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HUNTING SOME LITTLE FOXES.

BY ROBERT C. BEEBE, M.D.

It is the little foxes that spoil the vines, and as I have run across a few of these little mischief makers in the medical vineyard it may not be out of place to hunt them out. They are so insignificant, some will think, as scarcely to be worth the powder, but it is these little things that receive too slight attention and their presence or absence often makes a great deal of difference to some one.

The doctor, of all men, must pay attention to small things. It is this that makes him a good diagnostician, and in his peculiar relations to the rest of the world a thoughtful consideration of others goes very far towards securing success.

One day a brother practitioner and his wife, from another part of China, and whom I had never met before, came into our dispensary with one of our neighboring missionaries. With rather seeming haste, lest I should suppose I was being personally honored by the call, the medical brother said he had come in to look over the hospital. I promptly and very cheerfully conducted them through the wards and all the departments of the hospital. I began to offer all the information that I thought might be interesting in regard to the work, but I soon found that it was received in silence. Nothing seemed to excite any curiosity, admiration, or criticism. The pleasurable anticipations that sprang up in my breast when I met this brother of another nationality and from another mission field, fast chilled in the unresponsive presence of one who looked but never betrayed his thoughts or feelings.
After going through the hospital I invited them to my home adjoining, but was met with the reply, "O no! We are to be in Nanking but a short time and just called to see your work." Following the natural instincts of my countrymen I extended my hand to say good bye. It was taken and given one pump-handle jerk down very solemnly and they departed. I went back to my work, feeling as if I had been one of my hospital attendants for a time, opening doors and leading the way for some one of another race and tongue, feeling sorry that the hospital could not be polite and return the call, feeling as if an episode had interrupted the even tenor of my way but that I was not in it.

This is an extreme case, but it emphasizes a point we may possibly forget. If you wish to see a man's work be polite enough to make him know that you have called to see him first. He is a superficial observer of affairs who does not know that the man in charge of a work on the mission field is one of the largest factors in it.

Then whatever our race, training or society, our relations as medical missionaries in the same country naturally suggests to the well bred man a deferential consideration of each other; some respect for the man, his aim, his society or church.

A brother practitioner of an American mission was at Kuling one summer, and living in an adjoining house was a clerical member of his own mission, whose little child was taken sick. The father instead of calling in the physician of his own mission and without explanation to his medical brother called a physician of an English mission, who came and took charge of the case as long as he was at Kuling and when he left, turned the case over to a colleague of his own mission. The physician of the mission to which the patient belonged was ignored as far as the case was concerned. The feelings awakened in his breast naturally were not the most complaisant. Some may say that a man has a right to call whom he pleases to attend his family. Under ordinary circumstances that is true, and it is not my purpose now to discuss the ethical side of the relations of those in the same mission, but the missionary physician, who is not out here for business, is bound by certain relations that should naturally suggest themselves. He should have a thoughtful consideration for his brother medical missionary and has no right to do anything that reflects upon him, puts him in an embarrassing position or causes him trouble in his own mission.

I do not think that the offending doctor intended to do any harm, but he did do so, and a little thoughtfulness on his part would have prevented it. He must have known the situation and should have excused himself from taking the case without the request of the mission.
physician living next door. Every phase of a missionary physician's life should make for peace and goodwill.

There is another little fox born of thoughtlessness at our summer resorts. Our foreign patients often come under the care of doctors of another mission who are kind enough to attend to them in the absence of any doctor of our own. I have known a case like the following: A lady comes back from Kuling, calls in the mission doctor and with considerable anxiety tells him that when at Kuling Dr. So and So told her that as soon as she got back to her station she ought to have such and such a thorough course of treatment. It happened in this case the trouble terminated naturally at the expiration of ten lunar months but it was embarrassing for a while. The doctor who had succeeded in making an impression on the mind of his patient of his thoroughness and skill, forgot that instead of telling the patient what her regular attending physician ought to do, should have said: "Consult your physician when you return home and he can best determine what ought to be done in your case." Never intimate to a patient what you think another physician ought to do. Be careful not to imply that he is in the least lacking in ability to diagnose and treat a case as well as yourself. A habit of thoughtful consideration for others which is the soul of good manners, would prevent anything like the foregoing incidents.

