Volume XVIII. Number 1.

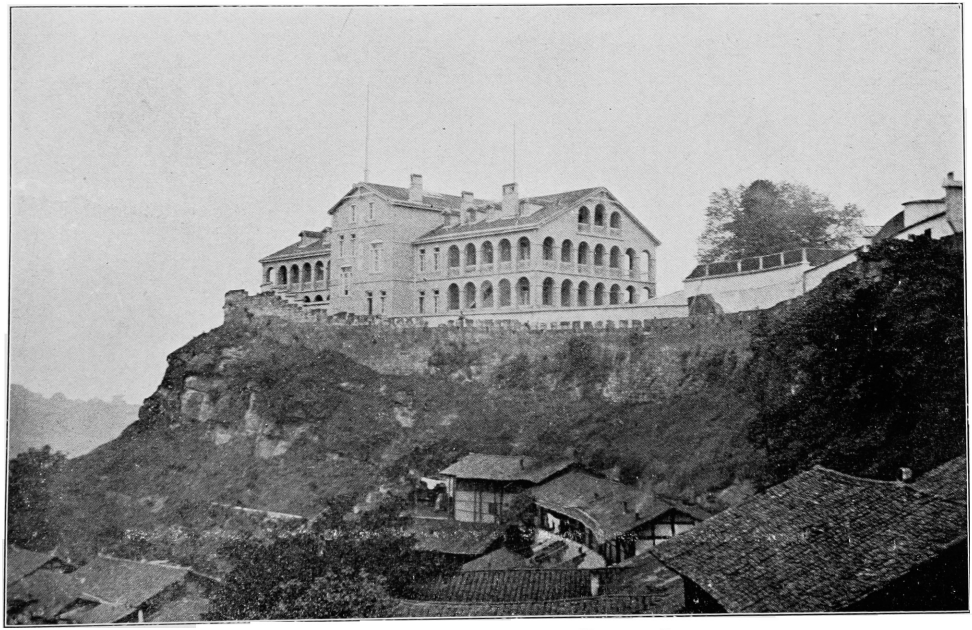
JANUARY, 1904.

The China Medical Missionary Journal.

PUBLISHED BY THE CHINA MEDICAL MISSIONARY ASSOCIATION.

Business Office, 18 Peking Road, Shanghai.
Editorial Office, 4B Minghong Road, Shanghai.

Quarterly. $3.00 ($1.50 gold) per year.



HOSPITAL FOR MEN, METHODIST EPISCOPAL MISSION, CHUNGKING.

The

China Medical Missionary Journal.

VOL. XVIII. JANUARY, 1904. No. 1.

Original Communications.

[All papers must be in the hands of the Editors two months before date of publication to insure their appearance in the following number. The editors cannot undertake to return manuscripts which are sent to them. A complimentary edition of a dozen reprints of his article will be furnished each contributor. Any number of reprints may be had at reasonable rates if a *written* order for the same accompany the paper.]

THE PRACTICE OF ASEPSIS IN MISSION HOSPITALS IN CHINA.*

By E. L. WOODWARD, A.M., M.D.

Even in the West the practice of asepsis fails of obtaining the ideal standards occasionally, in the operating rooms of eminent surgeons, as the writer has had occasion to note. Nevertheless he was hardly prepared to expect the opinion of a missionary physician of some experience that 'there was no asepsis in China.' Personal observation justifies a very emphatic dissent from this sweeping generalization; but it is unfortunately true that the peculiar conditions under which we labor in China make the attainment of routine asepsis in the operating room of the average mission hospital vastly more difficult than at home. The problem of how this is best attained, or how far it is even to be attempted, has had different answers—as well illustrated by the JOURNAL of last year in two articles bearing upon the subject.

One writer advocated the employment in our hospitals of only the *very best* of means and methods regardless of expense, both as a professional duty to our patients and as being the cheapest in the long run. The other asserted that astonishing results could be obtained with a largely improvised equipment and with a magnificent disregard for conventional aseptic pro cedure. Perhaps opinions will differ as to which was the correct view; in my own judgment *neither*. For the standpoints of the writers did not correspond with that of the average medical missionary in China.

*Read before the Kuling Medical Conference of August, 1903.

One wrote from St. Luke's Hospital, Shanghai, a long established, thoroughly equipped and self-supporting institution, with two physicians in charge and a staff of thoroughly trained assistants. So fortunately circumstanced, he would naturally advocate standards of unqualified excellence. But such resources are not usually available to the medical missionary except in certain ports. The other wrote from the far interior and was evidently engaged in a type of pioneering that involves many difficulties and narrow limitations. As a testimony to the possibilities of good, even under the most unfavourable circumstances, the article was perhaps of value; but in so far as it advocated such make-shift methods beyond circumstances of extreme necessity, it cannot be too strongly condemned. The "aseptic" conscience, so priceless and fragile, *could* not long survive in such an atmosphere.

The place of the average medical missionary is midway between these two extremes. If we cannot as yet hope to emulate the standards of certain port hospitals, yet our resources are considerably better than those of the itinerant pioneer. Native drugs we do not have to use; *antiseptic* precautions at least are always attainable; nor are Chinese cotton, paper, and string economical factors in our important surgical dressings.

It is not the purpose of this paper to describe the limitations of the hospital in the interior with its one doctor, locally trained assistants, enormous practice, and small income. The majority of us know them only too well. But let us rather discuss the problem of how a satisfactory routine asepsis may be effected under such conditions. To this end there are at east four essentials, about each of which I shall make a few practical uggestions, mainly the result of my own experience. They are:—

First. A suitable operating room.

Second. An adequate yet economical equipment for same.

Third. Trustworthy and well trained assistants.

Fourth. A simple yet reliable aseptic technique.

First. The operating room.—It is to the skill of the surgeon preeminently that Western medicine owes its high status in China. Unaccountable as it may be, it is nevertheless true that the vast majority of the inhabitants of the "Middle Kingdom" still believe in the superiority of native remedies for "internal" complaints, while readily conceding the superior skill of the foreign doctor in "external" or surgical diseases. The reputation and success of our hospitals therefore depend in a peculiar way upon the work of the operating room, and no effort should be spared to have this room especially designed and built for the purpose, so as to secure the important factors of convenient yet isolated location, good light, warmth, and above all cleanliness.

My own experience recommends a room of very moderate size, as more quickly and economically heated during the winter and more readily

conducing to scrupulous cleanliness; as unnecessary apparatus must be kept elsewhere. The floor should be of cement or of well fitted flooring varnished with Ningpo. Isolation from the clinic quarters is particularly desirable, and location in the second floor has many advantages. Septic operations, save in exceptional cases, should be performed in the clinic surgery and the operating room reserved for non-septic cases. In my own hospital this rule is strictly enforced, and the clinical surgery, which is a room twice the size of the operating room, serves the third purpose of affording a convenient place for changing all septic dressings from the wards.

Second An adequate yet economical equipment for the operating room. —The operating table of varnished teak wood designed by Dr. Boone, of Shanghai, has served me admirably as an economical substitute for the expensive glass and iron tables that some think essential. I believe they are also used in many other mission hospitals. My surgical clinic is furnished with four similar tables, made from the same pattern by a local cabinet maker at the modest cost of five dollars each. They are a great convenience in changing dressings for the ward and clinic when they are often all employed at once. One of the most important requisites for the operating room is an abundant supply of hot and cold water that *we know* to be absolutely sterile. A standard germ proof filter may be one solution of the problem. I have not tried it. Certainly the all-too-common practice of having the water for the operating room boiled in the kitchen and brought from thence by hospital coolies is highly objectionable. The boiling and subsequent handling of the sterile water should be under the direct and constant supervision of a trained assistant or of the surgeon himself. One of the most valuable fixtures of my clinical surgery is a tin-lined copper boiler of sixty gallon capacity, with tight fitting lid, glass tube gauge indicating height of contents, nickel top, and flue through centre for conserving to the utmost the heat from the little charcoal stove underneath. It supplies sterile hot water on top, in any quantity, at any time, and at a cost for charcoal of about $1.00 a month. It is located most conveniently and so as to be under constant supervison. At the end of each day the hot water from this tank is transferred to a somewhat similar receiver just beside it and is used as cold sterile water on the following day. A still more perfect arrangement would be to have both receivers of the same pattern, so that each could serve on alternate days as the boiler, and the cold sterile water could be drawn as needed direct from the receptacle in which it was boiled. By a simple transfer of apparatus this same charcoal fire is used very economically for distilling water and for steam sterilization as occasion requires.

My steam sterilizer for gowns, dressings, etc., is a very nice one, and was obtained in Tokio for Y. 60.00. The hot water sterilizer described above

was bought of the same firm* and cost Y. 20.00. My operating room has a full equipment of glass and iron instrument tables, glass irrigators, solution flasks and bowls, dressing jars, etc., also obtained through this firm. Finding such apparatus very cheap and good in Japan, I felt quite justified in having a complete outfit. For if neatness of attire is one mark of a gentleman, certainly neatness of outfit is a corresponding requisite of an aseptic operating room.

Third. Trustworthy and well trained operating room assistants.—This is the crucial point in the whole matter. One may spend thousands on the operating room and its furniture, one may adopt the most ideal methods and the choicest antiseptics; but if the technique of the operating room assistants is untrustworthy, *routine* asepsis will be an impossibility. The surgeon may afford the time occasionally to supervise every detail of the preparation for some major operation; but he must trust to his assistants for routine preparations. How difficult it is to make our Chinese helpers realize the essential importance of the apparent trifles of aseptic technique. How long before we feel that even the best of them may be trusted in the matter. How often the carelessness or stupidity of a secondary helper brings to naught the most elaborate precautions.

What is the remedy? Let us hope that in time one will be provided by the thorough education of our native assistants in high grade medical schools. For the present, however, we are thrown on our own resources for the training of our assistants. Even under such limitations most gratifying results may be accomplished with patient and well directed effort. We must take none but the best from the mission schools for our medical students, and we can often get them. We must inculcate in them the pride of personal responsibility and the habit of exact obedience in all that relates to the operating room. We must take pains to instruct them not only in the minutiæ of aseptic procedure, but also in the reasons underlying them. And finally, we must never indulge a laxity in ourselves that we would condemn in our own assistants.

Fourth. A simple yet reliable aseptic technique.—In the solution of this important question, there will probably be as many methods as there are hospitals, for opinions and preferences are widely divergent as to antiseptics and other details of technique. Suffice the caution, that in the sometimes necessary attempt to economise time and money by simplifying our technique for routine work, we must use the greatest discrimination and err always on the side of safety. If we have ingenuity in improvising economical make-shifts, let us regard the exercise of it as a pro-

*The address of this firm is: S. Goto Fu-undo, Surgical Instruments, etc., Awajiche, Kanda, Tokio, Japan.

fessional humiliation rather than as a subject for pride, and then we will tolerate such economies no longer than absolutely necessary. They are apt to impair our own standards, they hinder the development of our students, and worst of all they are positively injurious to our patients. The preparations for an aseptic operation may be tedious and expensive; but sepsis from defective technique will in the end occasion far more expense and trouble, is often a crime against the helpless patient, and is inevitably prejudicial to the hospital obtaining that favor and confidence in the community which is essential to its highest mission.

SOME METHODS OF MEDICAL EVANGELISM.*

Medical missions in China have been organized through the missionary efforts of evangelical churches. A medical mission therefore is a gateway to the Chinese heart, giving passage through the hedges of suspicion for the seeds of the gospel of Christ. How useless this gateway when no fertilizing lifegiving knowledge passes through it, how useful and full of joy when it conveys life to the fields on which it opens. And what fields need fertilizing life more than the barren wastes of these hearts? What laborers can better prepare the soil and plant the seed in the souls of these patients than the doctor, helpers, coolies connected with this gateway? What fruits better than the rich foliage of gratitude, the flowers of respect for the foreigner and his religion, and, best of all, the fruits of the sowing recasting themselves to live again for others.

In accepting your kind invitation I shall endeavor to deal only with methods and means, physical and spiritual, used in the prosecution of the spiritual work given to us medical men and women in charge of medical missions.

In order to obtain as broad a view as possible I have addressed letters to, and received replies from, most of the principal hospitals and dispensaries in China. While the information gathered from these sources will be used collectively, still I wish here to express my indebtedness to each of those correspondents for his kind efforts in furnishing information regarding evangelistic work.

