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The Hospital consists of two rows of one-chamber rooms, fourteen in all, facing south, furnished one-half with beds and one-half with k'angs. Brick floor.
A CASE OF CAESARIAN SECTION.


These cases are not yet so numerously performed out here as to make their description trite. I am therefore contributing the history of this case which was recently operated upon by me.

Ong Ngo, aged thirty-three, a Chinese woman, was seen by me on September, 1903; her labour having already well begun.

A multipara with two previous pregnancies; the second being a twin pregnancy. She suffered from an extreme pelvic contraction of the kyphotic variety, due to a very sharp angular curvature in the dorso-lumbar region. Her height was about four feet. The previous children had had to be removed artificially; the first with great difficulty after cephalotripsy and the twins with much greater difficulty after embryotomy. I am told that she nearly lost her life over her second pregnancy.

On examination I found a living child, lying in the usual position, except that the head occupied the transverse diameter of the pelvis. The abdomen was extremely pendulous. The pelvis was, as far as one could make out, extremely contracted. I judged the transverse diameter at two inches. Farther and more careful examination was prevented by a diaphragm across the vagina, about half way up, which would not admit one finger and which I suppose was the result of the damage done in the extraction of the twins. Labour had commenced twelve hours before I saw the patient; the membranes fortunately had not broken. Owing to the diaphragm mentioned above, the os could not be reached.
It was evident at once that caesarian section was the only possible treatment, and permission was readily granted for the same.

The patient was immediately removed to the hospital and operated on one hour later.

With the help of a ring air cushion which surrounded the angular curvature it was just possible to keep the patient in the supine position. Chloroform having been administered and the abdominal wall washed an incision was made, reaching from three inches above the pubes, almost to the ensiform cartilage. The whole uterus was then turned out of the abdominal cavity, the walls drawn together behind and a large pad so packed in as to prevent fluids entering the abdominal cavity. Owing to the very pendulous condition of the uterus the incision had to be commenced on the very summit of that organ. A small incision was commenced at that spot and gradually deepened without much bleeding till the placenta was reached, which unfortunately lay directly beneath. Bleeding then became terrific and the incision was rapidly continued for about six inches through uterine and placental wall for its whole extent. The placenta in fact was so placed that the incision practically bisected that viscus. The worst of the hæmorrhage was immediately checked by two assistants pinching the uterine wall at the sites of the placental sinuses. The child was seized by the left knee and extracted without difficulty, the cord caught with forceps and divided at once and the placenta and membranes quickly shelled out. With the application of towels rung out in hot water the uterus immediately contracted and the bleeding gave no further trouble. The uterine wall was closed with a single layer of salmon gut sutures and the uterus replaced in the abdominal cavity. Little blood had entered this, and no attempt to cleanse it in any way was made. The abdominal wall was also closed with a single layer of salmon gut sutures. The patient was in very good condition at the end of the operation. Convalescence was very rapid; the wound healing by first intention. Unfortunately the uterine sutures were probably not quite aseptic and several of them ulcerated out a month or so later.

The child was a full term male and gave no trouble. Curiously it has a large cystic hygroma of the neck. The only one I have seen here. The mother was so pleased at having a live child that she jumped at the idea of my naming it for her—Khai Sat.

Almost no notes need be added to this case which but for the unfortunate position of the placenta was a very simple one. Personally I think the larger incision and turning out of the uterus before incising it, is the simpler operation. A few inches more or less in the abdominal
incision make no practical difference to the future strength of the abdominal wall. And where one has only the help of very partially trained Chinese assistants the possibility of making the major part of the operation extra-abdominal relieves one from much anxiety.

AN INTERESTING CASE OF MULTIPLE CONCEPTION.

By Edna B. Parks, M.D., Wei-hsien.

October 22nd, 1903, a call came from a village forty li away. The husband who came for aid reported that his wife had given birth to a male child twenty days previously; she had had no lochial discharge after delivery and no milk; had been up and at work for two weeks, but for three days previous to his coming had been feverish and unable to eat; she also had what he described as a "piece of disease in her abdomen," which was daily increasing in size; he wished me to see her; a conveyance was provided for myself and assistant, and we went out at once.

The patient was a woman of thirty-six, a 5-para, well nourished and with good previous history. Former labors were normal. Pulse eighty-four; no temperature, but with furred tongue and sufficient constipation to account for loss of appetite and apparent feverishness.

The labor had been rapid and easy and placenta and membranes had come away. The pregnancy had been normal, except that from the first the patient had noticed that the uterus seemed to be divided in the median line by a sulcus; when delivery occurred the left tumor disappeared while the right tumor remained. The child was a boy, apparently at or very near full term. I judge that he did not weigh more than five or five and a half pounds.

Abdominal examination revealed a movable tumor in a pendulous abdomen, extending above the umbilicus; it was hard to believe the evidence of one's senses when it seemed to resolve itself into a pregnant uterus: head, back and extremities all easily palpable. The mother confessed that she had felt motion, but supposed that it was in her bowels. A stethoscope gave the further evidence of unmistakeable foetal heart sounds. Upon vaginal examination there was found a patulous cervix; no discharge; a presenting head, L. O. A., with free ballottement. The breasts were the breasts of a pregnant woman, but contained no milk. The digital examination discovered but one cervix and one cervical canal; beyond that nothing could be determined. I informed the family
of her condition, gave calomel and left mag. sulph. and very reluctantly came home, urging them to keep me informed of her condition.

Twenty-four hours after my visit a living female child was born, said to be larger and better nourished than the first; labor normal in all respects; a normal lochial discharge and an early flow and abundant supply of milk. On the third day she was still constipated and abdomen still large; another dose of calomel and mag. sulph. was sent out, and a week later mother and both children were reported well and hearty. The first child, the boy, died two months later; since then have lost sight of the case.

The case presented many interesting features; chiefly the delivery of the two living foetuses at an interval of twenty-one days. Would not the complete absence of lochia after the birth of the first point to the two being the occupants of one uterine cavity; there being a communication by which the blood supply of the first placental site was turned at once to the second? On the other hand, the history of the double tumor before delivery and the casting off of one foetus without interfering with the other, would suggest a double uterus. In that case, however, would there not have been lochia after the first delivery?

The American Text-book of Obstetrics, page 144, says: "In consequence of the nutritive advantages enjoyed by one foetus at the expense of its less fortunate fellow, it sometimes happens that the fully matured foetus is expelled at term, while the still imperfectly developed foetus is retained for a time within the uterus until its development has progressed further towards completion, when it is in turn born. Two remarkable cases in which double uteri were present have been recorded by Barker and Generali, where intervals of forty-three and thirty days respectively intervened between the births of the two foetuses."

The writer frankly confesses her inability to explain this interesting case of multiple conception and would be very glad to be referred to works on the subject by which light might be thrown upon it.

Dr. K. M. Duhart (Bombay) gives three reasons (exclusive of skill and technique) for operative failures in India, viz.:

"Notwithstanding all this care, it is true that some of our cases go bad, but that is, in my opinion, due to no fault of the operator, or his assistant or in the operation itself, but to 3 causes chiefly viz., (1) to the nature of the cases we get, (2) to the feeble stamina of our people, and (3) to our climate. It is really very much to be regretted that the patients do not come to us in time; that depends (a) mainly on their ignorance as to the nature of their complaint and (b) partly on their usual, much to be deplored, indifference and modesty, and also (c) the dread of the knife."
EXPERIENCES IN ABDOMINAL SURGERY.*


The opportunities for this sort of work in Central China are not very numerous, and I must confess that I feel the small experience that I have had is scarcely worth narrating. My only justification for doing so is the hope that the after discussion may bring out something valuable to all of us.

Thirteen cases form the basis of this paper, in all of which, with one exception, the peritoneal cavity, was opened; that one exception I have ventured to introduce, as it was a very interesting case, and being a case of pelvic surgery, may be looked upon as having a relationship to my subject.

Herniotomy.

I have done, in all, five cases of herniotomy. Three at home and two out here . . . All three at home were done for strangulation of the bowel; two were femoral hernias and one inguinal. It is interesting to me to see that I did the first operation under the spray and felt it sufficiently important a departure from that routine to note that I did not do so in the others, using iodoform, the new antiseptic then on its trial. In each case I ligatured the sac high up with silk and cut the part below the ligature off. In one case I have noted that there was slight suppurative from the silk ligature, but in those days we did not sterilise our ligatures, or indeed anything, in the way we do now. The patients were severally aged: thirty-seven, twenty-nine, and sixty-four—and in the first two the hernia was not recent; the first having worn a truss for two years and the second for four months. In the first case, which was inguinal rupture, the tumour had increased in size after it had come down and symptoms of strangulation had set in. This was probably due to effusion of fluid into the sac as, of course, a strangulated hernia cannot have any fresh descent of gut. I punctured the sac to let off the fluid, in the hope of being able to reduce it without doing the open operation, for in those days we had a great dread of opening the peritoneum, and it was considered a great triumph if you could do an extra-peritoneal operation. I remember seeing Jonathan Hutchinson spending some time in applying taxis on a huge negro under chloroform, and when successful, turning to us in triumph and impressing upon us the importance of trying taxis first, not once or twice, but for some time on all cases when under chloroform, before proceeding to an operation. When one remembers that this was only twenty years ago one
sees what strides we have made in abdominal surgery, for nowadays one would always open the sac with impunity and urge an operation, whenever possible, in preference to wearing a truss. This first case was a congenital hernia, and I stripped the sac off the back of the vas. My second case was a femoral one, and I learnt a lesson that I shall not easily forget. The stricture was, of course, at Gimbernat's ligament, but I had not realised at what a depth that ligament is or how difficult it is to get beneath it. I smashed three knives before I notched the tight band. If any of you have to operate on a strangulated femoral hernia remember that you will only just be able to get your finger nail under the obstructing ligament and that, in turning your hernia knife, after having slipped it under the obstruction along your finger, you must ease your finger well up toward the abdomen or there will not be room for your knife to turn. The third case had been strangulated for a week and had faecal vomiting on the table. We reduce the hernia; the gut not having lost its resilience, but the patient, a woman, died within twelve hours after the operation.

Although I have seen one or two strangulated hernias in China, I have never succeeded in persuading them to allow me to operate at once, and each time I have succeeded in reducing the hernia by applying cold, raising the foot of the bed, and putting them on opium. But lately I have had two cases of herniotomy upon old standing herniae that were not strangulated. In the first case Dr. Gillison assisted me, and we found the hernia sac filled with omentum. As it was firmly adherent all round the neck of the sac and was difficult to peel off we left it alone, as we felt we might do harm to the structures if we persisted in our attempts to separate it; whilst if left it formed a natural barrier to further descent of the gut.

I was entirely responsible for this decision and, although the man has had no increase of his trouble as far as I am aware, I rather think the practice is not one to be followed; the presence of the omentum in the canal, despite the adhesions, tending to cause further descent of the bowel and also involving the risk of strangulation at some future time in some pouch of the epiploon. Were I to encounter such a case again I should lay the canal freely open, pull down some more omentum and ligature it off with several ligatures, cut off the part below and excise it with the sac.

My last case I operated on not very long ago. It was a case of oblique right inguinal hernia. Assisted by Dr. Booth I performed Barker's operation. As you may not all know the details of this operation I give it in a few words. "The neck and upper part of the sac having been
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Separated from adjacent parts and proved to be empty, two ligatures of strong fine carbolised silk are carried under the neck and tied about half an inch apart and the sac divided between them. The upper ligatures are left long. The left forefinger, introduced into the canal and through the internal ring, is made to press its anterior wall forwards. One of the silk threads left long on the upper stump of the sac is now threaded on a needle with a handle and carried up the canal inside the internal ring, and through the abdominal wall above and external to the external ring; the other is similarly passed through the abdominal wall about half an inch to the inner side of the first. These sutures are then knotted tightly, and by this means the stump of the sac is drawn up into the abdomen and fixed there. The external ring is then closed by sutures, which should, if possible, take up the conjoined tendon as well. I found this operation extremely simple and satisfactory. The only difficulty is one that is common to all these operations, namely the recognition and separation of the sac. In separating it from the cord the vas deferens is the best guide. My operation was done most carefully with every aseptic precaution. The area of operation was carefully prepared and then covered for some hours before with a bichlorid glycerine compress. Silk ligatures were boiled, and nothing but dry sterilised compresses were used for the wound. The wound was finally dressed with bichloride gauze which had been boiled in salt and soda solution. And yet the wound sloughed. I had used no drainage, but this is not needed in an aseptic operation on uninjured tissues and, further, in a radical cure is especially not needed, as one wishes to secure primary union of the whole length of the wound. Where the fault lay I cannot tell; there may have been some defect in the asepsis or the manipulation involved in separating the sac from the cord (where you are working amongst exceedingly delicate and loose tissue) may have set up irritation, but one would not expect that to go to sloughing in a perfectly aseptic wound.

Ovariotomy.