I wish to speak of just one more little fox, and it is an outsider. Perhaps he might be considered as a crafty old fellow. Life insurance companies are pushing their business into interior cities where missions are established and where perhaps a hospital with years of work has given the medical missionary a good name and wide influence. The medical missionary is asked to act as examiner for the company. His name and influence and acquaintance with the language and people are all grist for the agent's mill. When a straightforward business is done no one can object. The missionary welcomes all clean business enterprise. We rejoice over every new one started. But it has come to my knowledge that sometimes an agent comes to a city and with a feast made potent by wine, opium, and Chinese dancing girls, gives up the night to entertaining and persuading those whom he seeks to insure. The next day they are taken to "Our Doctor" to be examined or the doctor is induced to go to the residence of the victim. The medical missionary's name is traded on. In the minds of some he is yoked with a fellow and a proceeding that in respectable Chinese nostrils is rank and smells to heaven. The medical missionary has been a party to a sort of bunco game as far as the procedure is concerned.
Let me say that I presume this is not a common method by any means. I presume the business is commonly conducted in Chinese cities in a respectable and commendatory way, but it behooves the medical missionary to be on his guard and carefully consider how he allows his name and reputation to be used in a business enterprise that can be worked so as to injure the work to which he has given his life.

THE ALDEN SPEARE MEMORIAL HOSPITAL,
YEN-PING, CHINA.

By J. E. Skinner, M.D.

Of the five prefectures into which the northern half of Fuhkien province is divided, by mutual consent two have been given to the English Church and Zenana Missionary Societies for their exclusive occupancy; the American Board Mission has sole charge of the work in a third, the American Methodist Mission in the fourth, while the fifth, the Foochow prefecture, is occupied by all three denominations.

In the Foochow prefecture, beside the half dozen or more hospitals in and around Foochow city, there are at least six other hospitals, or one for almost every county. Most of these county hospitals are small, and for women and children only.

Three of the other prefectures have had one centre each for general medical work under direct foreign supervision for a number of years.

In the fourth, the Yen-ping prefecture, the one given to the American M. E. Mission, there has never been any foreign medical work, though a native doctor in mission employ carried on a small work in a native house at the capital for several years. This Yen-ping prefecture is one of the largest in the province, equivalent to an area perhaps one hundred miles square, and has been until recently one of the most hostile parts of the whole province.

Yen-ping city, the capital, is finely situated at the junction of the two large tributaries which there unite to form the main stream of the Min river.

While not a large city in itself, the population probably not exceeding thirty thousand, it is considered a strategic point. There are five counties under its jurisdiction, and being easily reached by boat from any part of the district, it is already a very important city. Besides this it seems certain that before many years have passed a line of railway will be built through Yen-ping connecting Foochow with the Hankow-Canton road.
The Alden Speare Memorial Hospital, Yen-ping.

We have telegraphic communication with Foochow, one hundred and twenty miles away, but the mails take three days coming up, as bad rapids prevent steam launches running more than half way up the river.

We have recently been transferred to this place from the Wiley Memorial Hospital, Ku-cheng, and already land has been purchased and the new hospital buildings commenced. The site is spacious and commanding. Located on a hill in the centre of the city the two great arteries of commerce approach each other from either side, form their union directly in front, and continuing their course seaward between mountain walls, give the spectator an unobstructed view down the main river for a distance of at least five or six miles.

The plans for the Alden Speare Memorial Hospital accompany this article and are largely self-explanating. The main building is of gray brick, two stories high, and with an open three-storied eight-feet veranda on three sides, giving a total length of one hundred and sixty-five feet, with the total width of the wings thirty-six feet, and of the central building seventy-three feet, including the rotunda.

As much of the north wing as is needed, is to be shut off by a movable partition for the women’s department. The administration rooms are located on the first floor in the central building. The rest of this floor and all the second floor (which is similar to the first) are given up to wards and private rooms. If more small rooms seem desirable later the larger wards are so planned that they may easily be divided at any time.

Parallel with the main hospital and connected with it by a covered walk twenty feet long is a pounded earth wall building with brick corners. The second story is devoted entirely to rooms for assistants, students, and servants.

The chapel is a story and a half high, leaving a loft which may be used as a store-room. This second building is one hundred and seventeen by twenty-eight feet in its outside dimensions.

The cost of the hospital buildings, when complete, will be about ten thousand dollars Mexican. For land and wall about eleven hundred more have been paid. If funds in hand will permit, the intention is to carry the central part of the main hospital half a story higher, providing isolation wards and rooms for opium cases.

Through the generosity of two gentlemen in America we are able to plan for a system of water pipes which we hope will give us an abundant supply of running water, a convenience hitherto unknown in this part of China.
The water is to be taken from one of the city aqueducts, through a special arrangement with the Taotai, whereby we agree, as compensation for the water allowed us, to pipe the public supply across a ravine where at present bamboo pipes are used. These pipes are always leaking, so that much more water is being wasted than we shall need to use in all our mission compounds. This includes the hospital, two residences, boys' school, and the women's and girls' schools. Of these various buildings only one residence has been completed as yet; but the others are all under way, except the women's and girls' schools.