The agencies for our work are at hand—dispensaries, hospitals, helpers, patients, appliances, medicines, the Bible, books, tracts, calls to private houses, reputation from operations and cures. These are, however, but tools. We cannot spend all our time in repair and preparation of them. We want fertilization, salvation, everlasting life in these fields of ours. How are these implements to be used to obtain the best results? We cannot throw plows and

**Note.*—This excellent article is unfortunately not signed, and on account of the absence from Shanghai of one of the Editors, we are unable to add the author's name at this time.

harrows, seed, and hoes into the field trusting to their chaotic action because we do not find time to use them properly. May the workman in the field not stop in the midst of his labors to ask advice of the Master? May not a surgical operation, however simple, be better done, the patient's heart more deeply touched when earnest prayer has been offered at morning service for guidance? And why not, as one physician does, pray occasionally in the operating room when a serious case is at hand? Cannot the time be spared? Is the Great Physician so seldom present there? Which do we wish to declare, our medical skill or the power of God? Even Christ gave God the glory.

Much has been written and said upon the subject of the missionary physician personally and his spiritual life. It is hardly within the province of this paper to delve deeply into this topic with the exception of the relation of physician and patient. Undoubtedly sympathy (and its synonyms fellow-feeling, put yourself in his place), is a quality of prime importance. This ground is hard and stony; why? This patient has troubles of body and soul. How can we reach the disease? How heal the soul? The thoughtful physician seeks to locate in his own body the pains and aches described by his patient, thereby more surely reaching a diagnosis. So, it seems to me, a sympathetic heart will feel the patient's barren darkness as its own—inversely reasoning out the road from and to the soul. Alas, many of us have no time to so fully investigate either disease of body or soul. We cannot plant but must sow broadcast. Still a sympathetic cast will often prevent the grain from falling on stony surface but rather cause it to lodge in the fertile soul just beneath.

Despite the pressure of work there is a healthy spirit of sympathy existing in the medical missions in China to-day. A majority of physicians find time for bedside work. From some it is evident that patients appreciate such friendliness and look forward with pleasure to these bedside chats. Only one physician finds other work too pressing. Nearly all state that the tone of their work is that of friend and helper to their patients. One makes an effort to speak of Christ to at least one patient each day. A good resolution to imitate. Another determines to speak to each patient at least once during his stay. Still another seeks out those bedridden and personally talks with them. This is direct and careful work. One-third take charge of ward and other services. Twenty per cent. do other personal work as opportunity presents. One takes his turn in leading Sabbath service. Another makes it his duty to be present at all public meetings.

Just at this point comes in the question of the physician's relation with the out-patients. At least fifty per cent. of physicians do not personally address the out-patients regarding the gospel. The balance speak at least occasionally, and one-half of these make it a *rule* to speak to out-patients

just before clinic. It seems to me that these latter give out an impression of personal religion, which impression, as far as the out-patients are concerned, would seem to be lacking in the work of those of the first half. I can say from personal experience that I have seen out-patients refuse their turn for treatment saying that they preferred to stay in chapel and listen to the foreign doctor talk of the gospel. Many of these patients I know did not make this an excuse in order to await treatment by myself.

It has been my own practice to lead daily morning prayers with the patients and helpers, to have bedside talks on Sabbath, to conduct Sabbath evening service, using the magic lantern, and best of all to take advantage of times when a leading thought or word may catch the patient unsuspecting and unprepared to resist the planting of the gospel seed. It is these fragmentary conversations at odd times which in my experience seem to catch the heart's door ajar, and which one might say act somewhat in the line of hypnotic suggestion, bringing a more ready assent to the correctness of the view taken. Each of us, however, has his own ideas concerning the proper balance of medical and spiritual work done by himself. Medicine for the body and Christ for the soul. The proper adjustment of this balance seems to be still a mooted question.

Native evangelists, Bible-women, school teachers, native doctors, medical students, active church brethren, coolies and other employees all are enlisted to plant the gospel seed. Thirty per cent. of hospitals employ no special *native evangelist.* Six per cent. have part of the time of a native preacher. Over sixty per cent. employ such a helper to give his entire time to both in- and out-patients. It would seem that every hospital should have a man of this sort. As one correspondent suggests, 'not to preach at them, but to talk with them.' He may also spend part of his time looking up former patients. The *Bible-woman* is manifestly indispensable where there are female patients. Whether in hospital or dispensary she has many opportunities. The best results in my own work, as well as that of many others, are easily traceable to the earnest Bible-woman. She may likewise spend some time looking up former patients. *School teachers* are employed in a number of hospitals to teach in-patients and their children to read. The idea is, that if taught only a few characters they will be able to pick up many more and the Bible truths will follow them more constantly when they may read a little from tract or Testament. Many report patients as eager to learn. The *native doctor* should be induced to show his colors also. In our own hospital the foreign physician has charge of morning prayers and the native doctor is entrusted with the entire charge of evening prayers. He is of course a Christian. Four hospitals use their *medical students* in gospel work. One physician enrolls no one but Christians as students. They have charge of ward services and exert their influence in general.

What should be the attitude of the *coolies* and other *employees?* Should these employees be Christian? Fifty per cent. of hospitals reply in the affirmative. In a majority of these the nurses and others are encouraged to speak to patients on Christian topics. They also lead the ward meetings.

The *native Christian brother* is a power which seems to be turned to good account in twenty per cent. of medical missions. This subject has peculiarly interested myself. Here is apparently a source of change for the patients and also an object lesson to them that their own people believe and live what those hired by the foreigner teach. These Christians are encouraged to 'drop in' on friendly calls, and also to take part in prayers, to speak to dispensary patients, and to teach the in-patients to read. Epworth Leaguers and Christian Endeavorers are given opportunity to test their ability in bedside visits. In one hospital a bed is assigned to each member of these societies.

Medical missionaries evidently believe in the printing press. All use *printed matter* of some form in their work. Fifty per cent. sell tracts and books, the balance give away tracts, seldom selling anything but gospel portions. Some physicians give printed matter to in-patients and sell to out-patients. Others have calendars sold at a nominal price. Again sheet hymns are given away. There are many special leaflets. I regret there is not time to present a number of them, for many give evidence of careful preparation. Some of the plans for sale of tracts are interesting. One evangelist sells to out-patients while speaking in the waiting room. In other places a glass front case is arranged near the outer gate where sample tracts are exposed with prices marked. Others have special colporteur seated near the gate, whose whole duty is to sell literature. The following has also been suggested: The speaker in the waiting room to take as his topic the title of a tract and explain it together with a part of the tract, finally stating that the matter is more fully explained in the leaflet for sale at the door. Still another plan has the patient pay a number of cash and receive an assortment of printed matter in return. The demand for tracts which are sold varies in different localities. One letter says not one in a thousand would buy, another that the patients cannot read and therefore do not buy. There must be a way, however, of creating a demand for tracts, for as above stated fifty per cent. sell and some report a ready sale. Naturally one values that for which he has expended something, therefore it would seem that the sale of tracts is the ideal plan.

Where tracts are not sold they are occasionally given to patients by the physician himself. He also loans them to the in-patients. He generally carries a pocketful when making professional calls. Especially does he give them to in-patients on their departure.

In connection with this subject of tracts, the suggestion is offered that a number of sample copies of special leaflets issued by the various hospitals be sent to the secretary of the Medical Missionary Association, whence a collection may be sent to any physician applying for them. Thus a more general knowledge and use of good material may be fostered.

There are many forms of *gospel services* for in-patients. Morning prayers in the chapel for the entire population of the hospital predominate, i.e., seventy-one per cent. Evening prayers are the rule in forty-five per cent., and as in the morning service, the leaders are foreigners, helpers, and students. Occasionally the wards are simultaneously or alternately used for these services. Twenty-nine per cent. have afternoon meetings. Forty per cent. hold two services daily, sixty per cent. one daily, and five per cent. three weekly. Mid-week prayer meetings, Sabbath Bible classes, and Sunday schools are also called into use. Some missionaries make an effort to have the ward services conversational in form. They find that patients thus more readily take part in reading and questioning. A number have special prayers for the hospital staff either morning or evening. For Sunday evening one lady invites the patients to her study where are new and interesting things. After-meetings are found useful where the interested ones are taught to pray and are otherwise instructed. At one of these a clerical missionary converses and answers questions as long as there are listeners.

In many places the topics of these meetings are carefully chosen, according to system. Some follow the Sabbath lesson subjects, others the gospels in series, and again others the life of Christ covered once a month. The Blakeslee system is mentioned. A number take the subjects of their lantern slide pictures as topics on week days, showing the views on Sabbath evening. This latter is the plan followed by myself. I try to make the Sabbath a day different from the others, therefore the magic lantern and the bedside talks. It seems that a systematic rotation of topics covering the important gospel truths is a prime necessity for instruction of in-patients.

Probably all hospitals and dispensaries hold a service for out-patients. It generally continues as long as there are patients not examined. Often speakers are changed two or three times in the course of a day where clinics are large. It is a pleasure to state that in some places the foreign physician and other missionaries speak in addition to the native helpers. In our hospital the Bible-woman sits on the women's side, and in the intervals, when the male speaker is resting, she takes up the subject. The men can hear, although not see her. Others make the waiting room a place for personal work. It is here that the Christian Endeavorer and the native brother as well as the helpers have an opportunity. Each forms the center of a little knot of patients, much the same as classes are formed in Sabbath

schools. A babel, but I am not sure that the work cannot be well done on this plan.

How secure the attendance of in-patients at gospel service? They are invited in ninety-four per cent. of hospitals. Attendance is compulsory in five per cent., while three per cent. also hold services in the wards. Nearly every one reports patients as willing to come. The reasons for their coming generally being material curiosity, until they become inquirers. Those who are backward or refuse to come, are seen privately. The hospital evangelist has here an opportunity for good work. One hospital places each ward in charge of a medical student, holding him responsible for the attendance.

It has been suggested that separate meetings be held for Christians and heathen. As far as it is possible to estimate about four per cent. hold special meetings for helpers. But as a rule all are called to the general service. The topics treated necessarily have to be tempered for both classes of hearers. A difficult task at best. The only solution apparent is that of separate mid-week prayer meetings or special prayers with helpers inviting other Christians and inquirers. This plan, it would seem, is a necessity where one has Christian helpers so engaged that they cannot attend regular church service, and where one wishes to create an *esprit de corps* and better prepare his employees to preach the gospel.

How best follow up the in-patient after he leaves the hospital? This question is so perplexing that nearly one-half of medical missions have no plans for this work. Over one-half have plans more or less defined; many confess their methods are defective and inadequate, and only about twenty per cent. make regular provision for visitation. The following queries are primarily important: Is it best to follow up these patients? Do not we simply cast bread upon the waters? Does the patient desire visits from those who follow the foreign religion? Beyond doubt it is the duty of the husbandman to cultivate the soil until the harvest appears. The Holy Spirit will give the increase, but we must do our share in making it possible. It is stated that many patients are converted after returning home. The last question, however, seems to be the *point d'appui* of objection to this visitation. Of course we will not be welcome, and he may not be at home when we call if he does not desire our presence. The solution of this difficulty as presented by several is this: before the patient leaves the hospital always strive to obtain from him an invitation to visit his home. Have a space on the dismissal blank headed "Invited to call" and note yes or no. One should be able to ascertain from his manner the real attitude of the patient, no matter what his answer. In fact, in this attitude may not one make a practical test of the quality of spiritual work done while the patient was in ward?

Having overcome this question of welcome, we may consider measures for visiting or otherwise keeping alive the seed planted. Distance, helpers, time all figure in these plans. Some physicians state that patients are scattered, but medical work is cumulative in effect and time should bring more from their villages. The lack of helpers is a great obstacle. In the absence of better methods native pastors have been written to and neighboring missionaries addressed, asking them to call upon and report patients when found. Letters have been given to patients for pastors near their villages, but few have been delivered. Foreign evangelists in charge of the district where the patient lives, have been asked to become acquainted with him while he is in the hospital and to call upon him at home, but they are often too busy itinerating. Colporteurs of the Bible societies have been enlisted. In addition to these there is the use of the hospital travelling evangelist, either foreign or native. Several hospitals have such a man. This plan seems to round out the medical mission and to conserve the energies put forth. I am sorry that no exact data can be had regarding the work of these evangelists. Nearly all agree, however, that former patients should be followed up and regret the lack of such a helper. It seems certain that could the wishes of the majority be expressed they would join in the plea that the home boards furnish each hospital with an evangelist, whose sole duty it will be to work with patients and, as the work grows, to be sent out visiting those who have left an invitation for him. What has been said applies equally to the Bible-woman.

The item of time above mentioned applies to the physician himself. Possibly he may have opportunity to itinerate and call at the homes of his patients. He undoubtedly would be the most acceptable caller. Several correspondents state that they make a point, at least once a year, of calling upon those manifesting an interest in the gospel. They are often accompanied by a preacher or Bible-woman.

