Droopy.—The almost miraculous effect, which Digitalis sometimes has in cases of this nature, was well shewn in that of a boy of 13, who was admitted on the 8th September. He was seen at home, propped up in a chair, his body and limbs distended with fluid, to more than twice their natural size, his eyes almost starting from his head; lips and face blue; gasping, and evidently about to die. Two basinfuls of clear fluid were removed from the peritoneal cavity, and he was ordered to be taken to the Hospital, where he was given Digitalis with Acetate of Potas. On the 13th he was able to walk home.

"Elephantiasis of scrotum.—In this case—that of a young man of 25—admitted in February, the scrotum had reached the size of a man's head. It was easily removed, the genital organs having been first carefully dissected out. It is interesting to note that on his recent return to the Hospital, for an operation on his leg, which is also affected, the disease showed no signs of again affecting the scrotum."

Dr. BOONE then gives us an account of some dozen cases; we quote the following:—

Small opening over cecum, from which pus and forces are discharged. Disease began 3 months and 23 days ago. Free incision over site of lesion, parts dissected up, exposing the bowel. Found a ragged, irregular opening two inches above lower end cecum opening transversely into the gut, 13 inches in length. After removing some adhesions, cleaned the bowel, and put in a double row of "Lembert Sutures," thus inverting the serous surfaces of the bowel; put in a drain-tube and closed wound in skin: aseptic dressings.—Twenty-sixth day. —Discharged, cured.

Sz A. L. Fracture of Skull with Impaction of Glass.—"A pane of glass fell from third storeyskylight, edgeways, making a scalp wound at mid-frontal bone near parietal junction; wound cleansed, many fragments of glass removed. Next day, under chloroform and with full antiseptic precautions, incised and lifted scalp, found a piece of glass 1 in. wide ½ in. high, driven like a nail into skull. Saw applied to the bone on both sides of the glass; one large and ten small pieces removed, also some fragments of putty, one large and some small bits of the inner table of skull were extracted; syringed and dressed aseptically; 27th day discharged cured.

ANNUAL REPORT OF THE C.M.S. HANGCHOW MEDICAL MISSION FOR 1888.

Dr. DUNCAN MAIN tells us "that the year under review, we are thankful to say, has been one of blessing and much encouragement; our hands and hearts were fully occupied."

The following statistics represent to some extent the work of the year. Figures of course are not to be despised, but it is impossible to represent by them all the work done or the amount of good accomplished. Suffering has been alleviated, disease has been cured, lives have been saved, prejudice has been overcome, confidence has been won, friends have been made, gratitude has been shown. The gospel has been preached, souls we believe have been saved, and we trust God's Holy Name has been glorified."

Number of Patients Treated during 1888.

Out-patients (registered only on first visit) ... ... ... Male 5,838
Female 2,656
---
8,494

In-patients ... ... ... Male 481
Female 70
---
551

Suicides ... ... ... Male 62
Female 48
---
110

Dead on arrival ... ... ... 18
Saved ... ... ... 66
Died ... ... ... 26
Patients visited at their homes ... 115
Patients seen in the country ... 3,292
Number of visits paid to Foreigners and Natives, at their homes ... 678
Number of suicides treated at home ... 31
Number of accouchements treated at home ... 5
Number of visits paid by Out-patients to the Dispensary ... 24,410

The list of operations is a grand one of 1,097; this includes extraction of teeth 461.

Opium Smoking.

"During the year, 103 were admitted to be treated as in-patients, and 549 passed through our hands in the Dispensary as out-patients."

Hospital Reports.
Age of Patients.

<table>
<thead>
<tr>
<th>Under 20 years</th>
<th>20 and 30</th>
<th>30 and 40</th>
<th>40 and 50</th>
<th>50 and 60</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>3</td>
<td>35</td>
<td>33</td>
<td>27</td>
<td>97</td>
</tr>
</tbody>
</table>

Reasons for Commencing Habit.

- Pleasure ... ... ... ... 89
- Relief of pain, etc. ... 14

Reasons for Breaking-off Habit.

- Want of money ... ... ... 38
- Work ... ... ... ... 22
- Inability to work ... ... 17
- Sickness ... ... ... ... 13
- Repentance ... ... ... ... 9
- Exhorted by others ... ... ... 5

Kind of Opium used.

- Native ... ... ... ... 13
- Foreign ... ... ... ... 34
- Native and Foreign mixed ... 56

Where smoked.

- At home ... ... ... ... 11
- At den ... ... ... ... 43
- At home and den ... ... 49

When smoked.

- Before food ... ... ... 18
- After ... ... ... ... 59
- Before and after ... ... 26

"In former reports, I have freely given my opinion as to the degrading, demoralising and ruining (financially and physically) effect, the vice has upon its victims; and after another year of daily contact with opium smokers, I have nothing to say in favor of the habit, nor can I report as having met, with any one who advocated it. The Chinese themselves look upon it as a vice, and admit that every man is worse morally, and many are worse physically, for indulging in it. It is, I think, impossible to use the drug to any extent, without positive injury to purse, person, and principle. As the craving increases, the rule is for the principle to diminish, along with the purse and physical strength. I sympathise with my whole heart and soul with every effort for the suppression of opium smoking."

