FIRST HOSPITAL FOR HUNAN.

Cumberland Presbyterian Mission, Chang-teh.  O. T. LOGAN, M.D.
THE HOSPITAL IN CO-OPERATION WITH THE CHURCH.

By W. H. Jefferys, A.M., M.D., Shanghai.

Most of us have tried our hand at the development of or perfection of some scheme for better co-operation of the hospital and the church, for the following up by the church of work begun in the hospital, for building a bridge between the two over which some who give promise may be led out from the one into the other. It is an all-important and an extremely difficult subject and one on which somewhat has been written and much labor has been expended. I need not apologize for briefly presenting a scheme which has lately been adopted at St. Luke's Hospitals, Tokio and Shanghai, and was, in this particular form, planned by Dr. Teusler (of Tokio) and myself, with the co-operation of our hospital chaplain, Archdeacon Thomson, and my colleague, Dr. Boone. I have no doubt that other schemes of equal or greater merit have been put in practice in other localities, but the following seems to us to be eminently practical and to have some advantageous characteristics.

I present the plan, exactly as used by us, for simplicity and clearness, and add a word or two in explanation. Its framework consists of three papers; the first a letter which explains itself as intended to set forth the aim of the hospital in using the other two. This letter we forward to every missionary in our own mission and also to all members of other missions who are in the habit of, or might wish to, send us patients and to business men and others who may send us patients and who are at the same time both interested in mission work and live within working distance of the hospital:—
My Dear

It is the earnest desire of the physicians of St. Luke's Hospital to bring the institution into the closest possible touch with every other branch of Mission work and in addition to its individual work to render it a useful adjunct to your own.

The particular plan we desire to inaugurate has for its object a closer and more determined hold on individual subjects who give evidence of interest in spiritual matters, or other sufficient inducement for further attention on the part of those who have the spiritual ends of missions in their keeping.

We beg to enclose certain forms for your use in sending your sick and suffering ones to us for medical or surgical ministrations, and heartily urge you to make use of the same, that we may have the advantage of your former knowledge and intercourse with these individuals and be in a position to give them the most efficient and fruitful personal attention. On our own part, in the case of all persons going out from our care and warranting us in calling on you or your associates to follow up the work begun by us, we will in each case send you information sufficient to fully warrant you in taking up the thread where we have broken the same.

We furthermore earnestly plead for your sympathy and co-operation in this, which must appeal to you as a step in rendering the hospital a means of active evangelistic work, and as the only means in our possession of making use of the many promising opportunities which present themselves in those leaving our institution under the favorable circumstances for spiritual birth engendered by convalescence, gratitude or the first vision of spiritual things.

Faithfully yours,

This letter is accompanied by an appropriate number of copies of the sheets, which are intended to be used by the recipient when sending any patient to us for treatment.
The Hospital in Co-operation with the Church.

Serial No. 190

Chief Physician

ST. LUKE'S HOSPITAL

Shanghai (Seward and Boone Roads, Hongkew).

Dear Sir:

The bearer (address) (age) is suffering from

and desires treatment. He is a Christian.

He is in moderate circumstances

poor

deserving of charity

and is recommended to your attention and advice by

Yours very truly,

Remarks:

Note.—If preferred the above may be mailed to the hospital and the patient given a slip of paper with the address and the above serial number.

On the appearance of any patient bearing one of these letters of introduction, it is placed with the records of the patient, where the chaplain, his assistants and the physicians of the hospital can see it at the head of the bed and serves as an immediate introduction to the patient and a basis for information and conversation. It gives the standing of the patient, his spiritual status and adds a distinct personal touch to our relationships with the individual.
On the discharge of such a patient from the hospital, or of any other who either has been interested in what has been taught him, has had considerable instruction, has been greatly benefited physically or is grateful for the care he has had, or for any other reason gives us sufficient grounds for wishing to follow him up, in any such case, this third paper is used on our own part and is forwarded at once by us to the clergyman of our own Mission, in whose sphere of influence the patient in question lives or otherwise to the Christian missionary who lives nearest to him. Of course if the patient has been introduced by any particular missionary, the return record is sent to the same. And the request goes with it that a later report be made to us of the further observations and progress on the case.

ST. LUKE'S HOSPITAL.

SHANGHAI, 190.

Dear:

Who gives his address as

and lives therefore within your possible sphere of influence, has been treated in our hospital as an \{ in\} \{ out\} patient during

for and cured.
greatly benefited.

He has received religious instruction

and appears interested and also

grateful for medical and other ministrations.

Having done all in our power for him, we beg leave to commit his spiritual welfare to your consideration and care.

Faithfully yours,

Remarks:

Note.—This patient's number on our books is———, which please always use in your correspondence. We shall be greatly obliged if you will make us a brief report of your progress with this man at some later date or dates.
Let me illustrate by a couple of examples. Before this scheme was started, it was about a year and a half ago, there was a young fellow who was struck with a hoe by a foreigner, with the result that two of his ribs were cut through and the lung perforated. It was a serious accident, but the patient entirely recovered in St. Luke's and was sent home well and more than grateful. He had received much instruction and kindness when with us, during a whole month, and was in a very receptive mood when he left. I knew that his home was within ten minutes walk of St. John's College, and if I had asked Mr. Day or any one else to follow him up, he would have done so gladly and the man might easily have been a Christian by this time and a regular attendant at the college gate school or the church. But we had no system about this matter, and I let it go, and I suppose the fellow is about as much of a heathen as he ever was.

On the other hand, there is now in my wards a boy of fourteen years of age. Four months ago he had his knee joint removed for bone disease. He is a lovely boy, and I have in all this time learned to love his bright smile and great patience. When he leaves, as he shall before a great while, he will have been more than half a year in the hospital and all that time has been one of our chaplain's special cares and received a large share of his attention, and has already told him he "would like to be a Christian." But he lives in Pu-tong, across the river, and we have no church or worker there. So when he leaves us I shall send an account of him and his name, etc., to one or other of the two or three missionaries of other churches who are there,* and if I ever hear of him again as a Christian at heart I shall not care that he was never on our hospital books as such.

I might multiply these illustrations and possibilities of the simple idea which, except in this particular form, is not probably new. The chief gains hoped for are more personal touch with a certain proportion of our patients, a basis of introduction and conversation (for with a hundred or more constantly changing patients† it is not easy to be personal with each one or even with the majority) and a practical method of having the work of evangelization which is begun in the wards followed up when our own hold on promising individuals must of necessity be relaxed. Also a possibility of hearing at least in certain instances of the fruit of our planting.

I shall try to report to you at some later time of the results and practicability of this enterprize and meanwhile shall be interested to hear of other similar attempts. It is needless to say that the scheme or any part thereof is entirely at the use of any who see profit therein.

I neglected to mention that envelopes, addressed to the hospital in Chinese, are forwarded with the introduction blanks.

* When the time came, I failed to find any missionary living in Pu-tong at present, but the illustration is what I wish to draw.
† The scheme is only useful with regard to in-patients, and with them only to selected cases. It is not intended for other than such. The words out-patients appear on the letter of introduction, because so many out-patients afterwards become in-patients, and we keep fairly full records of both.
THE EVANGELISTIC ARM OF A MISSION HOSPITAL.

By W. J. Wanless, M.D., Miraj, India.

One of the resolutions passed by the recent Decennial Missionary Conference at Madras reads as follows: "The medical missionary should personally organize the spiritual work in the hospitals and dispensaries under his charge and should take an active part in it." The words of this resolution ought to be axiomatic in the work of every medical mission. As the spiritual teacher of his patients no one can possibly exert so great an influence as the missionary physician himself if he chooses to use his unique position for the purpose, as he has the right to do, and certainly ought to do. The medical missionary makes a serious mistake who is content to relegate responsibility for the spiritual arm of his work to a non-medical colleague, no matter how well the associate be fitted as a teacher or preacher. The ordained or other associate missionaries can, and ought to make, and presumably in most instances do make, a large use of the medical mission, near to or in connection with which they may be located, especially in following up the influence of the hospital in the homes and villages of the patients who come for treatment. But the main place of pointing the suffering patients and their friends who come to the hospital to Christ, the sufferer's Saviour, is pre-eminently the duty and privilege of the medical staff of a mission hospital.

A qualified medical missionary ought to be no more satisfied with his abilities as a mediocre doctor than he is with himself as an indifferent spiritual helper. Professional indolence in a medical missionary, which in itself is undesirable, is not less so than failure on his part to make known the saving power of Christ to those whose physical sickness has made it possible for them to learn of the Way of Life.

To help our native medical helpers to see their duty as winners of souls as well as healers of bodies is the high privilege of every medical missionary—a privilege which can only be satisfactorily enjoyed as the missionary himself seeks to live on earth the life of Him who while on earth went about doing good. In preparing for medical missionaries the thing most needful to plead for by the home church and the thing which above all others the medical missionary staff itself needs to ask for is, that, however excellent the professional results (and good professional results are needful if a work is to live and tell for Christ) the medical staff of a hospital may continue steadfast in the faithful fulfillment of the trust committed to them as the followers of Him who went forth to preach as well as to heal.

Under the present plan in the Miraj Hospital every Christian medical helper—and all the helpers are Christians—has a definite regular part in the
evangelistic side of the work. The eight students in training for medical missionary work, the three compounders and the three native nurses, in turn with the foreign medical staff, have regular spiritual duties as a part of their routine work. In a daily preaching service for outdoor patients; in a brief daily service of song, exhortation and prayer in the hospital wards, which all the medical staff attends; in a Sabbath-school and two other gospel services weekly for the patients and their friends; at the Leper Asylum where a Sabbath-school and another service are held every Sabbath; in a Sabbath-school for school children the Indian helpers in common with the foreign workers have opportunity to testify for Christ and to teach Him as the only all-sufficient Saviour.

In the Bible classes for the medical students and nurses these assistants are encouraged to do personal work for Christ, not only in talks by the bedside and in words of kindness, but especially by doing the kind of works which gives meaning to words.

Gospel tracts are also freely distributed among the patients and gospels and other Christian books are given or sold to the patients. People from six hundred villages hear the gospel every year through the medium of the Miraj medical work.

It is true that many, probably most of the patients, are indifferent to the gospel message. It is also true that many are interested; while some may disapprove of our teaching and preaching, none openly oppose it, and the medical work itself is none the less popular because of the evangelistic work. But whether few or many are really interested, or whether there be visible fruit or not, it is our business and high privilege to teach as well as to heal, and the making known of Christ to people from six hundred different villages annually cannot always remain a fruitless occupation, even though now the influences of the work appear to be only of an indefinite and indirect nature.

It is required of us that we "be found faithful." The results are in God's hands. He is faithful who hath promised that His Word shall not return unto Him void.—The Assembly Herald.

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CHILDREN'S DISEASES IN CHINA*.

By Mary V. Glenton, American Church Mission, Wu-chang.

I spent the best part of my first two years in China, finding out that the same diseases do not manifest themselves in the same way as they do at home, either in children or adults, and that the treatment that worked like a charm at home, fails utterly here, while the treatment that we scarcely ever resorted to there, will usually prove most efficacious here; and last but not least I

*Read before the Hankow Medical Association, May 27, 1903.
found that we meet with and see things here that we would never see at home, and to which is only given a very short space in the text-books used in the home colleges, and an equally short time in the lectures, with no clinical material. My first two years were spent in grasping the fundamentals of practice and therapeutics in China, and I’m still on the grasp.

As I said before, this is a large subject, and it is a problem as to how to divide it into heads, for no matter what two great heads are chosen, each will have sub-divisions enough to fill a book, and it is as much as I can do to write a paper.

The safest division is, to my mind, surgical and medical, although one merges into the other to such an extent that the dividing line is hard to draw.

In the surgical cases we are all familiar with the child brought to us in the advanced stages of hip disease, sinuses galore in the region of the joint, the ankylosed knee, and the atrophied and shortened leg; the mother blandly tells us with her most condescending manner that we may take the child into the hospital if we promise to send him out cured at the end of ten days; another brings a child with a decided hump, the result of Pott’s disease; you may take him in, as a very great favor, for three days, but he is to be returned perfectly well at the end of that time. Some more parents of the same order will bring a child suffering from cancrum oris or noma, the whole side of the face one great black dry mass of necrosed tissue; they will tell you with every notion that you will believe them, that this state of things has lasted four days, and won’t you please give them some medicine to drink that will make the child well? In all these cases you go into elaborate details as to what should and should not, could and could not be done, exhausting your own stock of Chinese and that of every one within reach at the time. The mother picks up the child with a dissatisfied grunt and walks off; at the next medical meeting you find that they have called on your neighbor in another mission hospital, and you are not at all surprised to see the same case bob up serenely at a clinical meeting across the river and not a bit abashed at seeing you there. You wonder what there was in your neighbor’s method that succeeded where yours failed. The question answers itself by your discovering that some patient is now under your charge, that had gone the rounds, but this time you happened to be last instead of the first to whom the patient was presented.

But there are cases that can be helped, if not entirely cured, and it has been my luck to get the first whack at one or two of them occasionally.

When I first began work in Wuchang I was deeply impressed, and I am still, with the way in which serious cases of various kinds yield to patient care and treatment. I have had women and children come to the clinic with feet that cannot be described in any other way than inflamed or diseased or even
putrid masses of flesh, all semblance to a human foot gone, the inflammation extending in most instances up to the knee. I have put the patient to bed, dressed and irrigated the foot twice daily, given quinine internally, and the patient has come out, with one exception, with a fairly good foot, and in the exceptional case the bones of two toes were exposed, and the father refused amputation, as Chinese fathers usually do. Just about this time of year such feet as I have described come in frequently, and they all tell the same story: a scratch or abrasion on the foot, daily working in the rice fields. The negroes of the south work in the rice fields at home in their bare feet too, and we never meet with this state of things; the water here may be dirtier; but the negro of the south will get lock-jaw, on the slightest provocation. To such an extent is this true that some of our American text-books read in the etiology of tetanus: Sex, males more frequent; race, negro greater prevalency. I have formed this opinion, and I ask some one of longer experience to correct it if it be wrong: that the bound foot and its atrophied muscles, misplaced bones, and retarded circulation, hasn't the power to throw off the poison carried to an abrasion, and however slight the abrasion the continued action of the dirty water and the lessened power of resistance in the tissues attacked, bring about this state of things.

Then there are the scalp abscesses that are so frequent here, and as far as my experience goes as nurse and physician at home, they are as rare as they are frequent here. Why this is so I cannot explain, and again I ask for light. The Chinese are a dirty race, but their hair and heads are much cleaner and even freer from pediculi in the coolie class than are our tenement people at home. I can only lay these abscesses to the door of infected razors, but why don't our working men at home develop them on the chin? Italians are not the cleanest people on earth, and in our slum districts at home, in New York at least, the Italians have the monopoly of the barbar trade.

It is needless to go into the cases of dactylitis, suppurating cervical glands, and chronic abscesses generally; these we see at home, possibly as frequently, but rarely in such advanced stages and neglected condition. To pass on, as I said before, the medical and surgical merge the one into the other, as for instance the mucous patches that need surgical dressing, the otorrhoea that takes as much time as would a satisfactory abscess; these cases have to be treated under both heads, and not always with results either speedy or satisfying.

I have had a great many cases of prolapsed rectum amongst the children; they all come at the same time of year, i.e., at the close of the summer vacation. I sometimes have found the protruded bowel covered with thin Chinese paper which has hardened and formed a crust, but which comes off in scraps; getting this off usually gives the child a good start in
the crying process, so that when I am ready to reduce the prolapsed bowel, the child is screaming, bearing down, kicking, and resisting in every way possible. I have succeeded in reducing the prolapse in all cases but one; that case came to the dispensary across the city; the child was cachectic when I first saw it, and each time it came, the bowel was further out than the last. I think I saw the child four times; the first three I reduced the prolapse, but the last I simply could not. I am afraid to say how long the prolapsed portion was; it looked like yards to me. Another very stubborn case was conquered by strapping the buttocks.

One cause for this condition is, to my mind, the position assumed in defecation. At the end of the long summer, with its train of intestinal disorders, the weakened bowel can stand very little strain, the buttocks have no support ordinarily when a child moves its bowels, there may be tenesmus, and even without, prolapse follows. We have to guard against it at home in some children.

The intestinal disorders seem to belong to about the same order as they do at home, with possibly less cholera infantum and more dysentery. The children seem to come through the summer and its disorders better than do the little folks at home, in America at least, and at home even the very poorest have a better chance for life, with the help of district physicians, district nurses and floating hospitals, etc., while here, injudicious feeding, dirt and neglect, all help on the disease.

Speaking of intestinal disorders, brings me to intestinal parasites. It is the rule of the mission hospital in Shanghai (or it was when I was there) to give santonin and calomel to each patient on the night of admission. I have not only adopted it as a rule here, but I find it a good plan to follow a similar rule with the children in dispensary practice.

I had one child come in a year ago for tubercular glands. Her bowels refused to act after the initial dose (I gave santonin, calomel), followed by salts and castor oil galore, even resorting to a drop of croton oil on the tongue; the bowels still refused to act, and my helper, who was untrained, reported failure after two enemata. I was very busy, and it wasn't till late in the afternoon of the second day of dosing that I could find time to give an enema myself. I finally managed it, however, gave it very slowly and with intervals of rest, and to my extreme gratification (for I thought I had an obstruction) I succeeded in getting the bowels to move. A mass of squirming worms came away, over a hundred; the child was relieved from pain immediately and slept soundly. For about four days she kept passing these things, about twenty each day. I gave her santonin once a week regularly, and every week the same result; worms for three days. She left at the end of six weeks, or I should be dosing her yet and possibly with the same result. You are all very familiar with the enlarged abdomen of en-
largement of the spleen, and you have all been called at some time to children in convulsions, who had been that way for six or eight days, and who would promptly go into another at the slightest touch. Some of these cases, in my experience, have recovered; in others I have never heard the result; and still others have improved, but in a day or two have fallen back under Chinese treatment.

I went through an epidemic of cerebro spinal meningitis in Shanghai, I was called to several cases, but only knew the final result in one, and she was in the mission family; she recovered.

The disease, or symptom rather, that baffles me most is the ever present dropsy in the slave girls. Will somebody tell me what to do for it? I find albumen and I give diuretics and heart tonics, for the heart is generally all out of order. I tap and the child fills up again in less than a week, and after a while I get to where I can't tap any more. I have given steam baths and put the child to bed; the face then swells to an enormous size, being more swollen on the side on which the child lies longest; she gets up, and her face goes down. In one or two cases, when I have gotten hold of the child in time, I have sent her away improved, but in the majority of cases, the child has been taken home to die, or left in the hospital to do the same thing.

I have seen very little pneumonia; in fact practically none amongst the children here. I have had cases of capillary bronchitis, and it was in connection with this disease that I found out what a large dose of ipecac it takes to get an emetic effect on a Chinese child.

The exanthemata seem to attack Chinese children in a milder form here than at home, except possibly scarlet fever. I had a case in Shanghai that was not fatal in itself, but it caused great mortality nevertheless. An in-patient, a child, caught scarlet fever; she had found her way into the waiting room during dispensary hours, and a case of scarlet fever was there waiting to be seen. The child was promptly isolated, and her father was informed of her condition; he came to see her, bringing with him her brother; after they had gone, I found, to my horror, that the boy was a St. John's College boy. The boy was sent home before I had had a chance to spread the disease through the College, and the father took the girl home to Kia-ding. She went from the hospital to the boat in a public rickshaw and from Shanghai to Kia-ding in a public boat. The child recovered, but there were twelve deaths in the alley in which the family lived, and all the sickness dated from the child's arrival.