In the letters I have received many physicians, not satisfied with the state of their work (which of us is!), wish to take better advantage of their opportunities. They wish to speak personally to out-patients, or at least to address them, not leaving them entirely in the hands of native helpers. Others wish to keep the in-patients busy studying or otherwise interested, not neglected during a large part of the day. Again others wish the example of their employees to be more Christ-like. Many long for more assistants, both foreign and native, for Christian work. Together with all these desires comes the general regret at want of personal time. Several physicians write that their fellow-missionaries do not appreciate the good opportunities to be found in the hospital wards and at the homes of the patients. In a number of hospitals, however, the clerical missionaries have charge of the evangelistic work. Perhaps our brethren hesitate through fear of

interfering with our work. Let us invite them again and give them much opportunity. Come, fellow-workers, there is a cry from Macedonia. Help us doctors out. We want to teach the gospel truths, but we cannot do much more than preach by our actions while holding our own in the struggle against disease. Our fields are too broad; indeed the harvest is great, but the laborers are few. Here you will not need to go to the heathen, but they come crowding to our doors and are living beneath our roofs.

In conclusion let us remember the following points:—

1. That the native brother may be made useful.
2. That the example of the hospital employees may sow either wheat or tares.
3. That the out-patients ought not to be left entirely in the hands of native helpers.
4. That there are many healed bodies leaving us with unhealed souls.
5. That a special evangelist should be employed in every hospital, with the especial view to his visiting former patients who have invited him.
6. That we should go out into the highways and hedges and compel our clerical brethren to come to the feast spread for them in the hospital wards.

This paper has not been written with the intention of establishing a standard, nor passing judgment on the ideas or practice of any one, but the effort rather has been to present various methods in use to-day in medical missions with the hope that this information may be useful in sowing the precious seed the Master workman has entrusted to us.

SYPHILIS.

E'en from the dawn of history we read
Thy baleful record on each new turned page:
Men die, but thou live'st on from age to age,
Base and most vile of many an evil breed:
Alas! too oft thy mission doth succeed,
Oh curse of man in every clime and race;
Alike in youth and age we see thy trace,
And few of those who fall escape thy greed.

Nations that are no more, have felt thy rod;
Thou hast slain more than battles with thy breath;
The palace and the hovel thou hast trod;
Claimed guiltless with the guilty, as He saith.
And in it all stands forth the law of God,
Saying, My Son! the wage of sin is death.

C. S. F. Lincoln.

A NOTE ON STRANGULATED HERNIA.

By Leopold G. Hill, M.R.C.S., C. M. S. Hospital, Pakhoi.

The object of this brief communication is to find out whether strangulated hernia is common amongst the Chinese. In this part of China we have a fair number of inguinal scrotal herniæ; perhaps I see on an average one every ten days out of 8,000 patients in a year seen for the first time. But in seven years, out of about 30,000 patients, only twice has a case of strangulated hernia come to the out-patient surgery. It is possible that such a serious disease would not be found amongst the usual run of out-patients in China, and that it may exist at home, the patient's friends not at first realising its gravity, and when they do, for some reason not communicating with the foreign doctor. On the other hand, one does not come across any cases of fæcal fistulæ in those who may have been fortunate enough to survive. For myself I have long wondered why the Chinese are free from this complication, going about as they mostly do without a truss of any description. Is this rarity of strangulation the experience of my fellow-medical missionaries in various parts of China? If so, what theories are forthcoming to account for it? If several could answer these questions in a letter of a few words in the following number of our Journal I feel sure it would be of interest.

The only theory I can offer is the simple one that the Chinese as a rule are not heavy meat eaters, whereas foreigners in their native land are. There is so little to go upon in two cases, but it is significant that both my patients were pig and ox butchers and therefore presumably they freely eat of the flesh of these animals. It cannot be that the Chinese strain less in lifting heavy weights, for they of all people are the heaviest burden bearers.

A few details of these two cases will conclude my remarks.

In the first patient, seen four years ago, fæcal vomiting had just commenced when he came to the hospital. Operation was consented to by the patient after a judicious attempt at reduction had been made and failed. He was then inverted by raising the end of the bed and placing him on an inclined plane as well. A cold application was put on the rupture and the patient left while preparations were made for the operation This, however, was not needed, as after an hour the gut slipped back of its own accord whilst the patient was still in the inverted position. Vomiting ceased, he made a complete recovery; refused a radical cure; later was fitted with a truss and returned home. I have not heard of him since.

The second patient (aged fifty-five) came some few weeks ago with the history of having had a right inguinal scrotal hernia for seven years; had never worn a truss and could always reduce the rupture at will. The night

before, however, he could not return it, and it became very painful; vomiting supervened, which, soon after he came to the hospital, became fæcal, but not very frequent. The swelling was as large as two fists. The remedies tried successfully in the former patient not proving successful in this and the man and his friends becoming properly anxious, the advantages and risks of an operation were propounded to them. They wisely consented, and in less than twenty-four hours, after the onset of the trouble, the patient was on the operating table. My native dispenser administered *chloroform*, and I was assisted by the French doctor of the port and by my clerical colleague. The gut on exposure was much injected, but not approaching gangrene in any way, and after enlarging the ring I was able to quietly return the intestines into the abdomen. The cæcum and several lengths of the small intestine were involved. The sac was purse-ligatured and stitched up and the wound closed.

The patient made an uninterrupted recovery, in spite of the fact that a good feed of pork was indulged in, unknown to me, on the third day.

PRACTICAL SURGICAL NOTES ON THE PAST YEAR IN ST. LUKE'S, SHANGHAI.

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

As I look back over the surgery of the past year in St. Luke's my feelings are mixed, partly satisfaction, still more dissatisfaction, yet all hopeful. There is much more that I am dissatisfied with than otherwise. The future holds out for us a new building and completely new surgical outfit and brightest prospects, but I am writing of the past year. In this we have had no operating room at all, no proper sterilizer, no dressing lockers, have had to carry all our patients up and down stairs on stretchers and across streets, have had no decent bathrooms, and altogether have been as uncomfortable and as improperly circumstanced as it is possible to conceive of even if one were to deliberately make one's arrangements with those objects in view. Therefore I have not expected very good results, and yet to some extent have been agreeably disappointed. The results have been fair for the circumstances; poor, had the circumstances been favorable. Throughout the year I have conscienciously refused internal eye operations and laparotomies except when absolutely imperative, because of improper technique, and I shall not take them up regularly until I have something approaching what I want. In this connection I would reiterate my expressions in the JOURNAL of April, 1902, and add emphasis thereto if I can find the words; that we are not in China to see how many Chinese we can cure, but (I am speaking professionally—not with reference to the evangelical side of our work, although in that the principle is the same) to establish scientific medicine

in China, to be medical standards for the Chinese to follow, to establish high ideals and to do all in our power to realize them. It should be nothing whatever to us to run up large scores unless every patient in the list gets the best treatment we can possibly provide for him and as much of it as he needs. My former article was criticized, favourably and otherwise. Dr. Teusler, in Tokio, has the cleanest hospital I have seen in the whole East, and he has proved to my satisfaction what can be done. Yet he is not satisfied and presses on to cleaner and more finished work. He has but thirty beds in his whole hospital and does not hanker after more, but every patient that enters his wards gets the best that scientific medicine in the Far East can give him at this time and, I say, Dr. Teusler is not yet by any means satisfied. It is all well enough to talk of the wonders that can be done is surgery with a penknife, an old toothbrush, and a slop-pail, but personally I feel that these useful articles can do better service in other fields and belong, with the six-months'-complete-course-in-medicine missionary, beyond the sphere of serious-minded physicians is China. It is useless to say that the quality of a man's work must depend on his distance from the coast. Some of the best work in China is done far in the interior. The Chinese who make our assistants are much the same all over China, and they are whatever we make them, and they know and do whatever we teach them. And the pressure of work near the coast is probably quite as great as it is in the interior, perhaps greater, and none of us have any right to do anything but refuse work over and above what we can do thoroughly well. It is always open to us to select the work we can do best. We constantly read reports of those of us who do not hesitate to refuse to do certain operations because "it is inexpedient" to run the risk of failure. How much more right is it to refuse the same because we cannot do them thoroughly well and with due justice to work already in hand. Pardon this digression and recurrence to my "pet aversion—the slim dressing." In this respect I plead guilty of being incorrigible.

Some of our most interesting cases of the year have been in the line of compound fractures.

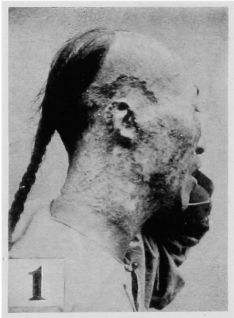
A. Large caliber, leaden bullet entered the left hip, fractured the neck of the femur, passed under the great vessels, emerged, passed through the root of the penis, emerged, entered the internal aspect of the right thigh and lodged near the skin surface on the external aspect. The bullet was easily extracted; found to be flattened and much roughened. It carried several small spicules of bone with it.

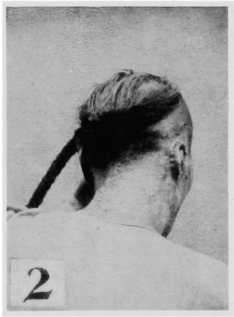
Patient was a chronic opium smoker and kept himself drugged throughout his stay in the hospital. Urination was at no time interfered with, though the right side of the penis was largely torn away. Several small pieces of lead sloughed through the scrotum in the course of a couple of weeks.

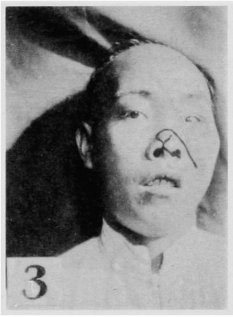
At first the patient did well and gave hopes of recovery, but suppuration from the hip joint was constant and profuse, and patient was finally allowed to go home in a moribund condition at about the sixth week. At this time the wounds had all healed, except that through which the hip-joint drained. Amputation was not at any time warranted.

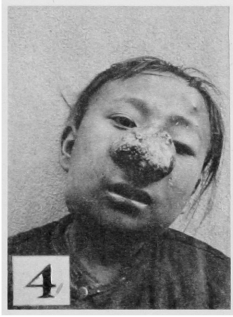
B. Large caliber, leaden bullet entered the posterior aspect of the right thigh, splintered the femur about the centre of the shaft and glancing emerged through the external aspect of the thigh at right angles to the line of entrance. In its exit it caused a hernia of part of the vastus externus, and as the case was slow in coming the mass was already half putrid. This herniated muscle was entirely removed and drainage established. The posterior wound closed promptly, and indeed could not readily be kept open. The side wound answered for drainage. Suppuration was not at any time profuse, and the bone, although splintered, did not apparently become infected. Complete recovery with half an inch of shortening took place in less than three months. The patient was a man of splendid physique and took no opium at any time. About the sixth week he developed an enormous appetite and left the hospital in the pink of health.

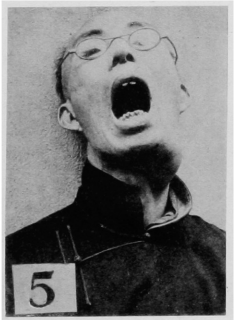
C. Coolie, aged twenty-four; fell from a height, striking his head and tearing a triangular wound in the scalp over the frontal bones in the middle line. There was œdema of the scalp and face and complete closure of the eyelids and the conjunctivæ were fairly black with suffused blood. On examination it was found that there was an extensive fracture of the frontal bones, compound of course, and about two teaspoonsfuls of brain matter were found in the wound or came through during the first dressing. Crepitus was present and the fracture was easily traceable and in one place exposed to view. The man, however, had been carried straight to the hospital, so that the wound was seen soon after the accident, and for a wonder nothing dirty had touched it, so that I took the probably unwarranted risk of carefully irrigating and then completely closing the wound with catgut sutures in the pericranium and silk in the carefully shaved scalp. Patient stayed conscious after the first few minutes following the accident and complained of nothing but pain at the time of dressing. That evening, on consultation with Dr. Boone, I decided that I had made a mistake in sealing up the wound without drainage, and next morning removed several silk stitches with the idea of putting in drainage. To my surprise I found it positively difficult to effect an entrance through the wound, and so did not open the pericranium, but simply laid a small rubber tube under the scalp. There were no undesirable symptoms at all except slight dizziness. The third morning, as the dressing was dry, the drainage tube was removed. The wound finally closed on the fourth day. At the end of one week the patient could not be kept in bed, and by the fourteenth day refused to stay in the hospital any longer, as he had no

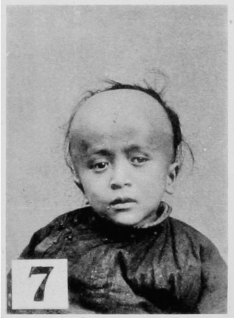


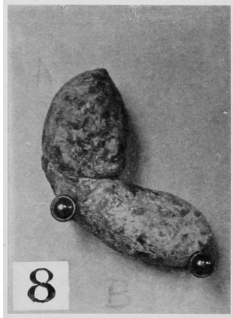












1. Lupus vulgarus, of face and neck. Side.
2. Same. Back.
3. Avulsion of nose with compound fracture of upper jaw.
4. Sarcoma of the nose and cervical glands.
5. Sub-lingual cyste.
6. Syphilis of nose and mouth.
7. Hydrocephalus. Front.
8. Bladder and urethral stones.

symptoms, and the external wounds were absolutely healed, and he "wanted to go back to work." He would not listen to arguments which he maintained were not practical. So he went out apparently in perfect health, and I trust is so still. Of course the most morbidly careful asepsis was practised in this case, but the outcome was certainly more than unusually satisfactory.