I have done, in all, only three cases of ovariotomy, which amongst several thousand women patients that I have had the operative care of is not much to boast of. The day has evidently not yet come when they will trust us to such work, while, on the other hand, we can never hope to be good abdominal surgeons until we get more practice.

It is noteworthy that my first patient came to me largely because a brother of hers had been successfully operated on by Dr. Deas.
Her own account was: "His abdomen was cut and intestines cut and sewed together again and he has been quite well ever since." From enquiries I subsequently made, I believe the case was one of faecal fistula operated on by Dr. Boone of Shanghai, to whom Dr. Deas sent the case.

My patient was twenty-eight years of age and married, but had had no children. The tumour had been growing for four years and was very large. The girth at the umbilicus was forty-three inches, and three inches above was forty-four, whilst the protuberance was so great that from ensiform cartilage to pubes measured twenty-three inches. The operation presented no great difficulty. The incision was a three and a half inch one; afterwards prolonged upwards for another inch and a half; adhesions were few and easily broken down. The pedicle was ligatured with silk, and thirteen silk ligatures, deep and superficial, were used for the abdominal wound; the whole thickness of the abdominal wall being included in each suture. The wound was dressed with boracic lint. Hot water was used to flush out the peritoneal cavity and had a marked reviving effect on the patient. Instruments, sponges, ligatures, etc., were all boiled and the room specially prepared and rewhite-washed before operation. The patient was very collapsed at the end of the operation, but reacted well; in fact a little too well, and at first was very noisy and restless. She gave a little anxiety at first and needed much stimulation, and at one time showed signs of dysentery (probably due to a pure brandy enema on table), but everything yielded quickly to treatment and she left hospital cured and well on the sixteenth day; the dressings having been opened for the first time on the seventh day when, with the exception of one or two small places where a piece of silk had got between the edges, the wound had healed by first intention. In the after treatment nothing but hot water was allowed for the first day and hot water enemata were used for thirst. Months after, I heard my patient was well and hard at work.

The cyst wall, when empty, weighed three pounds and one ounce and was very thick. The inner surface was covered with small papillomatous growths and a few small cysts. One or two places of the cyst wall, where it was very thick, when cut into showed a true cavity, as though they had been secondary cysts, the fluid of which had been absorbed by pressure; there was no solid matter in the cyst whatever. The fluid drawn off measured thirty-eight and a half pints and was of a deep chocolate colour.

I was assisted in this operation by Dr. Thomson, and Dr. Mackay gave the chloroform. My second case was in a woman forty years old,
who had had one child, one miscarriage. The tumour had been growing for five years and had first been noticed on the left side. Menstruation was regular up to time of operation and her general condition was good. The tumour, though large, was not so big as my previous case; the greatest girth being thirty-nine inches at a point four inches above the umbilicus. From the ensiform cartilage to the pubes measured seventeen inches. The patient was kept in hospital a week before operating, so as to get all the organs into good condition. Dr. Gillison and Dr. Parrott assisted me in the operation and Dr. Mackay was again the anaesthetist. The preparation of patient, instruments, etc., was as before. As soon as the linea alba was cut through a dark bluish brown membrane, containing fluid, bulged into the wound, and it was some time before we could be certain whether we had opened the peritoneum or not. It proved to be the peritoneum distended with a large amount of brownish looking ascitic fluid. When this was got rid of, to do which we had to turn the patient on her side, the white somewhat pink looking wall of the tumour came into sight. The cyst was found to go deep down into the pelvis and to have very firm adhesions to bowel and abdominal wall. Although the tumour itself was not very large, its relation to the uterus could not be made out. All attempts to separate adhesions proved futile and had to be finally desisted from, after the mesentery had been torn and ligatured in several places. It was then decided to tap the tumour and cut the cyst wall away from any adhesions that we could not separate. Some dark treacly fluid was evacuated and then a digital exploration of the inside of the tumour confirmed the suspicion that had been growing upon us that it was malignant. The tumour was filled with large masses of growth, which were granular, gritty and bled freely. The tumour was opened more freely with the cautery and stitched to the abdominal wall; one drainage tube being placed in the cyst and another in the abdominal cavity. The operation lasted three hours. The patient did fairly for three days, but had a weak pulse. On the evening of the third day she suddenly collapsed, complaining of great pain in the abdomen. She lived for another twenty-four hours and rallied somewhat under treatment, but died rather suddenly. Of course no post-mortem was allowed. One naturally thought of peritonitis, but the abdomen did not seem distended or to be tender on palpation.

My third case was operated on in 1899 and was the largest of the three; the girth round the umbilicus being fifty and one-half inches. The woman was thirty-nine years old and married; had one child fifteen years old. Periods had been regular up to three years before coming under observation and the tumour had been first noticed a little before they
stopped. She was anything but a desirable case for operation, but was in such a miserable condition that life was a burden and one was bound to take any risk. The abdomen was so enormously distended that for the last eleven months it had been impossible for her to sit or lie down, and she had been obliged to keep in a kneeling position. Large veins coursed over the tumour; there was great œdema of legs, vulva, and back, constant desire to micturate and albumen in the urine. The operation had to be done at once, as very soon after she came in she became very much cyanosed and almost pulseless, with great dyspnœa. On the morning of the operation I first drew off about two pints of the fluid with a Southey's trocar so as to relieve matters a little. Dr. Huntley gave chloroform and Dr. Booth and Dr. Gough assisted me. I made the incision with the patient in the semiprone position, as it was impossible for her to lie down. The large S. Well trocar being out of order I had to use a much smaller one, through which the dark treacly fluid flowed but slowly. As soon as it was possible patient was lowered to the Trandelenberg position. The cyst wall was very thin and rotten, and under manipulation gave way. It was found to be universally adherent to abdominal wall, bladder and almost every organ; it extended high up under the ribs and was adherent to the diaphragm. Separation from the bladder was difficult, but accomplished after passing a sound into that viscus. The right ureter was seen and separated. We could find no pedicle to the cyst, which came right away. Possibly the pedicle, by traction, had got so very thinned out that we had torn it through, thinking it was an adhesion. The right ovary was cystic and was removed. The large cyst was from the left ovary and was multilocular, but its connexions were very puzzling. It seemed to be connected with a firm elongated mass, which at first we thought was the uterus, but it proved not to be and further had the fallopian tube running along the top of it, so that it would appear to have been either the ovary or a mass of growth independent of the ovary which had developed in the walls of the broad ligament. If we were right in our belief that our tumour was from the left ovary and that we had removed the right one, then this mass must have been some development in the broad ligament. The woman became very collapsed before we had finished and died on the table.

One or two things may be profitably stated from practical experience. A very large tumour has so thinned out the abdominal structures that the preliminary incision is no easy thing. But it is well to remember that in nearly all these cases a large part of the distension is generally due to ascitic fluid and not to the tumour itself and that
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you are more likely to cut into the peritoneal cavity than into the tumour. It is important therefore that you should know whether the fluid is ascitic or not, for I have seen the peritoneum stripped off under the impression that the cyst had been opened. The character of the fluid will guard against this mistake. Although it may be dark, like ovarian, it will never have the glutinous greasy consistence of true ovarian fluid. In cases without ascites passing your finger up to the umbilicus will tell you where you are. If you can get up beyond it and find no attachment there, you may feel sure you are in the peritoneum.

Here I would mention the one case that is not strictly abdominal. Some fifteen years ago a little child, three years old, was brought to me suffering from imperforate anus. Meconium was coming out of the urethra pointing to an evident recto-visical communication, but as I thought I could detect a bulging at the anal site, on crying, I attempted to reach the bowel by dissecting up along the cocyx, but failed. A proposal to open the bowel in the groin was declined. The child was a boy, but had spurious hermaphroditism. The scrotum was split and each half contained a testicle, the penis was bound down between the two halves of the scrotum and continuous above, beneath and laterally with the scrotal tissue. On the upper part, along what ought to have been the dorsum of the penis, there was an appearance as of a raphe and beneath the penis was a small pit like depression. The prepuce could be retracted exposing the glans.

I have had one case that I thought might be appendicitis. A soldier, aged forty-three, came to me in 1895 with a history of obstruction for six days. There was vomiting. No hernia was present, but there was a tender swelling in the right caecal region. His temperature was normal. The swelling was not as tender, on careful manipulation, as I had thought, but it felt doughy. The absence of temperature made me, at the time, put appendicitis out of court, although there seemed to be pain at McBurney’s point. Pulse was full and not at all abdominal in character. Fomentations, enemata, and calomel were tried. Two days later he was little better; vomiting had stopped, pain was relieved, but bowels were still unmoved. The swelling seemed more defined and elongated, pulse was 100 and temperature 99. Next day I saw him, in consultation with Dr. Cuypers and Dr. Mackay as to whether to operate at once or wait. There was more swelling and more dullness and more tenderness, but as his general condition seemed better it was decided to wait twenty-four or thirty-six hours. At the end of this time, as matters had not improved, I operated, assisted by Dr. Gillison and Dr. Cuypers. The incision was external to the deep epigastric artery and about one inch internal to the ant. sup. spine. I found the
abdominal wall all infiltrated with pus. I got down to the bowel and
found it shut off on the inner side from the general peritoneal cavity
by dense adhesions, but free on the outer side. The bowel looked
gangrenous. Being afraid to meddle with the adhesions I simply pack-
ed it with gauze. The man died, presumably of septic intoxication,
some hours after. I was permitted to examine the wound afterwards.
On breaking down the adhesions on the inner side of the bowel I came
upon a small quantity of bloody, grumous-looking pus, not much.
I could not pull the bowel out through the wound and could not
identify the appendix. The under surface of the bowel was highly
inflamed and gangrenous and the walls were infiltrated.

The lesson to be learnt from this case is the danger of waiting too
long. The incision was probably too external and did not get to the
cæcum. I should have done better I think to have broken down the
adhesions. But the probability is I could not have done much. I was
altogether too late in operating and the man was already suffering from
advanced septic intoxication.

My next case was the removal of a large gall stone from a Chinese
lady who was evidently suffering from septic cholangitis, which proved
fatal. Before she came under my notice she had been ill for one month
with a history of discomfort after food and some epigastric swelling.
She had been under the care of a medical missionary, who had suspected
cancer, especially as the lump continued to increase in size. There was
a history of fever at the commencement of the trouble, but on admission
the temperature was sub-normal. It, however, continued to go up
steadily until it reached 101.1 the day before operation. The patient was
constipated, restless, with feeble pulse and aching all over. Heart and
lungs were normal. In the epigastrium there was a hard mass with
definite outline, which moved with inspiration. It was situated in the
region of the stomach and the left lobe of the liver. The right lobe was
not enlarged, the mass was not painful or tender, and it was not knobby
to the feel, but smooth. It was, however, very hard. There was no
vomiting. I was inclined to think it was not cancer, but some swelling
connected with the left lobe of the liver, though I could not say what.

Five days later she was much worse. She was quite unconscious
with no conjunctival reflex; she had for some time been passing all her
motions unconsciously. She had only secreted six ounces of urine the
past twenty-four hours, which had been drawn off by catheter, and her
temperature was 103. Locally there was a great change. The enlarge-
ment in the region of the liver was now much greater and involved the
right lobe and there was oedema over the epigastrium. The whole
mass was more ill defined, except that at one place it was distinctly knobby. Consent having been obtained of the friends I explored the swelling the same afternoon; Dr. Booth and Dr. Gough assisting me. The patient being unconscious no anaesthetic was needed. An incision was made in the right hypochondrium just below the ribs and over the region of the gall bladder. An aspirating needle inserted, drew off about fourteen ounces of dark bile. The wound was then deepened and enlarged upwards and a finger inserted, when a large gall stone was felt. This was fixed under the ribs with a finger and cut down upon, and the gall stone, weighing half an ounce, was extracted. The edges of the gall bladder were stitched to the abdominal wall; a rubber drainage tube inserted. Patient never recovered consciousness and died six hours later.

The last two cases I wish to mention were laparotomies for trauma. The first case was a gunshot wound of the intestines. The man was struck when a "li" and a half away from the firer. He was hit half inch below and one and a half inches to the left of the umbilicus. The accident was at two in the afternoon and he was brought to me at six. After some hours I got permission to operate, and did so late at night, assisted by Dr. Cuypers. A three-inch incision over site of wound revealed four openings in the small intestine, which were closed with fine silk; Halstead's suture being used. A little faeces had escaped into the peritoneal cavity, but not much; the abdomen was flushed out with hot water and a good deal left in. The mesentery was not wounded and no bleeding was going on. The bullet was not found, neither were the pieces of his clothing that had been carried in. He rallied well, and at first it seemed that the wound would close. But a sinus formed, and pus, probably from dirty clothing carried in, formed a number of sinuses, which gave much trouble. He was in for a long time and underwent several operations to try and close the sinuses. But they were very deep and tracked inwards up to the aorta and back towards the lumbar region, and there was evidence of the psoas being involved. Despite this he improved and got fat. A good part of his faeces were passed normally, but the faecal fistula was a nuisance to him, and he begged to have it closed, despite the fact that he took chloroform badly. I first tried to wear down the spur by a drainage tube, Bank's method, but as this failed, he insisted on the fistula being closed. I first tried to do an extra peritoneal operation, but found I could not separate the adhesions outside the bowel and spent unnecessary time over this. Finally I cut down on the gut and closed the opening with Lembert's sutures. I am sorry to say he died from shock about eight hours after, very suddenly and unexpectedly.