Hospital Notes for 1888, C.M.S., by Florence Nightingale Main, accompanies the report. We ourselves have the honor of knowing this lady's prototype, and if we could, gladly would we give space to this earnest little pamphlet, Mrs. Main tells us that—

"The work amongst the women has been carried on much as usual; there have been many opportunities of `telling out among the heathen that the Lord is King'; and we feel very grateful for the willing reception the good news has had from them. And after giving accounts of several interesting cases, goes on to say that—

"One of the advantages of the hospital, is that it brings us into contact with rich and poor alike; it gives us an entrance to the houses of the better classes, which many others find difficult to obtain; and it helps us to retain our hold of the old patients, who have given evidence of their interest in the Gospel. By its means we have made a number of friends; and trust that our influence may benefit them in a large measure spiritually."

It has been our good fortune to have visited Hangchow very recently, thus we have the pleasure of being personally acquainted with this admirable institution.

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ANNUAL REPORT OF THE AN-TING HOSPITAL, IN CONNECTION WITH THE AMERICAN PRESBYTERIAN MISSION, PEKIN—1887-88.

The first page of this report, gives us an excellent view of the handsome Dispensary buildings erected by the Mission Stores, in which 18,333 cases were treated, during the year, and 600 cases seen in the country. 232 in-patients were received into the hospital, seven deaths occurring; the number of operations were 104. From the interesting "Notes on Cases" we culled the following:—

"One of the patients, whose forearm was amputated, was a pitiable illustration of the ignorance of native doctors. Called to fix the man's arm, which was broken, he bandaged it so tightly, that in a very few days gangrene commenced, thus necessitating the operation. Although obliged to pass the rest of his life in this world with but one arm, the patient did not propose, to go into the next in a like condition; so he had his wife, who accompanied him, carefully wrap up the severed limb in her handkerchief and take it home, to be kept in a red box until he died, and then put into his coffin."

With reference to religious work,—

"Regular preaching services, have been kept up in the two dispensaries. These have been conducted partly by the church-helpers, and partly by volunteers from among our native Christians."

"The hospital church, an account of the formation of which, was given in our last report, continues to grow. It now numbers thirty-two members."

"It is especially, in such a country as China, where prejudices against the foreigner are strong, that the usefulness of the missionary hospital, is very evident. The
Chinaman goes to the hospital, to seek relief from physical suffering, when nothing else would induce him to come in contact with foreigners. While there he learns that the 'outside barbarian' and his religion are not so bad, as he had been told;—thus the practical sympathy shown to him in his distress wins his confidence and often his heart.

"In fact, those living in a land of religious freedom can but little appreciate the petty and sometimes severe persecutions, which a determined stand against idolatry involves in this country. To become Christ's disciple here often means social ostracism, and in a most literal sense the forsaking of family, friends, and all that a man has. The wonder sometimes is, not that so few, but that any at all, are willing to face all the consequences, that may follow such a step."

FIFTH ANNUAL REPORT OF THE TUNG-
CHOW-FU DISPENSARY, 1889.

In connection with the American Presbyterian Mission.

Dr. Neal tells us that:—"The past year (1889) has been one of continuous work at the Tung-chow-fu Dispensary, and in many respects has been the most satisfactory one, in an experience of five years."

Then, when the Doctor was called away to the famine region, he was enabled to leave students of his own training in charge of the Dispensary, so that it has been open continuously "and the attendance of outpatients is larger in the aggregate by several hundred than ever before." The total attendance during the year was 4,227, in addition to which 931 visits were received from patients in the famine region, where, during a month, a temporary dispensary was carried on. This makes, for the whole year, a total of 5,158, and hospital patients 58. The Rev. Dr. Mills visited the Dispensary of a day, and endeavoured to interest the patients in religious matters. An account of hospital work is then given, detailing some interesting cases; then medical teaching is touched upon, the rules of which are practical and thorough. We quite agree with the Doctor, that they may be interesting to those engaged in Medical teaching to China, and so append Rule V.

5.—"The instruction shall consist of a graded course, embracing recitations during the first year in Anatomy, Physiology, Materia Medica, and Chemistry, with laboratory practice in the latter; during the second year, Descriptive Anatomy, Physiology, and Chemistry, shall be completed and the study of Practice be begun; the third year, Practice shall be continued and Surgery and Surgical Anatomy with Therapeutics be added, while the fourth year shall be devoted to finishing up the studies already begun, and to studying Diseases of Eye, Diseases of Skin and Obstetrics, together with whatever may be desirable in the judgment of each individual teacher, a prominent place being given during the last year and a-half to clinical teaching, and the practical management of the sick.

A new feature in the Report, is a meteorological register of Tung-chow-fu, prepared by one of Dr. Neal's students. We note a range of temperature of 89° F., (from 17° F. below freezing, to 72° F. above or 104° F.)" "Tung-chow-fu is blessed with a rarely good climate."

P. M.

SOCIETY REPORTS.

The Shanghai Medical Missionary Association held its regular monthly meeting at St. Luke's Hospital, on the afternoon of the 14th May, the President, Dr. Boone, in the chair. Having been called to order, the minutes of the former meeting were read and approved.

The business before the meeting being disposed of, Dr. Mathews was called upon to read his paper on "Removal of Tumour from the Buttock of an Infant," the chief points of interest being its large size (12 oz.) in so young a child, viz.,
3 years of age, and its recurrence in 4 months substantiating the diagnosis of Fibro-Sarcoma. Dr. Boone having remarked upon an analagous case, which had come within his cognizance, the meeting adjourned.

11th June.