D. Two cases of compound fracture of the lower end of the tibia.—*a.* The anterior tibial artery was divided and bled furiously from both ends. Drainage was directly up and as unfavorable as possible, especially in view of the impaired nutrition. In spite of these facts the wound slowly closed and good union took place in the course of seven weeks. *b.* The fibula too was here fractured, but the wound led to the tibia as in *a.* Drainage was also up, but as the discharges were profuse I had to open below also and made good drainage through. The ankle joint never became involved, but the tibia necrosed and suppurated for about three months. The patient was averse to an amputation, and so I was persuaded to delay too long. Finally I set a time limit going by the general condition of the patient as a guide, but the limit was too long, as was shown by a sudden rise of temperature, followed by cough and spitting of blood and pus, demonstrating metastatic abscess in the lungs. Patient rapidly succumbed. It was an accident, but on looking back I feel that better judgment would have been shown by earlier amputation. It is such poor surgery, however, to amputate that one is perhaps justified in making this mistake once in a long while.

Photo No. 3 illustrates a compound fracture of the upper jaw with almost complete avulsion of the nose. Good final result, except for permanent bony closure of the lacrymal canal on the left side. Patient refused operation for its relief. This patient was struck in the face by an iron bar and the maxilla driven backward. The final result showed some flattening of the face on the left side and a bending outward of the zygoma.

The list of "Extraordinary Cases" for the year has not been very great. Photo No. 8 perhaps illustrates the most striking. A man presented himself with great œdema of the scrotum. If I remember rightly a soft catheter was easily passed and clear urine withdrawn. At any rate there was no obstruction to urination. Multiple puncture was performed, but a large moist gangrenous spot developed in the dependent portion of the scrotum. This was laid open and drained freely. The size of the scrotum gradually became less, as did the tension. During my absence in Japan the urethra became occluded, and Dr. Duncan Reid, on examination, discovered a stone at the neck of the bladder. Perineal section was performed and two large phosphatic stones removed, that No. 8 (A.) lay at the neck of the bladder and that (B) in the prostatic urethra. (Weights, each two ounces.) A smooth facet marked the surface of apposition and indicated a sort of moveable joint. The urine must have slipped around the stones up to this time and so failed to

reveal their presence, and at the time of establishing free drainage the scrotum and perineum were so enormously enlarged as to mask even the presence of so large a urethral stone. The patient made a slow but satisfactory recovery, and was discharged with a small perineal fistula which promised to close of its own accord.

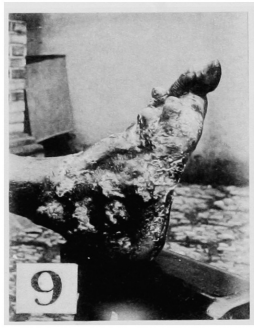
Nos. 1 and 2 illustrate very well the extent to which lupus vulgaris can exhibit contractions. The ear was entirely flattened out and its internal aspect obliterated.

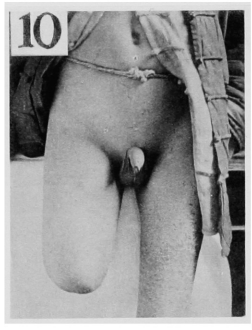
No. 4. Sarcoma of the nose with metastasis to the cervical glands on both sides was thoroughly removed by Dr. Reid and myself, and there was no return at the time the patient was discharged, although the growth had been a rapid one. Patient was told to return for a plastic operation, but failed to do so. It is not likely that the cure proved permanent, but it may have done so. At any rate the relief following operation fully warranted its performance, as the nose had become entirely occluded. After operation the patient was able to breath with ease and comfort.

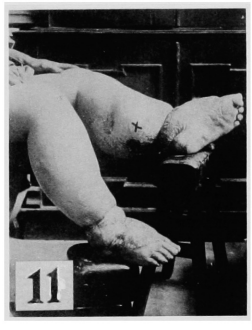
No. 5. Sublingual cyst.—A rather large one. Treatment consisted of incision in the mouth and gauze drainage and the formation of a fistula which kept the cyst empty and gave satisfaction. A more or less complete dissection might have been made, but the simpler operation was deemed more suitable.

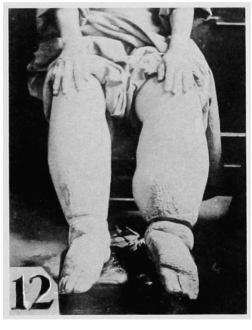
No. 6. Syphylis of the nose and mouth.—Patient came in with nose occluded, except for a small hole in which he wore a tiny silver tube of his own devising. The mouth was much contracted and very much ulcerated, as shown in the photo taken at this time. Mixed treatment was instituted and all active ulceration disappeared, but the contraction of the mouth progressed till only liquid food could be taken, and that through a tube. Patient refused operation and disappeared for a season. Finally he was driven by further contractions to return and submit to operation on the mouth. There was by this time a return of the ulceration, but as patient was almost starving I had to operate, in spite of the unfavorable prospect. A large opening, which never deserved the name of mouth, was made; but although mixed treatment was pushed to the utmost the ulcerative process got in its bad work and left the patient aught but a thing of beauty. Operation on the nose was flatly refused, and the patient was apparently delighted with the result and expressed not the slightest concern for his lost beauty, being entirely satisfied with the fact that he could eat a square meal and return to his business. I believe that I have never yet met a human being who placed money getting more supremely above every other worldly consideration than did this human plutophile.

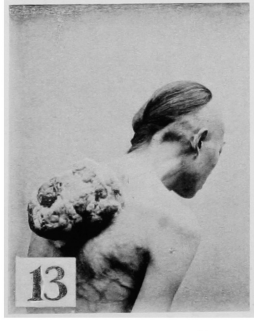
No. 7. Hydrocephalus is not attractive in any race. This patient had one of the saddest faces I have ever seen on a child. We were not able to afford the patient any relief.

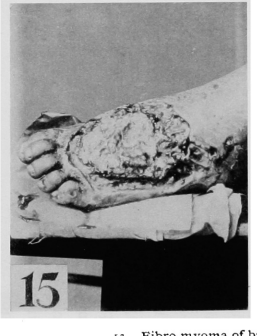












9. Chronic tuberculosis of foot and leg.
10. Same, two months after amputation.
11. Elephantiasis of legs. Side.
12. Same. Front.
13. Fibro-myoma of back.
14. Gangrene of extensor surface of leg.
15. Gangrene of dorsum of foot.
16. Veruca Filiformis. Modified.

No. 9. Chronic tuberculosis of the skin and subcutaneous tissues of the leg of about five years' standing. Responded superficially to local treatment or appeared to do so —This was but a healing over of the eczematous integument, and was deceptive. An attempt at currettement revealed the hopelessness of cure, and amputation, although it was necessary to go above the knee to remove all disease, was finally welcomed. There were also suppurating glands in the neck. The patient seemed to lose ground from day to day until amputation was performed, but from that day fairly bounded into good health. A modified circular at the middle of the thigh was performed. There was no pain after the first day and primary union took place, no dressing except for protection being required after the eighth day. This was the third in a series of four amputations, two at the middle of the thigh and two Farrabeuf amputations at the point of election in the leg, which closed by first intention and without reaction or complication in my wards. This, I mention, to emphasize the absurdity of one of the answers made to my article above alluded to, in which the respondent implied that sterile operations were not for China and that he had never yet done a sterile amputation. Most of us well know from experience that sterile operations are constantly attained to in China and it is simply a matter of time and care. Good stumps too are possible, as the picture of the same case shows.—No. 10.

No. 11. Elephantiasis in a woman. A common sight in Shanghai.—The patient made no complaint except of the large ulcer on the dorsal aspect. The deep groove at the ankle revealed the original size of the limb and in it was the only natural skin below the knee joint. No. 12 shows the side view of the same pair of legs. The case was of twenty years or more standing.

No. 13. Fibro-myoma of the back. Pedunculated and completely raw on the exposed surface. One of the foulest smelling things I ever encountered.—In this as in every similar case I retained the patient some time in the wards till as clean and healthy a condition as possible was attained before operating, and the results of this cleaning process were, as always, warranted by time saved in the healing of a clean operation wound instead of one exposed to ulcerative discharges. (See "castration" below.) The tumor was of course easily removed and two weeks after operation the patient was discharged so fat and hearty that he was scarcely recognizable as the same individual.

No. 14. Gangrene of the entire extensor surface of the leg.—Not diabetic, though in local manifestations very similar to that condition. The entire extensor group of muscles sloughed out in one mass as shown in the photograph. Patient desired amputation on account of the great pain suffered. This I refused, as there was no sign of limitation and little prospect of union of flaps. Patient left the hospital "to commit suicide." *Morphia* gave little relief of pain in this case. Treatment while in the ward was *stimulant* and *tonic*.

Nutritious food was forced and *nitroglycerin* kept going. I was much interested in the case and regret to be unable to record its outcome.

No. 15. Patient presented himself with extensive cellulitis of the dorsum of the foot. Refused incision, and so was discharged without treatment. Some five days later returned ready for anything. He had been to a native Si-sang and found him a broken reed. The entire dorsum of the foot was a black slough and readily peeled off, leaving the tendons exposed, but the remaining ulcer was not unhealthy. The condition would probably eventually have healed itself, up to a certain point at least. After the ulcer filled up to the level of the skin and become manageable I planted twenty six skin grafts on it, and twenty-four of them took root, rapidly covering the whole surface and showing the perfect condition of the surface for the operation.

The success of skin grafting is largely a matter of careful preparation of the surface to be covered and care against meddlesome surgery after the operation. Carefel asepsis, not antisepsis, is a sine-qua-non.

No. 16. I have seen this condition three times in China. Once in this case, as an apparent result of long standing eczema, once in the case of elaphantiasis illustrated above and once, if I remember rightly, in a case of old varicose ulceration of the leg. It consists of a filiform warty condition of the skin; in this case also nodular in parts. Each wart stands from an eigth to half an inch above the surface and is distinct from those which stand closely packed about it. It is perhaps the condition described in Dr. Hyde's book as "Veruca Filiformis," or a modification thereof. In each case it was on the leg; was associated with impaired circulating in the limb and was a matter of years. It is in itself painless, and in my hands has been absolutely resistant to treatment., though I have not been able to test it in the wards. It is dry, except in the eczematous patient when it shares the general weeping condition of the rest of the leg.

I have seen this year two cases of lichen planus, one case of xanthoma tuberosum, and one case of erythema nodosum (?).

I have spoken in No. 13 of delaying operation when possible in order to cleanse and prepare ulcerated surfaces before undertaking their extirpation. I wish I could sufficiently emphasize both the desirability and duty of doing so, not only as a time saver in the end but as a life saver as well. One never knows what one is really going to find in an operation, nor where one is going to end. I have had three castrations this year for herniated testicle. My rule is to put the patient to bed and for a week, or as long as is necessary, to have the part daily cleansed and rendered as healthy and clean as possible before operation, and then at the time to so protect the wound from the old ulcerated surface as to, if possible, prevent infection. In the first two cases the castration was as simple as could be and without complication. In the last, in which the testicle had been a particularly dirty one

and had been especially carefully prepared, I sailed in without any misgivings whatever to find myself in the centre of a patulous tunica vaginalis and with my fingers in contact with the bowels. There had been no previous history or sign of hernia and yet had there been any carelessness in the preparation of the patient or of the operating hands or if the patient had been operated upon promptly on admission to the hospital he would, without doubt, have become the victim of a peritonitis of operative origin. But this patient did not have any such misfortune. The sack was easily tied off and the patient made a good recovery. It is by no means in these cases simply a question of preparation of the patient on the morning of operation but also and of equal importance the careful nursing of the parts into condition for operation.