Speaking of Shanghai calls to mind cases that should have been brought in under the head of surgical cases. I had at one time, while I was there, seven children, babies all of them, coming for daily dressing with poisoned arms, the result of vaccination in the native city. One child had a slough
shaped exactly like a clover leaf, but about three times as large as the largest clover leaf that I have ever seen. When the slough was removed, there was a three-leaved hole extending down to the periosteum. This soon healed up, as did all the other cases with one exception. Amputation seemed the only hope in the exceptional case, but when I told the mother she acted like the ship that they sing about. She never came back.

I do not think it wise to take up the time with the long train of constitutional and hereditary disorders that are not, strictly speaking, children's diseases.

Skin diseases in children are about as they are in adults, running chiefly to scabies and eczema, with psoriasis for variety and the ever present tinea of the scalp.

Then we have the malarial fevers, typhoid and beri-beri, but these are not, strictly speaking, children's diseases, and any way I have seen only one case of beri-beri, and that was in Shanghai. I think, in fact I know, that I could write a much larger and fuller paper on What I am anxious to know about Children's Diseases in China. I have tried to touch specially on the diseases that are not seen at home, or if seen, are less common than they are here, and I hope that this paper will evoke many suggestions and such discussions as will give me many valuable points in this important branch of my work.

HOSPITAL EVANGELISTIC WORK.*

By Mary Lattimore, Soochow.

"Go ye into all the world and preach my Gospel." There are many ways in which the followers of the Christ, in these days, strive to obey the command of the Master. We preach, sending men to proclaim the gospel even to the uttermost parts of the earth. We build schools and colleges, and men and women spend their lives in the education and training of the young. We send teachers to the women, gathering them into schools and classes, or go from home to home and village to village telling them of the doctrine of love and peace. And we build hospitals, and devoted physicians give all their learning and skill to healing the sick. From all Christian lands we come, bearing each one of us the message to those who sit in darkness. We all have one aim and object in life—to obey our Master. If for any cause we fail to bring Him to the people we live among, our work is all in vain and our lives lived for naught. The question then to-day is, How shall we tell of Him to those who come to us for healing of the body and how shall we win them

* Read before the Soochow Medical Association, April, 1903.
Hospital Evangelistic Work.

for Him? First we must believe ourselves that we build our hospitals, open our dispensaries, and send our physicians, to win souls and heal bodies. If we do not put the soul first in our prayers, our thoughts, and our plans we fail in what we have started out to do. From the physician to the humblest Christian all must feel that they are working together with Christ to win the soul from darkness and to heal the diseased bodies of those who enter the hospital. In a Children's Home in Washington, just as you enter the hallway, there is a beautiful white figure of our Lord. With outstretched pitying hands He stands as if to welcome the little children. So in our hospitals He should be the lovely unseen presence whom we all serve and try to bring to the knowledge of others. And this cannot be the work of any one person. It cannot be done by chapel prayers or bed side teaching alone. Often and often it is the gentle touch or softly spoken word of the physician that makes the poor patient realize the truth she may have heard from the teacher of the doctrine of love. Or it may be the kind look or ready service of the nurse or servant which makes her feel the reality of the presence of the Lord. But just as the physician has method and order in her care of the bodies, so must we in our work for the souls. For this work every hospital should be well equipped. There should be a foreign evangelist in charge, with Bible women and teachers in proportion to the need. The greatness of the opportunity should make us ask and expect from our missions all the needed force to carry on the work. The physicians with their many cares should not be expected to have the added burden of the supervision of this work, but their own share of it should never be overlooked or neglected. We must work patiently day after day, week after week, not looking for great results, but happy if we can win some recognition of our Master from the dark, sinful lives we touch.

The clinic will give us many opportunities. The chapel is the place for the Bible women and the foreign teacher to become acquainted with the patients as they wait their turn to see the physician. Many a story of sin and sorrow is told here, many glimpses given into the lives of those who come. Here is the place to take the addresses of those who seem interested, for future visiting. Of the many who come some go away comforted, for they have heard "good tidings;" some listen, but do not comprehend, and some refuse to hear. It is good for this work in the clinic to take a personal form rather than that of a service, so that each corner may feel that you are interested in her. Reading of the Bible and prayer they may not understand, but the word spoken directly carries meaning and force. If the clinics are large other Christians should be invited to help, so that all may feel the responsibility and share in the privilege. Be sure that every one is invited to the next Sabbath service, for people respond to a special invitation. Sometimes tracts may be distributed here and calendars may be sold or given away with good results. In the office the physician and her assistants, even in the
midst of a busy clinic, often find an opportunity for a word, and many times
this word has more effect than all the previous teaching. These clinic patients
should, as far as possible, be visited in their homes. Especially should those
who have seemed friendly and interested not be lost sight of.

But it is in the wards that the best evangelistic work is accomplished.
After chapel prayers attended by all who are able to leave their beds, each
patient should have personal teaching. This is best done after the physician
has made her rounds. Here again one gets many a confidence. Here is the
place to let each one know that the Lord we serve is their friend. How
often they respond to this quiet heart to heart talk. This is the Bible woman’s
best opportunity as well as yours. Here timid ones are encouraged, sorrowful
ones comforted and those who seek Him find. These patients, too, should be
followed up in their homes, being frequently visited and taught. A school for
such patients as are able to study, and for those who may have come with
patients, is a good thing. Parts of the Bible, hymns, the Lord’s Prayer, a
catechism, may be profitably studied and much less time left for idle talking.
It is a good plan to have this teaching include your hospital servants as well,
their work being so arranged that they may have at least a half hour’s daily
study.

Prayers in the evening may be led by the students and helpers in turn,
being very informal and all being encouraged to take part. Attendance on
the Sabbath services and weekly prayer meeting should be urged, but not
forced. These are, in brief, some lines along which we may work, enlarging
as we may find opportunity.

Very important is the place prayer should take. Remembering that unseen
presence we should invoke His help and blessing on every part of the work.
Prayer before clinic with those who are to take part is most helpful. Just a
pause in the busiest part of the day to ask Him to bless those who come and
help those who minister, draws every one very close to the Master. How can
any one be anything but pitiful to those in the dark if they are just from
their knees? Prayer for any one very ill and prayer before operations, and
at the time, make all feel that they too have a part to take in time of special
need. Teach a little prayer to each patient if they are willing to learn.
Some of them turn so eagerly and simply to Him for help. Do not preach too
much, but “speak often” of the Lord. The physician as she makes her rounds,
the student, Bible woman, servant may all speak their word. Who knows
which will bear fruit, this or that?

What are the results then? Are the discouragements many? The results
are only known to the Master; they do not much concern the servant. Some
women find the Saviour and acknowledge Him in lives given to Him. Some
find help and comfort as they win their way back to health, and some, thank
God, find the road from their sick beds to heaven. Of them all the Father
Some Clinical Notes from Ka-shing, Che-kiang. 101

keeps the record. Discouragements? There are none except in ourselves. In our work to win souls the result is sure whether we see it or not and we wrong Him if we become discouraged.

Work on all together then, physician, teacher, helper, servant, each one in her own place, and as the Lord gives it to her, doing hospital evangelistic work.

SOME CLINICAL NOTES FROM KA-SHING, CHE-KIANG.

By W. H. Venable, M.D.

Case I. A young man of some wealth and prominence came here suffer-with a traumatic stricture of about a year's standing. He also had a large perineal abscess, and could pass only a few drops of urine at a time. After incising the abscess he could pass urine voluntarily through the perineal wound and did not suffer from incontinence. The tissues were so soft and friable that I did not consider it wise to undertake any operation for the restoration of the urethra at the time. He was emaciated and haggard looking when he first came, but when he left a week or two later his condition was very much improved.

In about a month he returned with the perineal opening very much con-tracted and begged for another operation. The inflammation had subsided and the tissues were in a better condition, so I decided to see what I could do in the way of restoring the urethra. Unfortunately the inflammatory process or the injury which caused it had obliterated about an inch of the urethra, so I decided to bring the near end of urethra into the perineal wound and stitch it there.

This was a disappointment to me, but to my surprise the young man was delighted with the result of the operation. It has been about a year now since the operation, and he has perfect control of his bladder, and there has been no undue contraction of the perineal opening.

The patient is a married man with several children. He declares himself perfectly satisfied with the result of the operation and does not desire any further attempt made to restore the urethra.

Case II. A boy six years old was brought to the dispensary with the history that the day before in play his brother had struck him on the head with a hoe and since then he had not been able to walk. I found that both legs were paralyzed, and, on exploring the scalp wound on the top of his head, which was just about in the middle line, I found a depressed fracture. The wound was filled with a plentiful supply of ashes.

I removed with chisel and mallet several loose pieces of bone which were pressing against the duramater, but apparently had not penetrated it. I did
not dare to put these pieces back as I felt sure the wound would suppurate. About the third day the little fellow began to regain the use of his legs, and in a remarkably short time could walk as well as ever. The wound healed by granulation.

Case III. More than a year ago a woman came to the dispensary with carcinoma of the breast. The entire breast was removed and the incision extended into the axilla, but the most careful search failed to reveal any enlarged glands, so the axillary fat was not removed. She made an uneventful recovery, and when she left she was cautioned to return immediately if anything like a lump appeared in the scar.

She came back the early part of the year with a nodule in the old scar and an enlarged gland in the axilla. She said they had been there for several months, but on account of illness in her family she was unable to return sooner. The nodule was excised with a good margin of apparently healthy tissue, part of the pectoralis major was removed and the axilla thoroughly cleaned out. She has gone home now for the second time.

Unfortunately in cases where the disease recurs locally after operation it is apt to recur also in the bones and internal organs.

I remember a case that I saw in a hospital in the United States. A woman came to be operated on for recurrent carcinoma of the breast. The nodules in the old cicatrix were removed and the axilla cleaned out. During her convalescence, the nurse one day turned her over in the bed. She gave a scream and complained of intense pain in the right leg. On examination a fracture of the upper third of the femur was discovered. She gradually became weaker and weaker, and within a month or two she died. Post mortem, the femur was found to be the seat of the extensive carcinomatous deposit. This case made an indelible impression on my mind, and I always think of it when I have a case of carcinoma of the breast.

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**REVIEW.**


Among the blessing that fall to the lot of the editor on the frontier of medical civilization is the receipt of an occasional book from some enterprising but none the less kindly disposed publisher.

When anything comes from the pen of any number of such a conscientious hard working body of high caste professional men as the Marine Hospital Service contains, it is very apt to be worth reading and Dr. Roseman's book is no exception to the statement. It is convenient in size, admirable in arrangement of its subject matter and clear and concise in statement.
The book opens with a very readable introduction on the nature of what he very happily designates as communicable diseases, their true cause and position in the pathological world and a brief statement of the means for their prevention and destruction. The first chapter is devoted to the physical agents useful in the great warfare in the following order: Sunlight, Electricity, Burning, Boiling, and Steam. For the second, Electricity, there is so little utility that there seems hardly an excuse for mentioning it except that in a thorough treatise on such a subject none of the known means ought to be left out. Steam naturally has the most space given to it, and there are very neat illustrations of sterelizing apparatus from the simple Arnold sterilizer of our hospital days to the elaborate and costly quarantine steam chambers big enough to sterilize a family at a time.

In chapter second the gaseous disinfectants make their début. Here our old friend sulphur and our new one formaldehyde naturally play the leading roles, and more neat and interesting apparatus is shown, which makes us wonder if it would be possible even with such things to disinfect a Chinese village, and also how long it would be before our obituary notices reached home after the attempt.

Chapter III begins with the general consideration of the conditions necessary for successfully using chemical solutions and the methods by which they should be employed. Bichloride of course heads the list, followed by carbolic acid, the cresol group, formaldehyde, pemangranate, the lime compounds, ferrous sulphate, zinc, chlorid, and the soaps. The action of each is carefully weighed in the balance of the most thorough investigation and their merits and demerits judged not only by the work they actually do but from the practical side of economy.

Chapter IV deals with insecticides applied to disinfection against the insect-borne diseases.

The chief offenders against whom the armament enumerated in this chapter is used, are the fly, the mosquito, and the flea, and now that the rat is recognized as a disseminator of the plague he comes in for a share of the odium and the sentence of extermination in time of epidemic.

In Chapter V, the methods of disinfection practicable for use of ships, houses, and objects of all sorts usually found therein, are taken up briefly and the articles classified in alphabetical order, which make a very convenient chapter for reference.

In the last chapter, on the disinfection for communicable diseases, there is a good deal of very valuable information in very condensed form. The diseases are not arranged in any definite order, which is perhaps unfortunate, though it may have been left so intentionally. But the information about each disease, its true cause when known, with its characteristics as a bacterian or...
protozan agency so clearly described with the definite directions for its destruction, or rendering it innocuous, leave little to be asked for. Dr. Roseman emphasizes a fact that is too often forgotten, that it is the mild and unsuspected cases of these communicable diseases that are often more potent sources of danger than the more severe ones against which the community, if intelligent, is on its guard.

Here, in this great country, where the community is not on guard against disease of any kind, the pity and the hopelessness of being able to instill such ideas is well-nigh overwhelming. Yet in spite of the temporary depression of spirits it causes, such a book is an inspiration to us all, and we can but feel that such a work has a helping hand for us who are striving to bring the light of science and healing to those who know not and regard not its laws.

Report of the Municipal Health Department of Shanghai.

Right in line with the above work, we receive the Annual Report of the Health Department of the Shanghai Municipal Council. The subject matter therein does one's soul good to know—that such progress in sanitation and preventive medicine has been made in the Far East. The manufacture of our own vaccine and rabies and diphtheria antitoxines are of inestimable value in a community of this kind where we must by force furnish our own civilization with all its accessories. During the year that has just passed the epidemics of cholera and scarlet fever did much to swell the mortality record. The present year so far has been remarkably free from disease. For the week ending June 6th, 1903, only one death from communicable disease was reported at the health office, and that was diphtheria.

The amount of sanitary inspection of markets, dairies, laundries, streets, and the care with which sanitary regulations are being enforced, is such an object lesson that the Chinese, stoic and lethargic though he is, must ask himself, is there not good in all these things? With such an efficient agency for the prevention and alleviation of disease as the Municipal Health Department, can the example be in vain? We believe not, if we believe in the ultimate triumph of knowledge over ignorance and good over evil. With the gospel of health or with the teaching of the Master it must be "precept upon precept, line upon line, here a little and there a little."

HOSPITAL REPORTS.

It is always a pleasure to receive the reports of what others are doing. The first report to come to hand was Hangchow Medical Mission, C. M. S. It seems almost incredible that so much work can be carried on by so few. Dr. Main must surely have an efficient native staff to enable him and his
colleagues to care for such an extensive work, and the spirit of the report setting forth the needs as well as what has been accomplished, is worth more and gives more real ideas of what the work is than pages of statistics could possibly do.

We can give Dr. Main and his colleagues no higher appreciation than by expressing the devout wish that there ought to be hundreds of men where there are only scores doing such work as they are doing and in the same spirit of consecration.

The Tooker Memorial Hospital, Northern Presbyterian, under the charge of Doctors Frances F. Cattell and Mary E. Fitch, sends us a very readable and encouraging report from Soochow, covering its work from the opening of the hospital in October, 1901, to September, 1902.

The hospital has had a very useful beginning and ought and will do much to relieve the untold suffering which exists and will exist in this great land so long as sin and superstition and ignorance are the standards of living. The total cases treated were 4,433, of which 105 were in-cases, 3,172 dispensary cases, and the remainder divided among the out-stations and visits to patients’ homes.
Acids internally in Pruritus.—Prof. H. Leo, of Bonn (Semiaire Medicales, XXII, No. 51) recommends a trial of hydrochloric or sulphuric acid in all cases of generalized pruritus of obscure origin, whether there be alkalinituria or not. Some time ago he was called to a man suffering for more than a year from very intense generalized pruritus. Nothing abnormal could be found save an alkalinity of the urine due to an increased elimination of phosphates; so the doctor ascribed the pruritus to hyperalkalinity of the blood. Accordingly he prescribed a 50 per cent. solution of hydrochloric acid in doses of ten drops every two hours. As a result the pruritus diminished in intensity and the urine became clearer. After several days a one and a half per cent. solution of sulphuric acid was given, a tablespoonful every four hours, and still the strength was increased to two and a half per cent. The pruritus soon disappeared completely. Dr. Leo has applied the same treatment with success in another case of generalized pruritus and in a case of vulvar pruritus. In these three cases the urine was alkaline, but in three other cases it was of normal reaction before instituting the treatment, and yet the results were very satisfactory. Of course there were some cases in which the treatment was not successful.—Philadelphia Medical Journal, March 14th, 1903.

Oil of Turpentine in the Treatment of Ringworm and Tinea Versicolor.—Leven (Jour des Mal. Cut. et Syph., April, 1901) advocates the use of turpentine in the treatment of vegetable parasitic diseases, particularly ringworm and tinea versicolor. In the former it is applied to the patches on pieces of linen, night and morning, while in the latter disease it is rubbed in daily for five minutes. At about the end of six days a certain amount of dermatitis ensues, which is followed by epidermal exfoliation. The skin is then treated with some simple emolient application.—Philadelphia Medical Journal, January 10th, 1903.

The same journal reports the following two instances of eruptions following the ingestion of drugs:—

An Eruption from the Ingestion of Salicylate of Soda.—Morrow (Brit. Journal Derm., November, 1901) records a case of dermatitis from salicylate of soda occurring in a woman, aged twenty-five, who was suffering from acute articular rheumatism. The patient was taking six to eight grains a day, when at the end of forty-eight hours an eruption, consisting at first of erythematous patches, later surmounted with vesicles, appeared on the forehead, gradually spreading over the entire face. The eruption persisted until the tenth day. The salicylate was discontinued and the eruption disappeared four days later. Some days later the administration of salicylate of soda was resumed, and two days after this the eruption reappeared, fading again upon the cessation of the drug.

Quinine Erythema.—Robey (a case of dermatitis medicamentosa. Boston Medical and Surgical Journal, April 3) reports a patient suffering from intermittent fever who experienced an outbreak of erythema each time quinine was taken. Three hours after the ingestion of this drug a little redness appeared on the face and hands; at the end of five or six hours the erythema became generalized and was accompanied with intense
itching. On the following day the redness faded and on the fourth day a desquamation in large flakes began.

X-ray Treatment in Acne and Sycosis.—Dr. Wm. Allen (Journal of Cutaneous and Genito-Urinary Diseases, May, 1902) contributes interesting data upon the subject, an ever widening one, of the X-ray uses. He has chosen for his field acne and sycosis a welcome departure from the somewhat overworked cancer experiments, Darier and other French observers have shown in their studies of alopecia in guinea-pigs, produced by Roentgen rays, that the effects on the epithelial structures of the skin are to increase the vitality of the least differential skin elements, while the differentiated elements, nails, hair and glands, undergo retrogressive changes and atrophy (yet the X-rays are being used by some in alopecia areata to restore the hair!) That these atrophic changes in the appendages of the skin occur, is abundantly confirmed in the microscopic changes in skin exposed for a considerable time to the effects of the X-rays. Another property of the X-rays is their inhibitory effect upon the formation of pus in the skin. This property of the X-rays has been shown in the reports of a number of observers, and the writer has repeatedly seen it illustrated in the clearing up of ulcerated surfaces exposed to the effects of X-rays. These two effects of X-rays—the atrophy of the cutaneous follicles which they produce and the checking of pus formation—furnish good pathological grounds for suggesting a priori the use of the agent in the treatment of acne. Observations upon this subject were first made in cases having slight acne, which were under treatment primarily for hypertrichosis, and following this hint Dr. Pusey began to treat intractable acnes by exposures to X-rays. Having used the method in a number of cases his results are interesting to note.

Case 1. Miss A., age 22.—This patient was put under exposures to X-rays in July, 1900, for hypertrichosis. On the chin and around the mouth she had an acne simplex of moderate severity. The lesions were usually indolent, inflammatory papules, without much induration and rarely with the formation of well-marked papules. During July, August, and September, 1900, this patient was under exposures to X-rays with a production of some dermitis, and she has been under similar treatment at intervals during the last year. After the development of the first erythema her acne disappeared, and she has had no lesions within the last year.