The meeting having been called to order by the President, Dr. Boone, the minutes of the previous meeting were read and confirmed. Present:—Drs. Boone, Jamieson, Read, Lalcaca, Gale and a visitor. Upon motion the date for future meetings was changed from the second to the third Tuesday in each month. There being no further business before the meeting, Dr. Lalcaca was invited to read his paper on the diagnosis of a case as between Typhoid Fever, Typhoid Remittent, Infantile Remittent, and Tabes Mesenterica, the case in point being present. It was that of a child whose general appearance was remarkably plump and healthy, abdomen considerably enlarged and tympanitic, with the physical signs of a small tumour on the left side. Dr. Lalcaca first considered the diagnosis between Typho-malarial and Tabes. In the first-mentioned, there is no eruption, and in the latter, none; but diarrhoea was present, liver and spleen enlarged and mesenteric glands congested.

In establishing a diagnosis, the first consideration, naturally, was family history. This was, on the whole, good. There had been 12 children, one of whom had died of "dropsy," another, also dead, had been much troubled with flatus. Previous to this illness the patient had been always well, showing no signs of scrofulous taint; the abdomen, however, had always been tumid, thus favoring tabes.

The duration of fever present was not in favor of tabes, neither was the type of fever purely typhoid, the temperature being nearly that of malaria. The diarrhoea gave no clue, as in typhoid, no distinctive ensuing constipation, suspicions of typhoid, abdominal symptoms, pain, tenderness in iliac and gurgling.

The absence of eruption was not diagnostic, tongue was slightly furred, but not a truly typhoid tongue, skin at first dry, afterwards sweating, face always pale; the enlargement of abdomen might have been from an enlarged organ or retained faeces, and the fluid in the abdomen, which was very slight, might have been due either to typho-remittent or tabes, the lump in the left lumbar pointed to tabes, no other glands being enlarged.

In the discussion which ensued upon the reading of the paper, Dr Reid thought that the disease may be considered typhoid, the tongue not being uniform in this disease, tympanites and dulness being common both in fever and in health, the child too being apparently in ill-health; further, the temperature in typhoid fever was not always typical, and the character of the stools made
the case doubtful. Dr. LALCACA remarked upon the tympanitic condition being maintained, notwithstanding stools being produced. Dr. Boone then gave his experience in Bellevue Hospital, New York, where there were many children of all nationalities, and of the lower orders of society. Many cases of tabes were treated, and the P.M.'s showed a great wasting. If tubercular deposit is extensive in the mesentery, it will also be found in the lungs. Cases do recover from tabes, but they are rare. In this case recovery has been very rapid. Typho-malarial or typho-remittent fever was not known until Dr. Woodward saw it during the civil war in America, 1864, etc. It then appeared as a fever among the young soldiers, like typhoid. He reported several thousand cases. It was then agreed to call it typho-malaria. It is now doubted if such a fever exists, No post-mortem lesions are found in the intestines. It is probably pernicious or a protracted form of remittent fever, the present case, in all probability, being typhoid. The spots mean nothing; the dulness on the right side might be due to liver, or left to spleen; the liver might extend across; enema brought away irregular hard lumps; the dulness might thus be due to impaction of feces; the relapse with diarrhoea was very significant of typhoid. Dr. Jamieson had not found any doughy feel, which, however, he considered might be impaired by the tympanitic condition. Dr. Boone commented on the mixed blood found in the stools, pointing out that if ulceration had been high up, the blood would have been mixed, if low, streaked.

Dr. LALCACA believed in a mixture of typhoid and remittent fever. He was not acquainted with P.M. lesions in India.

Dr. Boone had read that when ulcers were not found, typhoid fever was a misnomer, should be enteric fever.

Dr. LALCACA suggested another point, viz., that quinine, doing good, as it does, to the typhoid, did harm in this case, thus disturbing the diagnosis. Might it not then be a case of tabes recovering under pot, iodidi ointment.

Dr. Boone then exhibited two cases for diagnosis.

1st.—Case of man, tumour of abdomen. 2nd—Paralysis, man, abolishment of reflexes, exaggerated motion of legs when lying upon bed, wholly unable to stand. The meeting, with a vote of thanks to Dr. LALCACA, then adjourned.

15th October.

The meeting having been opened with prayer, the previous minutes were read and confirmed.

Applications for admission to General Society, Drs. Goldsburg and McBride. Referred to Committee on Admissions. The necessary business being disposed of, Dr. Boone introduced two cases. The first was that of a man, who, seven weeks previously, had been burnt with kerosene oil. The burns were cicatrix-
ing and very dirty; loss of sensation in fingers and thumb of left hand, dorsum normal anteriorly, situation of burns, outer aspect of right arm, forearm and knuckle of little finger, 9 in. × 2 in., 6 in. × 2 in., 4 in. × 1 in. long, not deep on left arm, posterior aspect just above elbow 5½ in. long, motion is free, and he can pick up anything, loss of grip one half, says he was in perfect health before the accident. Dr. Boone considered that the irritation of burn and contraction of scar has irritated the nerve-trunks, the condition of anaesthesia being due to this. Nothing at that time could be done. After healing is accomplished, the question will arise whether the trouble will cure itself, or if it continues, what treatment would be best.

The second case was that of a man aged 50. Malarial history many years since. Masked ascites and oedema of lower limbs on admission. He stated that before the ascites came on he had a lump on ribs on left side; distention was then too great to confirm this; tapped and 22 lbs. of ascitic fluid withdrawn, leaving some 7 or 8 lbs. of fluid; the tumour was then found.