I have finally to report a death in my wards probably from *choloroform*. The case is one that I feel regretful about for, though I have no ground for blaming myself for any carelessness, and knew what I was doing, yet I operated upon this man with hesitation which I now feel should perhaps have gone to the point of either refusal or operation with local anæsthesia. The patient was a man of about twenty years of age, rather delicate in appearance and said he was not very well. He came with the complaint that he was constantly subject to seminal emissions, eight or more times daily and especially provoked by walking. His mind was in a much disturbed state about it and he begged for relief and was ready for anything. Examination revealed a long, tight, and slightly inflamed prepuce. There was no other indication of irritation, and I decided on circumcision. He was admitted to the wards, and before operation, according to our rule, I examined his heart and lungs carefully and found a slight systolic murmur heard best at the apex. Patient said that at times he was rather short of breath. We weighed the question carefully—my assistant, Dr. Tyau, and I—and decided for operation with general anæsthesia, thinking that the operation was necessary and that the patient was mentally unsuited for an operation with local anæsthesia. *Chloroform* was given to semi-unconsciousness and then *ether*, and the operation was hurried along, being easy, and the wound remaining in perfect condition up to the time of the patient's death. Reaction from the anæsthetic was prompt and normal, nor were there any untoward symptoms for thirty-six hours following operation. Patient was bright and comfortable. On the evening of the second day patient complained of shortness of breath, and heart action was found to be poor. Steadily from that time on the patient went through the stages of heart failure, resisting all stimulation until death ensued about eighteen hours later. I have talked over this case with several physicians and one or two expressed doubt as to the responsibility of the *chloroform* for the outcome; but personally I am inclined to believe otherwise. My feeling is that the operation was

indicated, in spite of the heart weakness. Dr. Hare says in his "Therapeutics," last edition, article on *chloroform:* "In the presence of valvular diseâse of the heart *chloroform* may be used with caution, although *ether* is preferable. Given a case of valvular disease that must be subjected to operation the chances are bettered with an anæsthetic than without it, as the pain and mental shock are worse for the heart than is the anæsthetic."

"PHRASES USED BY OUR PATIENTS TO EXPRESS THEIR SYMPTOMS,"—THE SHANGHAI OF IT.

By Dr. E. S. Tyau, Shanghai.

In perusing Dr. Davenport's suggestive article in the last issue on "Phrases used by our patients to express their symptoms," I was interested to notice the similarity and dissimilarity of symptomatic expressions described by our patients in Shanghai. Thinking it would be worth while and of special interest to readers, I resolved to draw a concise comparison. I do not mean to compare phrase by phrase, but simply deal with what is comparable and simultaneously adding what is useful, omitting what is unnecessary. My object in so doing, however, is not one of criticism by any means, nor of display of learning in the least, but purely that of interest and practical help to students of the Chinese language.

I will follow Dr. Davenport's classification, commencing with the lungs. In Shanghai the phrase used to express fulness of air in the chest with distress of tension is, be the cause what it may, 胸前扳緊氣. We meet this condition in congestion of lungs. The expression that naturally follows is 透氣勿轉, signifying the interference with the normally free circulation of air through the respiratory organs.

The state of suffocation is frequently expressed by the phrase 悶得極 and dyspnœa by the term 夯.

Passing cursorily to the symptomatic expression of gastric derangement we find phrases prone to mislead, unless the terms used are thoroughly familiar, because of the Chinese ignorance of anatomy. For instance, what is the significance of the phrase 心口痛 and 心裏漲? Foreigners of no wide scope of Chinese language would jump at the conclusion that the symptoms thus expressed, must concern the heart. But far from it. 心口 and 胸口 are synonymous terms for epigastric region. Literally, the former means the mouth of the heart, the latter the mouth of chest.

To express epigastric pain from upset stomach, etc., the phrase used is 心口痛. Fulness with distress of distension in gastric region is expressed by the phrase 心口漲.

The expression 膈食, which apparently puzzled Dr. Davenport, means down here obstruction in the bowel to the passage of food with consequent perverted peristalsis; the stomach rejecting everything ingested. This is really a symptom, rather than a disease, such as one finds in the latter stage of strangulated hernia and hyperemesis of pregnancy. From the Chinese point of view, it is a very serious indication. Hence the common expression 瘋癆鼓膈, 疾病難醫, meaning respectively paralysis, consumption, dropsy, blockage to the passage of food, are diseases difficult to remedy. 血塊, meaning literally a blood lump, is used in Shanghai to express localized collection of blood. Once a patient came to our clinic passage complaining of having a 血塊 and indicating its site in the abdomen. On physical examination I found the swelling was nothing but a good-sized aneurism of the abdominal aorta. One of the curious expression also often used is 肝氣, meaning liver gas. As far as I know, it is applied to a slight form of atonic dyspepsia with symptoms of fullness after food and eructation of gas and sour liquid. Generally, regular doses of *nux* and *soda bicarb* are sufficient to effect a cure.

Proceeding to the lower part of the alimentary canal we find the term 火 or 熱, heat or fever, as being the element of constipation and feverish condition. In case of fever with symptoms of constipation, headache, slight conjunctivitis and dry furred tongue, the phrase 火氣朝上, meaning the heat ascends, is used. The common expression in Shanghai dialect for bowel movement is 大解, meaning great relief, and that for micturation is 小解, the small relief. When there is added the character 發熱, 大解發熱 then the meaning is altered to indicate constipation. For all these conditions we are frequently asked for 卸火藥, medicine for dispelling the heat, which is nothing but a dose of saline purgative.

Phrases used for dysentery are: 刮積瀉 or 瀉紅; the former signifying scraping and dragging diarrhœa; the latter bloody flux.

Coming to the more general symptoms we often hear patients complaining of being 虛, a term commonly used to express debility and run down condition. When fever is present in such patients the phrase 虛熱, asthenic fever, is used. Anæmic œdema is expressed by the phrase 虛腫.

Another broad term so often met with in warm summer is 痧, which is so ambiguous in its meaning as to baffle every description. As far as my present knowledge can make out I think it means internal congestion of some organ from failing heart or some other causes. Cholera is considered to be one of such conditions. In the second stage of cholera, when the victim's hands, owing to great drain of serum, resemble those of a washer woman, being shrivelled, the condition is expressed by the phrase 瘪螺痧. And when severe cramps seize the muscles of the calves of the leg, occasioning contraction of the

limbs, then the expression 弔腳痧 is used. There are many more similar phrases in this connection, but to mention them all would encroach too much upon this brief article.

Some express the dilapidated condition with loss of flesh with clay-colored skin by the appropriate phrase 乾薑癟棗, meaning the appearance of dry ginger and shrivelled dates.

Numbness is conveyed by the expression 木覺, meaning insensible as wood. The general expression for discomfort and uneasiness is 難過, signifying literally difficult to pass. A number of people, more especially those in their prime of life, worry a great deal about spermatorrhœa which they express by the phrase 走陽, meaning approximately the loss of the vital substance of the male.

The foregoing are a few phrases commonly used by our patients to express their symptoms.

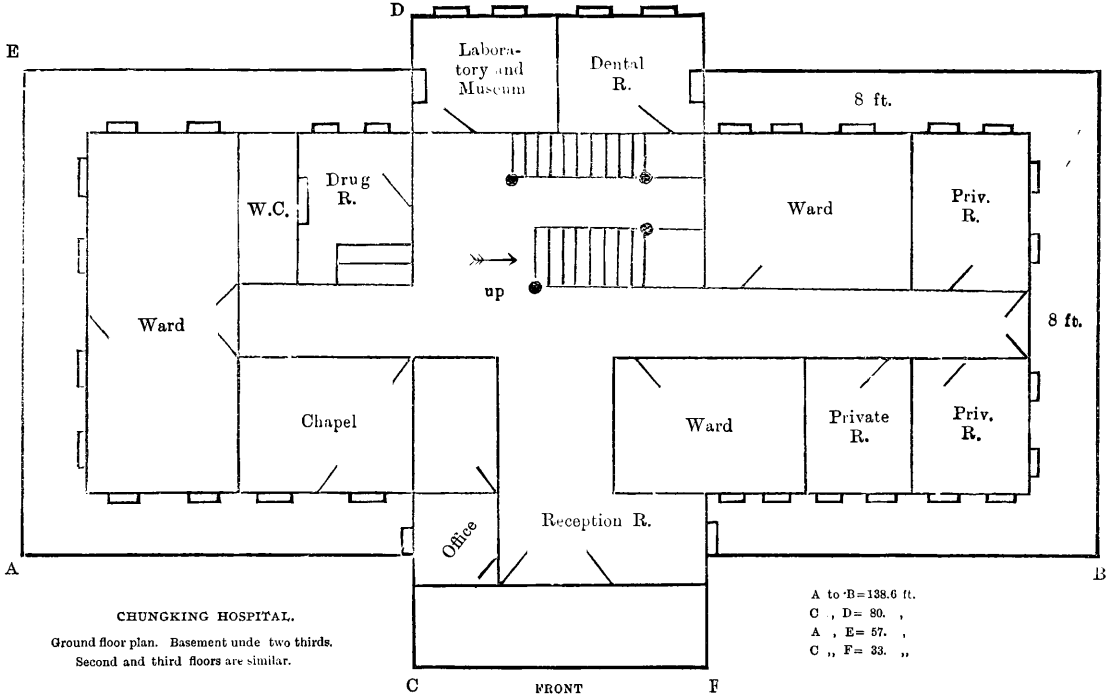
Since China has such a great diversity of tongues, the writer sincerely hopes that the above may be of practical aid to practitioners who are in close touch with the Chinese and that more articles of like nature from different parts of this Celestial Empire will appear in the JOURNAL.

THE NEW METHODIST EPISCOPAL HOSPITAL FOR MEN, CHUNGKING.

By J. H. McCARTNEY, M.D.

The new building which had been in progress of construction for over one year was dedicated on the 9th day of July last. It is located upon the sight of the old hospital which was removed to make room for it. The location is all that can be desired from every standpoint. It is near the very centre of this most densely populated city, but on the other hand, it is quite isolated and separated from the native city, being located in an extensive bend in the city wall, which extends out and away from the city. It is situated on next to the highest plot of ground (the highest being occupied by a temple) within the city, overlooking the Kia-ling river, which flows over 200 feet below. Its position insures fresh air and breezes at all times from off the river below. The building is cross-shaped, built of grey bricks and grey sand stone trimmings. The main building is four stories high, with two wings; one wing, which includes a basement, is four stories, the other is three stories.

The length through the central corridor to the outside of each verandah is 136 feet and the width of each wing fifty-five feet with an eight-foot verandah on three sides of each wing. Ten-foot corridors run the entire length of the



CHUNGKING HOSPITAL.

Ground floor plan. Basement unde two thirds.
Second and third floors are similar.

A to B = 138.6 ft.
C , D = 80. ,
A , E = 57. ,
C ,, F = 33. ,,

building, three in all, which center in the thirty by thirty-five ventilating shaft in the centre. This shaft extends from the basement to the roof through the four stories and is topped by a sky-light, which can be opened or closed. The main stair-case is built in easy ascent around this shaft, and consists of seven flights of stairs with a ten by ten feet landing for each. The doors, windows, and floors are built of "ba-mu," which is harder than pine and lighter in color than oak, with the exception of the fourth floor, which is made of pine.

It is finished in oil and native "k'wang-iu" or varnish.

Each floor is connected with speaking tubes, which have been found a great convenience. The food and water is carried from the basement to each floor in an elevator. Gongs on each floor take the place of electric call-bells. The basement contains kitchen, store room, dining room, wash house, shower bath room, laundry room, gymnasium, strong room, and morgue.

The second floor has three medical wards, three private rooms, reception room, office, chapel, two bath rooms, drug room, laboratory and museum, and dental room.

The third floor contains three surgical wards, eye ward, three private rooms for foreign patients, two private rooms for Chinese patients, sterilizing room, dressing and anesthetic room, operating room, two bath rooms, and lecture room for medical students.

The fourth floor has one large ward, two bath rooms, linen closet, dark room, two private rooms, four rooms for nurses, and contagious ward half story higher than the others.

The day of the opening was anything but a pleasant day, as it rained incessantly from early morning until the close of the exercises, about 3 p. m. Between five and six hundred invitations had been issued to the officials, merchants, and foreigners residing in the port. All the high officials, with one exception, were present and manifested a great interest in all they saw. Many of them stayed to a late hour, viewing the premises and asking many questions about all they saw.

We are hoping for a much larger subscription in aid of the work from these people in the future than in the past.

We trust that our Heavenly Father may largely use this institution in the salvation of the people for whom it was erected.