Case 2.—Miss B., age 26. This case is identical in all essentials with Case 1. The treatment began January 17th, 1901, and the patient has had practically no acne since the production of the first slight erythema a year ago.

Case 3.—Miss C., age 26. Began treatment June 28, 1901, for hypertrichosis. This patient had suffered for a long time from a slight acne about the chin, with a considerable number of comedones and constantly occurring outbreaks of a few indolent, inflammatory papules. She had been more or less constantly under my care for several years for this acne, and I had never succeeded in relieving her of it. Since the production of the first erythema in September, 1901, she has had no acne lesions. All three of the above cases have been constantly under observation. They have had X-rays exposures at intervals during the last year for hypertrichosis, so that the effects of the X-rays upon the skin has been maintained. In all these cases the skin is smooth and soft and the result is satisfactory from a cosmetic point of view. There is evidently slight atrophy of the skin in each of these cases. In each there has been slight pigmentation of the skin produced at one time or another by the X-rays exposures, but in none of these has the pigmentation been persistent.
Seven further cases were treated for acne alone by the same method, and Dr. Pusey sums up as follows: The results are unique in my experience, so direct and constant in all of the cases that I think there is little room for doubt that they must be attributed to the effect of the rays. In no case thus far that has been under treatment long enough to expect results, have I failed to see a beneficial effect from the treatment. If any conclusion can be drawn from so small a group of cases the method is in advance over any other way of treating acne with which I am acquainted. I have avoided opening pustules and giving the patient antiseptic applications or other local treatment, and have also, as far as possible, avoided giving any internal treatment, in order that the effects of the X-rays might be as conclusively shown as possible, but there is, of course, no reason why these patients should not have the benefit of other procedures in their treatment while still having the exposures to X-rays. The indications to be met by the use of the X-rays are to cause atrophy of the dilated sebaceous follicles and the prevention of pus formation. In no case has there been any undesirable effect on the skin. I have in one or two instances seen pigmentation which persisted for a few weeks, but never any that caused serious annoyance. Occasionally the erythema has been quite noticeable for a few days. There is no other affection which I have undertaken to treat with X-rays that has proved so tractable as acne. All of the cases I have exposed to a very weak light, using a soft tube and as weak a current as would illuminate the tube. The treatment has in each case been stopped at the first sign of pigmentation or erythema, and in no case has improvement failed to appear simultaneously with the development of these evidences of the effect of the X-rays upon the tissues. Of course in treating a cosmetic difficulty like acne the greatest caution must be used to avoid untoward effects, and the susceptibility of these patients to X-rays has been so marked in my experience that I do not feel like recommending the treatment without a warning against the use of any but the weakest light in carrying it out. A light that is just sufficient to show as a faint green glow in the tube has, in my experience, proven entirely effective. I am sure that such a light, when used with caution, is perfectly safe in these cases. In this connection Dr. Pusey also reports a case of sycosis, because the same two properties of the rays of inhibiting the formation of pus and causing atrophy of the follicles of the skin come into play. Photographs of this case, before and after treatment, show the beneficial results of treatment. The hair over the area exposed has failed to appear as yet.—Medical Review of Reviews, February 25th, 1903.
The China Medical Missionary Journal.

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Editorial.

THAT MEMORIAL.

The most interesting matter of special concern to medical missionaries in China that has developed since our last issue is the preparation and circulation by the Central China Medical Missionary Association of the promised memorial to be presented to the Chinese government through the Consular Body in Peking, the object of which is to secure the abolition or at least a rebate of the duties imposed on medical stores imported for use in mission hospitals. The full text of the memorial is quoted in another column for reference on the part of those who have returned signed the only copy sent them.

With regard to the object of the memorial it is hardly necessary to say that it has the fullest sympathy of the Journal and probably appeals forcibly to every medical missionary in China as well as to many others less vitally affected. The cost of imported hospital supplies, including freight, packing and insurance, is the heaviest burden of our hospital economics and limits our usefulness as well as taxes our resources to the utmost, and it does seem most reasonable that there should be no added weight placed upon our backs by the government of the very people we are taxing out strength to the utmost to serve.

The organization that has the matter in hand is the most active as well as perhaps the most successful of the local medical bodies, and it seems as if in all respects it is using the surest and most tactful means to accomplish its object, and we feel confidence in its discretion and force. I wish that we might feel as sure of success. Unfortunately the question is, as pointed out in our last issue, not a new one, nor is the attempt to solve it. The powers that be have been tactfully approached before on the same subject and the matter referred to those in authority,
but, alas, with unfavorable response. It seems that it proved a matter in which no interest, on the part of the officials, could be aroused and that there was a flat refusal to mitigate a tax which so evidently "came out of" the foreigner.

However there is so much reason in the thing, and reason usually prevails in the end, though that end is often postponed. We may win this time or we may open up the road towards victory. There is some disposition on the part of the central government, at the present time, to be accommodating in matters of secondary importance, and this is in our favor if we can obtain the attention and sympathy of our representatives in a matter which is to them also of secondary importance as compared with the big questions which center around Peking.

For those who have aspirations and have not been through the mill, we might add that there is not the slightest chance of gaining a local rebate on any particular shipment of goods. The thing has been repeatedly tried, and though those locally in charge are invariably courteous when approached on the subject, they are right in as invariably refusing to exceed their authority in the matter.

W. H. J.

SO CAN OTHERS DO!

The Central China Medical Missionary Association is in charge of the above matter, and deservedly so. We cannot say too much in praise of this fine body of men and women. Would that there were many others like it in China, not men nor women, for there are such, but physicians organized and working as local centres of scientific and professional progress and culture. The centre of this body is Hankow, but so earnest is the zeal thereof that it is able to draw some members from fairly distant cities. There is no better organized medical body in China, none which does more work or better work, none which makes itself felt so positively for good and none which uses its material to as good advantage. Some of our most interesting reports emanate therewith and its members are among our most frequent contributors.

The meetings of this body are of the utmost professional interest, and something really good is presented every time. And yet in some ways it works at the greatest disadvantage, being far from the coast and centered in a district that demands the utmost of its members' time and energies in their individual posts.
Shanghai, which should be the easiest point at which to organize and operate a local center, has nothing to show at all. It once had a local society composed of a number of eminent men and women, but nothing is left thereof but a few none too pleasant memories. The claim is now made by those whose consciences are tender that there are "so many demands on one's time in Shanghai," and this is a true claim, for, in a sense, a busy city with its multiple interests and aims does, though we strive to avoid distractions, surely take up one's spare moments. Visitors, transient guests, lectures, public meetings and a hoste of other essentials and non-essentials draw us into the whirl, but this is merely excuse making, not absolution. For our own part our sins are painfully evident to us. I trust that every physician in China, outside of the happy members of the C. C. M. M. A. and the like, feels as guilty as we do in this matter, has as good resolves as we have had for some time past and will bring them to bear fruit as we have not done.

There should be at least ten such medical local organizations in China to-day. Peking, Mukden, Shanghai, Canton, Amoy, Hangchow, Soochow, Hankow, Nanking (and others) should be so locally organized as to develop to the utmost the local interests of their work, and each center should stand as a chapter in the China Medical Missionary Association which represents them all and through the Journal seeks to unite the whole medical missionary body.

We have in Hankow a splendid example of what has been done and can be done by those who are in earnest and realize the immense gain to themselves and others which the conscientious sacrifice of a few hours a month can accomplish.

W. H. J.

SIDE LIGHT ON A SHANGHAI MATTER.

There has been a spirited argument going on in the North-China Daily News and Herald lately on—I really hardly know how to word it fairly, shall I say the righteousness or at least excusability of the individual foreigner in summararily judging and administrating corporeal punishment on natives on the streets of Shanghai, for what is placed by different writers under such heads as slowness, stupidity, obstruction of the thoroughfare, obstinacy, carelessness, etc. Each such head and many others more and many less culpable are applicable to special cases, and we make no pretence of denying the facts that some Chinese are all of these, while most of them are unused to foreign laws, methods
and speeds of road travel, and consequently get in the way as often as they succeed in getting, as they attempt to do, out thereof. The lay view of the question or most of it has been ably argued and at such length that the editor of the Herald has, with reason, refused future space for letters on the subject, and we propose to go but briefly into the matter from the usual standpoints, for Mr. McIntosh has fully stated the reasons on one side and others have even more fully stated the excuses on the other.

Three ordinary phases of the question were not, in our opinion, clearly pointed out, namely the unmanly cowardice of striking a dog, chicken, or man whom one knows will not strike back. In Shanghai one is more certain of not being struck back at by a Chinese than one would be who would strike a two-year old child. It did once happen that a Chinese struck back. It is a matter of history that three drunken sailors once struck a Chinese and shoved him off the walk of the Garden Bridge. It was the one chance in a million, and the Chinese happened to be the official human punching bag of the Shanghai Boxing Club. The story is a sad one for the sailors. Less than a minute was the official time we believe. There never were three more astonished sailors in the world's history, and there was but that one true boxer in Shanghai. If only there were less Boxers up north and a few more of this style in Shanghai, there would be less lawlessness in both quarters.

Then there is the beastly vulgarity of losing one's temper so hopelessly on the public street. It is not considered good breeding to strike an equal; let alone an inferior (?), not to speak of grey hairs and blind men.

And thirdly, Shanghai boasts of its good horsemen and whips, and it is usually considered one of the essentials of good horsemanship to be able to avoid obstacles and drive safely; and the carelessness of Shanghai drivers and the consequently diminished culpability of pedestrians is certainly strongly suggested by the extraordinary number of runaways and accidents that occur constantly in this city.

And there is another view of the whole question that has not, so far as I am aware, been heretofore followed to its end. It concerns the mental attitude of the average foreigner in Shanghai and other Eastern ports towards the native, the attitude of carelessness for feelings, of disregard for opinions and usages and of general inconsiderateness, which begins with rudeness and ends in brutality.

Perhaps the best point in the East from which to see the advanced stages of this undesirable condition is the receiving ward of St. Luke's
Hospital, Shanghai. If the average foreign gentleman in the East could see the extremes to which daily discourtesies to the Chinese are carried by those foreigners who have not his breeding and self-control, and which are more than literally daily and painfully evident in our receiving wards, he would take off his hat in humility to every coolie he would meet for the next month and step aside to allow him to pass by. It has become almost our routine in the dispensary, in addressing an accident case to ask first how it happened, and in perhaps one-half the applicable cases the next question is, Did a foreigner do it? And again in perhaps one-quarter the cases the answer is, "Yes." Now considering that there are only a few thousand foreigners in Shanghai and more than half a million Chinese, this routine practice of ours is, to say the least, suggestive of a peculiar state of affairs.

The commonest accident to Chinese feet is "run over by a carriage," often driven by a foreigner and more often by a native driving a foreigner. Gentlemen gently push Chinese off the pavement, sailors beat them often till the blood flows. One man "touches" a Chinese mildly with his whip to hurry him up, while another cuts through a boy's ribs in a fit of temper. The police are allowed to slap Chinese as a daily practice and then are ordered to arrest a Portuguese and perhaps later hang him (though I doubt the latter), because he rushed out of his house and murdered a Chinese who accidentally touched his parlor window in pulling on his coat.

I think that I am not exaggerating when I say that one-third the accidents that happen to the Chinese in Shanghai are directly or indirectly due to foreigners and to their carelessness of Chinese life and limb.

The Negro in America, a far lower order of human being than the Chinese, and the later comer, is incomparably more courteously treated than is the Chinese by the foreigners in the East. It is the spirit, the attitude of the foreigner in the matter that is at the base of the trouble. And the clearest example of this mental inconsiderateness that I have yet seen occurred only the other day, when a ship captain sent us four coolies who had fallen down the hold of his ship and all received severe injuries, one of them dying therefrom, and who wrote at the same time a note to say that he merely sent them to us for treatment but wanted us to clearly understand that the ship took no responsibility in the matter and would defray none of the hospital charges. (Our regular charges are twelve Mexican cents a day for each patient.) I believe that legally he was correct, but there are ways and ways of doing things. This is
not by any means the usual way, for the majority of business interests are most considerate of employees injured while at work, and such firms as Farnham, Boyd & Co. give them every attention and pay all their hospital charges most graciously.

W. H. J.

A REQUEST.

We wish we could bring home to the members of the Association the feeling that is in our hearts in regard to our relations with you. You have seen fit, for reasons best known to yourselves, to elect us editors of the Association JOURNAL. The majority of you in your journeyings to and from your centers of work pass through Shanghai, and yet we might as well be in Guinea for all that we see of you.

Now this is hardly fair. I grant that when you do go through you are generally in a hurry to reach your destination. be it the home land for your furlough, or the well-loved spot where you are doing your life work, which is to many as much home as any other place. But you have a duty to your colleagues that you must not forget. Here in the most accessible place in China are your editors, either or both of whom would be only too glad to meet you and talk over our common interests, with the many problems involved, and receive your sympathy and advice, and yet you go and come and we never, or rarely, see you. No doubt in many instances lack of time is a real obstacle, but often you are in the city for several days; why not look us up, or send us your card to let us know where you are, and at least give us a chance to show that we are fellow-human beings?

We will certainly be civil, and I believe you will find us positively friendly.

Two very valuable ends might by gained by this simple proceeding. It would be a distinct advantage to us to know you personally, and it might inspire you either from goodwill or compassion to take a more lively interest in the JOURNAL. It is a poor rule that won't work both ways. Dr. Jefferys may be found at 2B. Minghong Road, Hongkew, or at St. Luke's Hospital, Telephone No. 909, and the undersigned lives at St. John's College. Telephone 203.

C. F. S. LINCOLN.

FOUR MORE REQUESTS.

Shanghai is a place to which sooner or later nearly every physician in China comes, either on business or for pleasure or en route to some other port. Will you not all, when passing through Shanghai and when
possible, give the Editors of the JOURNAL the pleasure of meeting you personally either by calling on them or by telling them of your whereabouts and giving them the chance of calling on you. It is in every way desirable that the Editors should meet personally those whom they are trying to serve and have this opportunity of hearing from you of your special work and interests. Many, we have the honor of knowing already, but there are some of the older physicians we have not yet met and there are always new comers. We beg you to give us the privilege of meeting you all.*

Will you be good enough to see that the Editors always receive a copy of your reports. These are of extreme interest to us and to all and yet we sometimes fail to see them. And if you have any good cuts in your reports do let us reproduce these in the JOURNAL in making extracts from your reports. We shall take the best of care of them, pay all postage and return them in good condition.

Will you send us any or all photographs taken by you, either of cases, of hospital buildings, of operating rooms, and other matters of professional interest. And if you have no time to write at length, just make a few notes on the back and we will use them to great advantage.

Will you please write more for the JOURNAL if you wish it to be of real interest and representative of us all. A journal written by the editors is the poorest of the poor and always narrow in its point of view, and it is mighty hard on all concerned.

W. H. J.

* This and the preceding Editorial were written by the two editors without previous consultation, and we have allowed them both to go in, that you may realize the sincerity and positiveness of the same desire expressed in both editorials.

In answer to questions on the subject of the Medical Conference to be held in Kuling in August, we have been furnished with the following information by Dr. Booth, Secretary of the C. C. M. M. A., who has charge of arrangements:—

**Wesleyan Mission, Hankow, June 6th, 1903.**

**Dear Mr. Editor:**

Re the Medical Conference to be held at Kuling this autumn, the following particulars may interest your readers:—

1. Date—either two days preceding or two days in week following the landrenters' meeting (Friday, August 6th, 1903).

2. No delegates are expected, but any and all are welcome. All medical residents at Kuling are expected to give their hearty support to make the meetings a success.
(3). No special arrangements have been made for the presence of the officers of the C. M. M. Association, but it is hoped that any present on the hill during the sessions will give their aid.

(4). I cannot say whether the Conference will have any authority to appoint committees, etc. The Ex-president of the C. M. M. A. was asked last year to arrange a conference through the medium of the Central China Branch of the C. M. M. A. Whether such official initiation is sufficient to warrant any definite action will remain an open question. The discussion on the Central China medical school is certainly but one of feasibility.

(5). Question of locality of the school will be discussed.

(6). As far as I personally know there is no “thought of a co-education scheme” in the “minds of the agitators of the Central China College.”

(7). Re the question of affiliation with existing colleges and schools, in case of the school going to Nanking, Soochow, or Shanghai, I cannot say anything one way or the other. The Central China Branch of the C. M. M. A. have been principally concerned in either Hankow or Nanking as the proposed centre. Such a question will need careful treatment.

(8). The following in a sketch of the programme:—

**Discussion.**—“Asepsis and Antisepsis,” opened by Dr. Woodward, American Church Mission, Nanking.

**Discussion.**—“The Microscope as an Aid to Diagnosis,” opened by Dr. Logan, Chang-teh.

**Discussion.**—Central China Medical School.
- Location—Dr. Gillison, L. M. S., Hankow.
- Language—Dr. Hodge, W. M. S., Hankow.
- Curriculum, etc.—Dr. Gillison.
- Finances—Dr. Hart, M. E. M., Wuhu.

**Discussion.**—“Methods of Medical Mission Work,” opened by Dr. Beebe, M. E. M. Nanking.

I am, very sincerely yours,

R. T. Booth.

The following is the text of the letter and memorial recently circulated among all medical missionaries in China for consideration and signature. Our latest advices are to the effect that 226 were sent out, and before the end of June 140 replies had been received. “As soon as all replies are in, the French copy, with signatures attached, will be forwarded to the Doyen of the Consular Body in Peking.”

**CENTRAL CHINA MEDICAL MISSIONARY ASSOCIATION.**

HANKOW, APRIL 18TH, 1903.

DEAR ______:

In response to solicitations from various parts of the empire in reference to the duty imposed on medical stores, the above Association has initiated a Memorial to be presented to the Chinese government through the Consular Body in Peking. I herewith enclose you a printed copy of the same, and shall be glad of your signature if you agree with the principle. Kindly affix two signatures, as we intend to attach one to the written Memorial and to retain one for reference.
A copy of the Memorial is being sent to every medical missionary in China. Please return to Dr. R. T. Booth, Wesleyan Mission, Hankow, by return post,

And oblige,

Sincerely yours,

R. T. Booth,
Hon. Secy.

To H. E. Edwin H. Conger, Esq.,

Envoy Extraordinary and Minister Plenipotentiary of the U. S. A.,
Doyen of the Diplomatic Body at Peking.

The humble petition of the members of the China Medical Missionary Association sheweth:

1. That your petitioners are medical men and women practising in China in hospitals and dispensaries established by European, American, and Chinese subscriptions, to provide medical and surgical aid to the Chinese, such aid being given either gratuitously or for a nominal fee.

2. That the initial cost of establishing these hospital and dispensaries and the annual cost of maintaining them, is very large, as thousands of Chinese patients are treated annually; many lives being saved and untold suffering relieved.

3. That the duties levied on imports under the new Commercial Tariff will be a serious burden to the finances of these hospitals and dispensaries, as almost all their drugs, dressings, instruments, and appliances are of necessity imported from other countries. The burden is the more grievous, as hitherto all such drugs, etc., have been admitted to China duty free, and the estimates of expenditure have not allowed any margin for the payment of duty. It is not easy to secure increased voluntary contributions to meet a claim of this kind, and the inevitable result will be that any sum paid in duty will have to be taken from funds otherwise available for benevolent aid to the Chinese.

4. The Chinese themselves regard it as a meritorious act to grant indulgences to charitable institutions, and surely the hospitals and dispensaries, conducted without cost to them, are as worthy of consideration as the institutions which they themselves finance.

Your petitioners therefore pray that Your Excellencies will bring this their petition to the notice of the Chinese government and ask that, on production to the Customs' officials of an affidavit, sworn by the consignee or his representative before a Consul of the nation to which he belongs, stating that the goods in question are to be used solely for the purposes of a hospital or dispensary established to provide benevolent medical and surgical aid to the Chinese, the goods in question shall be admitted duty free.