Delegates for the Conference in Berlin were then voted on, as in Magazine. There being no further business the meeting adjourned.

19th November.

The President, Dr. Boone in the chair. Present:—Drs. Boone, Reid and Mathews. The minutes of the former meeting were read and approved. There being no business before the Local Society, it was adjourned, and the General Society opened, whereupon Mr. John Fryer was unanimously elected an honorary member of the Medical Missionary Association of China, and Drs. Goldberg and McBride were respectively elected to membership. The applications of Drs. Mary Brown, Chas. F. Johnson and Alice Marston being referred to the Committee on Admissions, the business before the General Society being disposed of, it was upon motion, adjourned and the Local Society re-opened, whereupon the President called upon Dr. Mathews to read his paper, entitled “Notes upon Infantile Diseases, St. Mary’s Orphanage, Shanghai,” the opening remarks of which dealt with that class of Chinese from which the Orphanage inmates were drawn, and instanced some examples of diatheses produced by defective food. The author then somewhat fully discussed Coryza and treatment, evidencing the suffering caused to young children by this apparently simple and, as a rule, neglected complaint. In an epidemic of measles which took place, attention is drawn to a case sine eruption, and in answer to a question put by Dr. Gregory in his Eruptive Fevers,—Can measles exist without the eruption?—the author remarks “that taking 20 presumed cases of epidemic measles in one room, and 19 are sufficiently developed, to leave no doubt whatever in your own mind of your diagnosis, whereas the twentieth has prevailing symptoms sine eruption, it does
Society Reports.

not, he thinks, under the circumstances, require any lengthened process of exclusion to conscientiously diagnose that exceptional case, No. 20, as measles. Comment is then made, upon the apparent analogy existing between this epidemic of measles and "Rötheln" of the Germans, especial stress being laid upon the uniform absence of bronchial catarrh. Dentition, weaning, and food are respectively touched upon, leading on to diarrhœa, which takes up the greater part of the paper. The advantages of oft-repeated minimum doses of lactic acid are substantiated. Dr. Wood’s heroic treatment in thermic diarrhœa, had been tried in one case, with success. In the discussion which followed the reading of the paper, Drs. Boone and Reid both strongly advocated repeated small doses of ipecacuanha in a form of diarrhœa not uncommon in Shanghai, the more marked characteristics of which, were clay-colored stools and raw condition of the living membrane of the mouth. Dr. Reid further remarked that he had been given to understand, that salicylate of soda, had given good results, and promised to give the Society the result of some experiments, he was then engaged upon. The meeting, with a vote of thanks to Dr. Mathews, then adjourned.

17th December.

Present: Drs. Boone, Reid and Mathews; the President, Dr. Boone, in the chair. Minutes of previous meeting read and confirmed. The Local Meeting, then adjourned, and the General Society opened, whereupon Drs. Mary Brown, Chas. F. Johnson, and Alice Marston were duly elected to the membership of the Association. The business before the General Society being disposed of, the Local Society was re-opened, and Dr. Boone was called upon for his report on a case of "Excision of Head of Humerus, consequent upon an old irreducible luxation." It was that of a Chinaman, a wheel-barrow man, who, 40 days previously to admission, had luxated the head of the humerus downwards and a little forwards; with ample, skilled assistance at hand, Dr. Boone had twice attempted reduction under chloroform, but entirely without success, and having upon those occasions exhausted every means of reduction, other than the pulley, to which exception was made, it was the unanimous opinion of the three surgeons present "that the bone must have got through a small rent in the capsule, very probably at the posterior portion," and the alternative, under the circumstances, appeared to be excision of the head of the bone, which operation was successfully performed by Dr. Boone, the man making an excellent recovery, "He has free motion of shoulder in every direction, can put his hand on his head," being entered 20 days after the operation.

In the discussion which ensued upon the reading of the report, the first remarks, touched upon the justifiableness of the operation, in which all present concurred, and emphasized their opinion, that not only did the ends justify the
means in this case, but having signally failed to make reduction, the alternative, excision, presented itself as affording the patient a very fair prospect of a useful arm, and consequent means of earning his livelihood, an opinion somewhat substantiated by the man having now resumed his calling.

The subject of the pulley was then brought forward. Dr. Boone stated that he was inclined to concur with the now growing tendency not only to discontinue, but to discountenance the indiscriminate use of the pulley, that he recognized the danger incurred, by the unmeasured and unappreciated traction, and he considered that properly-regulated manipulative action, with contrivances adapted to circumstances, were not only better but safer.

Dr. Reid, while in a measure concurring with Dr. Boone's remarks, could not, and would not, discount the value of the pulley. He himself had personally known cases, yielding to the pulley when all other means had failed, and he considered that with intelligent handling, the pulley is superior to a force, rendered by two or more independent factors; further, it induced an even regular traction, as opposed the irregular independent agencies alluded to; and as regarding it being an unmeasured and unrealized force, he would advance as a corrective, an intelligent handling as well as an intelligent watching and manipulation of the parts acted upon.

Dr. Boone considered, that the manipulative agency he had alluded to and endorsed, was as capable of intelligent handling, seeing that the agency itself was an intelligent one, as the intelligent working of a mechanism, whose degree of tension it was impossible to estimate, other than by results, which may be as well disastrous, as otherwise. It was to be recognized that the real source of danger in reducing old luxations is, that the blood-vessels and nerves may have contracted such strong adhesions to neighbouring parts, that the use of a force, which is mechanical, and thus not easily estimated, while, enabling us to reduce the luxation, may cause the most serious injuries to the vessels and nerves themselves. We cannot say beforehand in any given case, whether there are or are not adhesions which would render the use of great force, in reducing an old luxation, a dangerous thing. The serious accident of rupture of great vessels, had occurred in the practice of some of the greatest of surgeons, therefore it is not possible to foresee in which case, the appliance of mechanical force is justifiable.