My last case came to me last year.

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A man was brought to our hospital one evening last November, having been stabbed in a quarrel the night before. One stab was in the left lumbar region over Petit's triangle, the other was in the left nipple line, below the eighth rib; it had therefore missed both pleura and lung. The knife he was stabbed with was about five inches long by about one inch broad. Although neither wound, on probing, appeared to be deep yet the man looked ill; had a peritonitic pulse and was in pain. He was put on mag. sulph. and nepenthe and strychnia. He was passing black tarry motions from the bowel and vomiting was continuous and at times faecal. As permission to operate was refused this treatment was continued. His general condition seemed to improve somewhat, but the peritoneum was evidently becoming more involved, as evidenced by increasing distension, free fluid in the peritoneal cavity and pain, which was controlled by morphia. On the evening of the fifth day it was noted that there was some glossiness and oedema at a point to the right of and below the umbilicus; his vomiting was better and his morph. had been reduced. Permission having been obtained to operate and the man himself being urgent that we should do so I performed abdominal section the next morning, assisted by Dr. Booth; Dr. Gough giving chloroform. The incision was four inches long in the middle line, afterward prolonged around the umbilicus another three inches to get more room. The abdomen was full of bloody fluid, which was offensive; the intestines were deeply injected, much distended, covered with lymph, adherent by recent lymph, and in patches of a greenish yellow appearance. They seemed not to have lost their resiliency, but as an attempt to let out gas and so reduce distension by puncture with a hypodermic needle was not a success, I think they must have done so. One gangrenous looking patch was adherent to the abdominal wall and probably corresponded to the oedematous patch noticed before operation. Exploration of the pelvis with the hand and partial turning out of the intestine showed no collection of pus. There were no faeces in the cavity and no food. The abdomen was well flushed out with hot boiled water and closed; drainage being provided at the lower angle of the wound, the patient never thoroughly rallied and died soon after. I can only suggest that the blade of the knife must have penetrated the abdominal cavity through the posterior wound and set up a toxic infection which an earlier operation might have successfully combated.

I hope these few notes, though they cannot pretend to anything very original or striking, or even successful in the way of treatment, may at least prove interesting as showing the kind of cases we are sometimes called on to treat; and instructive from their mistakes if for no other reason.
RAYNAUD'S DISEASE.

By ELLIOTT I. OSGOOD, M.D., Chu-cheo.

A case was brought into my clinic about the 5th of February. The man was forty years old, a street hawker of catables, having been one of China's unfortunates who had been driven from his native province (Shantung) by famines. He had lived from hand to mouth ever since.

He had been selling Chinese doughnuts about the town one morning when he was attacked with shooting pains in his limbs and began to be feverish. He returned to his lodgings and went to bed. The pains had increased and extended over his entire body. Burning pains were experienced in the stomach, creating a constant thirst. Every movement of the body added to the pain.

When brought to us there had been no cessation of the trouble. His feet were bloodless and cold to the touch. When asked if they were cold, he said, "No." They evidently had become numbed. It looked like a case of multiple neuritis, but the next day's development changed our diagnosis.

Both feet turned greenish black; blisters rising on the ankles as if burnt. The fingers of the right hand were also covered with blisters. Gangrene was very apparent and on the feet symmetrical. The hand healed in a few days with loss of only the outer skin and one affected nail.

The feet, however, grew daily worse. The heart was feeble and rapid and the prostration marked. We feared bedsores, and so in spite of the pain it caused, tried to vary his position. Then we found a patch of gangrenous tissue starting from the middle line of the sacrum extended to the left. There had been no pressure here, so it was not a bedsore. We turned him unto his left side, but a bedsore started on the crest of the ilium almost immediately. There were slight patches on the inner surface of the right knee and over the greater tuberosity of the humerus. We were limited to laying the patient on his right side, where fortunately no tissue gangrened.

The hands and arms troubled us a great deal, as they would swell whenever the shoulders were cramped. The back of the hands would be filled and the skin become pearly white. To move the hands or arms continued to give pain.

The feet grew worse until only the thick skin on the ball of the foot retained anything like natural color. The skin peeled off and disclosed
a moist, greenish, and mottled surface underneath. The right leg just above the external surface of the ankle developed a sinus and discharged great quantities of pus. This pus burrowed into the connective tissue surrounding the gastrocnemius muscle, but seemed to be discharged from the foot. Lines of demarcation appeared above both ankles, completely surrounding the leg. The left leg showed like marks of containing pus at a later period.

The patch of gangrene over the sacrum extended onto the left side, three inches wide by over four inches long. Lines of demarcation formed and a slough one inch deep was removed. A thin slough but larger in area was also removed from over the left tuberosity of the ilium.

The pains in the stomach lessened and pain largely disappeared, except when the patient was moved. He evidently was getting a little better. It was likewise evident that he would lose both feet.

One evening, after he had been in the ward about twenty days, the attendant came in hastily and said the patient was dead. Our attention had not been drawn to him on that day and we at first thought his death due to pyemia or septicemia. But upon examination we found the dressings over the sacral ulcer and the bedding under his hips, soaked with blood. His death was due to hemorrhage. As usual it was impossible to perform a post-mortem examination.

Raynaud's disease seems to be both uncommon and obscure as to origin. One author (Hyde) says: "There is a growing suspicion that many cases are of syphilitic origin." It sometimes succeeds tuberculosis, diphtheria, diabetes, and like diseases. In some cases the cause has been traced to the eating of food made from wheat affected with smut or ergot. The physiological action of this drug is very similar to this disease. Cases of poisoning have been reported where all four extremities have been lost through the virulent action of the drug exciting extensive gangrene. In the case cited, the cause could be traced neither to a syphilitic or an ergot origin. The disease is more common in winter.

It seems to be due to a disturbance of the vaso-motor system. Local asphyxia attends the gangrene. There is venous stasis, and degeneration of the arteries may ensue. Where the line of demarcation readily forms the prognosis is more favorable, but the degree of prostration and extent of the lesions must be taken into consideration.

*Arsenic* is the leading internal remedy. Tonics, electricity, friction, with alcoholic preparations, and heat applied to the affected parts are useful as adjuvants.
CASE OF BANTI'S DISEASE.
Liver and Spleen marked in Indian ink.

CASE OF MYCOSIS FUNGOIDES.
CASES OF MYCOSIS FUNGOIDES, BANTI'S DISEASE, AND OBLITERATING ARTERITIS.

By Drs. Geo. F. Stooke and Andrew Graham, Ichang.

We have lately had in our wards three rather unusual cases, and thought a report of them might prove of interest.

MYCOSIS FUNGOIDES.

A shopkeeper (male), aged forty-six, stated that five years ago in a quarrel the palm of his left hand had been badly scored with a knife. The wounds suppurated, and were treated by a native doctor, who rubbed in musk. An eczema started on this site, which had never really healed, and the eruption caused him much annoyance with the burning feeling and the intense itching it gave rise to. No treatment he had tried ever relieved this eczema. The eruption gradually spread between the roots of the fingers and on to the back of the hand, and by the third year was present on the back of the lower arm and had spread over the fingers. These eczematous areas never at any time spontaneously disappeared. They were confined entirely to the left arm and hand, never appearing on any other part of the body. On the outer side of his left upper arm is a patch, which has the appearance of having been blistered by the sun. He does not think this is the disease starting there, for the original eruption was not like this. In the fourth year these patches gradually grew in size (he was not sufficiently observant of the course of his disease to have remarked accurately the second or lichenous stage) until they became tumour masses. The tumour masses are of sizes varying from a bean to an orange. They have a pulpy feeling as if full of jelly. None of them are pedunculated, but all are sessile and closely set together, and it is from the deep sulci between them that a very sickening and offensively foetid pus flows; the odour being only relieved by prolonged immersion in an i zal bath. A few of the tumours are beginning to fungate, looking as if they had been bruised. The tumours have steadily grown and never at any time spontaneously disappeared. They are neither painful, nor itchy, nor are they anaesthetic to the touch; the patient being able to exactly locate any tumour touched. With the appearance of the pus the axillary glands became hard and inflamed and are now discharging from several sinuses. Cachexia too is beginning to develop and the patient has come to hospital willing for amputation that he may be freed from his offensive and burdensome member.
Examination of the blood revealed no leucocytosis, nor any abnormality. No ray fungi were discoverable in the pus. He denies any history of syphilis, and there are no signs of that disorder on his person. Leprosy, he says, is prevalent in his native town, but none of his relatives are affected. During the whole course of the disease he has never had any patches of anaesthesia on his arm. He suffers from no general lymphatic enlargement and the spleen is normal in size.

The antecedent skin eruption lasting four years and followed by the development of multiple tumour growths having a tendency to fungate form the chief basis of diagnosis. Epithelioma, actinomycosis, and leprosy were the three conditions thought of before the patient's history was elicited. The initial lesion, lasting four years, seems to have been a pure eczema; there was no ulceration and no warty growth resembling epithelioma. The pus showed no fungus as may be obtained in actinomycosis; there were no sinuses over the affected area, nor were there any signs or symptoms denoting the presence of any internal growths. The absence of anaesthesia, leucodermic patches, and skin changes due to the loss of trophic nerve stimulus, served also to exclude leprosy.

The chief points of interest in the case seem to be: the definite origin of the disease at the site of an injury and its remaining absolutely localised to the hand and arm, not appearing in any other portion of the body. The arm has been amputated just above the elbow, and whether this will result in perfect cure and non-recurrence, will be watched with interest.

BANTY’S DISEASE.

A farmer named Chang, aged thirty-four, sought admission to our hospital, complaining of breathlessness, cough, general weakness, and of a swelling of the abdomen. He said he had been suffering from anaemia for five years. He had always been in fairly good circumstances as to food and surroundings. He had had no previous illnesses nor accidents. He had never suffered from syphilis or malaria. On admission he was seen to be very much emaciated and very anaemic. There was no jaundice or general dropsy, but a very marked ascites. The abdomen was very tense and the veins over it much dilated. There was slight oedema at the base of each lung. After tapping the abdomen and drawing off 420 ounces there was no difficulty in seeing and palpating a very much enlarged spleen; the notch was marked and the surface quite smooth and the organ extended below the level of the umbilicus. The liver was also slightly enlarged, reaching about an inch below the costal margin. There was nothing else abnormal about the abdomen. The
fluid drawn off contained albumen, but no blood, bile pigment, or abnormal cellular elements. Never was there any pain or tenderness complained of. The heart sounds gave the ordinary hæmïc murmurs. No general lymphatic enlargement was to be made out. He had no history of hæmorhages from any of the mucous surfaces.

In the out-patient room a diagnosis of spleno-medullary leucocythaemia was made, tentative of course to a microscopical examination of the blood. When, however, that was made there was seen to be no increase at all of the white blood corpuscles, but rather a leucopenia, nor were there present any of the typical myelocytes always associated with this form of leucocythaemia. We then decided it must be a case of splenic anæmia, or Banti's disease, which may be defined as a profound anæmia which has lasted three to five years or longer, associated with marked enlargement of the spleen and to some extent of the liver, the blood showing no leucocytosis, and finally terminating in a stage of ascites. In arriving at this diagnosis, chlorosis, pernicious anæmia, and leucocythaemia were easily excluded by the microscopical examination of the blood. Ordinary hepatic cirrhosis was also excluded by the fact that none of the known causes of that disease and none of the common vascular changes were present, and moreover the splenic enlargement was out of all proportion to that of the liver. Cancer of the peritoneum was thought of, but the entire absence of pain and tenderness and the result of the examination of the ascitic fluid excluded that. The diagnosis therefore was that of a case of Banti's disease in the last—the ascitic stage. Our patient had all the ordinary signs of profound anæmia, and these had lasted for a period of five years. He had great ascites; 420 ounces being drawn off the first time, and the fluid collected again so quickly that in eight days, the same amount was drawn off. The next interval was ten days when 400 ounces were removed. The blood examination showed a reduction of the red cells to 2,500,000 per c. mm.; there was a marked leucopenia and no abnormal white cells could be discovered.

He was put on general treatment for his anæmic condition. The spleen was so large that excision in his emaciated and weakened condition was out of the question.

The patient gradually lost strength and became more and more emaciated. He finally refused to eat, and after being in hospital forty-four days he, one bitterly cold day, demanded to be allowed to go home. We tried to persuade him to remain, but he went, and in a few hours was carried back practically moribund, and he died the following day. Unfortunately we were denied a post-mortem examination.
OBLITERATING ARTERITIS.