And your petitioners will ever pray, etc.

Editorial.
Hangchow Medical Mission, C. M. S. The year under review has been a busy one, and there has been decided growth and development in every department, but it has been by no means sunshine all the time. We have had inward strain and outward trial in obeying the call of suffering humanity, which during the cholera epidemic was a very loud one. However, when under the cloud we tried to keep smiling as in the sunshine.

Too much stress cannot be laid on taking a personal interest in the patient and listening attentively to what he says about himself; we must not be intolerant of talk that serves no purpose, as a Chinaman delights in describing his sensations (which are often difficult to understand) and laying the whole history of his case before you, his having consulted the gods, suffered much at the hands of many physicians, swallowed pounds of medicine, spent all his money, etc., etc. What he says may be useless, but it is not useless to listen, as it gains confidence and that is half the battle.

The Chinaman does not as yet recognise the danger of infection, or perhaps to speak more correctly, does not seem to see that there is any possibility of prevention. It is not an uncommon sight to see a man covered with small-pox, at the most infectious stage, sitting sipping tea with his friends in a crowded tea shop. Cholera visited us in June and did not finally disappear till the end of September. During all our long residence here we can remember nothing like it, and we hope never to have to pass through such a time again. Hundreds died in a day, and not less than 10,000 coffins were carried outside the city; accurate statistics are difficult to obtain where no official registration of deaths is kept; they seem to think there is no immediate danger of the race becoming extinct. Many buried so many members of their family that they could not buy coffins, because the prices rose rapidly when the epidemic was at its height. In fact the demand for coffins at one time was so great that they could not be had at all, and many dead bodies were simply wrapped in ordinary straw matting and deposited at the gates of the public charity burying ground. For some days the stench was so appalling that I have seen men falling down, being overcome by it, and in visiting patients in the city I have seen as many as seven dead bodies lying in the streets in one day. It is usual to keep the confined dead for some time in the house and at intervals perform certain rites which are supposed to insure a happy entry of the deceased into the spirit world. This custom was only adhered to by a very few, and nearly all were carried outside the city and placed on some waste piece of land, but only in a few cases were they buried. The signs and symptoms of the disease seemed well marked in some cases, while in others there was nothing upon which to base a reliable diagnosis. The epidemic was a severe one; many were cut down suddenly and unexpectedly before there was time to summon medical aid. Death often took place after a few hours' illness; patients who walked to the hospital died in the consulting room. The people were thoroughly scared, and many of the rich classes shut themselves up in their compounds and had no communication with the outside world; others went to homes in the...
country, while others hired old women to chant prayers to keep the scourge from their doors. It would take a long time to tell of the various methods of treatment.

After the cholera had disappeared we expected a little respite, but no sooner had it left us than typhoid, dysentery, and malaria fever were upon us, and in October and November we had more work than we had strength for.

The new dispensary at the Settlement was opened in August.

The new Opium Refuge was a great boon and a blessing to the ninety-one who came to us with their minds made up to be cured of the enslaving habit.

Through the great kindness of the Mission to Lepers we were able to rebuild and enlarge and very greatly improve the Lake Leper Home, so that we can now accommodate all the lepers there, where they enjoy fresh air, lovely scenery, fishing, boating, hill climbing, and gardening, etc., etc.

The Convalescent and Fresh Air Homes were well occupied and several cases of consumption underwent open air treatment with most satisfactory results. The beneficial effects of pure air on some of the symptoms of phthisis is very striking as well as gratifying to the patient.

In the past year over ten thousand treatments have been given in the dispensary to thirty-three hundred patients, while three hundred and twelve cases were cared for in the wards; of these thirty-eight were female. It has not been a rare thing to see over one hundred patients a day, and to perform from three to six operations under anaesthesia. Quite two-thirds of all the diseases treated were directly caused by filth, immorality, or malpractice. Let us not dwell upon the sad details. The fact alone will bear witness to the depths of ignorance, superstition, and sin that make it possible.

The pressing need is for hospital extension. The amount of work done in the first year of this hospital is much above the average of hospitals in China, while its capacity ranks it with the very smallest. Quarters intended for twenty-five patients have been forced to accommodate thirty or even more. But the church's opportunity will not be fairly met until this capacity is increased to one hundred. To do this will require for land, building, and equipment about ten thousand dollars.

St. James' Hospital, Nganking.

"The main hospital building is a two-story brick structure, eighty feet long by thirty wide, having a covered verandah extending the whole length of its eastern side. The gateway, a prime feature in Chinese architecture, is a very striking one, thirty feet high, with graceful pagoda-like roof of several tiers, and is embellished with the grotesque brick and stone carvings and tinted landscapes, in which native decorative art takes delight. It invites a favorable comparison with the approaches to other public institutions in the city.

Medical Missionary Society's Hospital, Canton.

"It is with pleasure we submit here with a brief report of another year's work. There has been no interruption in the routine work of the hospital. Many important operations have been performed and the work of healing, combined with the Christian influence exerted, has had its effect upon those who came to the hospital. The tendency of the Chinese is to adopt Western methods of healing in place of their own crude methods which have so often caused the sacrifice of life and happiness. Among the rich and poor alike, where they recognize dangerous illness, the foreign physician is largely sought after, for they know they will find sympathy and help. The serious
nature of many cases brings a responsibility which often weighs heavily upon the physician and calls for the very best he can do.

Some improvements in the premises and hospital outfit have been made during the year. The main dispensary has been thoroughly renovated, additional light and ventilation with a cement floor and enlargement of dispensary accommodations have proved of great value and added to the efficiency of this department. Early in the year a large portion of the upstairs wards in the men’s department was relaid with glazed tile, rendering those wards very desirable for patients from a sanitary standpoint. The rebuilding and enlargement of one of the outbuildings was also found necessary, so that the expenditure in the line of general improvements has been more than usual. The comfort and safety of patients has been greatly enhanced by a more liberal supply of bedding and clothing. The difficulty of securing permanent wardmasters and the help necessary for the care of ward supplies have limited to some extent the expenditure in this line which was provided for the first of the year, part of the grant being carried forward to the new year.

On the first of October Dr. Paul J. Todd, sent out by the American Presbyterian Board, was welcomed to the working force of the hospital, and he is now busily engaged in the study of the language. Dr. Todd is well equipped for the work before him and possesses those qualities which insure successful work among the Chinese. In the summer Dr. C. C. Chan resigned from the hospital work on account of ill health and to accept an easier and more lucrative position. His place is at present being well filled by our native house physician, Dr. Nye Sik-pang, who has had a wide experience in the practice of medicine.

The work in the women’s department has included many interesting cases. The two native women assist-
neither case presenting any very striking features. One was that of a girl aged twenty years, who had been tapped about a year previous. She was greatly reduced in strength, only weighing about ninety-eight pounds before operation; the tumor, a unicellular cyst, after its removal, weighing fifty and one-half pounds. Firm adhesions along the right parietal wall had to be severed and also some small attachments to the omentum. At the end of the second day the patient went into sudden and fatal collapse; post mortem examination showing the direct cause of death to be due to secondary hemorrhage, combined with exhaustion. The other case was in a more favorable condition; the tumor, a multilocular cyst of twenty-eight pounds in weight, being removed without difficulty, and the patient making a good recovery. Dr. Katherine Myers ably assisted the hospital physicians in these operations, and to her we are much indebted for the skilful management and care she exercised before, during, and after operation upon these cases.

Monstrosity.—This case was that of a boy four years of age, whose development was in every way normal, and who was brought to the hospital for the removal of a growth loosely attached opposite the lower lumbar vertebra and sacrum. The mass was congenital, and consisted of a fetus, in which development had been arrested early in the fifth month of intra-uterine life. The cutaneous surface with some of its appendages showed complete development, hair was growing from the scalp, the early formation of the cranium could be made out, and on one foot a toe-nail, similar to that in the living child four years old, was present. The cutaneous surface, which was contiguous with that of the living child, showed no line of attachment or demarkation corresponding in development. The Roentgen rays revealed the cartilaginous formation of a considerable portion of the skeleton, more particularly the cranium and extremities. A deep double fold of skin, thin and delicate, enveloped the main portion of the trunk. A broad attachment to the living child extended from the anterior portion of the trunk. The mass was removed without difficulty; an incision six inches in length being made parallel with the sacrum and lower lumbar vertebra, two principal arteries and one vein being severed. In the attachment and extending close to the spinal column, but not adherent, was a pouch-like projection apparently corresponding to the rudimentary formation of the alimentary tract in the half developed fetus. The weight of the mass, after removal, was four and three quarter pounds, length twelve inches and greatest circumference seventeen inches; the specimen being preserved in the hospital museum. The patient made a quick recovery and seemed very happy over being relieved of the burden his little life had carried.

The Roentgen rays continue to be of great practical advantage, especially in cases of gunshot injury and fractures. One case of extensive lupus exulcerans was placed under treatment with the rays, but the patient did not remain long enough to obtain a complete cure.

The general arrangement of the hospital work is here given for the convenience of those who reside in Canton.

Daily ward visitation—6 a.m. to 8 a.m. and 4 p.m. to 5 p.m.

Daily office consultations—9-10 a.m. and 3-4 p.m.

Out-patient, clinic—Mondays, Wednesdays, and Fridays, 10 a.m. to 1.30 p.m.

Operating days—Tuesdays and Thursdays, 10.30 a.m. to 1 p.m. Wednesdays, 2 to 4 p.m."

Chungking General Hospital, M. E. Mission.

"In March, 1902, we moved our medical work into the new women's hospital preparatory to tearing down our old hospital and re-
building. This new building has given us a better opportunity for doing good work than we have ever enjoyed before. The plan of the building is excellent, and is without question the best building west of Shanghai for the treatment of women and children.

We have had the pleasure of welcoming Miss Dr. Edmonds during the year. She expects to take over charge of the women’s work soon, and we have no doubt that this branch of the work will greatly increase with a lady doctor to care for the patients.

It is a credit to the Mission and no less to the city in which it is located. The building stands on the site of the old hospital buildings, which is one of the best, if not the best, in the city, located in a bend on the city wall. It has three sides open to cool and fresh breezes which blow off the Kialing River, which flows 300 feet below. It has the advantage of being in and still out of the city.

The first floor has office, native reception room, chapel (which will seat about 125 persons), drug room, pathological laboratory and museum; also eye ward and two medical wards (one large and the other small), three private rooms, bath-room, and store room.

The second floor contains dental room, operating room, anesthetic and dressing room, sterilizing room, one large surgical ward, three small surgical wards, bath room, two private rooms for natives and three private rooms for foreigners. The third floor contains lecture room, dark room, eight private rooms for patients and nurses, and for the house staff; one large ward, bath room, store room, linen closet, and isolation ward. A large corridor bisects the building lengthwise on each floor, a smaller corridor, extends through the main building at right angles to the main corridor, a hollow square from the basement to the roof, is lighted by a large sky-light, which not only furnishes light but also ventilation. There are six flights of stairs, each four Chinese feet wide, from the basement to the upper floor, and a rear stairway from basement to upper floor. The building is furnished with an elevator, which will be used only as a dumb-waiter at present. The machinery for the same was brought from America. Each floor is supplied with speaking tubes to the basement, which we hope will do away with unpleasant sounds constantly disturbing the quiet of the hospital. The building is surrounded on all sides by wide verandahs, and in each gable end is located an alcove, which not only improves the artistic appearance of the building but also affords a pleasant view of the surrounding country.

The entire building, which will cost, exclusive of furnishing, Taels 11,000.00, is a memorial of several persons in the home land, and we trust that it may fulfill the highest expectations of our many kind benefactors.

With this excellent new building we hope to be able to do a more effective work for our Master in the future than we have in the past. Nearly 700 persons were treated as in-patients during the year; these 700 patients furnished us with over 18,000 days’ treatment. The character of the work done during the year has been higher than any previous year. Among the number of major operations performed we had three caesarian sections, in which two mothers and three children were saved, and a record breaking ovarian cyst which weighed seventy-two pounds and six ounces.

We have long realized that the greatest lack of hospitals in China was proper persons in the capacity of nurses to care for the sick. The Chinese know absolutely nothing about nursing, and it is with the greatest difficulty that you are able to convince them that as much depends upon the nursing as the medicine which is given. They have great confidence in medicine, but do not seem to attach any importance to the care of the sick. The training of Chinese
for nurses is one of the most difficult of tasks. In the past we have relied upon our medical students to do the nursing, but have come to the conclusion that in order to have this important work done as it should be, it is necessary to set apart those who have nothing else to do than care for the sick. In the beginning of the year three young men were taken on as nurses, who have written an agreement to stay with us three years. We hope to give them some practical instruction, and trust to be able to impress upon them the importance of this work.

The drug-store in connection with our work is more and more proving that it is a legitimate part of missionary work, and has a right to exist. We have met with those who thought that no missionary should engage in business, but we are thankful to say that by far the largest proportion who understand our object have commended the enterprise. The Chinese are so accustomed to "kiang" the prices when wishing to purchase, that it is quite out of the ordinary for them to meet with any one who won't "kiang," and I have come to the conclusion that they rather like it, if I am to take the increase of business during the past year as an indication that they have confidence in a one price store. Our sales during the year amounted to over Taels 8,000,00."

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Statistics for 1902 of the London Mission Hospital, Hao-shih.

1900 the work was interrupted by a riot due to the general unsettled state of the country. Hospital has been conducted in native buildings up to the present. I am glad to say that we are now starting to build suitable premises, having received a generous gift from Rev. Robt. Dawson, B.A. of London, for that purpose. You all see we get plenty of surgery, and it has been much blessed of God. There was one death due to operation, namely the lithotomy; the bladder wall was torn by the forceps and led to bleeding. An iliac abscess also died; we had refused him once, but he returned and, as I feared, ultimately died. There has been quite a run on these iliac abscesses deep down on the loin needing an opening back and front; also two appendicitis abscesses.

The number of iridectomies is exceptionally large and some have given splendid results. Probably the most useful was that on a child of three years who, from being blind, became able to see well enough to be able to chase fowls; it was a girl, so probably it has been God's means of saving that girl from a life of misery and shame.

We now find among the patients a wide knowledge of the gospel and its simple truths. In hospital prayers I have generally used the miracles and parables hoping they would get well acquainted with the Jesus of Peter, James, and John.

In prayers with the staff, I have hit on a most useful method and one that has been of great blessing to us. I have appointed each day of the week to one man to prepare for; the capable ones but suffice for the purpose. New Testament and Old are read on alternate days. The man responsible prepares his portion for the day; we read around, verse by verse, then he gives the meaning of what we have read in plain language; should he make mistakes I correct him; also he has commentaries to refer to in preparing or can ask me. He is not allowed to preach; only to give a literal interpretation. Sometimes I ask a few questions on the past few days reading, then I ask someone else to pray and we close with the Lord's Prayer. In this way we have gone through Genesis, Exodus, the Gospels and Acts, and I have never known the interest to flag.

I have been most deeply interested to hear the Bible expounded by un-
trained readers; sometimes the new light thrown on it has been most surprising. But in the main they seem to get exactly the same kind of sense out of it as do simple evangelists at home. I believe this plan is better than my expounding daily or the evangelist doing so.

The staff consists of an evangelist and his wife; the latter sees after the women; three students, three coolies, one cook, and a special man to mind the opium smokers. You will see that the number of the latter, eighty-four, is a very large one. The work, though hard, has great encouragements. About fifty per cent, perhaps remain permanently cured. Some have been enormous eaters. One man took three drams of raw opium thrice daily, followed each time by a bowl of spirits to hasten the effect. His cure was very simple as he went into a fit when the craving came on, and came out of it when it was over, so that he did not suffer at all.

LIST OF SURGICAL OPERATIONS.

Under Cocaine.

Eye:
- Entropion ... 87
- Iridectomy ... 47
- Ectropion ... 7
- Cataract ... 3
- Hypnopion, cornea punctured 1
- Cauterising corneal ulcer 3

Under Chloroform.

Bone:
- Necrosis removed 25
- Dislocation reduced 4
- Fracture set, com. bound 1

Amputation:
- Leg 1
- Finger 2

Excision:
- Elbow 1

Genito Urinary:
- Penis amputation 2
- Penis circumcision 15
- Hydrocele, radical cure 1
- Lithotomy suprapubic 1

Died.

Rectal:
- Rectal prolapse, attempted reduction 1
- Fistula in ano 48
- Haemorrhoids 3
- Foreign body removed 2

Tumours: Fibroma ... 3
- Carcinoma ... 2
- Adenoma ... 1
- Nevus ... 1
- Fatty ... 1
- Enchondroma ... 1

Sinus:
- Scraped 5

Ulcer:
- Grafted 1

Abscesses needing anesthetic, including four iliac abscesses and two appendicites 41

Glands removed ... 11

Cut nerve united ... 1

Harelip repaired ... 6

Cleatrix ... 1

Obstetric. Forceps ... 2

One mother died. Seen sixth day and fetus putrid.

Simple fractures, teeth, small abscesses, tappings, etc., were not tabulated.

GENERAL STATISTICS FOR EIGHT MONTHS.

Out-patients: new, old 10,456
male, female ... 240

In-patients: 1
Opium habit broken, about eight left uncured 84

L. M. H., Hiau-kan. The report of the London Mission Hospital and Leper Asylum, Hiau-kan, Central China, is perhaps the most interesting of the last three months. We quote somewhat at length therefrom. In a personal letter Dr. Fowler writes that this cut, which we reproduce on account of its peculiar interest, does not represent all the inmates of the leper asylum as, at the time the photo was taken, many sick ones could not leave their rooms.

"The great event of the past year was the opening of the modified Chinese buildings, described in our last report as a dispensary and hospital. On that occasion our friends, the veteran missionary, the Rev. Dr. Griffith John, and Dr. Thos. Gillison, of Hankow, came out by the newly constructed railroad, and a large number of converts, native evangelists, and others met in the waiting hall to join in the opening service. From that day to this there has been a constant stream of patients—sick, halt and blind—to see the foreign surgeon. . . .
INMATES OF HIAU KAN LEPER ASYLUM, JANUARY, 1903.
As a matter of fact curiosity leads many to us in the first instance. Probably the chief factor, however, in bringing about the above large attendance is the idea, now pretty well established, that we can cure where the native doctors are powerless to help; in other words, we have what the Chinese consider "good luck."

All classes of Chinese society have visited us during the year and have been prescribed for or operated upon. . . .

It may strike some of our medical friends as curious that we have again to report no fatality in operative work. There is a reason for this, and we pass on the idea for what it is worth to others who, like ourselves, live away from the treaty ports. Our plan is never to refuse to operate on a male patient so long as he takes the risk upon himself. Thus, if a man comes in a condition in which operation would be more than usually dangerous, we honestly tell him the facts of the case and advise no operation. Should he still beg for it, we insist on his sending for some friends or relatives to consult with them as to what he had best do. Then follows much talking and arguing; friend after friend is called in, and usually it leads to the patient concluding that the advantages to be gained by operation are too small to warrant the risk. Sometimes, however, a case will come in so desperate in character that friend and patient alike urgently beg for an operation. We make it a "sine qua non" that there shall be one or more friends present at the operation in order to see fair play. We could tell of curious remarks made by our spectators and of many fears expressed, lest the man should never wake again from the administration of the chloroform. The plan works splendidly. There is afterwards no suspicion that we have plucked out an eye or mysteriously abstracted blood or "virtue" or what not. The Chinese are wonderfully suspicious and inventive, and we need on that account to do everything quite openly. If we remove any tissue—a tooth even—we offer it always to the patient or his friends. Did we try to keep it we might lay ourselves open to being accused of making medicines of it. The man is removed to the ward and we still demand that a friend shall remain with him until all danger of a relapse is past. In all cases when death has seemed imminent we have kept in mind the desire of every Chinese to die in his own home and have frankly told the man and his friends the condition of affairs. Acting in this way we have never heard a word of reproach when the patient was removed or after his decease. The plan, forced upon us in the first instance for self-protection, has relieved us of much anxiety, and, a thing not by any means to be despised in China, the good name and "luck" of the hospital has been maintained."