The Secretary having been requested to make arrangements for its next meeting, the Society, with a vote of thanks to Dr. Boone for his instructive report, then adjourned.

21st January, 1890.

Present: Drs. Boone, Gale and Mathews and a visitor. The President Dr. Boone, in the chair. The previous minutes were read and approved. There being no business before the meeting, Dr. Gale was invited to read her paper,
that of a case of Dropsy and Scanty Urine without albumen. The patient, a
Chinese girl, æt. 11, was admitted to the Margaret Williamson Hospital with
bloated condition of face, edema of limbs, and ascites. 1½ oz. of urine drawn off,
after three days' retention, sp. gr. 1,028 and neutral; tested for albumen and sugar
with no results; a few ounces of urine passed during the subsequent three days,
then coma set in for three hours; the next day a considerable quantity of urine
passed. Improvement for eight days, abdomen softer, cough better, urine increased,
no albumen in urine. Before the 9th day relapse, and upon the 15th day
dyspnæa was so great that paracentesis abdominis was performed, and inf. digitalis
administered 2 drachms every 4 hours. Her condition varied from day to day, until
the 22nd, when she quietly died during the night. Repeated tests of the urine
never revealed any albumen. Dr. Boone referred to a somewhat similar case, complicated with malarial fever. The Secretary being requested to make
arrangements for the next meeting, the Society, with a vote of thanks to
Dr. Gale, then adjourned.

PERCY MATHEWS, M.D.,
Secretary.

THE SECOND HYDERABAD CHLOROFORM COMMISSION.

This Commission has excited a great deal of interest in the minds of the
Medical Profession, on account of the very great importance of the subject. The
report, which appears at page 149 of the Lancet, January 18th, 1890, is a very full
one and replete with interest. It should be read by every member of the Medical
Profession. Our space will only allow for a brief account of the practical
conclusions reached by the members of the Commission.

1.—The recumbent position on the back and absolute freedom of respiration
are essential.

2.—If the position on back cannot be retained, utmost attention to respiration
is needed to prevent asphyxia or over-dose.

3.—Tight clothing, either on neck, chest on abdomen, is to be strictly avoided; no assistants should be allowed to exert pressure on the thorax or
abdomen, even though patient be struggling violently.

4.—An apparatus is not essential, and ought not to be used. A convenient
form of inhaler is an open cone or cap with a little absorbent cotton inside at apex.
5.—At commencement of inhalation care should be taken, by not holding the cap too close to the mouth and nose, to avoid exciting, struggling or holding the breath. If these do occur, great care is needed to avoid an over-dose, during the deep inspirations which follow. When quiet breathing is ensured, as the patient begins to go over, there is no reason why the inhaler should not be applied close to the face; and all that is then necessary is to watch the cornea and to see that the respiration is not interfered with.

6.—In children, crying ensures free admission of chloroform into the lungs; but as struggling and holding the breath can hardly be avoided, and one or two whiffs of chloroform may be sufficient to produce complete insensitivity, they should always be allowed to inhale a little fresh air during the first deep inspirations which follow. In struggling persons, especially in children, it is essential to remove the inhaler after the first or second deep inspiration, as enough chloroform may have been inhaled to produce deep anaesthesia, and this may only appear, or may deepen, after the chloroform is stopped. Struggling is best avoided in adults, by making them blow out hard after each inspiration, during the inhalation.

7.—The patient is, as a rule, anaesthetized and ready for the operation to be commenced, when unconscious winking is no longer produced by touching the surface of the eye with the tip of the finger. The anaesthetic should never under any circumstances be pushed till the respiration stops; but when once the cornea is insensitive, the patient should be kept gently under by occasional inhalations, and not be allowed to come out and renew the stage of struggling and resistance.

8.—As a rule, no operation should be commenced, until the patient is fully under the influence of the anaesthetic, so as to avoid all chance of death from surgical shock or fright.

9.—The administrator should be guided as to the effect, entirely by the respiration. His only object, while producing anaesthesia, is to see that the respiration is not interfered with.

10.—If possible, the patient's chest and abdomen should be exposed during chloroform inhalation, so that the respiratory movements can be seen by the administrator. If anything interfere with the respiration in any way, however slightly, even if this occurs at the very commencement of the administration, if breath is held, or if there is stertor, the inhalation should be stopped until the breathing is natural again.

11.—If the breathing becomes embarrassed, the lower jaw should be pulled, or pushed from behind the angles, forward, so that the lower teeth protrude in front of the upper. This raises the epiglottis and frees the larynx. At the same time it is well to assist the respiration artificially until the embarrassment passes off.
The Second Hyderabad Chloroform Commission. 41

12.—If by any accident the respiration stops, artificial respiration should be commenced at once, while an assistant lowers the head and draws forward the tongue with catch forces, by Howard’s method, assisted by compression and relaxation of the thoracic walls. Artificial respiration should be continued until there is no doubt whatever that natural respiration is completely re-established.

13.—A small hypodermic of morphia may be given before chloroform inhalation, as it helps to keep the patient in a state of anaesthesia in prolonged operations. There is nothing to show that atropine does any good in connection with the administration of chloroform, and it may do a very great deal of harm.