The patient, a scholarly man, aged thirty, gave the following history: Six years previously he had been badly exposed on a cold snowy day. In the evening he had dried himself without changing before a hot fire, and that night his feet swelled so much that he could not remove his socks. This condition was relieved in a few days. Later his left big toe became painful as if badly bruised (no tingling sensation was ever experienced), and it soon became quite black and very cold, feeling as if it had been frozen. The toe got no better, and finally it died and dropped off. Later the remaining toes of his left foot also became gangrenous, and finally separated at the tarso-metatarsal joints. A year or so later he was paring his toe nails, and in so doing slightly injured the skin of his right big toe. Soon the toe grew very painful; he put on a plaster, which did no good, and finally gangrene set in and the toe separated. The wound healed, save in one small spot, which gave no trouble during the summer months, but so soon as winter set in, the scar broke down and pain started in the four remaining toes, which grew black and cold and finally gangrenous. Then he came to us with a gangrenous right foot, showing a very faint line of demarcation over the tarso-metatarsal joints. The left foot showed a natural amputation, a very fair Lisfranc's. He gave no history of syphilis, but told of an ulceration he had suffered from when sixteen years of age. Two scars were still visible on his right shoulder, more like tubercular than syphilitic scars, which marked the beginning and ending of the ulceration which had extended right round the neck, to use his own expression, "like a coiled snake." His urine was normal, and there were no signs of chronic kidney disease. His arteries were quite normal to the touch, but arterial pulsation could not be felt on deep pressure in the popliteal spaces. During the attacks he can never recall anything like an haemoglobinuria so common in Raynaud's disease.

We operated on the gangrenous foot, performing a Syme's. When it came to the time for securing the vessels we were much surprised to find none to tie; no open vessel was visible anywhere, and when the tourniquet was removed only a very slow oozing occurred. Not having permission for a higher amputation we stitched up the flap, hoping it would possess sufficient vitality to ensure union. All did well until the third day, when a prolonged bleeding occurred, evidently venous, and not severe enough for interference. This bleeding lasted two days, gradually ceasing. In ten days the flap still showed no signs of healing, and finally after waiting a few more days we cut it away with scissors,
Obliterating Arteritis.

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when there was still no bleeding, and the stump has since gradually granulated over; a small section of the tibia separating in the process.

We were much interested to read in the April C. M. M. Journal of the cases of syphilitic gangrene described by Dr. Ewan, of Chen-tu, and are wondering whether our case could be classed under that heading. There was no history of specific mischief save the serpiginous ulceration in his sixteenth year, and he has grown very fat and flourishing and with no anti-syphilitic treatment. Before operating we had diagnosed Raynaud's symmetrical gangrene, but at the time of operating the condition was seen to be not a mere arterial spasm, which is the essential characteristic of Raynaud's disease, but an absolute obliteration of all the vessels which had become mere fibrous tissue like their surroundings. Perhaps our case will be best described after Treve's terminology in his System of Surgery, Vol. i, p. 559, as one of "obliterating arteritis," of which he says: "This name has been applied to a rare disease occurring independently of syphilis, tubercle, gout, rheumatism, or other constitutional malady, and independently also of embolism or injury. It is most often seen in persons of middle age. The disease is characterised by a great proliferation of the endothelium which gradually narrows the vessel until it occludes it. The new tissue organises into fibrous tissue, new vessels passing down into it from the vasa vasorum. The parts supplied by the affected arteries are pale and cold, livid on exposure, wasted, and the seat of pain which may be intense. Dry gangrene of the extremities may occur. . . . . . . The disease stands in need of a distinctive name, for other forms of arteritis are equally 'obliterating,' 'proliferative,' and 'hyperplastic;' for this we must wait until its cause has been ascertained."

Why the Stomach does not Digest Itself.—"When we consider the extraordinary dissolvent potency which the juices of the human stomach must possess in order to digest the strange assortment of substances that we are in the habit of putting down our throats, we wonder how it is that these juices do not turn the walls of the digestive tract and the whole digestive apparatus into chyme and chyle. The digestive tract is filled with ferments capable of dissolving food; but these ferments do not attack the intestinal walls, nor the parasitic worms that often live there. Recent investigations, conducted by E. Weinland, have shown that this immunity is due to the secretion by the living tissues of certain anti-ferments. The following interesting experiment was made: A mixture of fibrin and trypsin or pepsin was prepared, and, after the addition of a small quantity of the juice of ascarides, or round worms, it was found that no digestion of the fibrin took place. The ferment did not attack the fibrin even when no more of the juice of parasitic worms was added for an hour. It is thus not the living tissues that resist digestion; it is the juices that impregnate them, which they themselves have produced."
SOME SEQUELÆ OF MIDDLE EAR INFLAMMATION.

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

Ear surgery is not among the most satisfactory branches of practice even at home, and in China the conditions are particularly unfavorable. We see almost monthly exaggerated cases of aural polyp which, although surgically operable, we are now in the habit of refusing to treat because we cannot obtain the conditions necessary to success. These polypi have been uniformly large, that is, filling the whole middle ear and external auditory canal and usually protruding in such a way as to fill the concha as well. The tympanum is destroyed and the attachments of the polypi are so general and extensive as to render the use of the snare impossible. In most cases there is disease of the cartilage and of the bony walls of the middle ear, with of course partial or entire destruction of the ossicles.

In the past year we have seen about twelve of these cases. I cannot say that the aetiology of all is the same, though I believe it to be so, namely an initial inflammation of the drumhead produced by the use of the instruments with which the Chinese barber cleanses the external auditory canal. You know the instruments well—a long pair of iron forceps, usually rusty and rough, a brush with a long handle, and a couple of small scoops of variable shapes. The instruments are at least in some cases handled with considerable skill and delicacy. The barber well knows how to draw back the auricle and illuminate the canal. He sees what he does and is gentle in his manipulations, as is evidenced by the fact that he gives no pain but rather, on the contrary, the process is apparently enjoyed by the victim. I say victim advisedly, for I believe that this manipulation is a common cause for the train of evils of which the polypi I describe are a stage. The instruments are dirty to a degree; they are used upon one victim after another without any adequate purification and they are rough and crude. And what is of greatest importance, the practice would be deemed inadvisable, not to say dangerous, if carried out under the best conditions of cleanliness and care. The cleansing of the canal should never, as a routine, be performed with metal instruments. I have regularly put the question to these patients. "Do you allow the barber to cleanse your ears?" and in every case the answer has been "Yes." This is certainly significant in view of the fact that many Chinese do not allow the barber to do this, just as many of us are in the
TWO CASES OF ADVANCED AURAL DISEASE.

St. Luke's Hospital, Shanghai.

Photos by W. H. Jefferys, M.D.
habit of restricting the barber's manipulations, preferring not to be too much fussed with.

The first case that presented I operated upon after dispensary hours, treating the man as an out-patient. Cocaine was used and the process was painless. There was considerable hemorrhage, and I did not get the thing very thoroughly cleaned out. In spite of directions the patient only returned twice for after treatment, and this at too long intervals. Finally after a month or more he returned with the ear filthy and the growth larger than on his first appearance. He would not come into the hospital and I refused to treat him further as an out-patient.

The next patient that I undertook to treat was admitted to the wards and operated upon after a day or so. He complained before operation of pain under the jaw on the left side. This was the side of the polyp. There was some fever and some induration. The operation was more thorough than the last and the after treatment could have been carried out fairly well, but the abscess under the jaw, for so it prove, assumed serious proportions and finally cost the patient's life. The operation on the polyp was done with cocaine and adrenalin; the instruments used were scissors, scalpel, curette, etc. The snare would not have been of any service. Two days following this operation I put the patient under chloroform, made a deep incision along the line of the lower jaw and another at an angle with it down the neck to meet the sterno-mastoid. The deep fascia was dark, and there was foul pus underneath it, which proved to come from the inner surface of the lower jaw bone, and when followed as high as possible was traceable to the parotid behind the tonsil. Rubber drainage was put in, but the patient succumbed to toxæmia. There was undoubtedly gangrene of the deeper tissues in front of the middle ear. This condition was developing at the time of the patient's admission to the hospital.

After these experiences I made the rule that I would only operate for this condition upon patients who would guarantee to remain in the wards for at least six weeks and who would be willing to undergo three or more operations if necessary. We have not been able to obtain these conditions and have not operated since. At the words "six weeks" the patients rise from their seats and at "three or more operations" they may usually be seen on the horizon still in rapid motion. Willingness to submit to treatment extensive in time is harder to obtain than any degree of treatment in concentration.
Two cases, of more than passing interest have come under our care which represent advanced stages of aural disease in Chinese, though neither probably followed the course of the cases of which the foregoing are types. A. is the final result, as far as the mastoid is concerned, in a case of chronic mastoiditis. The patient was nine years old. The trouble began with catarrhal otitis media at about three months of age. It went through the stages of destruction of the drumhead, ossicles, cartilage, and mastoid cells in turn, finally perforating externally and forming a circular hole about the size of a small cigar. Inside the mastoid was hollowed out completely. The inner table was gone, and there seemed to be nothing but a shiny thin membrane between the cavity and the brain. There was a good deal of filth inside and some cheesy pus. An opening in the wall of the canal communicated with the ear in front and an opening deeper in with the middle ear. One could see into the eustachian tube. The patient was rebellious to treatment and all operative help was refused. The cavity was cleansed and studied carefully. Some slight hearing seemed still present on this side. I will not vouch for the fact, however. A flexible probe could have been passed through this round opening into the middle ear and down into the pharynx.

B. represents the case of a middle aged man with ear disease of one year's standing. The lower third of the auricle was ulcerated off and the margin formed a free sort of hook-shaped projection. The middle ear and the mastoid were freely exposed by ulceration and the posterior wall of the canal was gone, making a free but superficial groove leading from the canal into the mastoid cells. The posterior probe is placed deeply in the mastoid, the anterior is in the middle ear. There was free purulent discharge and some pain. It was foul and filthy. There was a vague history of some venereal trouble in the part. In appearance the ulcerative process was syphilitic, and as there was rapid healing under local measures of cleanliness, combined with mixed treatment, I believe that this was the nature of the process. The condition when last seen by us was dry, healed with a smooth funnel-shaped opening into the middle ear. Suppose this were not syphilitic, it is such a condition as one would expect to see as a late stage of the polypoid trouble.
A CONGENITAL DEFORMITY.
A CONGENITAL DEFORMITY.

DEAR DOCTOR: I send you herewith a photo of the hand of a Chinese man twenty-eight years of age. The thumb, ring, and fifth fingers are normal in size, while the first finger is slightly and the middle finger enormously enlarged; the finger nail being almost as large as a twenty cent piece. So far as I could observe the man was normal in every other respect. He and his mother both say that the enlargement was congenital. I have searched my library in vain for a scientific name for this condition; perhaps you may be able to supply it in case you think the photo worthy of a place in the C. M. M. JOURNAL. By the way, I must thank you for the interesting array of photos you gave us in the January number. I do hope that our brethren may write more this year. The new dress is quite an improvement.

Yours truly,

O. T. LOGAN.

[Note.—The word "gigantism" (local or general) or perhaps giantism has been used for similar conditions. It is not a dictionary word.—EDITOR.]

DRUGS FROM JAPAN.

[The Editors take pleasure in publishing the following letter from Dr. Maxwell on the subject of supplies from Japan. It covers the ground pretty well, and may be relied on as far as it goes. We expect to obtain further information in the near future.]

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E. P. MISSION, TAINAN, FORMOSA,

May 17th, 1904.

EDITORS JOURNAL: In the last issue of the JOURNAL just to hand there is a letter from Dr. McAll asking particulars about Japanese drugs. As I have been using a large quantity of Japanese drugs the past three years my experience in the matter may be of interest to your readers.

I will make my remarks under two heads.

1. Quality.

With regard to the drugs commonly used, say such drugs as potas. iodidi, iodine, ammon. carbonate, ferri sulphas and so on, the quality is, I believe, as good as that obtained from England; in fact I believe I am not mistaken in saying that considerable quantities of the two former are exported to Europe.
With regard to tinctures, on the whole I think these are satisfactory, though there are one or two exceptions, such as *tinct. lavandulae* co., which, being very poor indeed, make me wonder sometimes if the other tinctures are equal to our home ones. On the whole, however, they answer the therapeutic test perfectly well. With regard to the alkaloids as *morphine*, *strychnine* and *quinine*, the last of these I have never bought actually from Japan but bought from local Japanese firms here; it is very poor indeed. I still get all my *quinine* from England and also *morphine*, *strychnine*, etc., which though seeming to act all right when bought from Japan, are very coarse in their appearance.

2. *Price.*

At the request of our Home Committee a year or so ago I prepared a table of such drugs as I was buying from Japan, comparing them with the prices of the same drugs bought from one of the leading English firms.

The orders I dealt with came to a mixed total of 2,000 odd pounds of drugs costing from the English firm £106.7.1, delivered duty paid; this was calculating that all spirituous preparations were bought "duty free" in England. The same drugs bought and delivered from Japan cost £72.16.4½, a saving of £33.10.8½.