_Hiau-kan_  
_Leper Asylum._

Work among our lepers, as time goes by, becomes increasingly interesting and fruitful. As we endeavour to record the events of the past year the prevailing thought in our mind is one of great thankfulness that so many poor suffering mortals have benefited by residence in the Asylum. We regret to state that the specific treatment for leprosy has yet to be discovered. The past year, like former ones, has given birth to several so-called specifics. At one time we hoped for the survival of at least one of the remedies, but experience has not warranted us in placing too much reliance upon any. We fear each will be like so many of its predecessors, only a palliative, and not a specific.

All that can possibly be done for the leper in the meantime is to succour him in his distress of body and give him all the comforts possible as he nears the end of his earthly suffering.
It is difficult for any of our home friends who have not been in the East to realise the fate that awaits many of the lepers living outside an asylum. A man so long as he can move about to beg, manages to keep body and soul together. He lives, it is true, the life of an outcast, and the portico at the door of some heathen temple is often his only shelter. When his disease becomes so bad that he is no longer able even to crawl, then his fate is sealed. With no one to pity, he turns his face to the wall and dies a miserable death from utter neglect and starvation. Such things as are common sights here would not be tolerated in the homelands. If ever by chance any such thing occurs there, the newspapers and public sentiment are up in arms at once. But in China, it is nobody's business. Here it can be said with the utmost truth as was said of Israel of old: "There is no truth, nor mercy; nor knowledge of God in the land. By swearing and lying, and killing and stealing, and committing adultery, they break out and blood toucheth blood."

It goes without saying that, except among the Christians, the golden rule is unknown hereabouts, and compassion may always be regarded as a minus quantity.

This year our asylum has lost many of its oldest inmates. The cholera epidemic already referred to in the Hospital report laid siege to our place, and although we were able to save our poor fellows from succumbing to the cholera itself they were so enfeebled by its attack that afterwards more than a third of them passed from their weight of afflictions to their reward above. Although death is inevitable and comes sooner to the leper than to many, it is not without feelings of heartfelt grief that during the year we have bade good bye to this one and that one whom we had learned to regard almost in the light of personal friends. . . .

It has been our wish for some time to have one ward always open for lepers which any missionary of any society in Central China may recommend or send us.* As soon as the buildings are completed we hope to send a circular to all our fellow-missionaries to this effect. We are certain from the remarks of many who have spoken to us about the matter that such a ward will be highly appreciated by medical and clerical missionaries alike. The leper dispensary has, during the year, been more than usually patronised. It is a curious fact that during the past eight months tuber-
cular leprosy has shown a very marked activity. The tissues have been invaded and nodules have formed with surprising rapidity. These nodules have, moreover, in many cases broken down quickly. From a medical stand-
point it is interesting to note also that all who died during the year were the subjects of tuber-
cular leprosy. The anaesthetic form of the disease has shown no abnormal symptoms.*

* This should prove a great convenience to hospitals having no accommodation for leper patients.

Curriculum of the Med-
cial School, St. John's
College, Shanghai.
The stu-
dents at-
end the
same class-
es in religious instruction as those in
the science and arts course. All the
instruction in this school is given in
the English language.

FIRST YEAR.
Anatomy (Gray).
Physiology (Huxley).
Chemistry. Inorganic (Remsen).
Materia Medica and Therapeutics
(Warner).
Histology.

SECOND YEAR.
Anatomy (Gray).
Physiology (Power).
Organic Chemistry.
Materia Medica and Therapeutics
(Warner).
Practical Chemistry (Jarmain).
Physics (Jones).
Physical Diagnosis.
Pharmacology.
Pathology.

**THIRD YEAR.**

Dispensing and Pharmacy.
Medical, Chemical Laboratory.
Diseases of Children and Skin Diseases.
Diseases of Eye, Ear, Throat, and Nose.
Surgery.
Medical and Surgical Clinics.

Special Clinic—Eye, Ear, Throat, Nose.
Caretaking and dressing.
Surgical Cases.
Obstetrics.

**FOURTH YEAR.**

Practice of Medicine.
Clinical Surgery.
Diseases of Children and Skin Diseases.
Surgery.
Special Clinic—Eye, Ear, Nose, Throat.
Caretaking and dressing.
Obstetrics.
Correspondence.

Dear Editor: Your letter and the last Journal came recently. I read every article and consider it a splendid number.

First Hospital for Hunan.

Enclosed find a photo of our new hospital, the first one for Hunan I think. The building has eight feet of stone foundation, four feet being under ground. The walls are of brick and are fifteen and half inches thick. The outside dimensions of the building are 25½ by 62½. The wood used for both outside and inside was “sha muh” (杉木). The floors, windows, etc., are painted with Chinese varnish (漆). The verandah is covered with “P. B. roofing,” which enables us to have it much flatter than we could if tiles were used.

Downstairs is a large ward, a drug room, consultation room for outdoor patients, and a six feet hall, in which is the stairway leading upstairs. In the second story is the surgery, which has a skylight to receive the north light, besides two north and one east window, a laboratory with dark room adjoining, also four private rooms and two halls. The attic can accommodate a few patients in case of emergency. The cost of building, including stone walls and the repairs of old walls, is Hankow Tael 3,000.00. The building site cost 2,150 Taeas. The work was done by the day. The workmen had never seen a foreign building (one mason excepted). All Chang-teh missionaries are strongly in favor of day by day work. We have found it cheaper and more satisfactory than contract work, while the work of supervision is the same.

The building site and furnishings are the result of our Sunday-school collections on two “Rally Days” in 1901-2.

Yours truly,

O. T. Logan.

Chang-teh, Hunan, April, 1903.
abdominal wall by four sutures. The wound was then closed and a firm abdominal bandage was applied. On the fifth day it was evident that the fluid was returning and by February 6th so much had reaccumulated that she was again tapped. She was also tapped on February 17th and 28th and on March 10th and 21st. The amount of fluid was not always measured, but estimating from the times it was measured, I should say, the average would be twenty pints. The patient became much discouraged, and on March 22nd left the hospital, and we have since heard that she died within three weeks of reaching home. Though the fluid returned so persistently after the operation that it could not be called successful still it was of interest to note that the superficial abdominal veins above the site of the laparotomy wound were very much enlarged, showing that circulation had been established between the omentum and the abdominal wall.

During all the time that the patient was in the hospital, medical treatment was directed to the reduction of the hypertrophied spleen, and when she left the hospital the spleen was appreciably smaller.

Number 3 is a very intelligent Christian woman, thirty-four years old. She has suffered from tuberculosis of the lungs for several years, and at the Chinese New Year I was called to see her and found her suffering from tubercular peritonitis. She came into the hospital, and after two weeks complained of discomfort from pressure of the fluid. I then performed a simple laparotomy, making an incision about two inches long and found the peritoneum freely studded with smaller tubercles. After evacuating the fluid—about six pints—and allowing air to enter, the wound was closed. Up to the present time, two months later, there has been no appreciable return of fluid.

Yours very truly,

ANGIE MARTIN MYERS, M.D.
Hope Hospital, Amoy, April, 1903.

Editor "Medical Journal."

In the name of the Hankow members of the C. C. M. M. A. I write to protest against some of the statements contained under the section "Habits" in Dr. Stanley's article on Chinese Hygiene in the April Journal.

Dr. Stanley may have been speaking purely from a sanitary point of view, and possibly has gathered his facts from his own practice.

His statements do not agree with our experience. If they are not contradicted they may do much harm through being circulated in the Journal as if representing the views of medical men whose practice lies chiefly amongst the Chinese.

In our practice it is certainly not true that "prostitution with its evil train of disease is comparatively rare."

Spirit (Chinese wine) drinking is largely indulged in throughout China, and the Chinese form of drunkenness is comparatively common.

Stating that the evil of the drink habit is greater than the evil of the opium habit, surely is of little profit. Both are alike ruinous to body and soul. We do not agree with Dr. Stanley that "in comparison with alcohol the evil wrought by opium is trivial." We hold that the evil wrought by opium is terrible, and that it is mockery to say that "the opium habit is perhaps more nearly equivalent to tea drinking or tobacco-smoking," when it causes ruin to home, squandering of fortune, selling of wife or children, moral destruction, physical dilapidation. Why do hundreds come to our hospitals every year, paying to get rid of their vice, if the evil of it is no worse than tea drinking?

I am,

CECIL J. DAVENPORT,

Acting President C. C. M. M. A.

WUCHANG, May 29th, 1903.
DEAR MR. EDITOR:—

In your last number (April) you published an article which is, I imagine, a cutting from Dr. Stanley's Report.

I am sorry that such an article should have been published in your columns without some explanation. Were our C. M. M. A. to give its unqualified support to many of the statements which Dr. Stanley has made in it, serious harm might be done. However as the article has been published, I trust that some good may result, and that opinions will be freely expressed on some of the remarks which Dr. Stanley has rashly, in my opinion, made.

I have not time to take the article paragraph by paragraph and note in passing the various objections which I desire to make. I shall merely take up the more important ones—those dealing with the moral aspect of the question.

In his paragraphs on food, houses, disposal of the dead, clothing, there are a variety of disputable points, but they sink into insignificance when we read his remarks on "Habits" and note his "Conclusions."

"Drunkenness is practically nonexistent in China," says Dr. Stanley. "In comparison with alcohol the evil wrought by opium is trivial," so of course to reconcile these two statements he has to make a third, viz., "The opium habit is perhaps more nearly equivalent to tea drinking or tobacco smoking." To all these statements I wish to give an unqualified denial. I have only been four and a half years in China, but in that short time I have seen sufficient both in Shanghai and Hankow to convince me that drunkenness is truly existent in China. Only a Chinaman gets drunk and shows the effect in a different way to a European or American.

I have seen a fair amount of opium cases, acute and chronic, and have seen some of the misery following therefrom, and while I cannot go as far as some have gone in their statements on the question, I can go far enough and say that opium is the curse of China morally, socially, and physically (although "opium produces scarcely any changes that can be recognised post mortem").

"Opium," says Dr. Stanley, "is perhaps the equivalent in China of alcoholism." I wish he had underlined perhaps and put some note of interrogation after it.

He doesn't say where the alcoholism he can compare it to exists, but I presume he means Europe and America, from his reference later on to tea drinking and tobacco smoking. Surely Dr. Stanley wouldn't admit that alcoholism and tea drinking were equally deleterious, morally, socially and physically to the inhabitants of those countries.

"Prostitution," says Dr. Stanley, with its evil train of disease, is comparatively rare."

Some people use 'comparatively' in a very wide sense I imagine. I do not imagine that a single medical missionary could or would endorse such a remark as Dr. Stanley has thus made. One would imagine that Dr. Stanley had never seen Chinese patients. Yet I am told that he has an hospital under him, and I also learned, while in Shanghai, that close to one of his hospitals there is a street of about fifty houses, every one of which is a brothel!

Speaking from my experience in hospital work in Hankow during the last four and a half years, I am compelled to say "that prostitution with its evil train of consequences is only too common!"

I trust Mr. Editor that others will unite and give their opinion on the important question.

I have no time to add more, much as I should like to deal with some of the other points.

I am,
Sincerely yours,
R. T. Booth.

W. M. S., Hankow.
Dear Editors: Though the greater part of Dr. Stanley's article on Chinese Hygiene in your April number is in accordance with the experience of those of us who live among the Chinese in inland cities, there are some remarks which can only be explained by the fact that the writer is Health Officer of the "Model Settlement." Chief among these is his statement that "in comparison with alcohol the evil wrought by opium is trivial; it is perhaps more nearly equivalent to tea drinking or tobacco smoking." I once thought less of its evils, for living in Chefoo, practising among the natives, I saw comparatively little of its awful work. Shroffs and compradores who have good food and healthy surroundings, suffer comparatively little.

Here, however, the picture is very different, though this does not reckon as bad opium smoking city.

Homes are broken up, business ruined, constitutions wrecked, characters lost and consciences seared, and the sole reason given, both by the sufferers and their friends, is "opium smoking."

How often have we heard the Chinese speak of it as "the curse of China," and in scarcely less strong language it is described in the article Morphinomania in the "Encyclopædia Medicæ."

If little worse than tea or tobacco why are we—Romanists and Protestants, medical and non-medical missionaries—besieged with requests to help the sufferers break it off; and why are hospitals and asylums opened for the purpose? Can it be only or chiefly on account of its expense?

A Chinese merchant or statesman who lives in England, moving in better class circles, and who sees half that class frequently take wine, would naturally conclude that the evils attributed to alcohol are more or less mythical, for he sees little of them; but not so a Chinese sailor who spends a few weeks around the London or Glasgow docks. And so with opium and the evils of polygamous marriage.

The "flaunting prostitution of Europe" and Shanghai may be absent in the interior, but adultery and venereal diseases are very far from rare; the latter being among the commonest out-patient cases. On the majority of medical subjects Dr. Stanley's opinion would carry much weight, both with those in the home lands and those of us who have met him, but on this subject we who have seen so much of the evil must beg to differ.

Thanking you for so much of your space,

I am, etc.,

Fred. H. Judd.

Lao-cheo-fu, Kiangsi.

The Editors have purposely deferred remarks on Dr. Stanley's article that the comments of the Society might be noted. We shall speak editorially of the article in our next issue.—Editors.
BIRTH.

March 24th, at Mien-chuh, Szchuen, the wife of W. Squibbs, M.D., C. M. S., of a son, Robert Gowan Gillmor.

ARRIVALS.

March 28th, Dr. Emma O. Cleaver, U. S. A., for the Woman’s Union Mission, Shanghai.

April 14th, Dr. D. Christie, wife and four children, U. F. C. S. M., Moukden (returning).

May 18th, Dr. and Mrs. A. M. Westwater, U. F. C. S. M., Liao-yang (returning).

May 24th, Dr. E. E. Leonard, A. P. M., Peking (returning).

DEPARTURES.

March 14th, Dr. Lucy A. Gaynor, A. F. M., Nanking; Dr. J. R. Wilkinson, wife and six children, S. P. M., Soochow, for U. S. A.

May 30th, Dr. W. R. Faries and three sons, A. P. M., Wei-hien, for U. S. A.

May 31st, Rev. G. A. Stuart and son, M. E. M., Nanking, for Europe via Siberia.

June 8th, Dr. S. S. McFarlane, L. M. S., Chi-chou, Chihli, for England via Siberia.

June 13th, Dr. A. Lyall and wife, E. P. M., Swatow, for England via Siberia.

June 19th, Dr. G. A. Huntley and family, A. B. M. U., Hanyang, for England.

NOTICE.

We are glad to be able to announce that the printing of the new translation of Gray’s Anatomy, using the revised medical terms, has been begun, and we expect to be able soon to send out the first of the three volumes, to those wishing it in advance. The price cannot now be given, but it will be reasonable for a work of this kind. Any desiring the first volume in advance will please send their orders, stating whether in brown or white paper, to “H. T. Whitney, M.D., Pagoda Anchorage, China.” Both kinds of paper will be pagéd and arranged in foreign style, with English as well as Chinese headings; the white paper being printed on both sides and will be somewhat more expensive than the brown paper. Nearly one hundred new cuts have been added, making it thoroughly illustrated, and the General Anatomy, or Introductory part, has been quite fully translated, including much of the Histological matter, thus bringing the whole work as fully up-to-date as it is possible to do in a rapidly developing science.

H. T. Whitney.
THE INCREASE.

( Z. )

1. We burn dim candles in the stifling fog
   Of godless pride and stolid self-content:
   Then lo! we see the mists
   Lifted,—and light prevails!

2. We sow the living seed in stony ground,—
   Behold! it grows to wisdom and the height
   Of love to God and man,—
   The flower and fruit of life.

3. We work with our poor skill on earth-blind eyes
   An hour,—the light of God-giv'n faith streams in,
   And lo! the man born blind
   Has seen the Invisible!

4. For golden human years lent (where the cost
   Of rice measures men's lives, and time has yet
   No hours) God's bank of life
   Still pays a hundred fold.
5. Nor is there sacrifice at such a rate!
   To spend one’s meagre love through paltry days,
   And find the years scarce hold
   The wealth of love’s increase:

6. To give a cup of water to “the least”,
   And lift the eyes and see Him take and drink;
   Then, kneeling low, to feel
   His hand upon the head!

7. To keep the midnight watches through, in prayer
   With dying men, while steal in service soft
   The nurse’s feet along
   The ward: and at the call

8. Of Dawn, to see Him smile through “dying eyes”
   The farewell love which, to the end of time,
   Shall light a weary world
   Through Death’s cold door to-day.

9. Not only in “breaking bread” is Jesus known.
   We find Him in the clinic, racked with pain,—
   “An hungered, or athirst”
   “In prison” or in death.

10. Jesus! Well spent were life,—to have Thee take
    (Through one, the very least of Thy beloved,)
    The cup and drink, then hear
    Thee say the great “Well done!”
ON THE NATURAL POWERS OF RESISTANCE OF THE HUMAN
BODY TO INFECTIVE ORGANISMS.*

By ERNEST C. PEASE, M.B., Ch. B. (Ed.).

In the preparation of this paper I must acknowledge my indebtedness to the recent article on "Immunity," by Prof. Hans Buchner.

My subject—"The Natural Powers of Resistance of the Human Body to Infective Organisms"—is one, I think, which surely must, sooner or later, present itself very forcibly to the mind of every physician who comes to China. What a grand time the microbes have in this benighted land! They hold "high-carnival" in every city, town, and village of this, the Celestial Kingdom! When we think of the native ideas of sanitation and of the utter disregard to all precautions of any kind, not only in the matter of sewage and drainage, but also in all cases of infectious diseases, of the horrid cesspools and smells we are only too familiar with; of the overcrowding and lack of personal cleanliness and aversion to light and air that we see constantly in the homes of the people; and of many other horrors which could never be mentioned in detail,—when, I say, we think of these things, our respect is moved indeed for the powers with which men have been endowed by nature, enabling them not only to keep alive, but even to keep healthy, under such adverse conditions. The invisible enemy is ever about us, ever on the attack, ever watchful of his opportunity and quick to avail himself of any weak spot in the lines of our defences; while on the other hand, the forces at our disposal are as vigilant to rebel the intruder. Never flinching from their task, our defensive forces close in a death-struggle with the foe, nor does the conflict cease till they have driven the enemy from the field; or until they themselves, overwhelmed by superior numbers and unable longer to maintain the unequal strife, are forced to succumb. It is to these, as I have called them, "Natural Powers of Resistance of the Human Body to Infective Organisms" that I wish to call your attention this afternoon.

Our powers of resistance against the various infective bacteria vary according to the nature of the infective agent. Against some forms of infection the resistance is absolute; against others it is only relative, greater or less as the case may be. And the same holds good throughout the whole animal kingdom. Each infective agent endangers the various species, varieties, and races of animals to a different degree. The human subject appears insusceptible to cattle plague, fowl cholera, swine erysipelas, etc., whilst all animals are resistant to scarlatina, measles, influenza, and so on. Even closely allied

* Read before a meeting of the Central China Branch of the China Medical Missionary Association.
varieties may manifest great differences in susceptibility; for example, the field-mouse is very susceptible to glanders and tuberculosis, whilst the common house mouse is resistant. Even racial differences may play an important part. Algerian sheep, for example, are much more resistant to anthrax than are the races of European sheep. In like manner differences are also to be found among the races of men. Negroes are noted for their remarkable powers of resistance to yellow-fever, and in a lesser degree to malaria, yet they quickly sicken of and succumb to tuberculosis and small-pox.