14.—Alcohol may be given with advantage before operations under chloroform, provided it does not cause excitement, and merely has the effect of giving a patient confidence and steadying the circulation.

35.—The Commission has no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation, with perfect ease and absolute safety, so as to do good without the risk of evil.

Edward Lawrie, (President).
T. Lander Brunton,
G. Bomford,
Rustomji D. Hakin,
Edward Lawrie, Surgeon-major.

Hyderabad, December 18th, 1889.

[The italics are ours.]

It was the opinion of Syme that chloroform might be with perfect safety administered, provided the administrator watched the respiration with sufficient care. Sir Joseph Lister, Holme’s System of Surgery, Vol. iii, page 605, says:—“It follows that the attention of the administrator ought to be concentrated on the breathing, instead of being, as it too often is, diverted by the pulse, the pupil, or other matters still less relevant.” Dr. C. Binz, University of Bonn, in his Elements of Therapeutics, fifth edition, page 31, says:—“The primary cause of death is stoppage of the respiration, for the heart continues to beat (at any rate in animals), although irregularly and weakly, for some time afterwards.” In fact, some of the conclusions of the Commission are only confirmatory of what has already been asserted over and over again. Their chief assertion is that deaths from chloroform are preventable; by proper care in its administration they may with certainty be avoided. Their statements are very positive, and while worthy of the utmost consideration, must be thoroughly tried and sifted by the Profession before they can be fully accepted. About ether they say:—“If more perfect anaesthesia is required, it can be procured by excluding the air more rigidly, but then there is exactly the same danger as in giving chloroform.”

H. W. B.
To the Editor of the
China Medical Missionary Journal.
MY DEAR SIR,

The topic of the Regulating of Vice is one of present interest from the effort made at our late Ratepayers' meeting "to educate the public" by drastic resolutions for the extirpation of two forms of vice locally prevalent.

Now it would be grossly uncharitable to suppose, that the great body of those who voted no, did so because they felt no concern for the sad state of things portrayed by the earnest speakers on the affirmative side. But that was not the point at issue. Sympathy that does not lead to right action is either apt to be harmful, or cheap. To know then what is both right, and wise to be done in this case for our community, is a more serious matter than public meetings are usually fit to consider, and to act upon. Careful study of principles, and of the facts and circumstances under our mixed governments, as well as the latest deductions of medical science, are all necessary, to judge rightly in so grave a matter of public concern.

The clergy, physicians, and men in the position of our worthy Councillors, may well consider and debate such subjects, with the hope of doing some practical good. Public appeals, and efforts to reach individual consciences, lie on another plane, and are always open to zealous workers. For example, the White Cross Society is doing a noble work. An ounce of prevention is almost always worth the full pound of cure.

But to briefly indicate the principles underlying this question. History, and Human Nature, both proclaim, that what we may call the Puritan effort, at several epochs, to dam up the tide, is always swept away by a fuller flood of laxity, or positive viciousness. So that, as a practical matter, we may accept the principle that overstrain is a mistake. But beyond this I claim, that the Mosaic tutelage of a people rude, and being weaned from heathen associations, was set aside by God. Since then Christians and Christendom, and hence all that we are here responsible for, are under the law of liberty.

The sanctions of all that is pure, lovely, and of good report, are greatly increased. The means to do good to our fellow-men, and the example in so doing, given us by our compassionate Master and Saviour Jesus Christ, should stir us all to do what in us lies to ameliorate the woes, and the vicious lives, of weaker ones in our midst. But for the wilfully wicked we can only pray, and by patient well-doing convince the gainsayers. Fraud and violence, we can apply the force of law to counteract; but wilful sin with consent, by those of full age must be tolerated, as tares in the wheat are, until the end comes.

Its great assize day will mete out to all, just judgment, and those solemn words shall be heard: "He that is unjust let him be unjust still: and he which is filthy let him be filthy still."

If God allows free will, and our consequent rebellion and sin; shall men endeavour to make men just and pure by law?

The regulation of public wrong-doing, is all that lies in the province of legislation for the commonweal; and our Council must regard many facts not always patent to the general public.

That "High License" and "Inspection" are better in the long run for the so-called "Temperance" cause than "Prohibition" is the belief of many earnest, well-informed friends of that reform. That the regulation of disease, and the disallowance of street solicitation, is all that can be wisely done for public morals, is also the view of many who have studied the effects of sensual vice, on all classes of mixed communities, such as ours is.

To say that Shanghai, is pre-eminently sinful is to shut ones eyes to facts elsewhere. To compare a commercial port, to places less exposed, is not at all fair in view of things generally well known in history as well as locally. Native Hankow or Wuhan are not free from brothels and opium-dens, where foreigners have no control, and probably no indirect responsibility even; while Wuchang, which is more like Suchow, is comparatively free.

Our Mission, in its leases, does not allow brothels or opium shops or dens, and is content to take less rental because of these restrictions. When all concerned reach such a stage of desire for the public welfare, and to a great extent our streets, would be cleared of the evils we deplore. But can we hope for such action in the near future? Can we ever reach it, save by the education of individuals to a keen sense of their duties to God, themselves, and their neighbours?

I am, My Dear Sir,
Faithfully yours, W.M. J. BOONE, Bp.

ST. JOHN'S COLLEGE, Lent 1890.
NOTES AND ITEMS.

CHINA MEDICAL MISSIONARY ASSOCIATION,
FIRST GENERAL MEETING.
To be held at Shanghai.