Of course it must be stated that while English drugs have to pay a ten per cent. duty here, Japanese drugs are admitted free.

Now with regard to drug merchants in Japan. I get my own drugs from Z. P. Maruya & Co., Yokohama, but I do not wish to act as an advertiser of any one firm and I believe the same drugs may be obtained still more cheaply from some of the manufacturers in Osaka. The reason I deal with the above firm is that they issue a monthly price list or rather sheet, very incomplete but in English, and there is no difficulty in corresponding in English with them. I do not myself know of any other firm that issues an English list at all, but there very likely may be others. With regard to instruments these are much cheaper than those purchased in England, but it must be quite clearly understood that no instruments of Japanese workmanship compare for a moment with those of the best English houses.

They are, however, for practical purposes very useful, and I have myself used eye instruments made in Japan with great satisfaction. What I mean is that for strength and finish they do not compare, but for practical utility in the large majority of cases they are quite good enough and probably not more than a quarter the price. I know of no Japanese instrument maker which issues an English price list.
MISSION COMPOUND.

WAITING ROOM.

ST. JAMES' HOSPITAL, Nanking, China.
DRESSING ROOM.

GENERAL WARD.

ST. JAMES’ HOSPITAL, NGANKING, CHINA.
Just one more word. The Japanese have not acquired the art of packing drugs like our home firms, and there is a decidedly larger percentage of breakages in drugs supplied from Japan. And proportionate to the distance the shipping charges are very heavy.

Trusting these notes may be of use to your readers who think of using Japanese material,

I remain, yours sincerely,

JAMES L. MAXWELL, M.D.

ST. JAMES' HOSPITAL, NGANKIN, CHINA.

This hospital building cost $3,000 Mexican; built entirely by day labor.

The foundation is deeply laid and the walls up to the level of the ground floor are of heavy brick, built solid. Above this heavy bricks are used, but the walls are of the usual Chinese style—hollow—up to the level of the top floor being filled in with rubble, clay and mortar, making it a heavy wall. Floors, roof, etc., rest on the timber framework.

The ground rises toward the back of the lot, and advantage was taken of this to provide a small store room for drugs, under the consulting room, and to raise the floor of the operating, dressing, sterilizing, drug, and consulting rooms three feet above the level of the floor of the waiting room. The waiting room floor is of brick and is on a level with the front court. The room is fourteen feet nine inches high.

The floors rest upon squared sleepers six by ten inches and are two feet apart.

Ceilings are open, painted white. The flooring is of 'sha muh' 杉木; one and a half inch thick and four inches wide, tongued and groved. When building, the floor boards were prepared, placed in position and left for three months to dry, then forced close together and nailed. Two coats of 'Chinese' raw oil were applied and then finished off with a coat of native varnish similar to 'Ningpo' varnish.

Ventilation is provided for by inserting a square of perforated zink in place of one pane of glass in each window. The windows are double and open inward on hinges. All windows on the north, south and west sides are protected by shutters made in foreign style; the windows on the east side are protected by the veranda.

All parts of the building, excepting the doors, windows, shutters and stairs are of Chinese form of architecture.
The only stove in the building is the one used in the dressing room for boiling water.

Two points of special interest are to be noticed in this building.

1st.—Capacity and convenience in relation to cost.

2nd.—Space gained by locating the stairway outside of the building, permitting, as is here seen, a convenient arranging of the dressing, drug and consulting rooms.

"But if, impatient, thou let slip thy cross, 
Thou wilt not find it in this world again, 
Nor in another; here, and here alone 
Is given thee to suffer for God's sake. 
In other worlds we shall more perfectly 
Serve Him and love Him, praise Him, work for Him, 
Grow near and nearer Him with all delight; 
But then we shall not any more be called 
To suffer, which is our appointment here.

Canst thou not suffer then one hour,—or two? 
If He should call thee from thy cross today, 
Saying, It is finished!—that hard cross of thine 
From which thou prayest for deliverance, 
Thinkest thou not some passion of regret 
Would overcome thee? Thou wouldst say, "So soon? 
Let me go back and suffer yet awhile 
More patiently;—I have not yet praised God."

And He might answer to thee,—"Never more, 
All pain is done with." Whensoe'er it comes, 
That summons that we look for, it will seem 
Soon, yea too soon. Let us take heed in time 
That God may now be glorified in us; 
And while we suffer, let us set our souls 
To suffer perfectly; since this alone, 
The suffering, which is this world's special grace 
May here be perfected and left behind."

(Ugo Bassi's Sermon in the Hospital. King.)
ST. JAMES' HOSPITAL, AMERICAN CHURCH MISSION, NGANKIN, CHINA.

FIRST FLOOR

All rooms 10' 10" high.

GROUND FLOOR

Waiting room 14' 9" high. Other rooms 11' 9" high.
Editorial.

Under date of May 27th, the following letter comes from Messrs. S. Goto, Fu-undo, dealer in instruments and apparatuses, apothecary, etc., of Awajicho, Kanda, Tokio:

Dear Sir: As my new catalogues have been printed, I, herein, have the honour to hand three copies wishing to have your further extensive order, and to be recommended to your friends.

English catalogue is now translated and expected consequently to offer you within 6 months.

DRUGS, NEW AND OLD.

Not long since we received the following letter from Merck, the famous German wholesale druggist:

DARMSTADT, March 16th, 1904.

Dear Sir: Confirming my last of 26th ult. I mailed to you to-day several publications re some of my newer preparations. Would it be asking too much if I propose to you to kindly review some in the editorial columns of your paper? In my opinion the publications are well worthy of interest for your readers.

Thanking you beforehand, I remain, Dear Sir,

Yours faithfully,

E. Merck.

The letter will serve as a good text for certain remarks that we have for some time past desired to make editorially. It is accompanied by a large bunch of notices and more extensive comments on various new preparations of old drugs and on the other new drugs, the simple reading of which would take one several days.

There are at the present time a goodly number of drugs and preparations of drugs in the officinal pharmacopœias of which it would not be unfair to say that we could dispense with nine in every ten with great advantage. Besides these there are several dozens of
reliable wholesale firms who are yearly putting thousands of new preparations on the market, the vast majority of which will never prove of any benefit to medicine and never be taken up by the profession. Both these forms of accretion are natural processes and serve their good ends. It is well to be reasonably conservative in the discarding of old drugs which have proved of use and it is preeminently useful and right to push forward in the synthetic manufacture of substances which possibly prove to be drugs of great usefulness and in the revision of our preparations of old ones. The former process is being undertaken too conservatively by far, we think, by our various pharmacopoeia committees and the latter very energetically by the many first class wholesale firms.

But the hard working practical man or woman very naturally becomes lost in the cloud of doubtful new names and worthless old ones that is constantly blown around him and he grows desperate with it all and seeks light and truth in simplicity and sureness. The tendency of the druggist of to-day is to envelope the practitioner in a cloud of new names and samples and compel his patronage by copyrighting the same. They may be exactly the same as certain preparations of other firms, but we cannot tell. As a reaction from this the tendency of the practical physician is to cut down his drug list to those he knows all about, to decline the use of any drug till he knows what it truly is and can obtain it on the open market, and just as he has simplified his individual prescription from twenty-one or two ingredients, so to simplify his armamentarium from infinity to the very finite.

This is all of special application to the missionary physician. As we look over Merck's latest list, it contains about thirty new names, we do not know whether we have ever used the drug before or not, but we have certainly never used them under their present names. We have tried samples of "Veronal" and found it a reliable hypnotic. We happened to try this because we had no trional one night and wanted a simple hypnotic. Ordinarily we do not think it is wise for us to try experiments with drugs on the Chinese. They have too little faith in our drugs now. There may be in this list some treasures which in the future will prove as fine as antipyrin or trional, but it is not for us to prove this in China.
In China it is our business to use only drugs that we know the use of and the efficiency of, to use the best drugs for each purpose, to buy them from the best makers (and it is only fair in answer to Merck's letter to say that the firm is one of the four or five most reliable firms we know of), to use them in sufficient doses and in the most appropriate form, which is usually the simplest. To try experiments with mercoro-iodo-hæmol or bromipin or any other unestablished preparations is not our legitimate business, and offers little prospect of doing good work for the Chinese or for medicine at large.

THE GENERAL MEETING.

The committee on arrangements for next winter's meeting of the Association desires to repeat its invitation to the members to present suggestions with regard to the best way of conducting the meeting and especially with regard to papers and members to write the same. There must be not a few of us who have been working along particular lines during the last few years and who feel ourselves sufficiently informed and prepared to handle special subjects with success. These are the names we must get hold of and these are the men the Society desires to hear from. The time is limited. Please write promptly to the Chairman or Secretary of the Committee.

From one end of China to the other the same conditions confront the medical missionary, excess of work and the inability to meet the demands of it either through lack of equipment or of assistants in adequate number to share the burden, so that many a good man and true has broken down prematurely and been obliged to return home.

Hundreds of bright young men are maintaining precarious existences at home and waiting for the older men to die off, when they might be doing ten, yes a hundred fold more good in the mission field.

Why is it that the cry for medical men meets with so feeble response in the hearts and lives of our professional brethren at home? Some give one reason, some another. But the underlying reason in all or most cases is the unwillingness to give up the
comforts of the life at home and the promise of pecuniary advancement, even though remote, for the unknown life which promises only continuous work and a nominal salary.

Surely it is one of our most urgent and highest duties when on furlough to bring before the young medical men of the home lands the great and pressing need of medical missionaries and to appeal to the profession at large for more intelligent support and encouragement. Theoretically it is ours already; it should be practically. "The harvest truly is great, but the laborers are few. Pray ye therefore the Lord of the harvest that He may send forth laborers into his harvest."

WHAT IS HAPPENING IN MANCHURIA?

It would be a source of real pleasure, not only to the editors but also to the readers of the JOURNAL, if we could have some news from our brethren in the seat of war. Perhaps they have already been requisitioned by the all-embracing Slav, either in their professional capacity to keep busy, or out of it, to keep quiet. In any event if they come through it without being put hors de combat we shall look for great things from them. As Mr. Kipling once said of a man who was going to write a book upon India, "that book will be worth reading and also worth suppressing." The same may be equally true of their reminiscences.

This is merely to remind them that though they may forget the JOURNAL, the JOURNAL does not forget them, nor cease to hope that the time may come when they will send us a greeting from their far off corner, otherwise the editors will be put to the painful necessity of hunting up biographical data for obituary notices which, if they had no other value, might at least raise the dead, or a protest from them.

The annual report of the Medical Missionary Society in China was received not long after the last issue of the JOURNAL. The pioneer medical organization in the field it has done most commendable work from all points of view. The writer had the pleasure of visiting the Canton hospital in December last and his chief regret is that the holiday season prevented his seeing much
of the work. The new medical college is a gem of its kind and it was another source of regret to him that it was not in session. The statistics of the Canton hospital speak for themselves. The Christian public at home, to whom we look for encouragement and support, can have but a meagre conception of what an important and useful work the society is doing.

It is a matter of regret that the report does not include any account of the other two institutions so closely allied with it—the Woman’s Hospital under Dr. Fulton and the John G. Kerr Refuge for the Insane. It is probable that both institutions publish separate reports, though as yet we have not had the pleasure of seeing them.

Owing to illness in his family Dr. Jefferys has gone to Japan for the summer, so all articles for the JOURNAL and other matter for publication in the October number should be addressed to Dr. Lincoln, St. John’s College, instead of Editorial Office, 4 B. Ming-hong Road.

We are indebted to Dr. Geo. E. J. King, of the Peking Syndicate, Ld., of Wei-hwei-fu, Honan, for the following poem. In forwarding it, Dr. King writes: “I myself feel very strongly the importance of medical students cultivating the sentiments of tenderness, respect, and reverence for the bodies from which they learn anatomy; and which God made to be temples of the Holy Ghost. It used sometimes to jar very painfully on me to hear thoughtless young fellows giving vent to quite other sentiments about what sometimes were called the “stiffs”—and Chinese need to cultivate respect for the dead bodies and bones not of their own immediate ancestors.”

“A FORGOTTEN TREASURE”

About seventy-five years ago the old Morning Chronicle published this now almost if not quite forgotten poetic treasure, and it immediately created much interest. Every effort, even to the offering of fifty guineas, was vainly made to discover the author. All that ever transpired was that the poem, in a fair, readable hand, was found near a skeleton of remarkable beauty of form and color in the Museum of the Royal College of Surgeons, Lincoln’s Inn, London, and that the curator of the Museum had sent them to Mr. Perry, editor and proprietor of the Morning Chronicle. These are the lines:—
Behold this ruin; 'twas a skull
Once of ethereal spirit full;
This narrow cell was Life's retreat
This space was Thought's mysterious seat;
What beauteous visions filled this spot,
What dreams of pleasure long forgot!
Nor hope nor pleasure, joy nor fear
Has left one trace of record here.