If we take identical species and races, then age, the state of nutrition, and other circumstances are important factors. Young individuals are in general less resistant. Young pigeons can be infected with anthrax, whilst the older birds can only be infected after weakening them by prolonged fasting. The same holds true for anthrax in dogs; their power of resistance being reduced when water is withheld from them. By feeding exclusively on a bread diet, rats have been rendered more susceptible to anthrax than when kept on a meat diet; and similar results have been obtained by fatigue induced by making rats run in a revolving wheel.

Pasteur's experiments on fowls and pigeons are famous. The bird's normal temperature (42° C.) was lowered by immersion in cold water, and the power of resistance against anthrax was thus abolished. In the human subject, besides such factors as fatigue, cold, state of nutrition, etc., conditions of physical depression exert an important influence in lowering the power of resistance. Again the power of resistance which is commonly present may be suspended—as, for example, by injuries to certain organs and the like.

Thus we see that men and the lower animals alike have been endowed by nature with wonderful "powers of resistance" to the assaults of infective bacteria, though the intensity of that resistance varies in the different orders and species according to the nature of the attacking agent; and according to the state, depressed or otherwise, of the resisting organism.

Let us now go on to consider what are the causes of this natural immunity. What are our "natural powers of resistance" due to? How is it, for example, that the living organism is enabled to withstand the putrefactive bacteria, whether they be those of the intestinal tract or of the external surface of the body, which manifest their destructive power immediately after the death of the whole body, or of individual parts?

We must, in the first place, mention the external protective appliances which retard the penetration of infective agents into the body. Provided there be no breach of continuity, the skin is impervious to micro-organisms, under ordinary conditions. This protection is, however, insufficient, on inunction of the infective agent with mechanical pressure. But should micro-organisms, taking advantage of some wound or scratch, gain an
entrance through the skin, we have a second line of defence in the lymphatic glands, which take up and mechanically retain the infective agents, thus affording the organism time to bring into play its further protective powers.

Intact mucous membranes are also, for the most part, impervious. It has been shown that large quantities of virulent anthrax spores are required to infect guinea-pigs and mice by the intestinal canal; whereas very small quantities suffice to infect either, subcutaneously.

Again we must not forget other truly protective appliances of the body, such as the acid reaction of the normal stomach contents, the bactericidal properties of the saliva, of the vaginal and urinary secretions, and so on.

But it is evident that the essential cause of natural resistance to bacteria lies, not in these external protective appliances, but in the internal and somewhat complex conditions of the bodily organism, of which we have, at present, only an incomplete knowledge. That there is suitable pabulum in the tissues for the growth of bacteria, we can see for ourselves, as, e.g., in wounds, where the infective agent flourishes for a time, though afterwards multiplication ceases and recovery takes place.

Hence the problem presents itself, "What are the factors which effect this change?" By what means is the multiplication of bacteria inhibited, while there is manifestly suitable pabulum for them in the tissues? The change can only be induced by the direct action on the bacterium of the prophylactic appliances of the body, two of which are known, viz., (1) phagocytes and (2) alexins.

(1). Phagocytosis.

We owe to Metschnikoff the discovery of this very wonderful process. According to him the phagocytes are in part fixed and in part wandering cells which, by throwing out protoplasmic processes, are capable of enveloping, digesting, and thus removing infective agents which have penetrated into the body. The chief wandering phagocytes are the leucocytes, whereas many endothelial cells, the cells of the splenic pulp and of bone-marrow, sometimes also connective tissue cells, and even nerve and muscle cells act as fixed phagocytes. Ladies and gentlemen present will have observed, perhaps in the case of the malarial germs, the remarkably intelligent, systematic and persistent manner in which the leucocytes of the blood will attack foreign particles. I well remember the graphic way in which my old pathology lecturer, Professor Greenfield, described to us a pitched battle that he, in company with Dr. Manson, had watched through the microscope; how the leucocytes attacked again and again, and how, at one time, he thought them worsted in the fight, soon perceiving, however, that they had but retired to re-arrange their nuclei, and returning again to the attack completely swamped the enemy from the field.
Metschnikoff first observed this process in water-fleas affected by the fungus disease. He noticed that the fungus spores were devoured by the leucocytes of the flea, and a cure thereby effected. He afterwards detected a similar process in frogs affected with anthrax. Later on Metschnikoff proved that phagocytosis may be perceived in the course of all infective processes, and more especially if the animal be resistant and the process end in recovery. In natural resistance to bacteria, phagocytosis is, according to the same observer, developed to an exceptional degree, and is of such constant and regular occurrence that we may often foretell from the degree of phagocytosis whether or no the animal experimented on will gain the victory over the micro-organisms.

(2). Alexins.

Although the observations of Metschnikoff are undoubtedly correct, we have to remember, however, that the fluids of the animal body contain not only phagocytes, but also bactericidal substances in a soluble form, which are termed alexins, also concerned with the destruction of bacteria.

Buchner found that completely cell-free blood plasma or serum has a bactericidal action, and he also proved that the protective substances contained in the serum (alexins) are of proteid nature and very unstable. The bactericidal action of the alexins seems to depend upon the presence of mineral salts in the serum. Take away the mineral salts from the serum by dialysis, and you suspend the bactericidal action of the alexins, which is restored, however, by re-addition of the salts. The action of the salts is an indirect one; it is only when they have entered into loose combination with the proteid alexins that the functional power of the latter can be displayed, just as the functions of the cells and organs of the general body are dependent on their containing a normal amount of mineral salts.

Although it has been hitherto impossible to truly isolate the alexins because of their instability, yet they can be precipitated along with the other proteid substances of the serum, can be dried and again dissolved without losing their activity.

The alexins of different animal species have different degrees of activity; those of the human serum are very actively bactericidal.

The degree of bactericidal activity, however, is largely dependent on the nature of the bacterium employed and on the relative proportion of serum to the number of bacteria contained therein. A given quantity of serum can only destroy a certain number of bacteria, for the alexins themselves are destroyed or used up by contact with bacteria. Hence the increased danger to which the body is exposed when the infective agents are numerous. The action of alexins on bacteria appears to be a specific one upon the bacterial cell plasma.
Natural Powers of Resistance to Infective Organisms.

We have, therefore, an explanation of our natural powers of resistance to bacteria in the action of the alexins of the blood serum; and, in contradistinction to this, we have the explanation of natural resistance brought about by the phagocytic action of the leucocytes. It would appear that both theories are correct, and that the real explanation of the problem lies, as it were, midway between the two, for, according to all recent investigation, the alexins are mainly derived from the leucocytes.

The leucocytes, therefore, as is claimed in the cellular theory, must be regarded as the chief cause of natural resistance to bacteria; not merely because they are phagocytes devouring and digesting bacteria, but also because they produce alexins. The precise relationship, however, between leucocytes and alexins is obscure.

Artificially produced exudations from dogs and rabbits, which are rich in leucocytes, are more markedly bactericidal than the blood and serum of the same animal.

The increase of bactericidal power does not depend on phagocytosis, for it is maintained after freezing and then thawing the exudation, a procedure which kills the leucocytes but does not destroy the alexins. It was proved in Metchnikoff's own laboratory that bactericidal substances are supplied to the serum by the leucocytes. He accordingly admits that alexins may be produced by leucocytes, but conceives that they only pass into the serum on the death of the phagocytes, such as occurs in abundance after the withdrawal of blood. He says there are no alexins in the normal tissues and the blood within the body, because living leucocytes, in his opinion, do not secrete any alexins. Others dispute this assertion. In either case, it would appear that at the commencement of every infective process, as soon as the normal conditions are altered by the presence of bacteria, we get, to a certain extent at any rate, death of the phagocytes, whereby alexins get into the locally exuded fluid. When once there they manifest their bactericidal action, and the primary injury to the vitality of the micro-organisms is due to the alexins. This injury is not detectable microscopically, but in consequence thereof, the secondary process, which may be seen under the microscope, i.e., the devouring of the bacteria by phagocytes, is rendered much easier. It is an interesting point too that should the phagocytes afterwards succumb to any cause, e.g., to one experimentally induced, the engulfed bacteria may then renew their activity, may multiply and show undiminished virulence.

Such, in roughly sketched review, so far as we at present understand them, are the powers, external and internal, wherewith we have been provided by nature to resist the lurking enemy around us.

If these then are our natural protective powers, it would be interesting to think for a moment how, in the treatment of disease or otherwise, these
powers might be enhanced. Can we help nature in this matter and increase our natural powers of resistance to bacteria? Yes, this may occur in two forms, either (1) locally in particular areas or organs; or (2) generalised throughout the whole organism.

(1). Local increase of resistive power to bacteria is most easily effected by the artificial increase of blood supply to the part in question. The increased supply of blood brings, not only increased nutriment to the part, but, and this is the point we have under consideration, it brings also an increased supply of leucocytes. The bearing of this in regard to disease is obvious. Increase your blood supply to a part then, and, in proportion to the leucocytes and alexins it contains, you get an important absorptive action on the diseased structures and on the causal agents. The experience gained by increasing the blood supply to diseased parts of the body, such as the limbs, entirely corroborates this view. The most important results in this respect have been obtained by Bier, who was the pioneer of the successful treatment of tuberculosis of joints and bones by means of chronic venous congestion.

We might here notice several methods of inducing an increased blood supply:—

(a) Venous congestion of a limb by means of elastic compression.—This method may be beneficial not only in tuberculosis, but also in gonorrhoeal infection of joints and in acute and chronic articular rheumatisms.

(b) Arterial hyperæmia—best induced by hot air; for articular rheumatisms and arthritis deformans.

(c) Mixed hyperæmia, induced by Bier’s suction apparatus; for chronic articular rheumatisms.

(d) Increased arterial flow without evident external hyperæmia, caused by the permanent application of alcoholic bandages.

A note with regard to the latter might not be out of place here. Such bandages were first employed in cellulitis, lymphangitis, whitlows, boils, mastitis, etc., and with splendid results. In many cases an excellent recovery from tuberculosis affecting bones or joints may follow the permanent use of alcoholic bandages. This action cannot be due, as was supposed, to any direct disinfection by means of the alcohol, for alcohol cannot penetrate deeply into the tissues, and moreover, the presence in the tissues of any direct chemical disinfectant is well known to be favourable to bacteria which, because of their protective membranes, are always more resistant to antiseptics than are the tissue elements. Alcohol, however, when locally applied, has—because of its dehydrating action, which causes a cutaneous irritation—the direct power of dilating blood vessels, and especially the arteries. In limbs which are enveloped in alcoholic bandages, the effect is
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Such, in roughly sketched review, so far as we at present understand them, are the powers, external and internal, wherewith we have been provided by nature to resist the lurking enemy around us.

If these then are our natural protective powers, it would be interesting to think for a moment how, in the treatment of disease or otherwise, these
its surging armies of micrococci, we cannot afford to be unmindful of them. We have hard work to do in China, and we need to be in first rate health for it. Take all necessary precautions, such as your medical common sense will suggest, dietetic and hygiene. Get your leucocytes into first-class fighting form, ever ready to cope with an enterprising enemy. So shall we be helped towards happy and healthful lives and be physically fit for the great work that we are seeking to do in China.

PHRASES USED BY OUR PATIENTS TO EXPRESS THEIR SYMPTOMS.*

By C. J. Davenport, F.R.C.S., Engl.

This subject suggested itself to me as being a useful one to most of us. I bring it forward, not because I pose in any way to be a Chinese scholar, but that we may be able to help one another to get at the real meaning of the every-day phrases used by our patients. To rightly understand what our patients feel, is assuredly an important step towards our right diagnosis and successful treatment.

Naturally my subject mostly relates to medicine. Surgical diseases are chiefly on the surface and can be seen. Organic disease and its effects has to be described.

One example will well illustrate the need for our carefully investigating the phrases used by our patients. I had long heard the phrase 肚子爬氣 and jumped at the conclusion that 爬 meant fear. Recently I have learnt that this 爬 means to creep and that the meaning of the phrase is that the patient feels flatulent distension, now in one place, now in another in his chest or abdomen.

I only deal with phrases which I have heard, and whose meaning seems to me somewhat obscure; and will class them relatively to the different organs.

Let us first take the lungs. What is the significance of the phrase 痰氣結胸, meaning phlegm, air, knotted or fastened or fixed in the chest? One naturally concludes that the theory is bronchial obstruction, caused by these two elements being in deadly embrace!

This gives rise to the expression 吐不出氣來, meaning inability to expel the air owing to blockage from within. Another phrase one hears is 提不起氣來, meaning inability to lift up, pump up the air, evidently expressive of muscular, or respiratory weakness or failure.

The expression 閉不過 means smothered, suffocated; the cause of obstruction being from outside. One meets its use in cases of high fever

* Read at a meeting of the C. C. M. M. A., Hankow.
Natural Powers of Resistance to Infective Organisms. 141

seen in local increase of arterial pressure, proving that the action of the alcohol is distributed throughout the whole limb. This is the explanation of the beneficial change which occurs so rapidly in cellulitis, for example, after the application of alcoholic bandages.

The alcoholic bandage consists of eight layers of gauze bandage which has been dipped and wrung out in ninety-five per cent. alcohol and applied directly to the skin. Over this is placed a layer of cotton wool and then gutta-percha tissue. To ensure success it is important that the bandage should cover a large area; for example, in cellulitis of the hand, the whole forearm should also be bandaged.

(2). General increase of natural resistance to bacteria is effected by such agents as induce general hyper-leucocytosis; for if the blood contains an excess of leucocytes it possesses increased bactericidal power, unless the leucocytosis be a pathological one, as, for example, in leucocythaemia. Hyper-leucocytosis, and consequent increase in the preventive powers of the body, has been successfully brought about by the subcutaneous use of various preparations, of which the products obtained from yeasts have been most successful.

It would be tedious to try and enumerate the different substances that have been used with the object of producing hyperleucocytosis and increase of resistance. The injection of various apparently absolutely indifferent fluids (for example, normal saline solution,) into the peritoneal cavity of guinea-pigs, may be followed by a temporary increase of natural resistance. Cinnamic acid is an agent exciting general hyper-leucocytosis. Landerer has for several years successfully treated pulmonary tuberculosis in man by the use of intravenous emulsions of cinnamic acid. The fine particles of cinnamic acid circulating in the blood are deposited in those parts of the body where there are morbid tissue changes, hence in the tissue around tubercular foci. The results of the chronic inflammation thus set up in these areas are dilatation of capillaries, edema, and accumulation of leucocytes; at a later stage a thick wall of leucocytes is formed, there is subsequent formation of connective tissue, and lastly cicatrization.

Finally, we may note that a general increase of the natural powers of resistance to bacteria may undoubtedly be effected by general dietetic and hygienic measures, and the most convincing proof of this is afforded by the successful dietetic and hygienic treatment of pulmonary tuberculosis at the present day. In this instance nutriment suitable both in quality and quantity, bodily exercise, an abundance of pure air, and all strengthening measures are of great importance.

This paper may be deemed by some to be too detailed and technical—but at any rate it leads up to a practical conclusion—look after your leucocytes. In a country like China, with its trying climatic conditions and
This region in China, as in other lands, is the hypochondriacs "hunting ground."

After a dog bite, dyspnoic symptoms are attributed to small dogs gnawing at the stomach.

A heavy drinker gets a 酒 龛, meaning wine tortoise. Cirrhosis of the liver, enlarged spleen with ascites, is put down to a 气 龛 or 水 龛 or 血 龛. Stagnant, dead blood, 淤 塊, is said to settle in the chest or stomach and turn into a 血 龛 or 血 塊. The patient's general condition when suffering thus is often expressed by the phrase 黄 皮 削 瘦, meaning yellow skin and as lean as if all the flesh had been sliced off; such are the theories which account for affections of liver, spleen and stomach and provide ample scope for endless quackery.

Patients often say their children have 痧 積 病, denoting marasmus, malnutrition, and may be worms. The child often is extremely pot-bellied. In Chungking phthisis is called 痧 病, a very good substitute for our term consumption.

The phrase used to express want of satisfaction, or the sense of vacuum, after food in cases of dyspepsia, is a curious one, viz., 飯 不 落 肚, meaning the food does not reach the stomach.

Turning now to the heart one does not hear many more phrases than 心 裏 愬 or 心 裏 跳; meaning palpitation.

A heaving heart-beat is expressed by the phrase 心 裏 愬. A fluttering palpitation is expressed by the phrase 心 裏 吊 倒 直 擺, meaning the heart feels hung up and continuously shaking, or moving from side to side.

Phrases used in regard to the alimentary canal are mostly clear. Constipation is attributed to 火, meaning exciting humors, fever, full habits. Hence the common phrase 肚 子 結 住 了 火, meaning the state of pent up heat or humors in the abdomen. In this connection one often hears the term 沉 脹 用; or a little expression, 大 便 作 脹. It evidently means a sense of fullness, downward pressure, and withal constipation. It differs from 墮 脹, which term may be used either in reference to micturition or defecation, e.g., 肚 子 往 下 墮. 沉 脹 apparently means downward pressure, the impulse being from above.

脹 墮 apparently meaning dragging pressure, the impulse being as it were from below. Both these terms are used in-connection with dysentery; the former rather expressing the straining, the latter the tenesmus. The common phrase here for dysentery is 刮 紅 白 凍 子. I am told it means scraping red and white jelly masses, or concealed masses.

Patients often say 肚 子 有 陰 陰 疼 or 肚 子 有 陰 陰 疼; whichever may be the right character, the meaning is clear, viz., slight stomach ache,
where the expression閉住了, meaning state of suffocation, is used. It is attributed to chills, or draughts, striking the patient; hence the phrase風寒拍住了. Such is their theory with regard to quickened or obstructed respiration caused by congestion of the mucous membrane or imperfect oxidation in fever. One is often asked, especially in treating children, for medicine to開竅, meaning the openings. The breath or food is said not to be able to pass the opening不過竅. This again indicates congestion and dry mucous membrane; but it may also mean laryngeal obstruction, or dyspepsia. The phrase氣不足, meaning air or breath not enough or unsatisfying, is very commonly used. It indicates to me loss of lung capacity, e.g., caused by pleural effusion or destruction of lung tissue. When there is added the character中, 中氣不足, then the meaning is altered to indicate debility or loss of vital force.

Another phrase,氣促得很, meaning breath greatly obstructed, describes the dyspnea of asthma or that of phthisis. The ordinary wheezing of bronchitis is expressed by the term喘氣, and panting after exertion is expressed by the phrase氣吐不盈. The last phrase I might mention in regard to the lungs is one which appears to me rather to indicate muscular or general debility,氣不勻伸, meaning breath not enough to expel. Evidently it points to loss of strength and may therefore have more to do with heart than with the lungs.

Passing on now to the region of the stomach we find many phrases to express indigestion, each evidently with a slight difference of meaning.

1. 胸口板住了 gastric region, hard or fixed.
2. 胸口壓住了 " oppressed.
3. 胸口隔住了 " blocked.
4. 胸口結住了 " knotted or blocked.

For these conditions of course we are asked for開胃藥, a digestive tonic.

What exactly is meant by the term腸食 or腸滯 I am not quite clear. I think it either means food disagreeing, or want of appetite. Parents often say their children are suffering from肚子有食. This probably means undigested food or some obstruction. I find a dose ofsantonine and gregory usually clears it up.