SOME GENERAL PRINCIPLES IN THE MEDICAL TREATMENT OF CHINESE.

DEAR DOCTOR: You asked me to send you five or six formulæ which I have found specially applicable to Chinese, with a word or two on the use of each. I am not very partial to the use of any formula and have no special favourites.

There are certain broad general principles which it is well to bear in mind when treating the Chinese.

For instance, in Shanghai a very large number of the men who apply for treatment have had syphilis, and this has to be considered in treating their cases, e.g., some fractures will not unite properly until the patient is put on a course of treatment for constitutional syphilis.

A great number of my patients are opium smokers; this has to be considered when treating their complaints. A man will usually deny that he smokes opium if he is asked the direct question. Converse with him for a while and then ask "how much opium do you smoke in a day?" He is off his guard and he will tell you just how much he does smoke.

This is a region where malarial fevers prevail. The natives are more or less saturated with malaria. Many of these patients have no marked fever. They are in a state of acquired tolerance of the malarial toxin. They are, however, malarial cachectics, and this has a powerful influence on the course and the effects of any disease which they may acquire.

Owing to the coarse, bulky, and oily nature of their food, most Chinese are sufferers from chronic dyspepsia. All these things have to be borne in mind when we are treating Chinese patients.

With regard to special diseases, the treatment, bearing in mind the above complications, is much on the same lines as in the home lands. Every case has its own special peculiarities, so that no hard and fast lines can be laid down for treatment.

The results, where our patients are treated in the hospitals, and where we can control their diet and actions, are quite satisfactory.

It is far different when we have to treat Chinese patients in their own homes. In this case the patient will take our medicines if he likes them. He may at one and the same time be taking our medicine, that of some native practitioner, and also the nostrums of two or three friends who have given him domestic remedies. He will eat everything that is suggested to him, will go out in bad weather, or at night. In short he seems to have made up his mind to act in defiance of all your rules and regulations. Our results in such cases are in proportion to the intelligence of the patients.

I am, yours sincerely,

H. W. BOONE, M.D.

Medical and Surgical Progress.

Surgical.

Under the charge of J. Preston Maxwell, M.B., B.S., F.R.C.S.

DUODENAL ULCER.

Cases of acute perforating duodenal ulcer are not numerous, and when they do occur very often die undiagnosed. For this reason the records of such cases are always full of interest. In the *British Medical Journal* for January 10th, 1903, there is an account by Power of four cases operated upon by him. Three of these patients died, thus showing the fatal nature of this trouble, even when submitted to operation. Amongst the points emphasized are the following:—

(1). Duodenal ulcers occur more often in men than in women. (2). The extravasated fluid trickles into the iliac fossæ, and causes a local peritonitis which may be mistaken for an acute appendicitis. (3). The transparent or bilestained succus entericus found in the peritoneal cavity is diagnostic of a perforated duodenal ulcer. It is quite different from the gastric contents escaping at a perforated ulcer of the stomach. (4). The prognosis of a duodenal ulcer is worse than that of a perforated gastric ulcer on account of the greater difficulty in closing it satisfactorily. (5). The prognosis should not be too sanguine until after the lapse of the eighth day, and it is always bad, however well the patient may appear, if the pulse-rate continues rapid. The pulse is a much better guide than the temperature. (6). Free drainage is imperative, both iliac fossæ, the recto-vesical pouch, and the space below the liver more particularly need tubes. It is better that the patient should recover with a scarred belly than that he should die with an abdomen full of pus. (7). The feeding of the patient is a matter of great importance. Small quantities of food should be given frequently, and if the patient feels sick the amount must be reduced at once. It is better to give nutrient enemata for some days after the operation than to administer food by the mouth.

STOMACH CONCRETIONS.

These are of comparatively rare occurrence and large ones are still rarer. The commonest are made of hair or fur. True gastroliths are extremely rare, and usually consist of shellac introduced into the stomach in the form of varnish. Lunatics of course swallow anything or everything from nails to cocoanut fibre.

All varieties of stomach symptoms may be caused by their presence, and death from perforation has occurred more than once. As a rule there is dilatation of the stomach with or without ulceration, and their presence may set up an inflammatory process which results in adhesions binding the stomach to other organs or to the parietes. Occasionally the irritation is sufficient to set up the growth of papillomata.

If the foreign body is large, vomiting, anæmia, and emaciation are common. The previous history of the patient may help in diagnosis, and the tumour may be palpable in the hypochondriac or epigastric regions.

If small they have been removed by the administration of an emetic, but if large and in any case in which the former treatment fails, they should be removed by gastrotomy.

A full and interesting account of these stomach concretions will be found by Fenwick in the *British Medical Journal* for November 29th, 1902.

ROUXE'S OPERATION FOR THE RADICAL CURE OF FEMALE HERNIA.

Renton* has lately drawn attention to this operation, which he thinks satisfactory for the cure of the trouble in question. He gives the following directions for the performance of the operation :—

First, an incision is made over the crural canal, the sac isolated, tied with catgut and removed. Second, a metal staple is passed obliquely through Poupart's ligament over the crural canal; taking care of the femoral vein, lest this meet with injury, and then gently hammered into the pubis. The skin incision is now closed, the staple remaining permanently in its place, and giving no subsequent trouble.

Renton gives illustrations of this simple process, which if it on further trial proves a success may supersede some of the present methods.

* *British Medical Journal*, December 27th, 1902.

Dermatology.

Under the charge of KATE C. WOODHULL, M.D.

Empyroform, a dry and almost odorless *tar* preparation. By Dr. Bruno Sklarek. (From Professor Neissor's Dermatological Clinic of Breslau University)

Practitioners are well aware of the fact that *tar*, besides its efficacy in psoriasis, the various forms of lichen and the pruriginous dermatoses in general, is the most valuable remedy we have in eczema. Yet its proper employment is often a matter of difficulty, for the drug is hard to handle and may do harm as well as good.

Its power of reducing hyperemia and inflammation, relieving itching and promoting normal keritinization, render its use in the latter and more chronic stages of aneczematous dermatitis essential; yet our laboriously attained results are but too often nullified by its too early or too concentrated employment. The most experienced of us have had a disappearing eczema revived into new life by this error.

Subsidiary but also important difficulties in the employment of *tar* are its black color and an odor which is very objectionable to many persons.

These considerations have for years led to persistent attempts to find a drug to take its place. My own efforts have been directed towards the employment of a condensation product of *tar* and *formaldehyde*, prepared by the Shering Chemical Factory of Berlin and put on the market under the name of *empyroform*. In 1899 and 1900 Professor Nicolier used it in a number of eczema cases at the Royal Medical University Clinic at Gottengen, with very favorable results.

In Professor Neissor's clinic we have used the new preparation in over one hundred cases of skin diseases of the most varied kinds. Most of these I treated personally; and with few exceptions I had abundant opportunity to observe them. My efforts were directed to ascertain the relationship of *empyroform* to *tar* in its therapeutic action and to find out whether it had similar properties to the older preparation or advantages over it.

Empyroform is a dry, non-hydroscopic, brownish powder, with a peculiar weak odor in no way resembling *tar*. It readily gives off *formaldehyde* when heated. It is insoluble in water, but dissolves in *aceton* and the caustic *alkilies*, and still more readily in *chloroform*. Its color and weak odor give it some prima facie advantages over *tar*. *Empyroform-zinc* paste is gray, while a *tar-zinc* paste of equal strength is black. The absence of marked odor rendered the preparation especially acceptable to all the patients.

In powder form, either pure or mixed with *zinc* or *amylum*, *empyroform* was used almost exclusively in moist eczemas; and of course, like every other powder, only in conjunction with a salve muslin to prevent injury to the skin when renewing the application. We found the dressing very useful in these cases; but a mixture of *empyroform* in a salve or *zinc* paste was generally more convenient and efficacious.

We used a one, five, ten, and twenty per cent. *empyroform-vaselin*, a ten to twenty per cent. *empyroform-lead-vaselin* (*ung. vaselin-plumbic kaposi*), and a five, ten, and twenty per cent. *empyroform-zinc* paste; and also without the *zinc* as a twenty-five per cent. *empyroform* paste [*empyroform, amylum, ana* twenty five grams, (one and half ounces)]. With equal parts *vaseline* it gives a fifty per cent. *empyroform* paste, in which the odor of the drug is of course a little more marked, but by no means unpleasant.

In consequence of its dessicating properties, *empyroform* is very useful in suspension, and can be added in varying amounts to the base mixtures usually employed for that purpose *(zinc-oxide, talc. venet., glycerin, aq. dest., ana p.e.)* It dessicates very rapidly, however, and should not be used in too large amounts at one time. A good formula is the following:—

R. Empyroform ... ... 1-2 ounce.
Talc. venet ... ...
Glycerin ... ... ana 2 1-2 drams.
Aqua dest. ... ... 5 drams.
Or instead of the last:
Spirit vini and aq. dest. ana 2½ drams.
M. Paint. To be well shaken before applying.

These suspensions have proved very valuable; the patients liking them better than the ointments. They are especially appropriate for persons with an idiosyncrasy for fats. As with all similar preparations they are useful only when there is not much exudation present, either in the early erythematous stage of eczema, or later when dessication and sealing have already set in.

The new remedy can be used in the form of tincture or varnish very advantageously; its color is dark then, but it is almost odorless. I found that a simple solution in *chloroform* in the proportion of one and three was too brittle and did not adhere sufficiently to the skin. I therefore used the following tincture, which has not this disadvantage:—

R. Empyroform ... ... 1¼ to 2½drams.
Chloroform ... ...
Tinct. benz ... ...ana ad 1½ ounces.
M. Sig. Paint.

I have employed the varnish and the tincture in the first stage of eczema, and have gotten especially good results with them. I have seen an acute vesicular eruption of the arms cut short with two applications of the varnish. The occlusion and compression may have had something to do with it; but good results may be expected in these cases, as well as in other vesicular eruptions, such as zoster, etc.

In the squamous stage of the eczematous disease the chronic infiltration can be relieved by painting the affected parts with the *empyroform* tincture, followed by the application of the five to ten per cent. *sallicylic-soap* plaster of Beiserdorf.

In spite of our great reluctance to employ *tar* in the exudative stage of eczema, I have used the new preparation as a five to ten per cent. *empyroform-zinc* paste and as a ten to twenty per cent. tincture in these cases and have found it very useful indeed This is contrary to our experience with the older *tar* preparations, as laid down in all the authoritative text-books.

It must be remembered, however, that the employment of *empyroform* is very grateful to the patient, and that all our cases praised the antipruginous properties of the remedy. In cases where symmetrical portions of the body were affected, as both arms, I usually treated one side with *empyroform* and the other with some

other remedy of acknowledged power, as *tumeol* for instance. I have been able to convince myself not only that repair took place at least as rapidly under the new as under the old method, but also that the itching was very much less on the side that was treated with *empyroform*.

Another factor that must not be forgotten is the dessicating property of *empyroform*.

Irritive symptoms were occasionally seen when we first began to use the remedy; the specimens sent us at that time from the factory being imperfectly powdered and containing large particles. Now that the pulverization is perfect, they never occur, no matter to what part of the body the drug is applied. I have applied it very extensively to various parts of the body without any preliminary experimentation to see how the patient would stand it.

In acne and folliculitis, *empyroform* seems to be contraindicated; and in one case of the kind I have seen a true *tar* acne develop under its use.

I have never observed any symptoms of intoxication, fever, nausea, vomiting, diarrhea with the evacuation of black fæcal masses, abdominal pains or cramps, or discolored urine, from its employment. And this although I have used it in extensive and even in universal eczemas, and once even in a patient suffering from nephritis.

Finally, one especial advantage of *empyroform* remains to be noted. It can render individuals who cannot stand *tar* at all capable of using the drug. The ideal eczema treatment is the *tar* treatment. It is a very great advantage to have a remedy in *empyroform* to help us even in cases that are most recalcitrant and susceptible to the *tar*. I have used it repeatedly in cases of the kind and have only good results to report. Patients who could not stand *tar* in any form, in whom its most cautious applications caused irritation and new attacks of the eczematous disease, have become so accustomed to the drug through the *empyroform* treatment that they were not only able to use a weak *tar-zinc* paste, but even stand the *tar* tincture without any trouble, and so were finally led to a definitive cure.

I have also used *empyroform* in various other affections, such as psoriosis, prurigo, trichophytosis, etc., but have had no especially good results.

The advantages of the new drug are probably due to the combination of *formaldehyde* with the *tar*. To recapitulate them, the first are its great antipruritic and dessicating qualities. Then it causes neither local reaction nor systemic intoxication. Further, with its help patients can be gradually accustomed to the use of *tar*. It is almost odorless. The lesser intensity of its color is a property whose value must not be underestimated; it is a more cleanly dressing, and does not soil the bed and body linen as *tar* does.