At the request of many Members of the Medical Association, it has been decided to hold the medical meeting after that of the General Conference, which is to begin on May 7th, 1890, and will last from seven to ten days.

Programme.

Introductory:—
1. Calculus in the Bladder: Its Prevalence in China:—Dr. Kerr. The following papers will be read:—
2. Influence of Medical Missionaries in elevating the Moral Tone of the Medical Profession:—Dr. Kerr.
3. Training of Medical Students and their prospects of success:—Drs. Neal and Kerr.
4. Preaching to Dispensary Patients:—Drs. Park and Woodhull.
5. Itinerant Medical Work:—Drs. Macklin, Park and McFarlane.
7. Necessity of giving more prominence to the Evangelistic side of Medical Work:—Dr. Beebe.
8. Advantage of two physicians working together in each large centre:—Dr. Lyall.
10. History of Medical Missions in China:—Dr. J. C. Thomson.
12. A collective investigation into the subjects of Fevers in China, with reference to the so-called Typho-Malarial Fevers:—Dr. Colman.

The papers are limited to twenty-five minutes in length, ten minutes will be allowed each speaker for discussion, and the reader of a paper will have ten minutes to close the debate, a copy of every paper which is read at the meeting to be left in the hands of the Secretary of the Association.

H. W. Boone, M.D.,

THE CHINESE SCIENTIFIC AND INDUSTRIAL MAGAZINE. Vol. V. No. 1.

This interesting number comes to hand just as we are going to press, we are therefore compelled to defer examination of it until our next issue.

Among many articles of interest, we note Sanitary Science, Western Materia Medica, and the Sphygmonograph, which will prove of interest to medical men.

NOTICE FROM "THE CHINESE RECORDER."

The Committee of Arrangements for the General Missionary Conference, May 7th, have appointed the undersigned, as a Sub-Committee, to complete these arrangements, and especially to endeavor to provide, as far as possible hospitality, during the session of the Conference for the Missionaries who may attend. To carry out this object, it is necessary that they should know as early as possible (1) who intend to be present, and (2) what accommodation is required.

They have therefore, to request intending visitors, to send information on these two points as soon as they can, addressed to any of the undersigned as may be most convenient.

A. Williamson.
G. F. Fitch.
J. W. Stevenson.

February.

REGULATIONS AND PROGRAMME OF THE TENTH INTERNATIONAL CONGRESS.

The general rules and regulations of this Congress have been sent out by the General Secretary, Dr. Lassar, of Berlin. These relate to the organization of the Congress, and resemble the regulations that have always been issued regarding the mee-
The Congress is to open on Monday, August 4, 1890, at Berlin, and to close on Sunday, August 10th. The Congress is to consist of regular, licensed (approbirten) physicians, who have enrolled themselves as members and obtained members' cards. Other learned men interested in the work of the Congress can become associate members. The cost of members will be twenty marks (about $4). III. The objects of the Congress are exclusively scientific. IV. The work of the Congress will be done in eighteen sections. VII. The general sessions will be devoted to (a) the measures regarding the general regulation of the Congress, and (b) addresses and communications of general interest. VIII. Notices of papers to be read and abstracts of them must be sent to the Organization Committee before July 1890. IX. Written copies of the articles to be read must be sent to the Secretary of the Section before the conclusion of the session. XI. The official languages will be German, French, and English. XII. Communications must be limited to twenty minutes, and discussions to ten minutes. XIII. The sessions will be regulated by generally received parliamentary rules. XIV. Students of medicine and others interested in the work of the sessions can be admitted by securing invitations. XV. Communications or questions regarding the work of the special sections should be addressed to the President of the Section. Other communications should be addressed to the General Secretary, Dr. Lassar, Berlin, N. W., Karlstrasse 19.

LEPROSY.

A live question, even China awake to it, and better yet H.E. CHANG CHIH-TUNG and others, so rumor goes, have invited a specialist from Japan, where leprosy is said to be curable, Mr. AKAI, Principal of the Leprosy Hospital at Komagome, to come to South China, where leprosy is most prevalent, and direct an anti-leprosy campaign.

The self-denying labors of the Moravians among lepers, these fifty years in S. Africa and Jerusalem and elsewhere, cannot be too highly commended, and the Church and Presbyterian Missions play a like part in India; but the name of the most remarkable candidate for honors in this direction, now appears in all the public prints. Father DAMIEN, the R.C. priest at the leper colony of Molokai S. Is., died April 10th, 1889, of leprosy, and resulted in causing the "chief sensation of the week," in London, where a photographer coined money in the sale of the photograph of the "Belgian martyr."

An influential Committee, with the Prince of Wales at its head, was formed to raise a Memorial to DAMIEN, in the shape of a leper hospital in London; but lepers are very uncommon there, though one was discovered in the London Meat Market and sent off to a hospital. And the need of lepers for the maintenance of a leper hospital might even attract them thither, so the Doctors objected. But the other suggestion of a Commission of Inquiry into the whole subject of leprosy in India is most commendable, and the Simla Leper Bill, whatever may be the connection, where the magistrates may arrest leper beggars, and put them into retreats where segregation of the sexes will be enforced, and religious freedom secured. Would that in China, where lepers roam at will, or live at home, and in leper villages, where no segregation of the sexes is found, a move in a similar direction might be made. The stories about DAMIEN have been highly colored; so, from a medical standpoint at least, some recent statements of Rev. H. B. GAGE, of Cal., a visitor to the Islands, are not unimportant. He first reminds us that DAMIEN is a Romanist priest. Much money is expended upon the lepers by the Government and others. Their needs are few and their death is the priests' opportunity for the Church's benefit. Not one in ten is a R. C. before he goes there. Four-fifths of them are Protestants.