Difficulty in swallowing, e.g., in malignant disease of the oesophagus, is expressed by the phrase喉嚨有哽. To express gastric uneasiness—a stirred up, disturbed, upset stomach two phrases are used, viz., 心裏罷 and 心裏作煩. This often indicates to me the need of santonine. I do not feel quite clear on the meaning of心裡煩躁, whether it is to express a parched condition, or whether a hurried beating of the heart or embarrassed, troubled heart, e.g., in gastric or cardiac crisis, I do not know.
of 102.4. Lungs and heart normal, no diarrhoea or vomiting. On this night there was noticed a scarlatinoid rash over chest and back and knees, neither very bright nor very typical, but as far as it went, pointing to scarlet fever. The throat was red and evidently painful. The patient was strictly quarantined, and next morning the rash was brighter but had not spread. Temperature 102.1. Evening temperature 101.2. Pulse 145. On the 25th the rash was fainter and on the 26th there was but a mottling of the skin left. Throat normal again. On the 27th rash had disappeared. For several days the temperature ranged from 100 to 102, being higher in the evening than in the morning, except on the 27th, when a laxative was given and the diet changed from Mellin's food (with milk) to Nestle's food and chicken tea alternately. From this time the temperature ran lower, but the patient was weaker and paler. The character of the stools changed with the change of food to smoother and darker. On the morning of the 29th, the patient coughed up a small specimen of ascaris lumbricoides. A grain of santonine was given at 9 a.m., 2 p.m., and 7 p.m., and two grains of calomel at 8 p.m. Fifteen more worms were passed at 7 that evening and next morning twenty-four worms. A dose of oil and rhubarb was then given and twelve more worms were passed, apparently emptying the bowel, but not so, as by the end of a week seventy-nine were passed. At 8 a.m. that day (the 30th) the temperature was normal and remained so from then on; the baby taking a long deep sleep and making a rapid recovery. On microscopic examination of the stools a fair number of eggs of the parasite were found. In all there were eighty-nine specimens of the adult parasite passed within the month, varying from two and half inches to eight inches in length; male and female being about evenly divided as to numbers. The worms resemble, as far as I can tell, in all respects those specimens which I have brought with me from America, except that in the male I can find but one, instead of two chitinous spicules of the cloaca, but I do not feel convinced of this difference. It does not seem likely to prove a correct observation.

To go back. On the evening of the 27th, the parents of the child were desirous, for reasons of convenience, to move him to the isolation hospital, but this I refused to allow, as at no time did I feel sufficiently convinced of the presence of scarlet fever. I then asked Drs. Boone and Reid to meet me in consultation on this subject, and the verdict was to keep the child at home, but to observe strict quarantine. This was done till the first large batch of worms were passed, when quarantine was rightly broken.

The following points seem to be noteworthy in this case. It closely resembled scarlet fever up to the fourth day. It presented really none of the text-book symptoms of ascariasis, I mean those which are supposed to point distinctly to this affection, such as "restlessness, irritability, picking
A Peculiar Case of Ascaris Lumbricoides.

Passing on to more general symptoms we find many to express debility. 血瘀, meaning anemia and debility, mostly used in reference to women and attributed to repeated losses at childbirth. 肾瘀 means loss of vital force or energy, and as a rule put down to excessive venery. Here we have a phrase, 肾火不足, meaning insufficiency of force and fire—strength and vitality. A common phrase used to express lack of recuperative power is 打得不精神.

Some express their loss of nerve force by saying 八不像掉了魂, others express their weakness in the phrase 走路像掉了气. Giddiness and dizziness are expressed by 头昏眼花 or 晕過去 or 昏昏沉沉 or 心裡迷住了, all meaning confusion and stupification. Loss of will power, or loss of memory, is expressed by the phrase 心裡不作主. Severe aching of the joints may be graphically expressed thus 骨頭像脱节一样. General aching and weakness is 四肢痠软. Pains moving about the body call forth the phrase 遍身走得疼 or 氣轉得疼.

The terms 氣血不通節 or 血脈不通節 or 上氣接不得下氣 中氣不足 all point to circulatory obstruction from one cause or another—the latter meaning the upper and lower circulations cannot meet and the central supply is insufficient—probably meaning congestion caused by respiratory obstruction. A useful phrase in the diagnosis of rheumatic affections is 骨節走天色.

The above are a few phrases culled from every-day work. Doubtless many more can be added, but I trust the few herein mentioned may help us to get nearer the truth in relation to our suffering patients, and hence fit us the better to deal with their needs.

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A PECULIAR CASE OF ASCARIS LUMBRICOIDES.

By W. H. Jefferys, A. M., M.D.

J. S., aged eighteen months, American, having a previous history of difficult dentition and several attacks of intestinal indigestion, also an attack of acute bronchitis two weeks previously, from which he had entirely recovered and convalesced, was under my notice from the beginning of the following attack. For a week the stools were regular in time (one a day) and amount, but clay-colored, pasty, and unformed. The diet at this time was well chosen and normal for the age, with a basis of Mellin’s food. Child bright, rosy, and sleeping perfectly. On the afternoon of March 23rd there was a distinct chill (not a rigor), which lasted for about twenty minutes. That night he slept restlessly, and in the morning was flushed and had a temperature
Finally let me call particular attention to the enormous number of parasites and the tender age of the child. The very age of the child is enough to have thrown one off the track in making the diagnosis. There is no proper library in Shanghai so that I can quote no interesting statistics, nor can I speak with any certainty, but this combination of youth and numbers must be extremely unusual, to say the least. The mass of worms packed a nine-ounce bottle completely full, and by this one may judge what a space they must have occupied in the bowel of a baby of eighteen months.

SOMETHING NEW UNDER THE SUN.

By J. B. Fearn, M.D.

A man presented himself at the regular clinic one morning several weeks ago for some trouble of the penis. After a hurried examination he was told to stop in the hospital, as an operation would be necessary. My thought at the time being that it was only an ordinary case of phimosis—since childhood—with adhesions. Since the case could only be relieved by an operation he was turned over to the Chinese secretary to be entered on the hospital books and made ready for the operation.

The next morning upon closer examination there seemed to be some hard growth within the elongated prepuce. When a probe was introduced into the preputial opening—which was very small—the sensation of necrosed bone was transmitted. The grove director was finally introduced and the prepuce divided. With small dressing forceps a piece of stone—about the size of a beech-nut—was extracted. This was followed by fourteen more such stones until we had a Japanese match box full. The weight of these stones, when dry, was gr. 190. They fitted one into the other most perfectly, as though they had been “made to order.”

The man gave a history of ordinary phimosis since childhood. He was the father of four children, but since this accumulation within the prepuce had become so extensive his family had ceased to increase.

He carried about with him a sharp silver probe, which he used to separate the stones so as to allow the urine to flow more readily. With this aid only was micturation accomplished and that very slowly.

Circumcision was performed and the man made an uneventful recovery. The foreskin was a bit indurated from constant contact with the hard stones as was also the glans penis. This all disappeared soon after the operation.

The patient showed no signs or symptoms of stone in the bladder.
The Microscope as An Aid to Diagnosis.

THE MICROSCOPE AS AN AID TO DIAGNOSIS.*

By O. T. Logan, M.D., Chang-teh, Hunan.

Shortly before I came to China I was told by a medical missionary that, owing to the prevalence of the lumbricoid worm, it was the practice of many missionaries to take santonin monthly. Acting upon his advice I tried to do my duty, but the result was that I made myself one of the most miserable of beings for many hours, during which time the world looked literally and figuratively of an icteroid hue, without, however, increasing the mortality of the interesting lumbricoid. This was in the former days of our mission. Now we insist upon seeing traces of game at least, before we fire at ascaris with our therapeutic gun, except in dispensary practice where this is not practicable.

After I arrived in China it was said in my hearing that the only way to be sure certain abdominal tumors were not composed of worms, was to give santonin in five grain doses every day for four or five days. In our premicroscopic days I was quite willing to agree with both the gentlemen quoted. Now I am not and I dare say that these progressive workers have undergone the change of mind as myself, especially if they have had a few santonin experiences. Manifestly it is bad practice to give a drug on suspicion when positive or negative proof is so easy at hand by means of the microscope.

I recall a case where I believe a valuable life was sacrificed, which our present knowledge of microscopy would have prevented. The patient was taken with a continued fever, and according to the practice of those days, was given sixty to eighty grains of quinine daily for weeks. In the light of the present, the man had typhoid, from which he would have had a splendid chance to recover had he not been handicapped by protoplasmic poisoning by quinine. This was in 1898, and it was "good practice" then. Now in the writer's opinion any physician, whose Board of missions could afford to furnish him a microscope, who treats a case of continued fever without positive evidence of malaria, with such doses of quinine, is culpable in the extreme.

Coming to the subject proper I will first consider the diagnosis of intestinal parasites.

Of the numerous intestinal parasites only four are of especial interest to us, i.e., the ascaris lumbricoides, the ankylostomum duodenable, the oxyuris vermeicularis, and the tricocephalus dispar.

* This paper was read before the C. C. M. M. A. at their meeting in Kuling, August 18-21. Published by request.
The lumbricoid is so common that many natives regard its existence within them as much a matter of fact as their "queue" without, nevertheless this worm may cause a great deal of trouble as we all know. The worm seldom shows us its corporeal presence, but its solicitude for progeny makes its detection easy with the microscope. To find the ova all that is necessary is to take a portion of the fecal matter about the size of a hemp seed and press it between cover glass and slide. The specimen selected should be free from vegetable fibre and of such consistency as will make its spreading into a thin layer an easy matter. If too dry, water must be mixed with it. Recognition is usually easy with a two-thirds objective, but a higher power should be used in case of doubt. In a recent examination of the feaces of our two children, several ova were found, with a two-thirds objective, in every field in the case of the daughter, who afterward passed four worms, while the son's specimen, with but one worm to his credit, showed a dozen eggs under each cover glass. During the examination of the latter specimen I was shocked to find what appeared to be the ova of the ankylostomum. The eggs in question were of light grey color, without the rough albumenous envelope characteristic of the lumbricoid ova; moreover the shell looked delicate and transparent. The granular yolk was not typically segmented, but this does not always occur in the case of the ankylostomum, especially after the eggs have been passed some hours. It was not pleasant to think of giving our two-year old child thymol (having no guide as to the proper dose for one of his age) so I moistened the specimen and laid it aside in a covered staining dish, knowing that within twenty-four hours or less the embryo would be moving within the shell if we were dealing with the ankylostomum. To my great relief there was no such movement, and furthermore I found no ova of any description after a single lumbricoid was expelled, so that the evidence was conclusive against ankylostomiasis. I mention this case to show how careful one must sometimes be to keep from arriving at a false conclusion.

**THE ANKYLOSTOMUM DUODENALE.**

I have met with four cases of ankylostomiasis; the diagnosis being based upon microscopic findings as well as clinical symptoms. Two of these were successfully treated, one refused treatment and one was treated with doses of thymol, which were too small. The eggs of this worm are somewhat smaller than those of the preceding parasite and are more uniformly eliptical. The color is light grey and the shell transparent and delicate. In thick specimens these ova are almost sure to be overlooked, being obscured by the bile stained fecal elements. The shell is more or less separated from the yolk, which is usually segmented; the segments resembling round epithelial cells with their granular substances and nuclei. As noted above the embryo
matures very rapidly and escapes from the egg. It is said that under favorable conditions a few hours is sufficient for this to take place. If the specimen is old*, the more liquid part should be examined for the live worm, as my observation shows that they take the line of least resistance when they hatch and are to be found chiefly in the thinner part of the specimen. Under a cover glass they are to be found around the edges, apparently making frantic efforts to escape. Even in old specimens some unhatched eggs are sure to remain, which represent, I believe, the male element chiefly, as I have not observed a single male in the many specimens of the two cases that have been incubated in our laboratory. The worms, when expelled, are hard to find in the stool. The writer uses a sieve to facilitate searching.

THE OXYURIS VERMICULARIS.

The eggs of this parasite are said to resemble the ankylostomum†, but they are not found in the stool. The worm itself, however, is often passed, and may also be seen inside the anus. The microscope is of aid in its recognition.

THE TRICOCEPHALUS DISPAR.

Very frequently will this worm's egg be found in the stool. It is very regular in outline and like the egg of the lumbricoid of a yellowish brown color. At either end will be found a protuberance. Its transverse diameter is about half as great as its length. Many of our text books, and notably Manson, give detailed descriptions of the eggs of these and other parasites, and any average observer will be able by means of these books and his microscope to become familiar with the different ova. The writer has had no other help.

BLOOD EXAMINATION.

When we enter this field most of us feel like we are in a wilderness. The science is such a new one and is growing so fast that it is hard for the busy missionary doctor to keep even in sight of the advance guard; still we must follow on and catch up what we can, so that we may give our cause the benefit of the patient toil of those who are blazing the path in this direction. I shall mention only that which in my opinion is of practical interest, omitting that which is not well settled or which is of scientific import only.

You will no doubt pardon a little digression here which, strictly speaking, may not be in place in this paper. The thought is another's, and is so good that I must pass it on. Some years ago I saw a paper on the subject

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* The writer exhibited a specimen two months' old which had been kept moist by addition of water. The embryos were still alive. Unhatched eggs were also present in large number, but the yolks had lost their characteristic appearance.

† In the discussion following, Drs. Hodge and Davenport said they had seen these ova in fecal matter more than once.
of the blood that was delivered before the Y. M. C. A. of a medical college in Chicago. The author of this paper—I have forgotten his name—quoted Genesis iv. 10, "The voice of thy brother's blood crieth unto me from the ground." His comment was that the leucocytes seem to possess intelligence and that the Scripture could be taken literally without doing violence to our present knowledge of the blood. It is not straining our credulity to believe that each of these blood cells has a voice that can be heard by the maker who so wonderfully formed them. Thus the microscope may be said to have made the Scripture appear more reasonable to a certain class of people who would test this as they would any other book.

THE MALARIAL ORGANISMS.

It was my conviction before the advent of the microscope in our mission that estivo-autumnal malaria was very common in Central China, but after repeated examinations of the blood in cases of continued fever, I have failed to find a single case in Chang-teh, so that now I am doubtful of its existence as an endemic disease in our part of the empire. My conclusions, however, are not yet final.* I consider it a duty we owe to the missionary cause and to the medical world to subject the blood of cases of continued fever to examination; first, because it will enable us to treat our cases intelligently; and secondly, that we may know the geographical distribution of estivo-autumnal fever, which is so easily confused with typhoid. In many cases the only way to differentiate the two conditions is with the microscope.

There is nothing easier, given a good well spread specimen of blood, than a microscopic diagnosis of simple tertian or quartan malaria, provided quinine has not been given and provided also that several hours have elapsed since the chill. The recognition of the estivo-autumnal plasmodium is more difficult, being easily overlooked in its young form, and on the other hand, it is easy to mistake a vacuolated corpuscle or a corpuscle which has a blood plague superimposed for a young parasite. After a few days the beautiful crescent form develops and then diagnosis is very easy. The question of the coexistence of typhoid and malaria naturally presents itself here. Osler states that in 685 cases of typhoid coming from malarious regions, there was no case in which malaria was a complication. He insists that the term typho-malarial fever has no place in medical literature; its only use being to falsify death returns. Ewing, studying the blood of soldiers who had just returned from Cuba, where both of the above diseases were common, concludes that in cases of typhoid, the malarial organism, if present, disappears from the peripheral blood early and that its presence in no appreciable way affects

* Several of the physicians present have seen cases; the diagnosis being confirmed by the microscope, but all admit that the disease is not common.
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the temperature chart, nor the course of the disease. During convalescence, however, the plasmodium may again become active and cause a true malaria.

COUNTING THE BLOOD CELLS.

This can be done, after some practice, by anybody who will carefully look after little details, provided of course that he has the necessary apparatus. A count of the white cells is of value in suspected hidden inflammation, and generally speaking, indicates the degree of inflammation. For instance, catarrhal appendicitis gives not over 15,000 leucocytes to the c. m. m., while the more inflammatory type shows a higher count. A blood count is of importance in differentiating typhoid from cases of hidden inflammation, as typhoid uncomplicated causes no increase in the leucocytes. A case of ours illustrates the above statement. A stone had been removed from the urethra and an abscess followed which caused retention, so that suprapubic drainage had to be established. After the wounds were well on their way to heal and the function of the urethra reestablished, the patient developed a temperature which kept near 103°; search for the plasmodium of malaria was negative, and the blood count, after repeated trials, was normal, so that a diagnosis of typhoid was made very early by exclusion, and further developments proved the disease to be such.

Cabot gives the following list of affections which suggest pus formation, but which do not raise the leucocyte count: the various colics, intestinal, hepatic, uterine, and renal, typhoid fever, floating kidney, fecal impaction or simple constipation, ovarian neuralgia, and an attack of the grippe or malaria occurring during convalescence from a surgical operation. Occasionally, this author states, leucocytosis is absent even when pus is present. This means that the pus is perfectly walled off or that the abscess is sterile, the bacteria having died. In very severe cases of infection, when the system is so overpowered that the leucocyte warriors have to make an unconditional surrender, there is no leucocytosis.

In the differential diagnosis between hemotocele and pus tube, a blood count is said to be of great assistance.

A count of the red cells is indicated in cases of anemia to show the amount of impoverishment and to add a unit to help in diagnosis. Generally speaking in chlorosis the count seldom falls below 3,000,000, while in pernicious anemia, Ewing states that in an average case, well established, the red cells vary slightly above or below a million.

Cabot points out the importance of using the hemacytometer in accident cases attended with shock, when the loss of blood is not known. He maintains that a count below 3,500,000 in a case not known to be anemic before the accident, indicates that the shock is from loss of blood and that transfusion should be considered, while if the blood count is normal, one
must look to some disturbance of the nervous system, such as concussion or compression for the cause. In concealed hemorrhages from extrauterine pregnancy, rupture of the liver or spleen, or the bursting of an aneurysm, this authority claims that a count of the red cells is of utmost importance in arriving at a diagnosis. He calls attention to the fact that in the above cases a few hours must elapse after the accident, so that fluid may be absorbed from the tissues, otherwise the blood count will not show the real state of the blood. The counting of unstained cells is insufficient. An enlarged spleen or liver may give a high count, but a differential count may be necessary to say whether the trouble is leukemia or abscess. If it is leukemia the myelocytes will be the prevailing type, if an abscess, polymorphonuclears will present an overwhelming majority.

There are many diseases that cause an enlargement of the glands. One of these is lymphatic leukemia. If this disease is present, a differential count will show that the lymphocytes comprise eighty or ninety per cent. of all the white cells. In pseudoleukemia with glandular enlargement, identical with lymphatic leukemia, the blood shows no marked leucocytosis unless the disease takes on the malignant nature, as Ewing thinks has been proven it may, of lymphosarcoma.

A study of the stained red cells is important in all cases of anæmia. Since beginning this paper a patient, extremely anemic, presented himself at our dispensary. As usual in such cases a blood smear was made, and when dry examined, after being stained with Jenner's stain, no marked changes could be found and the diagnosis leaned heavily toward ankylostomiasis. A purgative brought sufficient proof next morning in the shape of numerous ova of ankylostomum.

In chlorosis the red cells stain poorly in the center, owing to the deficiency of hemoglobin. This fact, together with a low hemoglobin index, is characteristic of this disease. Normoblasts are rarely present and megaloblasts practically never.

The picture in pernicious anemia is different. Together with a large number of megalocytes and polikocytes are found normoblasts and megaloblasts; the latter outnumbering the former. Moreover the hemoglobin index is high in contradistinction to chlorosis and secondary anæmia. In advanced cases of carcinoma, the blood may present changes similar to those in pernicious anæmia, but the hemoglobin index is said to be low.

Before leaving the subject of the blood I will say that it behooves us to make examinations of the blood in cases of lymphangitis and chyluria for filaria, of the blood clots in urine for bilharzia hematobium, of the blood from the lungs for the distoma pulmonale and its ova. Just now the trypanosoma is attracting attention; cases having been observed in Africa by
The Microscope as An Aid to Diagnosis.

Manson and Maxwell in patients who had been bitten by rats and following sores caused by insect bites. A description of this body, which seems to get its name from its manner of progression, was given by Dr. Booth in the March issue of the Medical Missionary Journal.