All these things give it the right of introduction in the field of dermatotherapy —The *Southern Practitioner*, September, 1903.

The China Medical Missionary Journal.

VOL. XVIII. JANUARY, 1904. No. 1.

Editorial.

A HAPPY NEW YEAR TO ALL.

God bless us in our life and work and, pardoning the impatience and the imperfections of past days, turn our eyes in faith to the future with its responsibilities and problems, its promise and its hope. We have lost from our number some whom we fain would have kept, whose work has seemed to us so good and whom we, in our battle, thought so necessary, and the old year closes with the heart-breaking news of the death of the beloved Bishop of Hankow. But week by week we meet those who are coming out to fill, as they may, the places of those who have been called to higher work, and in the faces of these we read the promise of a great future for mission work in China. Strong they are in body, while many of us are not as we used to be, and filled with hope and determination and with theories too which, though sure to be discarded or modified in the face of fact and practice, are yet the evidence of minds trained to thought and eager for service, the evidence that the Church at home is choosing wisely and means to give of her best.

Let us take for our aim in the year to come *quality* not quantity, *thoroughness* not superficiality! If we see but ten patients this year let us give them of our best and plenty of it! If we perform but one operation, let us not have pus! If we make but one Christian, let him be made for all time. If there were one Chinese Christian of such a type as Bishop Ingle, for every ten Christian missionaries in China, and no others, the future Christianity of China would be assured. Let the seed we sow be *the good seed*, and in due time the earth will bring forth her increase, and God shall bless us, and all the ends of the world shall fear Him.

TO THE MEN BEHIND THE GUNS.

In entering upon the second year as editors of the MEDICAL MISSIONARY JOURNAL it is only natural that we should consider for a moment what we are doing or trying to do for the cause of medicine and surgery in this country.

The advantages of a good medical journal are too well recognized to admit of discussion. The vital question is how is such a journal to be maintained?

There are some features in the retro-intro-pro-spective view of medical journalism which are both consoling and encouraging, while others fill our souls with doubt and apprehension. In the first place it is a matter of encouragement to us that we have been able to keep the JOURNAL alive another year. Had it not been for the vitality of that most estimable organization—the Central China Medical Missionary Association—the JOURNAL would have been very much out of it.

There seems to be a wrong impression in many directions as to the number of men necessary to conduct a successful journal. Among the majority of the profession in China it seems to be *two*. While the members of the aforesaid medical society and the editors of departments in Medical, Dermatological, and Surgical Progress have been faithful to their trust, the rank and file of the men behind the guns have ceased firing, at least in our direction. Even a little wholesome abuse would be more acceptable than such conspicuous neglect. It would at least give us something to talk about and talk back whether we said anything or not.

There are many men in the profession here in China of ripe experience and long service. Most of them, we grant, are men who are bearing heavy burdens of administration and active practice, and yet if they would but snatch a few minutes from their busy lives to write us a report of interesting cases, or a few words of encouragement or advice, how acceptable it would be only the noble army of past Editors knows.

The actual articles contributed during the past year were twenty-four, not including Medical and Surgical Progress, Editorials, Correspondence, or Reviews, and from twelve cities. All thanks to the men and women who have stood by us and remembered the JOURNAL groaning under its weight of young blood and coagulated old blood.

We unite our cry with our fellow-Macedonians from the first to the twentieth centuries inclusive, "Come over and help us."

MEDICAL STATISTICS OF MISSION WORK IN THE EAST.

Enclosed in the pages of the present issue you will find the blanks and return envelopes of which we spoke in October and which you are requested to fill out as fully as possible and return to the Editors. These blanks are issued in the hope that through them chiefly and

through other means in the hands of the Editors, we may gather together enough data to give us at least some good idea of the medical mission work that is being done in China and the East at the present time; its scope and results, and perhaps of its quality as well. Let every one who is responsible for any medical mission work in the East at this time lend a hand in getting our facts and statistics as complete and satisfactory as possible, each one realizing that the short time required to fill out these blanks will go to the general good, not only of us who are at work but of the cause we stand for at large.

It is the intention of the Editor either to compile the results so obtained or at a later date to ask for the appointment of a committee to take up the material thus acquired and put it to the best possible service. Remember that this scheme has not only the hearty endorsement of Dr. Neal but is taken up at his suggestion and particular wish. Our work is growing by leaps and bounds. We believe that even an incomplete idea of where we now stand, would astonish the most hopeful of us. LET US SET TO WITH A WILL AND FIND OUT HOW MEDICINE IN CHINA STANDS TO-DAY.

HOSPITAL PLANS, ETC.

At a meeting of medical missionaries held at Kuling on July 24th, a special request was voted "That the Editors of the MEDICAL MISSIONARY JOURNAL be asked to collect copies of plans, specifications and cost of every hospital in China, and that such plans be deposited for easy reference in a portfolio to be kept in some convenient place in Shanghai. (See October, 1903. Page 173.)

The Editors fully appreciate the immense service that such a collection will be to the considerable number of us who are engaged in building and rebuilding our hospitals, and desire, with your co-operation, to carry out this suggestion to the best of our ability which in the end means to the utmost extent of your willingness to co-operate in the same. Towards this end we have already caused to be made a large portfolio and begun the deposition therein of three or four hospital plans, photographs, etc., which have been forwarded to us by a small advanced guard of those who make the general welfare of our body their sincere and practical interest. The portfolio will be kept for the present in the office of one of the Editors, in the business part of Shanghai, No. 4B Minghong Road, and is at the service of any and all who desire to consult it. If there shall be a hearty response to this present appeal

to you all to send the above data of your own hospitals and dispensaries for insertion in the same, then we shall regularly forward it to Kuling for the summer months, where it will remain till Fall in the keeping of the Central China Association.

Please remember that we not only need plans, etc., of the larger and more extensive hospitals but also of the smaller ones and dispensaries, in order that the collection may be as complete as possible and serve the interests and requirements of the largest number. We should like to receive responses from every active hospital worker who can spare the time necessary to help make this collection a really valuable and useful possession of the Society, and especially from every member who by voting for this undertaking at Kuling last summer placed upon the Editors a work which individually that member is in duty bound to support.

A PRIZE OFFERED FOR SCIENTIFIC ARTICLES BY CHINESE.

There are at the present time a large number of earnest and well trained native Chinese physicians practicing their profession in the East and, whether as native missionaries or as private practitioners, serving the best interests of scientific medicine in China. Many of these have been in practice for years and have developed true professional minds and methods, and we are looking for the day to come when they will, as the Japanese are already doing, take their place among the original workers of the scientific medical world. Many are already competent to present their work and observations for general perusal and criticism and, we are led to believe, would do so if they could but feel that their written expression is wished for and will receive a generous welcome and sympathetic reading. For our own part we are longing to hear from our students along these lines and look forward to their initiative with confidence and sincere interest, and the matter has been on our mind to such degree that we have wondered if any effort on our part can help accomplish the desired result.

In pursuance of this trend of thought the Editors of the JOURNAL wish to emphasize the fact that we hold our columns open to the work of Chinese physicians and will gladly publish the same at any time, making full allowance for the difficulties of English composition and the expression of scientific thought. We will publish the original English or the translation of the Chinese, or if clearly written and

expressed and also so desired by the contributor, the original Chinese of Chinese physicians submitting to us articles suitable for publication in this JOURNAL.

Furthermore we offer, in the name of the JOURNAL, a prize of twenty-five dollars for the original article which, in the estimation of the Editors, shall possess the greatest scientific value and practical interest, to those practicing medicine in China, combined. The conditions for its award to be as follows :—

1. There shall be at least three articles offered by different men in competition.

2. The article will be the original production of a Chinese practitioner of scientific medicine.

3. It will be either in English originally or an unmodified translation of the original into English.

4. It will be in the hands of the Editors not later than August 1st, 1904. The award to be made in our issue of October next.

5. All articles so submitted to be the property of this JOURNAL and publishable by us at our option.

6. The subject of the article must be concerned with special (that is applicable to China) theory or practice of medicine in China, either individual or general.

If these conditions are not clear the Editors will be glad to answer questions on the subject, and they specially request that members of the Association will present the matter and help out by their advice and suggestions any pupils or friends whom they think might like to submit papers in competition.

IMPERIAL MARITIME CUSTOMS MEDICAL REPORT.

The Medical Report of the Imperial Maritime Customs for the year ending September 30th, 1903, is just at hand. The report is as usual interesting, but not as extensive as one might be led to expect or hope for, considering the wide range of country that it covers. One remarkable feature about it is the small amount of data on the cholera epidemic of last year.

Dr. Thomson furnishes some interesting observations on the types of malaria prevalent in Hankow, a report on enteric and a series of cases of meningitis coming under his care. His contributions are always readable, thoughtful, and show a true love of research too often

neglected or crowded out in the excess of work which so fills the life of the average medical man here in China. It is gratifying to note that of the thirteen contributors to the report, four are medical missionaries in their respective ports.

THE MORRISON SOCIETY.

The programme of the Morrison Society, organized in Kuling last summer, should appeal in the strongest terms to medical men working in any field and especially to those who, as we, are heart and soul in mission work. The fact that it is distinctly for scientific work and that its direct beneficiaries are missionaries and that its dependence is on them alone, gives it the independence without which it cannot do the work it has in mind to do. The membership of the Society seems to have been chiefly drawn from the ranks of the younger men in China, that is, from those who, while they have been at work long enough to appreciate the problems involved, solved and unsolved, have yet the courage and freedom of mind to begin again at the bottom of some of our less steady and certain climbs and discarding the ladders and rope bridges of empiricism lend their sturdy spirits to the laying of permanent roads of which the pavement shall be scientific fact.

A circular letter issued by the society, in October, gives the following facts in explanatory statement of its purpose:—

SHANGHAI, *October 2nd, 1903*

DEAR SIR: It has been felt for a long time by many persons that there is need in China of a magazine which shall treat all subjects connected with mission work in this country in a more technical and specialized way than is commonly done by any magazine now published. Articles of this sort would be of little interest to the general reader, but might be of the greatest use to those actually grappling with the problems of the work or preparing to do so. Thus the experience of one successful worker might be brought to bear in a practical way on the work of many, hopeful methods might be indicated, and dangers pointed out. That mission conferences and missionary magazines do this to a considerable extent is freely recognised; but conferences in most missions occur at long intervals, and the result of their deliberations is not always available in useful form to the special student, and the fact is undeniable that articles of the kind indicated are not offered in large numbers to existing magazines.

In view of all this, a private meeting to discuss the matter was held in Kuling in September, 1903, composed of the following gentlemen: Rev. L. H. Roots, Rev. G. L. Pullan, Dr. O. T. Logan, Dr. S. Cochran, Dr. R. T. Booth, Rev. E. C. Lobenstine, Dr. J. B. Woods, Rev. G. F. Mosher, Dr. J. Butchart, Rev. W. R. Hunt, Rev. W. Deans, Rev. G. A. Clayton, Bishop J. A. Ingle and Mr. F. S. Brockman. They decided that it is unwise at this time to attempt to establish a magazine, and organized themselves into

the "Morrison Society for the study of problems relating to mission work in China." Bishop Ingle was chosen president and Mr. F. S. Brockman secretary. These two officers were entrusted with the duty of securing from competent writers papers such as are described above, having them printed for private circulation among the members, and, if they deem advisable, offering them for wider circulation in the pages of missionary publications.

As the meeting was not called until many who would have been interested had left Kuling, and there was not opportunity for wide or prolonged discussion, it was decided that, for the present, membership in the Society should be, in the main, limited to persons resident in Mid-China; that candidates for membership should be recommended by a member and approved by the president and secretary; that they should be only those who subscribe themselves as in sympathy with the aim of the Society (viz., full and free discussion, in a scientific spirit, of the problems of mission work in China) and willing to be liable to a proportionate share of the expense of securing and printing the papers, to an amount not exceeding Mexican $10.00 each for the year. The present form of organization is purely tentative, and it is hoped that a meeting may be held in Kuling next year to provide something more permanent.

We have, in a letter to Mr. Brockman, expressed our hearty sympathy with the aims and ideals of the Morrison Society and extended to the same our cordial readiness to hold our columns open to papers of the Society which shall deal with questions of interest to medical missionaries and look forward to the pleasure of presenting to our readers careful work on scientific lines of the members of this promising organization.

NOTE.—In our October issue, through an oversight, Dr. Woodhull's work was published under the head of Medical Progress and the credit of the same given to another. The Editors desire to express their particular regret for their mistake, inasmuch as Dr. Woodhull, who has charge of the Skin Department, is one of the most regular and prompt of our associates and takes special pains to make her department of interest and service.