The Romanists are favored in the distribution of the Government supplies by the priests, and the Protestants made to suffer. "There is no reason for this priest becoming a leper, except his own dirty habits; he lives, sleeps and eats with the lepers. He is a leper, the physician believes, from his own neglect of common sanitary precautions. As to his great self-sacrifice, while he might live in every comfort there, as he is not a nurse, and there is no demand for him to do anything for the lepers so far as bodily care and nursing are concerned, as there is a superintendent, and his helpers beside the Government physician and his assistants, he has little to leave, and every motive urged by Romanism, to make himself a martyr, and die a saint."

M. RADIGUET, formerly Consul in China, so the papers tell us, has addressed a letter to the President of the Academy of Medicine in Paris, in which he unfolds a scheme of a lay Society of Medical Missionaries to the East,—the motive, political influence. A help to medical science probably, but a hindrance to the progress of Christianity.
The Hongkong Colonial Surgeon airs his annual opinion on the "perfectly harmless," habit of opium-smoking in a much more airy manner than his "heathen Chinee" would; though the latter would tell you that with abundance of good food, the antidote of opium, and plenty of sleep in the gaol, deprived also of its accompanying vices, he expected to gain flesh. But some unprejudiced persons, with no constituency to please, would be glad not only to examine his cases in gaol, but watch later developments, mental and physical.

THE REDUCTION OF HERNIA DURING COUGHING.

It is an undisputed fact that coughing will produce or bring down a hernia; it is therefore somewhat surprising to hear that coughing may be useful in the reduction of hernia. M. Vandenabeele, however, has frequently found that hernia which had resisted attempts at reduction by taxis alone, yielded when the patient was directed to cough during the manual efforts to compress the sac. M. Vandenabeele's observations included both inguinal and femoral herniae, and were not confined to either sex. He believes that during the act of coughing the hernial ring dilates somewhat, and that if well-directed taxis is employed just at the right moment, most cases will yield.—Lancet.

We note a revised and enlarged edition of Dr. T. Christie's Paper on Medical Missions ("Arztliche Missionen") referred to in our September 1888 number, has been published in a comprehensive pamphlet of 108 pages.

Speaking at a meeting with regard to the education of women, Mr. Brudinell Carter said he was reminded of a little anecdote of an American. When asked about the female doctors in America, he said, "Yes, Sir, we have female doctors, and we have female lawyers, and we have female preachers, but what we are most in need of are some more female women."

A lady discussing "Women's Rights," said, "I think it is such a pity when women try to turn themselves into men, for they can never turn themselves into gentlemen."

AN EXPENSIVE FAMILY.—This is the patients' bill of fare at the London Hospital for one day:—201 lbs. of mutton, 29 chops, 17 steaks, 172 pints of beef tea, 282 lbs. of potatoes, 119 portions of greens, 351 puddings, 1,388 pints of milk, and 767 eggs. This will give some idea of the magnitude of the work carried on at the great East-end hospital. In addition to the patients, there are (says the City Press) some 300 servants and nurses. The weekly washing bill includes 4,000 sheets, 2,000 blue-checked upper sheets, 400 counter-panes, and 400 blankets. Twenty-three women and a laundryman are employed daily in the laundry. The medical stores show some curious figures for the last year, including 116 tons of ice, five tons of linseed meal, and six miles of plaster.

"What is the difference between the Allopaths and Homeopathas," asked Mrs. Cumeo of her husband. "Oh," he replied, "the Allopaths think the Homeopathas are not ortho-docs."—N. Y. Med. Record.

LIKE CURES LIKE—Bobby had made himself sick by surreptitiously eating too many jam-tarts. "Now, Bobby," coaxed his mother, "if you will take this medicine like a little man you can have almost anything you like." "Can I have some more jam-tarts, ma?"

HE FOUND A GOOD NAME.—Young Wife: "John, dear, have you decided what name to give our dear, precious, sweet little baby?" Young Husband: "Yes: I have found a very appropriate one." Young Wife: "What is it?" Young Husband (who has paced the floor with "precious" o' nights): "Insonnia."—Titbits.

ARRIVALS.

At Shanghai, November 1st, 1889, Dr. Alice Marston, S.P.G. Mission.

At Shanghai, November 10th, 1889, Dr. and Mrs. J. S. Grant for Am. Bap. Union Ningpo; for Am. Pres. Mission (North), Drs. C. F. Johnson and wife, W. R. Fairies, Misses Mary Brown and E. F. Boughton; for same Mission, December 18th, 1889, Miss M. Deckson, M.D.

At Swatow, November 16th, 1889, Mrs. Dr. Scott, to join American Baptist Mission.

BIRTHS.

At Nankin, November 10th, 1889, the wife of Dr. Macklin, Foreign Christian Mission, of a son.

At Canton, December 13th, 1889, the wife of Dr. H. M. McCandless, P. Board of For. Missions, of a son.

At Changchui, Amoy, December 29th, 1889, the wife of Dr. Fahmy, London Mission, of a son.
COMPRESSED TABELLÆ OF VARIOUS DRUGS.

These Tabellae 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 grna in each).**

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

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

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

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

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

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

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

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