To attempt to go into all the diseases in which the microscope is of use in diagnosis would exhaust the writer's resources, even if it did not the patience of his hearers, but it may not be out of place to mention briefly some other conditions in which the microscope plays a diagnostic part. In suspected cases of actinomycosis, search should be made for the ray fungus. We have had a case of this disease occurring in the hand; in glanders Simon states that the bacilli are constantly in the blood and may be demonstrated by proper staining; in relapsing fever, dysentery, cholera, in typhoid if one is able to keep cultures growing for Widal's test, which it is said can be done at ordinary room temperature; in Bright's disease, gonorrhea, gonorrheal ophalmia, tuberculosis, trichinosis—in the latter condition it has been found that there is almost always an eosinophilia of forty to eighty-three per cent; this, associated with muscular pains, is quite suggestive of this disease.

The subject of cellular pathology has not been touched and bacteriology only mentioned incidentally. To enter either of these fields would lengthen this paper unduly.

TECHNIQUE.

Thinking that possibly some of my colleagues may have had even less experience than myself, I am adding a few remarks on technique.

First, the eye pieces and objectives must be clean; when not in use the objectives should be kept in their proper cases and not attached to the nose piece. The eye pieces require frequent cleansing with Japanese lens paper or fine cotton cloth. It must be remembered that in taking an instrument from a cooler to a warmer place, even in the same room, a film of moisture forms on all the glass surfaces which will prevent good definition. I have blamed my technique and suspected our instrument more than once because I did not remember this simple point. In blood work absolute cleanliness is the price of success. Slides and cover glasses should be washed with soap and water, rinsed and stored in alcohol. In polishing, only cloth that is grease free should be used and a sufficient number of layers should be used to prevent the oil always present on the fingers from getting through the meshes into the glass.

In spreading blood for staining I have found Ewing's method the simplest and best. The end of a slide which has been smoothly ground is cleansed, and upon this is caught a rather large drop of blood. The end of this slide is then placed upon the surface of another clean slide lying
flat, and when the blood has spread the first slide is inclined at an angle of forty-five degrees and drawn toward the opposite end of the flat slide from which it started. The amount of pressure regulates the thickness of the smear. For blood staining I use Jenner's stain*, which fixes and stains in three to five minutes. It has the advantage over Ehrlich's triacid mixture, in that it requires no fixation, and it stains the malarial organism. For the examination for the malarial organism nothing equals fresh blood spread between cover glass and slide without pressure.

For blood counting I have used the Thoma-Zeiss instrument. In this work a mechanical stage is almost a necessity.

In conclusion I will say that I believe when we consider what the microscope has done for humanity and the spread of the gospel, we should become more familiar with it. Years ago when the Panama railway was built, it was said that every cross tie represented a man's life, so great was the mortality. Yellow fever, malaria, and dysentery no doubt did most of the deadly work. Now, thanks to the findings of the microscope, there is no reason why there should be a great mortality in building of that greater thoroughfare—the canal. That the missionary can safely go into the most malarious parts of the world, armed only with a Bible and a mosquito net, is due to the discovery of the malarial parasite and its cycle in the anopheles. That the late Major Reed and his associates could, within a few years, working against awful odds, banish yellow fever from Havana and that it is impossible for that disease ever to get a foothold in any civilized country, is due to the fact that the discovery of the malarial plasmodium in the anopheles led investigators to suspect the whole mosquito tribe of conveying yellow fever and the eventual fastening of the blame upon the beautiful silver spangled stigmia—the fairest of the whole family—whose sharp thrusts have caused more deaths than the poisoned arrows of savages or the daggers of villains, causing periodical panics and stagnation of commerce in the southern states and effectually hindering the carrying of the gospel and civilization to many parts of the western hemisphere. When I consider the above, I feel like taking off my hat to one of the greatest benefactors—mute though it be—of the human race, and one of the mightiest aids, because of its discoveries and possibilities in the evangelization of the world.

In the preparation of this article I have freely consulted and used facts from Ewing's "Clinical Pathology of the Blood," "Simon's Clinical Diagnosis," Masser's "Medical Diagnosis," Osler's "Practice of Medicine," Manson's "Tropical Diseases" and Warren and Gould's "International Text Book of Surgery," Section on Blood Examination by Cabot.

* This stain can be bought in dry or liquid form of any first class dealer of microscopic supplies in the U. S. If the powder is used it must be dissolved in chemically pure wood alcohol. My stain came from Bausch and Lamb Opt. Co., Rochester, N.Y.
2. Foot Rests.

1. Dressing Table for Dispensary.


St. Luke's Hospital, Shanghai.
A LABOR CASE IN SHANTUNG.

By Francis F. Tucker, M.D.

I was called up a few nights ago to attend a labor case in a village some nine li (three miles) away; the native dispensary assistant sending word that he did not feel that he could attend to the case alone. Mrs. Tucker also prepared to go, but as one small donkey was all the transportation at hand, I went alone. The woman had been in labor several days. A hand had appeared, and, after all native aid had been unavailing, the child's arm was hacked off. My assistant was called several hours later, and I arrived on the scene shortly thereafter. The patient lay on a bed of sun-dried mud bricks, and her every movement raised a cloud of dust. Under the circumstances there seemed to be but one likely outcome of the case, but, for the sake of humanity, we anaesthetized the patient and delivered the child after an hour's hard work; the placenta coming away with the child. The legs of the child were extended "splintered" over its head in utero. In a hundred cases in Chicago I had met with this circumstance but once. The husband was very grateful, proclaiming that there was no one with so much "heart" in the whole district. As we cannot watch such outside cases, because of the many demands of the hospital, favorable reports had to be relied upon, but it was not surprising that she died thirteen days after delivery. Pneumonia and embolism contributed to the result.

DISPENSARY FURNITURE.

By W. H. Jeffreys, A.M., M.D.

I. Most of us think we have the best thing till we go around a bit and "look see." This latter I have done and still think I have the most convenient dispensary table in Shanghai. It is modeled on a larger table in the outpatient department of the Pennsylvania Hospital, Philadelphia. This one of mine (see photo.) is made of hard wood and is Ningpo varnished. It should be absolutely without ornamentation and all corners should be rounded. It is three-storied, each floor narrower than that below it, upper floor for large irrigating bottles of solutions, not shown in the picture. Middle floor for drugs, ointments, and so forth, in daily use for surgical patients. Lower floor for dressings and instruments. There are four large drawers, divided into convenient compartments, for plain cotton, bandages, waxed paper, etc. On the far side is a shelf that can be raised for use or lowered for space. This shelf
is for the instrument trays and sterilizer, which is practically an enamel fish-boiler on a gas or oil stove and is kept boiling during the clinic time, and every instrument used (except the knives) is thrown into the boiling water every time it is used and left there till wanted, when it is fished out with convenient forceps. (I believe this saves a lot of unnecessary infection of wounds.) The table is long and narrow, so that one can stretch through it with ease. It is intended to stand in the center of the dressing room and in the axis of the same with benches arranged around the room. In a small room the table might stand with one end to the wall. Cost in Shanghai $18.00 Mexican.

2. One’s back is saved much aching by the simple devise of a high narrow stool (several of them) used as a rest for all feet and legs treated in the out-patient department. It saves the doctor from stooping for examination, the dresser from stooping to dress, and the patient the strain of holding up his often very painful leg or foot. (See photo.) This is also hard-wood and Ningpo. Perfectly smooth and rounded in its short axis on top. Once tried, always used. Cost under a dollar each. These should be ranged in front of a special bench or two, and all leg cases can be pointed thither and soon acquire the habit.

3. We use a zinc boiler for sterilizing and rendering absorbent almost all the cotton used in the out-patient department. By using Canton flannel prepared in this way, and native cotton ditto, we save nearly one-half the cost of these expensive goods and lose only in looks, not I think in results. In the operating room and wards we use only imported dressings. The boiler is ugly but useful. It stands on a crossed-iron stand and is heated by two gas stoves or oil stoves. (The process is similar to that devised by Dr. Borland of Hankow, but after the boiling the cotton should be rinsed several times in clear sterile water.) Cost of boiler and stand, about $5.00.

I humbly submit these three devices for adoption “with improvements” by labor-saving hard-workers.
Although we suffered, and still suffer, from the woeful ignorance of the builders of this eastern country in regard to hospital architecture and the details of hospital finishing, we have two buildings of which we are not ashamed.

It was hard work from the first, for I was asked to give an opinion on plans for a hospital in China within a week of my arrival in the country. After two years’ residence I know how wise I was to realize that there must be needs and reasons for differences in detail from our home hospitals. My light was not brilliant at that early stage, but some changes were made that I am not at all inclined to regret.

For instance, a second stairway; that I suggested when I found the plan had but one; the bathrooms introduced into the plan and a few other little odds and ends in the way of closet room and so on.

The two buildings are of grey brick with trimmings of red brick. In appearance they are of the stereotyped Shanghai style, from which there seems to be no getting away.

The usual plan of reducing veranda space to make bathroom has not been followed, and one of the great beauties of the hospital is the glorious veranda. It is twelve feet wide and extends the full south side of the main building, forty feet.

It is difficult to persuade the women that the veranda is a nice place for them to sit. The children enjoy it greatly, and the ones that are well enough are out all day long.

Later a part, at least, of the veranda will be enclosed for the cold weather.

There are three wards, all in the main building. Although putting so much under one roof made it impossible to have windows on opposite sides, two of the wards have windows on two sides, south and west, and the largest ward has windows on three sides—south, north, and east.

The larger ward upstairs is called “Winslow Ward,” named in memory of Mrs. Winslow who, before her death, succeeded in interesting friends in the medical work for women in Shanghai, so that an impetus was given and the $10,000 asked for soon subscribed.

Winslow ward is a fine room; the length of the main building, sixty feet, and twenty feet in width. It is beautifully light and airy, as are all the wards.
Across the hall from “Winslow” is the surgical ward, and next to that the operating and sterilizing rooms to the north. The operating room has a large window, eight feet in length by some ten broad, and is therefore well lighted.

On the first floor is another ward, used for medical cases; also a limited number of private rooms. Downstairs, too, is the department for maternity work. The latter consists of three rooms that answer very well for the present. At the foot of the main staircase is the hospital chapel.

The central staircase is, in every way, admirable. The builder acquitted himself well in that particular. The treads are low, the staircase wide, and the one turning of such shape that a stretcher is easily carried up.

There is an office near the main entrance, where records are kept and hospital business transacted.

In addition to the main rooms there are several useful closets and a dumb-waiter. Of this dumb-waiter the hospital assistants were slow to see the use, but it is of considerable value in sending food to the upper wards.

A covered way from one of the rear doors, for there are numerous outside doors, leads to the dispensary building. On the lower floor of this building is a fine waiting room for the clinic patients. Off the waiting room are two consultation rooms, and opening from the main consultation room, a drug room.

The present management of receiving and dismissing patients works admirably.

The patient is received in the larger consultation room. If the case requires, she is taken to the inner room for further examination. The dressing is applied and the prescription written, and the patient ushered into a passage-way beside the drug room, and off the main consultation room. This passage way is wide enough to accommodate a bench and has an outer door. On one side is a window into the drug room, through which the patient hands her prescription.

When she receives her bottle or ointment jar there is but one thing she can do—walk out the outer door, as the door back into the consultation room cannot be opened from the outer side.

This is the only possible way to handle clinic patients comfortably. There is absolutely nothing original in this idea. It is in use in at least one other hospital in Shanghai, and it is through a suggestion of the head physician of that hospital that the same plan is followed here.
The drug room is well-lighted, well-arranged and well-equipped. It has two outside windows, ample locks and drawer room as well as shelving, and a small gas stove and lead-lined sink, with cold water.

On the second floor of the dispensary building are rooms for nurses and assistants, comprising: bed-rooms, a bath-room, and dining-room. In the rear of the dispensary building, but not really of it, are the kitchen and laundry.

The two main buildings have gas and cold water piped throughout, with standing washstands or lead-lined sinks in various useful places. Hot water is obtained from the fine “lau-hoo,” a native hot water apparatus in the laundry.

There are also two small buildings of one floor each, containing rooms used as store-room and servants’ sleeping quarters. These are quite detached from the two chief buildings.

A place for satisfactory isolation of infectious or suspicious cases seems not to have been thought of in the original plan, but that will be the next thing added, and before a great while.

The hospital is well located for work, just off Avenue Road, near Park Road, in the Sinza district, where there is a very large native population on all sides but one.

From the opening of the hospital, March 17th, 1903, to September 1st, 2,432 clinic patients were cared for, 1,113 of whom were new patients; 109 patients were admitted to the house, 146 visits made to patients outside.

The work is growing rapidly, and as St. Elizabeth’s is now the hospital of the American Church Mission in Shanghai for women and children, there is no limit to the work. The women who have been going for so many years to the clinics of the women’s department of St. Luke’s Hospital, Hongkew, have been somewhat slow in learning that they cannot now be treated there, as that is the men’s hospital, but they are learning the fact.

There is still unoccupied space in the hospital compound for other buildings as they may be needed.
The China Medical Missionary Journal.

Medical and Surgical Progress.

Medical.

Under the charge of Robert T. Booth, M.B., B. Ch. R. U. I.

ABSTRACT OF PAPER ON ACNE AND ROSACEA, BY THURSTON GILMAN LUSK, M.D.
Post Graduate, June, 1903.

Acne is a disease of the subaceous glands, and is the most common of all skin disorders, eczema not excepted. The majority of those slightly affected never apply for treatment, and for that reason it holds second place in statistics.

The lesions of acne consist of comedones, papules, pustules, and tubercular or deep-seated indurated abscesses. When consisting mainly of small, firm, red elevations, the condition is known as popular acne; when superficial pus collections predominate, pustular acne, or acne vulgaris; while deeply situated hard and painful nodules, with or without central abscesses, constitute acne indurata. All of the above forms may co-exist.

The lesions of rosacea consist of erythema, inflammatory papules and pustules, with dilated, superficial blood-vessels, and in chronic cases, hypertrophied connective tissue. The papules and pustules are not situated around the comedo, as in acne, and the inflammation is more diffuse.

The distribution of acne is principally on the forehead, nose, cheeks, chin and neck, but the shoulders, chest and back are also frequently involved, and may be the seat of the disease when and after the face is free. Rosacea is limited to the face; the middle third, embracing the nose and cheeks being the most frequent location.

Acne begins at the age of puberty and diminishes after the twenty-fifth year, while rosacea is a disease of middle life, beginning usually after the thirtieth year.

Indigestion, either gastric or intestinal, is always present to a greater or less extent, as is also constipation.

Menstrual irregularities, especially dysmenorrhea, are also contributing factors, and lesions are always more abundant during the menstrual flow, even though the function be normal.

It is probable that the causes enumerated act only so far as to produce an inflammatory condition in and around the sebaceous glands and follicles, and thus prepare the soil for the invasion of the staphylococcus epidermidis albus, which is always present on the skin.

The streptococcus also joins the latter when the soil is less resistant and accounts for the deep-seated abscesses seen in indurated acne.

Strenuous efforts have been made recently to isolate a special bacillus, and Gilchrist, of Baltimore, has only this month succeeded in finding definite bacilli, which were present in all smears taken from 240 typical acne lesions, from 86 patients, and which he named bacillus acnes.

However, in my opinion, this special bacillus is possibly our old friend, the staphylococcus epidermidis albus, in a new dress.

The predisposing and exciting causes of rosacea are the same as in acne, except the age, and in addition to the above, special stress should be laid upon the abuse of alcoholic or malt liquors and tea used excessively.

The first consideration in the treatment of acne and rosacea is the diet. It should consist of wholesome food, properly prepared and served at regular intervals. The food should be thoroughly masticated and eaten slowly; a rest of half an hour should follow each meal.
Inquiry should be made into the personal and general hygiene of every patient, the same as would be in order when dealing with any condition where the system is below par. Proper ventilation of sleeping, living and working rooms, together with sufficient outdoor exercise, should be insisted upon. A cold sponge bath every morning, followed by vigorous friction from rough towel, will do much toward improving a sluggish circulation. As a rule, cold or tepid water with pure castile soap used once or twice daily on the face is far better than an abundance of soap, hot water, and violent scrubbing, which renders the condition worse in all cases, except where comedones constitute the only lesions. There is no internal treatment for acne, per se, but whatever abnormal condition exists, should be corrected as if no skin lesion was present.

Local Treatment.—Thick oily skins, studded with blackheads, and small papules, should receive vigorous treatment; tincture of green soap with friction and forcible pinching of the skin between the fingers, followed by the application of an ointment, consisting of from one to two drams of borax to the ounce of cold cream, will usually meet all conditions in this stage. It may be necessary to shell off the skin by means of a twenty to thirty per cent. ointment of resorcin. A most useful procedure in all such cases is scraping the face with a sharp-ringed curette. This removes the blackheads or renders their removal easy by means of proper instruments; it also stimulates the cutaneous circulation and promotes absorption, even of deep-seated lesions.

The process of curetting should always be followed by the application of some mild antiseptic to insure against infection of papules and blackheads, whose tops have been scraped away. Many patients will not submit to curetting, and I usually reserve this procedure for obstinate cases of the type above given. The second indication for antiseptic, stimulating, peeling, astringent applications is met in every particular by our compound white lotion, known as Lotio alba comp; the formula and directions for making which are as follows:—

R. Zinc sulphate ... ... dr. i.
Potass. sulphuret ... ... " i.
Sulphur precip. ... ... l.
Alcohol ... ... ... qs.
Aq. rose ... ... ... ad oz. iv.

The zinc and pot. are each to be dissolved in half the quantity of rose water and the potash solution added to zinc solution slowly, with constant stirring; sufficient alcohol is added to the sulphur to make a thin paste and incorporated with solution resulting from above. The bottle should be well shaken and the lotion be thoroughly sopped on the face twice daily. When the stimulation and peeling become too severe, it should be stopped for a while and cold cream or other emollient applied.

Third indication, evacuation of deep-seated abscesses and powerful stimulation of deeply situated nodules.—Incise with small bistoury or finger knife, express contents, apply pure carbolic on tooth-pick and follow by sopping on compound white lotion, double strength. For the deeply situated nodules nothing excels the following:—

R. Potass. carbonat.
Sulphur precip.
M. Glycerin, equal parts.

This is very powerful and should be applied only over nodules and never used on delicate skins. Its use will nearly always render incision unnecessary.

It is well to explain to patients that scars, more or less marked, always follow deep-seated abscesses and that the scars result from pustulation and not from incision or other treatment.

(A long discussion followed the reading of this paper. We quote from Dr. Sheffield the following: “I never use the curette or watch-key or any other instrument to remove the
blackheads. I rely mainly upon internal treatment and hot baths, which hasten elimination, and I think in this way we can get rid of the eruption, and the blackheads without much difficulty, provided it is persisted in."

CURRENTS OF HIGH FREQUENCY IN DERMATOLOGY.

Regner (Progrès Med., May 17th, 1902) gives a summary of the employment of currents of high frequency in dermatology. The peculiar property of these currents is that, without producing any appreciable effect of contraction or sensation in muscles and nerves, they modify sensibility, reducing it to anesthesia. They also modify circulation in a manner which has been described as circulatory drainage, which is beneficial in local inflammations with capillary and venous stasis and in cases of impaired nutrition. Pruritus, often rebellious to other forms of treatment is frequently improved by these currents. Psoriases gives variable results. In eczema, especially weeping eczema, the effects are more constant, the itching sometimes disappearing after the first application. Alopecia, zono, molluscum, contagiosum, acne, and acne rosacea, impetigo, and morphea have been favorably influenced. Lupus erythematous may be cured by this method, which appears to be more rapid than phototherapy. The effect in cases of tuberculous lupus is a matter of controversy. The author is of opinion that the method may be used as an adjunct to the light treatment. He states that the effect is partly due to the liberation of ozone. He concludes that high frequency currents are a valuable addition to the therapeutics of a certain number of dermatoses.—Modern Medicine, March, 1903.
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"SUBLIME TOILET" (Unscented), in Boxes containing 6 Tablets.
"SUBLIME TOILET" (Scented), in Boxes containing 6 Tablets.
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