Hospital Reports.

St. Luke's Hospital for Chinese, Shanghai.

The following table gives a summary of the medical work done during the year :—

Medical:—Internal	398;	External	15,667;	Total	16,057
Surgical:— do.	468;	do.	11,425;	do.	11,893
Grand totals	866		27,092		27,950
Operations:—In-patients	..	..	..	..	205
,, Out-patients *			..	..	580
					785

* NOTE.—This does not include the incision of very small abscesses, etc.

The new hospital building is going up, and we hope to occupy it next summer. It will be a fine modern building with up-to-date appliances and with greatly increased accommodation for in-patients of all classes.

The new houses for the medical pupils and for the native staff are nearly completed, and we hope to make use of them ere the end of November.

Every year, and this is particularly so of the past twelve months, sees a marked increase in the quantity and severity of the accidental surgery that presents itself at our doors, due to the growing shipping, building, and manufacturing interests of fast-growing Shanghai; and as the confidence of the natives in Western scientific methods increases by leaps and bounds we are almost overwhelmed by the amount of general surgery that imperatively demands treatment. For the former, foreigners in China are largely responsible, and they should do all in their power to mitigate the condition by providing for its prompt and efficient handling, and for the latter, both foreigner and Chinese may well feel the responsibility of sufficient provision

Towards these ends, much has already been done in the gift from America of the new hospital main building, which is more than half completed at this time of writing, and which will vastly enrich us surgically by more than doubling our beds, giving us a completely modern operating suite X-ray room, sun-parlor for convalescents, museum, accident room, graded private rooms and hospital chapel, offices, waiting rooms, etc. But there remains to be provided a certain large part of the furnishings of the new building and all of the funds required for the support of the expansions.

Our greatest need is for more and better surgical nurses. These can only be had by obtaining more liberal funds for their training and support. It is pitiful that we cannot give a case of abdominal operation an individual nurse for even the one night immediately following operation; that we cannot provide one nurse who can devote his time to the care of the operating rooms and keep himself surgically clean for that so important work.

All the regular services have been maintained with, it may be, a few exceptions. There have been 739 services and visitations, or 312 services and 427 visitations. Many of the cases have been very interesting, and without doubt would have received baptism if their environments after leaving us were not so adverse to Christianity, or they could have been more within our "sphere of influence" after leaving us.

We had a most interesting case of a youth of about fifteen, who was brought in to undergo a severe operation. After the operation he was dangerously ill for several weeks. However he gradually grew better and was greatly impressed with, to him, the new ideas

of Christian truth. It was a pleasure to see his bright face when we entered the ward. He read with interest the books we gave him. His father, who visited occasionally, was a pleasant Chinese gentleman, but naturally took little or no interest in anything of a religious nature, as is the case with most of the Chinese gentry. The fact is, with the centuries of ancestral worship instilled into their minds, that whatever may be the condition of the spiritual part of their being after death, in any case the spirit's rest and happiness will depend on what their descendants do for them in offerings and worship. We see then that a father is bound to oppose his son becoming a Christian. This young fellow would, with further instruction, gladly have accepted baptism, but we would not baptise so young a lad without his father's consent. So he returned to his home and we leave him to the grace and power of his Heavenly Father and wait in hope. This is one of our greatest difficulties, how to keep the truth and light before the minds of those who go out from our wards.

Our assistant, Mr. Wong, in some notes on the work, which he has handed me, tells how this difficulty is sometimes overcome. He says, speaking of the patients: "As a rule we find them pleased with our conversation about Christian truth, and many are ready to give their money for our books and to read them. . . Many after leaving us attend other churches than ours and some come to us here in Hongkew. . . Some, when with us, only desire to dispute about the person of Christ. One says that Christ was not a Western man but a Chinese. This," he adds, "is mere ignorance." Or we might say pure Chinese conceit—that all good had its origin in China. Mr. Wong adds, "but contest brings light in the end. Many dispute nothing, so learn nothing."

In conclusion, I would, following Mr. Wong's last word, add, no one who does not constantly see the work done in our hospitals for poor and wretched, sick and suffering humanity, can realise the vast amount of pain and misery that is relieved day by day each year. I say, from constant sight and knowledge of its extent—all honour for this self-sacrificing work be given to our medical and surgical practitioners—the men and women of our hospitals in Shanghai.

Correspondence.

LONDON MISSIONARY SOCIETY,
TSAO-SHIH, HANKOW, Nov. 26, 1903.

EDITOR OF JOURNAL.

DEAR SIR: Recently I was staying a few days at an official's home and he showed me how the Chinese make a drug; it was very simple and cheap; so you may like to have an account of it.

He mixed *alum* and *saltpetre* together and melted it with water or wine; this he put into a small shallow open pot, the usual one they cook rice in, and placed it on a slow charcoal fire till all the moisture had evaporated. Then he added *quicksilver* to the dried powder in the warm cooking pot and covered it with a rice bowl; the rice bowl was plastered round with some clay from a druggist's, which he called 赤石脂; the fire was kept up steadily for four hours, and if any steam came through the mud more was plastered on. At the end of four hours the rice bowl was taken up and inside it was evenly covered with a fine bright red powder, which I suppose was *hydrag ox rub.* He says it is of use in sores, abcesses that have already begun to discharge. The residue in the iron pot is efficacous for itch he said.

The various amounts are:—

水銀, *mercury*, one ounce.
火硝, *saltpetre*, „ „
白礬, *alum*, „ „

All these are purchasable at any native store.

This mandarin is a brother of Yang Jui, who was disembowelled by the Empress in 1900. He is an admirer of foreign ways. Last year, when the city was suffering from cholera, he told me that, to copy Western methods he opened a large temple as hospital, appointed four native doctors to try their various methods; then he chose the most successful one and made the other three use his methods; all patients were treated free, numbering some thousands. This mandarin had been an official at Lao-hu-k'ou, where he had learnt much from a medical missionary there. I don't know this doctor, but it would please him to hear how the county mandarin refers to him. Benefiting therefrom we have received much kindness from him, including a good subscription to the hospital. This is a specimen of the leavening that is going on in China; side by side go the growth of the mustard plant and the leavening of the whole lump.

Yours truly,
E. F. WILLS.

W. M. S., HANKOW, Oct. 20th, 1903.

DEAR MR. EDITOR: I am sorry to have to report that the Consular Body in Peking has not seen its way to present the memorial re free entry of hospital stores, etc., to the notice of the Chinese government. This is the third attempt which has proved a failure. Whether any further effort should be made is open to question. Appended hereto is a copy of the official reply recently to hand.

I am,
Very sincerely yours,
R. T. BOOTH,
Hon. Secretary, C. C. M. M. A.

PE'KIN, le 8 Octobre, 1903.

Legation D'Autriche-Hangrie en Chine.
(Décanal).

MESSIEURS,—Vous avez bien voulu appeler l'attention du Corp Diplomatique sur l'intérét qu'il y aurait à obtenir l'entrée en franchise des médicaments et produits pharmacétiques destinés aux despenxeures et aux hôpitaux.

J'ai l'honneur de vous faire savoir que malgré toute la sympathie qu'il porte à ces institution, le Corps Diplomatique a estimé qu'il ne ce trouvait pas en mesure de réclamer du gouvernement Chinois cette exemplear de droits à laquelle i opposent de nombreux précédents.

Je vous en exprime tous mes regrets Veuillez agreer, Messieurs, l'assurance de mes considerations destinguée.

A Messieurs les membres de l'Association Medicales de Missions Evangèlique de la Chine.

NEWLY-FOUNDED CHUNGKING MEDICAL SOCIETY.

CHUNGKING, November 23rd, 1903.

DEAR EDITOR: Herewith I am sending you the ground floor plan of our hospital. It has not been drawn on a scale, but I guess the readers of the JOURNAL will be able to make it out.

I am also sending you a photo of the front.

It may be interesting to you as editor of the JOURNAL to hear that we have organized a medical society here in Chungking. We hold meetings the second Tuesday in each month.

We have already held four meetings, and they promise to be very helpful in every way. For the past year we have had on an average eleven doctors in this port. The British fleet furnishes three, the French two and the missionary community the remainder. No doubt you have heard of Dr. O. F. Hall's death, which occurred on the 24th of October.

Sincerely yours,

J. H. MCCARTNEY.

C. C. M. M. ASSOCIATION.

Programme for 1904.

Mar.	2	Paper.	Diseases of Ribs and Sternum	Dr. DAVENPORT.
,,	16		Clinical.	
,,	30	,,	Urinary Calculi . .	Dr. MCALL.
Apr.	13	,,	Tropical Sanitation .	Dr. BOOTH.
,,	27		Clinical.	
May	11	,,	Plaster Surgery .	Dr. GILLISON.
,,	25	,,	Eczema	Dr. MASSEY.
June	1		Clinical.	
			SUMMER RECESS.	
Sept.	28	Paper.	Emergency Surgery.	Dr. DAVENPORT.
Oct.	12	,,	Advance in Malaria.	Dr. BOOTH.
,,	26		Clinical.	
Nov.	2	,,	Out-Pt. Gynæcology.	Dr. GOUGH.
,,	16	,,	Clinical Bacteriology.	Dr. TATCHELL.
,,	30		Clinical.	
Dec.	14		Annual Business Meeting.	

NOTE:—The report for 1903 has cached the editors too late for insertion in this number.

BIRTHS.

At Chefoo, November 2nd, the wife of ALFRED HOGG M.A., M.D., C. I. M., of a son.

At Hankow, on December 12th, 1903, the wife of R. T. BOOTH, Wesleyan Mission, of a son, John Herbert Perrott.

MARRIAGE.

At St John's pro-Cathedral, Jessfield, Shanghai, December 15th, CHARLES S. F. LINCOLN, A.B., M.D., and WILLIETTE WOODSIDE, daughter of G. R. Eastham, Esq., of Harrisonburg, Va., U. S. A., both of the American Church Mission.

DEATHS.

At Chungking, OSMAN F. HALL, M.D., M. E. M., of Tsi-cheo.

At Wei-hai-wei, November 24th, of diabetes, HAROLD HARMON, son of Dr. J. N. Case, aged 5 years and 1 month.

ARRIVALS.

November —, SARAH J. RIJNHART, M.D., and child, F. C. M., Tibet, returning

November 15th, R. H. GLOVER, M.D., and wife, returning, C. and M. A., Wuhu.

November 22nd, J. R. COX, M.D., Can. M. M., West China.

November 25th, J. L. KEELER, M.D., and wife, M. E. M., Peking; W. M. HEMINGWAY, M.D., and wife, A. B. C. F. M., Tung-cho; F. K. GODDARD, M.D., A. B. M. U., Shao-shing.

December 12th, CHARLES LEWIS, M.D., A. P. M., Peking, returning.

DEPARTURES.

November 21st, W. S. PRUEN, L.R.C.P., wife and three children, C. I. M., for England; Miss M. BURNHAM, M.D., late W. U. M., Shanghai, for America.

JEYES' FLUID.

THE best and cheapest Disinfectant. The only Disinfectant Compound sanctioned for use on Emigrant and Passenger Ships. Sanctioned by H. M. Board of Trade and H. M. Government of India. Is a far more powerful Disinfectant than Carbolic Acid, and **NON-POISONOUS.** Invaluable in Hot Climates, on account of its cooling and healing properties in cases of Prickly Heat, Leprosy, Mange, and other Skin Diseases.

JEYES'

TOOTH POWDER.	TOOTH PASTE.	DENTIFRICE WATER.

Household (White) and Disinfectant (Brown) Soaps.

The most perfect cleansing Soap. Destroys Vermin, and is an efficient wood preserver.

In 1-lb. and 3-lb. Bars.

TRIPLE MILLED TOILET SOAPS.

All containing the Antiseptic Properties of Jeyes' Fluid.

"PERFECT PURIFIER," in Boxes containing 6 Tablets.
"OLD BROWN WINDSOR," in Boxes containing One Dozen Tablets.
"TOILET" (Scented), in Boxes containing 6 Tablets.
"SUBLIME TOILET" (Unscented), in Boxes containing 6 Tablets.
"SUBLIME TOILET" (Scented), in Boxes containing 6 Tablets.
"BOUDOIR TABLETS" (Perfumed), in Boxes containing 3 Tablets.

SANITARY POWDER

Is the strongest and most efficacious preparation of the kind sold.

In Canisters, Casks or Bags.

DISINFECTANT SAWDUST

In ½-cwt. Bags.

LANO-CREOLINE,

CREOLINE GAUZE,

SURGICAL SOAP 10 %

Sole Agents for China—

J. LLEWELLYN & CO., LIM.