Beneath this mouldering canopy
Once shone the bright and busy eye;
But start not at the dismal void—
If social love that eye employed,
If with no lawless fire it gleamed,
But through the dews of kindness beamed,
That eye shall be for ever bright
When stars and suns are sunk in night.

Within this hollow cavern hung
The ready, swift, and tuneful tongue;
If falsehood's honey it disdained
And, where it could not praise, was chained;
If bold in virtue's cause it spoke,
Yet gentle concord never broke,
This silent tongue shall plead for thee
When time unveils eternity.

Say, did these fingers delve the mine?
Or with its envied rubies shine?
To hew the rock, or wear the gem,
Can little now avail to them;
But if the path of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that wait on Wealth and Fame.

Avails it whether bare or shod
These feet the path of duty trod;
If from the bowers of Ease they fled,
To seek affliction's humble bed;
If Grandeur's guilty bribe they spurned,
And home to Virtue's cot returned,
These feet with angels' wings shall vie
And tread the palace of the sky.
Correspondence.

Soochow, | April 7th, 1904.
MY DEAR DR. NEAL: In the last meeting of our Soochow Medical Association Dr. Polk reported a conversation she had held with you in regard to the subject of a Medical Conference. The Association heartily approved of your plan and passed the following motion:—

That in view of Dr. Polk's report, the secretary be desired to write Dr. Neal requesting that a preliminary medical conference be called for the winter of 1904-05, the Executive Committee of the China Medical Association taking the whole matter of arrangements in charge. We also suggest the first few days of the China New Year as possibly the most suitable for all concerned.

We are certainly very much interested in the matter, and think there will be great advantage in a definite organization of medical societies in China and regular meetings as a whole association.

Very sincerely,
MARY ELLIOT FITCH,
Secretary.

Wuchang, | May 26th, 1904.
DEAR DOCTOR: As you know, the arranging of a Conference again at Kuling this year was left with our Hankow Society. We have made a sincere and gallant effort to fix it up, but most of those asked to read papers have had reasons why they should not; and therefore will you announce in the next issue of the JOURNAL that the formal Conference could not be arranged, but it is still hoped that some informal and helpful meetings will be held amongst the doctors up there. Many thanks. Let me congratulate you on your last JOURNAL.

With kind regards,
Yours sincerely,
CECIL J. DAVENTPORT.

BASEL MISSION,
KIA-YING-CHOW, via SWATOW, | May 10th, 1904.
A PLEA FOR THE INTRODUCTION OF THE DECIMAL SYSTEM INTO NEW MEDICAL BOOKS.

DEAR EDITORS: I have been using the medical works translated by several medical missionaries for a number of years, but I felt it always as a great drawback to my Chinese assistants that the antiquated English weights and measures were being used in those books. The Chinese themselves use the decimal system in their weights and measures; so it seems to me a decidedly retrograde step to introduce this cumbersome system of ounces, drachms and minims and the arbitrary system of thermometry after Fahrenheit into books for people who have always been accustomed to the decimal system. Now as many medical works are being reprinted and revised after the new nomenclature I think it most advisable to bring these new books up to date in this respect too. In America and England the old system will be replaced by the new one in a very short time, as it has been many years ago on the Continent. I propose this matter to be made a subject of discussion at the general meeting of the Association next February.

I am, gentlemen,
Yours sincerely,
H. W. HENBERG.
CHANG-TEH, HUNAN, 
March 29th, 1904.

DEAR DOCTOR JEFFERYS: Having 
Cleansing of 
Slides and 
Cover Glasses.

had great trouble 
in cleansing micro- 
scopic slides and 
cover glasses which 

had been once used, I wrote to 
Bausch and Lomb Opt. Co., Rochester, N. Y., for a method, and re- 
ceived the following:—

"Drop the cover glasses singly 
into a jar containing cleaning mix- 
ture and allow them to remain 
twenty-four hours. Rinse in clean 
water until all the coloring has 
disappeared. Place in ninety-five 
per cent. alcohol and wipe with 
clean soft linen cloth when needed 
for use."

The formula for the cleaning 
mixture is as follows:—

Dissolve eighty grams of potass. 
bichromate in 300 c.c. of warm 
water; cool, add slowly, constantly 
stirring, 460 c.c. of sulphuric acid 
c. p. This should make a mixture 
full of small crystals. Store mixture 
in glass-stoppered bottles."

I have not tested the method yet, 
but coming from such authority I 
feel safe in giving it to my brethren 
who may have troubles similar to 
my own. If you see fit you may 
publish this in the JOURNAL.

With best wishes,
Yours very truly,
O. T. LOGAN.

T'UNG-CH'UAN-FU, SZCHUAN, 
March 18th, 1904.

DEAR SIRS: I have only just to-day 
received my copy 
"In the Day of 
Beginnings." 
for January, and 
hasten to send you the blank filled 
up as far as I can. I am almost 
ashamed to send it; it is so small, 
for I am still in the day of beginings, 
but I hope for better things in time. 
I have not been able to fill in the 
items of value of land and build- 
ings, as the rooms I use for the 
medical work are Chinese buildings; 
the rest of the compound being used 
for girls school and my own and 
companions' residence. The whole 
compound cost 1,200 taels. I am 
glad to add that we have just had 
permission from our Board at home 
to build a small hospital, and 
hope to begin almost immediately. 
On account of this I always read 
with special eagerness articles in 
the JOURNAL about hospital plans 
and buildings, hoping to glean valu- 
able advice and hints. But indeed I 
read the whole of the JOURNAL 
with great interest; it is very 
helpful.

I am, yours sincerely,
LUCY E. HARRIS.

WEI-HSIEN, 
March 24th, 1904.

EDITORS JOURNAL: I enclose a 
report of a case 
which came under 
my observation a 
few months ago and which may interest some of your readers. I 
am also sending, under another cov- 
er, a photograph of the Women's 
Dispensary, Wei-hsien, rebuilt since 
the Boxer trouble and occupied since 
October, 1903.

The former wards, which consist- 
ed of two rows of isolated, one chien 
Chinese rooms, were the only build- 
ings left standing when the com- 
pound was burned, consequently we 
are still occupying them instead of 
having a new foreign built hospital. 
The plan has its advantages and its 
disadvantages.

I enjoy the JOURNAL very much 
and feel that it is peculiarly adapted 
to our needs here in a way which the 
home journals are not.

With wishes for its future success,
Yours very sincerely,
EDNA B. PARKS.
NEW WOMEN'S DISPENSARY AT WEI-HSIEN, SHANTUNG, CHINA.

FLOOR PLAN.

NEW WOMEN'S DISPENSARY AT WEI-HSIEN, SHANTUNG, CHINA.
LONG-KII-TSAI, April 20th, 1904.}

(On the way to Kan-suh).}

DEAR SIR: We have just made the 57 boat journey from King-tsi-k'uan to Long-kii-tsaI. It may interest your readers to know that along this district goitre is exceedingly prevalent. At one little village, through the middle of which ran down a mountain stream, I would guess at over fifty per cent. being afflicted. The people there generally did not look healthy.

Naturally, passing through as a visitor, I was unable to look curiously into the disease, but I noticed one man who appeared to be suffering form tracheal obstruction. The same man had one eye ill-covered and ulcerated. But I did not observe there or elsewhere any exophthalmos. The thyroid enlargements appeared to be cystic. The natives themselves put it down to the shii-t'u as they commonly do in the case of many ailments.

Believe me, sincerely,

JULIUS W. HEWETT.

HWA-I-YUEN, April 16th, 1904.

DEAR DR. JEFFREYS:—It is rather late to be returning the slip; I hope that at least it is better late than never. I was much interested in your article in the January number of the JOURNAL. You are doing us all good in keeping us up to the mark professionally, especially in regard to asepsis and other matters affecting a good surgical technique.

In the main I agree with you in the necessity for preserving high standards for ourselves and our assistants. It is my constant dread, being alone here, that I may get careless and slovenly. The drag in that direction you can possibly know.

The presence of a colleague makes a great difference, and you are in the midst of a coterie of medical men. Here in Hwai-yuen I, through necessity, work under more adverse conditions than you do or else stop work entirely. We aim at asepsis and make a fair attempt, I honestly believe, in most of the essentials. Of half a dozen clean cases which would serve as tests we have so far uniformly got primary union. When we can buy land I expect to have much better conveniences and shall get the best I can under the circumstances.

I have said all this that you may know I agree with you in the main. Having done so, I should like to disagree in certain respects. You in the ports may “be in China—to establish scientific medicine,” but for the present we in the interior have, especially in newly opened stations, an end that at least temporarily is much more important. It is by every means to make friends and allay suspicion, hatred and prejudice. A month’s residence and work in a place like this, I am sure, push this home on you in a very strong way. It would show the tremendous value of the end and the amazingly effective way in which our foreign medicine can accomplish it. It makes one exceedingly cautious. almost timid, in attempting surgery where there is risk of failure, but eager to do cases where the results are fairly certain, even though conditions might be such as to make it impossible to observe all the rules of the most rigorous technique. If a man under these circumstances refused cases because his roof were thatch and very obviously an improper one for an operating room, he would be a pedant and throw away the greater for the less.

I think you stated the case too strongly even for Shanghai. I do not believe that science should ever
Correspondence.

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be given a place in medicine before humanity. A physician's first end ought always first to be to save life and relieve suffering and second to advance the science. Our end in China is first to cure just as many patients as we can and do justice to them, and following that to establish the best kind of scientific medicine we can by keeping ourselves and assistants constantly striving for a better standard. Another point. Though the quality of a man's work does not depend on his distance from the coast that factor does enter into the calculation; you have not tried it perhaps, or can hardly speak authoritatively. Yet it is the business of a good man professionally to reduce this factor to a minimum, which need not be large I believe.

Another point where I would differ: an illustration of the principles we are discussing is the advisability of cataract operations where conditions are not perfect. You perhaps might refuse them in Shanghai, where the patient has other physicians he can call upon. In the interior he can only choose between remaining blind for life or accepting an operation under inferior conditions. Under such circumstances I am sure the right thing is to get things in the best order possible and then operate.

In closing let me thank you again for the article. It is just the thing we need to keep us up to the mark. I hope in differing from you it will not seem to be in a captious spirit.

I will send down by this mail a package of cotton rendered reasonably absorbent by ourselves. I am almost afraid to do so for fear you will think it something in the nature of a slim dressing. It is not so much cheaper than foreign cotton that the price makes a great object. But I can only get supplies once a year, and it is worth while to have something to fall back on.

I was interested in your reports of cases and would like to hear more particularly of your preparatory treatment of the field for skin grafts. I had very gratifying success last year in a series of Thiersch grafts for a distressing case of scrofulous ulcers circling the neck. Also particulars as to the transplanting of grafts. I have always been used to the Thiersch method, but should like to try the other.

I hope very much to see a little of your work when I go to Shanghai in the fall.

With good wishes,

Yours very truly,

Samuel Cochran.

Native Absorbent Cotton.

The cotton is cleaned as thoroughly as possible after the native fashion and boiled for half an hour in a five per cent. solution of native soda (鹼), washed thoroughly, the water expressed and the cotton immersed for twenty minutes in a five per cent. solution of chlorinated lime; washed again, dipped into water acidulated with native vinegar, one per cent., and washed thoroughly with water. The water is expressed and the cotton again boiled fifteen minutes in a five per cent. solution of native soda, washed well with water, acidulated water and water; the latter is expressed and the cotton dried quickly. When finished and put to soak in water the latter should remain neutral in reaction. After drying it should again be cleaned in the native fashion. The total cost is about five cents Mexican currency.
Hospital Reports.

[We present some extracts from the Health Officer's Report of Shanghai. It is of unusual interest this year, and we only regret that it cannot be presented in full.—Editors.]

Shanghai, 
December 31st, 1903.

Gentlemen: I have the honour to submit my sixth Annual Report on the Public Health of Shanghai.

**Public Health Report, Shanghai.** Although much has been done for the protection of the health of the foreign resident, there remains the great mass of the Chinese population practically untouched as regards the higher requirements of public health. The health of the foreigner is determined to some extent by that of the Chinese, by whom he is surrounded. Much can probably be done by education, and it is proposed to issue from time to time sanitary knowledge in placard form. The backs of all tax receipts, for example, may be utilised for the purpose of telling sanitary truths. These methods must, however, be followed in a chastened spirit; for so few of the seeds sown can ever be expected to germinate. The progress of free vaccination offered to the Chinese at the Health Office is an example of the trials of the sanitary reformer. During the early part of the year, by placards and the personal persuasion of the sanitary inspectors, some 500 Chinese babies were vaccinated at the Health Office until one day, a report having spread that their eyes were being taken out, no more babies came. It is difficult to meet a contingency such as this, for no public body can act much in advance of public opinion. People cannot be dragooned into cleanliness nor made virtuous by police regulations.

The native, however, is not the only difficult man to deal with. The advance of civilisation has done little or nothing to decrease the hopeful spirit which, throughout all ages, has prompted man to believe in the curative power of drugs. There are many foreigners who, when an epidemic threatens, through the misplaced enterprise of drugmakers, prefer to pin their faith rather on "anti-cholera mixtures" than on proper preventive measures.

Public health would be benefited were cremation more general. Even from a sentimental aspect, after the preliminary shock produced by the idea of burning, the clean ashes of a cremation can be contemplated with greater satisfaction than the sloughy putridity of the buried body. Taking into consideration all the accessories of an ordinary burial, cremation is much more economical. The cost for a first-class cremation, including urn and niche to place it in, is Tls. 95, against Tls. 150 for first-class burial, not including tombstone and other accessories. In Japan cremation costs under ten yen, and it would be of advantage, for the purpose of putting cremation within the reach of the man of ordinary means, were a second-class cremation possible, using a furnace of Japanese type. Moreover, cremation would effect a solution of the undertaker question to some extent.

The following Public Health Notice was issued during the year, in English and Chinese:—
The following measures are recommended by the Health Officer, Dr. Stanley, for the purpose of preventing those diseases which by means of individual careful living and by public sanitation are preventable, such as typhoid fever, cholera, dysentery, diarhœa, small-pox, scarlet fever, diphtheria, tuberculosis, plague, malaria, and others.

Public Measures.

Sanitary inspection of houses will be carried out free of charge by the Health Department on application to the Health Officer.

Nuisances dangerous to health should be reported to the Health Officer.

Disinfection of premises after infectious disease will be carried out by the Health Department free of charge on application to the Health Officer.

Individual Measures.

Vegetables and fruit grown near the ground, being liable to infection with typhoid fever, cholera, and diarrhoea, should be strictly separated from the rest of the food before cooking. Cooking destroys the infective material. Uncooked vegetables and fruit should not be eaten unless it is known that they are grown clean.

Milk should be thoroughly boiled immediately it is received.

Water for drinking or kitchen purposes should be either boiled or filtered through a Berkefeld or Pasteur filter. All other filters are worse than useless. Water should not be stored in any vessel, but drawn straight from the tap.

Kitchen supervision should be personal and daily and should be directed especially to the soundness of food before cooking, the ice chest, and general cleanliness. Food utensils should be scalded thoroughly and scrupulously clean boiled dish-cloths used.

Mosquitoes and flies carry disease, hence fly-covers should be used over cooked food. As mosquito bites may be infective, the mosquito net should not be neglected. A small quantity of paraffin oil thrown into stagnant water will prevent the development of mosquitoes.

Refuse should not be allowed to accumulate, and nightsoil buckets should be kept securely closed, including those in the Chinese servants' latrines.

Yards and drains should be freely flushed with water. A good and cheap disinfectant is crude Jeyes' fluid, which may be added in the proportion of a teacupful to a gallon of water. This may be sprinkled freely over any surface requiring disinfection, subsequent to the flushing with water, but it is useless to pour disinfectant directly down drains. Drains can only be disinfected by keeping them in a good state of repair and flushing freely with plain water.

Vaccination should be repeated every five years.

Beri-beri.—The incidence of Beri-beri among the Municipal prisoners is becoming less and the type milder. During 1903 there were admitted into the Isolation Hospital 46 cases, 6 of which were fatal, as against 52 and 10, 281 and 47, and 117 and 23, during the three previous years respectively. The gaol has been practically free from the disease throughout the year, at which institution a special diet is given, in which crushed barley and beans replace part of the rice ration. It will be advisable when the new gaol has passed through the next season of maximum incidence of beri-beri to return to a normal diet.

Dysentery.—There were 3 deaths from dysentery and one from abscess of the liver among foreign residents. Though diarrhoea of dysenteric type is very common in Shanghai it has a trifling mortality when compared with the dysentery of Japan and the tropics. The cause of the chronic diarrhoœas common in Shanghai is under investigation in the Laboratory.

Acute Lobar Pneumonia.—This disease, which was very rare prior to 1898, has in subsequent years caused 2, 8, 0, 8, 2 and 2 deaths among resident foreigners.

Rabies.—Notwithstanding the muzzling order and the licensing of dogs the number of cases of rabies was greater than ever. In 14 of these the diagnosis was established by examination in the Laboratory. Nine persons were bitten by rabid dogs within the Settlement during the year. The virus of rabies in the Shanghai dogs is of an exceptionally intense character; the period of incubation being much shorter than the rabies met with in dogs in
Europe. 47 persons underwent the Pasteur treatment in the Municipal Laboratory during the year; most of the cases coming from outside Shanghai. An account of the work of the Pasteur Institute will be found under that heading.

**Bacteriological Diagnosis.**—The bacteriological diagnostic service is being more and more utilised not only by local medical practitioners but also by those in the outports. 530 specimens were examined. Of 280 specimens of blood from suspected cases of typhoid fever, 124 gave the Widal reaction. Of 75 specimens from suspected cases of diphtheria, 33 yielded the bacillus. Of 14 specimens of blood, 8 showed the malarial parasite. Of 18 cases suspected of plague, 8 yielded the bacillus.

**Antitoxins.**—Two horses are kept for the production of diphtheria antitoxin, and a good degree of immunity has been established, using Park’s diphtheria bacillus for the production of the toxin. 540,000 units have been sent out from the Laboratory to meet the needs of Shanghai and the outports. Experiments were made by Dr. Moore regarding the production of cholera antitoxin from the horse, but the number of cases of cholera did not suffice for a complete trial of its efficacy.

**Anti-Rabic Treatment of Pasteur.**—Since the opening of the Shanghai Pasteur Institute in 1899 135 persons have received the treatment. During the past year 47 persons were treated. In 10 of these the dog was proved rabid by inoculation; in 18 rabies was certified by competent examination by medical men or veterinarians; in 10 rabies was suspected from history or appearances; in 6 no data could be obtained, and in 3 the animals were probably not rabid.

Among those treated one death occurred—a baby of two years of age from Tientsin, who died of hydrophobia before the completion of the treatment.

The incubation period of rabies in rabbits inoculated with the brain of dogs sent to the Laboratory for examination varied from 10 days to 16 days; the average being 12 days. That the virus of rabies met with locally is of an exceptionally intense character may be concluded by comparing the above incubation period with that met with in Europe, which varies from 14 to 21 days.

**Water Supply.**—The periodic analyses of water supplied by the Shanghai Waterworks’ Co. show that filtration is very carefully done. The addition to muddy and impure water of alum in the strength of 6 grains to the gallon is a process which has been long in use in the East for clearing and purifying water, and if 5 grains of lime are added after the alum the clarifying effect is still better. On the addition of alum a flocculent precipitate of alumina forms, which absorbs the colouring matter in the water, entangles the solid matter in suspension, and gradually sinks to the bottom, leaving a clarified water above. Alum is not only an excellent clarifier of water, but destroys water bacteria. Half-a-grain of alum to a gallon has been shown to reduce 8,100 micro-organisms in 1 c.c. of water to 80; while 2 grains has rendered the clear water, after standing for twelve hours, sterile. Though alum appears to have this destructive action on water bacteria, it does not destroy in these or even greater strengths the typhoid or cholera bacillus, so that the method cannot be recommended.

**Milk Supply.**—Five new dairy licenses have been issued and one withdrawn. The total number of cattle in the dairies is 33 less than last year, which is accounted for by cattle-plague. The loss of dairy cattle by death was 181, mostly by
cattle-plague during the latter half of the year.

As local butter is both poor in quality and expensive, and cannot be sterilised, the public are urged to use imported butter, which, when washed with filtered water, is very like fresh butter and a much safer article of food than the local product.

London Mission Men's Hospital, Hankow.

In both in-patient and out-patient departments the numbers are more than last year. No fewer than 672 patients have been admitted to the wards; the average length of stay for each being 25½ days, and the average daily number in the wards 47 for the whole year.

We have this year had more accident cases than previously, due in the main to the carelessness of the Chinese in wheeling the iron trolleys that are used to carry earth for the filling up of low ground on the foreign concessions. Usually it is the labourer himself who suffers, but occasionally the victim is some old man from the country who walks across the line, hears a shout, and not knowing what to do, in his flurriness is knocked down by the earth waggon, and has his leg run over in less time than it takes to tell. Then the best that human skill can do is to give him a wooden leg on which to walk for the remainder of his days.

As in previous years there have come a good many opium-smokers wanting to break off the habit. Fifty-five such came; five are still with us, and of the remainder forty-three succeeded while seven didn't stay long enough to complete the cure. The majority of the cases were treated by the method of gradually reducing their allowance of morphia, but some underwent the sudden break-off treatment which often gives good results, if patients can stand it.

The table of operations is much larger than in previous years; there being an average of more than one chloroform case per day. The large majority of minor operations, especially on in-patients, are unrecorded, but would exceed those performed under a general anaesthetic. A word remains to be said about the suicide cases that have been treated. There were 22 men and 15 women, 37 in all; in 35 cases opium in some form or other being the drug employed. The youngest was a girl of 15, who had swallowed arsenic. In the majority of cases some quarrel at home was the cause. Of the 37 cases, 31 were saved and 6 died.

The Margaret Hospital.

The average attendance in the wards for the 12 months was 'nine,' being as low as 'four' in January and as high as 'fourteen' during two or three of the busier months of the year. There were 10 deaths in the Hospital in 1903, 'four' of which followed operation, while 'six' were from other causes.

Two cases of very large ovarian cyst were operated on; one made a splendid recovery, but the other, in which the tumour probably weighed more than the patient, and was very extensively adherent to both viscera and parietes, succumbed from shock shortly after the operation was over.

Of the Dispensary work Mrs. Gillison says: 'At the Margaret Hospital I have been struck with the number of children, as well as with the number of adult patients who are advised to come in to hospital for treatment and yet refuse to do so. The reason most often given is that the patient cannot possibly be spared from her home, while in the case of a child it is urged that the mother cannot come
with the child, and that the child would cry if left without its mother! In such cases we exhort the mother to be sensible and to consider the child’s real good, but often to no purpose. When will Chinese mothers learn what true kindness to their children really demands?

One crying need we have is for Isolation and maternity wards. We have taken in several maternity cases during the year, and the number grows, but we need a maternity hospital for these needy cases.

One sad side of our work has been the insight into the cruel hardships of little girl-slaves. Two brought to the Hospital were actually beaten to death. One was brought in a basket, doubled up; her head hanging out at one side and her feet dangling over the other. Hers was a terrible tale of cruelty. She was laid on the floor when taken out of the basket, but expired before our eyes ere we could do anything to help her. She had been beaten to death by her mistress with an iron rod. The master called on Dr. Gillison, and in bland tones, told how she had accidentally fallen and hurt her face. ‘Was she not alive when brought to the Hospital?’ ‘Yes.’ ‘Then I would be much obliged if you would favour me by burying her.’ He got told in reply that his brutal conduct and that of his wife merited severe punishment, and he had better take the body away and bury it himself since he was the murderer, or strong measures would be taken. The man in silks hastened out. He got what he didn’t expect, but the Chinese law makes no inquiry in such cases. God and the angels see and the record is on high. I have heard of a case where a slave-girl belonging to a wealthy Chinese merchant in the South, but in a British colony, was similarly beaten to death. The wretch was fined several thousand dollars, got 15 years’ imprisonment and his wife 20 years. God speed the day when the helpless slave-girls of China shall be free.

**London Mission Hospital, Wuchang.**

Another busy year has gone!

Looking back from its last days to review events which have passed we cannot but feel great thankfulness for all the peace and prosperity which have been granted us. No sickness has stopped our work, no epidemic has raged in our midst, no let or hinderance has come from officials or people around. The hospital doors have been open every day of the year, and we are glad to record that, compared with any previous year, more than seventy more in-patients have come under treatment in the wards. At the same time we have not been without disappointment and trial. Early in the year our hospital evangelist had to be dismissed owing to fraudulent use of hospital funds. Later on our promising second assistant, who had grown up and been trained in our midst, had to be sent away, owing to constant neglect of duty and disobedience. His behaviour was largely the outcome of pride—the curse of China. Offers of much higher wages for teaching English had frequently come to him, and doubtless unsettled him. When he left us he was getting $8 a month now he is receiving $60 a month for teaching imperfect English at a school in Hunan. One cannot wonder at the desire for self-advancement. The new conditions and demands create new circumstances which have to be faced. We train up to a position and impart knowledge. Shall we not in the near future, if we wish to retain assistants thus trained, have to pay according to the
market value of their services rather than according to a "Missionary Society Scale?" Some here and there may be willing to accept a nominal wage for the gospel's sake, but can we expect the majority to do so? Is it so in the home lands?

In our last we noted various and beneficial changes which were working in our midst. This year's end sees still more. Every yamén is now in mutual touch through the telephone. The rage for building schools, military and literary, still continues.

The numerous buildings which formerly comprised the rice granary are now in greater part laid down as a school. Near by us stands a high foreign building with an upper storey. This is said to be a medical school which will be professed by Japanese. It is even reported that Japanese ladies are to teach in girls schools and train women teachers for future generations. The anti-foot-binding cause is slowly extending; but mothers raise the objection that it makes their daughters, whose feet have been kept natural, as hard to manage as the boys.

Tungkun Hospital, Rhenish Mission.

The plan of the new building being ready, we showed it to and discussed it with the head-masons and carpenters. About ten carpenters had given their estimates, which varied between $250 and $1,090. Two were chosen, who did the work to our satisfaction for $370. We made use of the well known Tungkun red bricks, and from local sources we obtained timber and lime, while our sand supply was got out of the river which surrounds our island. Several matscheds had to be erected —some for the workers and a large one covering the whole building. Another one was made ready to be used during the daytime by Mr. Baumann, who superintended work and workers. He had under him a few Chinese, who afterwards are to help in the Hospital. One of them, a former patient, now a Christian, has shown himself trustworthy and reliable in every way.

The building operations occupied a whole year, and not without difficulties. Twice a storm pulled down the large matsched. Then the rainy season, which began early and lasted eight months, interfered greatly with the work. During a storm Mr. Baumann, who at the time was near the roof, was lightly struck by lightning. The danger indeed was great, for in a neighbouring field two men were killed by the same discharge of electricity. In July, the water being very high (11½ feet higher than the lowest level in the same year), our dyke, made of earth and stones, and rendered steadier by three breakwaters, protected us very efficiently. A landing stage, with staircase and a crane, rendered us great service in raising up the goods which our own boat, also made in Tungkun, had conveyed.

The one-storied building we are now to describe, has a direction N. W. to S. E. All round is a raised platform of earth, three feet high, which, with the underground fundament, gives us a basement of about five feet high. This basement will be used for a store-room for the many implements bought for the industrial department. The cement floor rests on one layer of bricks, arranged like the arches of a bridge, spanning between the fundament walls which separate the rooms above the floor. Under the large ward and verandahs pillars have been erected, from which start the arches. Our object was to dispense with timber in the basement, as it gives food for white ants, is an annoyance in case of inundation and
a danger in case of fire. The house contains a large ward, a day-room, a so-called "liegerhalle," and ten smaller rooms—see drawing.

The ward has a height of 13.8 feet all round and in middle of 22 feet. This gives, with the roof space, for a length of 52 feet and a width of 22 feet, 914 cubic feet and 52 square feet for the floor space of each of the 22 beds (the foot here meant is the Chinese measure of 35 cm.). Twelve larger windows, eight feet high, and four smaller, give us a third of the area of the walls. The roof is supported by five arcing bows, prevented from diverging by iron bars laid across. A ventilation roof, whose sides are closed by shutters, runs along the whole ridge of the roof. The day-room at the end of the ward will also be used as dining room. The "liegerhalle," like the day-room, surrounded by mobile shutters, is ten feet wide and can accommodate twelve patients. Its direction towards the north makes it a cool place during the summer and during the winter a protecting shelter against the north wind. At the corner formed by the day-room and the "halle" are seen a bathroom and a scullery. Under the roof of those rooms is an iron reservoir to contain our supply of rain-water.

Let us now go to the second portion of the building, separated from the first by a lobby seven feet wide. The central corridor, looking towards the river, gives entrance, to our left, into a dressing, and to our right into the ward-master's room. The latter can see all that is going on in the liegerhalle, and through a side window can at a glance inspect the whole ward. There are also bath, consultation, drug, instrument, and operation rooms; while there are three rooms, each provided with two beds, to be let to patients. A staircase leads into a roomy attic. No corners or angles are to be seen; everything has been rounded. Each door and window has an inlet for fresh air, in the form of an independent frame, which can be raised or lowered. A large clock, with two faces, is placed in the centre of the building and can be seen by the patients and by the hospital staff. All floors are cemented, except that of the ward, which is laid with glazed tiles from Hongkong. For warming purposes chimneys are built in the walls. The iron tables and bed frames were made here. The patients are to sleep on short planks laid across the frame and are to get a mat and an earthenware head-cushion.

Friends in Germany have kindly supplied us with blankets and clothing, so that we are now able to introduce the hospital clothing. Many will be the duties of our assistant, Mr. Baumann, on whose ability we fully rely. Two wells provide us with water. Forty metres distant is another building containing the hospital kitchen, laundry, and rooms for cook and servants. The ground covered by the main building has an area of 616 square metres, that covered by the smaller one an area of 147 square metres. The sum expended, $9,175, gives for each bed an outlay of £20. In the middle of October Mr. Baumann and I were able to leave the old place and take our abode in the new one. Living now on the spot, and being favoured with good weather, the erecting of a second house for the undersigned got on rapidly. It contains also rooms for European friends and will be finished in April. We thank God for having protected us and our workers from all misfortune, enabling us to bring this house to completion, and ask Him to bless those who are to come within its walls. To the friends who have helped us, we also express our hearty thanks.
PLAN OF TUNG-KUN MEDICAL MISSIONARY HOSPITAL.
Antiseptic Treatment of Burns.—The burns and scalds, so frequent in a town in which fireworks are made, were treated, if they came early enough, with soda-sublimate paste. The burned surface is washed with 1-2000 sublimate solution; then the paste, spread on antiseptic gauze, is applied over the burned surface; wool and bandage complete the dressing. The paste is made by slowly pouring one part of 2000 lotion in two of well pulverized sodii bicarbonas. In many cases no further dressing is needed; gauze and paste dry up, which, forming coating remains in situ until the new epithelium has formed, when it gets detached. This method has been specially useful in cases of burns of the second degree, even when bullae had formed. The tropical phagedenic and other unclean sores were treated with pure carbolic acid. After thorough disinfection, sometimes under narcosis, not only of the part but if possible of the whole limb with soap, brush, spoon, turpentine, and strong solution, following the advice given by Cheyne and Burghard in their last manual, we scrape with Volkman’s spoon all the necrotic or softening tissue, and having got a clean surface we apply the acid on wool. In the after treatment, if the necrotic process is extending, we repeat the application. We don’t make use of the liquor hydrargy permutatis, which is painful. In order to spare wool we made an abundant use of sawdust bags prepared with gauze bought here. Gauze and sawdust are impregnated with 1-500 sublimate solution and kept ready for use in well closed boxes. Those bags not only absorb well the discharges but offer an efficient support to the limb.

Eighteen stone patients were operated by the median method. Although the dense, elastic, muscular ring which surrounds the neck of the bladder offers a resistance to the extraction of the stone, we prefer this dilatation method, which is easier for the surgeon and not dangerous for the life of the patient, even of the aged ones. In some cases the overdilatation of the ring caused incontinence.

When incising over the pubes, we raise the pelvis, putting the patient in Trendelenburg’s position. We make use of a hollow sound with a grooved end, similar to the one used by Sir H. Thomson in operating in the female bladder. This sound enables us to feel the stone, to fill the bladder with sterilized water, and to lead one aright when coming down to the bladder, helping to push aside the structures to be avoided in front of it and to make a clean cut into it. The sound is introduced before the filling of Peterson’s bag.

Hiau-kan Leper

Asylum, 1903. The leper work during the past year has had as usual its full share of disappointments and successes. We are happy to say no little progress has been made, and many of the difficulties connected with the work last year are now things of the past.

In our last Report we intimated that we were hoping to increase the size of our buildings and to double the number of our inmates. In a great measure this has been accomplished.

A stranger, entering the city of Hiau-kan by the east or north gate, now sees midway between these gates a large block of buildings which, although very similar in style to the ordinary buildings in this part of China, is much more solidly built. They stand in a good open position, where they catch every breeze that blows. The main gateway which faces due south, opens into what may be well
Hospital Reports.

A special feature of tubercular leprosy is the curious claw-like hand which, as certainly as possible, follows the secondary manifestations of the disease. The majority of our inmates show the little and ring fingers of both hands drawn into the palms. At a later stage the disease attacks the terminal phalanges of the digits, causing gangrene and sloughing of the tissues. We have frequently to remove these diseased members. What is left is simply a contracted stumpy palm.

When the work imposed upon the inmates does not involve too great exertion, the men respond readily enough to our requirements. Indeed at times there are rare exhibitions of work prosecuted under the greatest difficulties at our Home. Here, for instance, is a man who works at net-making with a large mesh, by throwing the shuttle with his mouth, while holding on to the edges of the net with the remnants of an amputated thumb and a contracted palm. Yonder is a man who is quite unable to use even the stumps of his fingers, but he manages somehow to hold the Chinese pen by contracting the skin of his palm, and thus writes letters for his fellow-inmates and marks the clothes belonging to the Home. Here is another almost devoid of fingers who, to assist him in his occupation, has had a curiously shaped knife made. Placing this between his teeth he slowly works away and supplies the net makers with their bamboo shuttles. All who have fairly good hands we have taught to do tailoring. With such a large family as ours there is always something for them to do, and we hope that their work will in future represent a considerable saving to the Home.

Kieh-yang Hospital, A continu-ous working year has made several things possible which were not possible before, aside from merely keeping the wards and dispensary open without interruption. I refer especially to the training of medical students. We train young men and women to medical service in China, but not as medical students are trained in the United
States. Here they are our hospital assistants as well as our pupils, and much do we depend upon their services for the routine work of the dispensary.

During the past year our district has been mercifully spared any serious epidemics, droughts or famines, consequently the accompanying report is one of an ordinary year's work; which report may be best given under three heads: the Medical Work Proper, the Medical Class, and the Evangelistic Work.

The Medical Work Proper has been much the least satisfactory of the three; in fact it cannot be said to be proper at all. It has been altogether im-proper if viewed from any point of view, but that of the ignorant but grateful position of the Chinese, for and among whom the work has been done. From the point of view of an enlightened physician of the twentieth century it has been unhygienic, unsanitary and dirty, in spite of strenuous and united efforts to make it otherwise. And from the point of view of all those who believe in medical work as a means of teaching and teaching as many heathen as possible, our hospital has, this year, reached less than half the number it might have reached had we had room to house all who would have come.

At the beginning of the year the medical class numbered seven, five young men and two young women. Of the five young men students, all are Christians, and three are "second generation Christians."

The methods of teaching the gospel have been much the same as those used heretofore, but more regularly and effectively carried out. The half-hour's service which precedes the dispensary hour has been conducted daily by A Sok, who continues in the position of trust and responsibility which he has occupied since the first opening of the hospital. The evening service, for the in-patients, has been conducted by the students in turn. The selling of tracts among the patients has also been a profitable feature of the work.

C. I. M. Hospital, Changsha, Hunan. The hospital is five minutes' walk from the compound, and occupies the premises formerly used for the general work. There is capacity for six in-patients or twelve on a pinch. The dispensary is small, but fairly well equipped for out-patient work. At present, owing to the necessity for language study, the dispensary is open only three afternoons a week, and much good is done. From the very beginning of the work here God has signally blessed this agency. We look forward to the time when we will be supplied with everything essential to a thoroughly scientific and spiritual work in the medical line. The hospital evangelist lives there and speaks much to the people of the love of God. Our medical students occupy rooms and pursue their studies there as well, coming over to the compound for their lectures. So far as the medical situation is concerned we are just in our formative period. We have made an excellent beginning, but the regions beyond are: suitable assistants, the purchase of land and erection of buildings, and the equipping of the same. Will the friends join with us that God may soon see fit to entrust us with a thorough working plant which will redound to His glory and relieve much bodily suffering?—From Occasional Notes.

London Mission Medical School, Hankow. This school was started in March, 1902, and is therefore now at the close of its second year. One of the difficulties encountered at the start was the securing of students.
While fees are paid for the first four years the student undertakes to serve in a mission hospital for two years at a reduced salary, after which period he is free to make his own terms. Of course the hospital he is expected to serve in is that of the doctor or Mission who supports him.

In 1902 we began the year with eleven students and finished with nine, while during the year under review we began with fourteen and ended with thirteen.

The full course is six years, four of which must be taken at the school while the remaining two may be taken either in our own hospital or in that of the doctor or mission supporting the student. During the first year the subjects taught were anatomy and chemistry. This year we taught anatomy, physiology and histology, juniors and seniors taking the same class.

The teaching in the school is done in Chinese, and the examinations of course are in the same language. We have no belief in teaching in the English language. It is educating the students away from the people, and we want to work into the life of the nation and not to create an exotic plant destined to wither up when brought in contact with the tones and aspirates of ordinary Chinese life.

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**BIRTH.**

At Hankow, May 11th, the wife Dr. Thomas Gillison, L. M. S., of a son.

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**ARRIVALS.**

May 13th, Dr. J. M. Oxner and wife, S. B. C., for Shantung; Dr. H. W. Boyd, A. P. M., Canton (returning).

May 18th, Dr. J. N. Hooper and family (Brethren).

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**DEPARTURES.**

June 8th, R. B. Ewan, M.D., and family, C. M. M., West China; W. E. Macklin, M.D., and family, F. C. M. S., Nanking, for U. S. A.

April 28th, Miss M. E. McNeill, M.D., I. P. M., Manchuria, for England.
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