In earlier years the people of this district were so hostile to foreigners that a number of itinerating missionaries were mobbed and came near losing their lives. Now all this is changed, and we have been able to buy some of the most desirable property in the city for mission purposes. The medical work may be very small at first; but inasmuch as we have already a flourishing evangelistic work in fifteen or twenty parts of the district we hope to be favourably advertised through our Christians, and in time be able to fill the hospital. It is intended to accommodate from one hundred to a hundred and thirty beds.

We hope to open work on a small scale this coming autumn, using the chapel building until the main hospital can be finished, which will be at least a year later.

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INHERITED SYPHILIS IN HANKOW.*

By S. R. Hodge, M.R.C.S., L.R.C.P.

I have realized since I agreed to write this paper that it was a mistake to allow this subject to one of the gentlemen. A lady would have been better. In my own hospital I see no cases under ten; all these going to the women's hospital. I, therefore, miss most of the cases of inherited syphilis in very young children, only seeing a few selected cases in consultation. I must therefore leave to the lady members, whose experience is large, to correct any wrong impressions I may have formed.

At the outset I would say that, on the whole, I have not seen more of inherited syphilis in hospital practice here than I did at home, and I am not sure that I see as much. I put this down to a combination of two causes: (1). That the conditions of life out here favour the operation of the law of the survival of the fittest, which works unhindered. Most severe cases of epiphysites with subsequent pæymia and brain trouble

*A paper read before the Central China Missionary Association.
which occur early succumb, and we never see them; many, too, fall
victims later on to general marasmus and progressive failure of strength.
(2). Such then as remain, though subject to symptoms for which they
come to me, are fairly strong in face, the selected, and these may show
few signs of their early taint—as Hutchinson has pointed out: "Many
of these have excellent health in later life, and in most it is impossible
to recognise that they have ever suffered from the disease in early life.''

I shall point out later on the danger of confusing some forms of
inherited mischief with tubercle, but here will simply remark on the
large number of punily developed young men we see. Lads of nine-
teen or twenty having the development in stature and everything else of
children of fourteen, are by no means rare. Some part in the etiology of
this is no doubt due to bad hygienic surroundings and poor food, but I
think it not improbable that, in some good few, it is a manifestation of
inherited syphilis. We may group our remarks, as usual, under the
two headings of early and late manifestations of inherited syphilis.

I. EARLY.

Passing over the well-known snuffles, copper rash, puny development,
and well-known Parrot's node (which I think out here are not often seen)
I may perhaps be forgiven a warning about condylomata. I have seen
the moist patches due to eczema intertrigo mistaken for these, and a little
care needs to be taken. Then, too, in this heathen land, where sodomy
and all kinds of unmentionable abominations are practiced, we must be
on the lookout in all cases for acquired syphilis. Many of the symptoms
of the true form are common, but a few children are victims of foul usage
rather than inherited taint.

*Hydrocephalus* is said by some to be the most characteristic cerebral
lesion of the newly born, but I doubt it. We really know little or
nothing of the pathology of congenital hydrocephalus. Anyway I do
not think it is common out here where there is so much syphilis;
it is the sort of case I should have seen in consultation at our women's
hospital, but I do not remember seeing a case in all the years I have been
out. I saw a case of suspicious hydrocephalus in private at Wuchang;
but I never got a reliable history nor opportunity of watching the case.

*Pemphigus of the new born.* I saw one case of same years ago, but
I have no notes of it and cannot remember the details. I thought at the
time it was syphilitic and was probably right, as ordinary pemphigus
rarely, if ever, attacks infants. My memory is that the child was very
young, only just born; the bullæ were coming out every day and there
were some on the trunk, I think. As a rule the eruption is mostly
confined to the hands and feet, and when severe it is nearly always fatal. It generally appears within the first fortnight. It is said to always begin on the palms and soles; only in severe cases does it spread up arms and legs and on to trunk. The forms of ordinary pemphigus that attack children, do so later; these commence on hands and feet, and are commonly scattered over trunk. One yields to arsenic, and the other, if it does not speedily kill the child, to hydr.

I have never seen acute epiphysites of infants, nor have I seen a case of cranio tuberculosis. I should be interested to know the experience of others on this point.

II. LATE MANIFESTATIONS.

Of these, I have, naturally, seen much more.

*Hutchinson's teeth.* Linear scars round mouth are, in my experience, not as common as I expected; but one must remember that according to Mr. Hutchinson, teeth symptoms are absent in half the cases.

*Interstitial keratitis* is fairly common, and not long ago I showed to the Society a case of synovites of the wrist joint occurring in a young lad who had interstitial inherited keratitis. It is not unusual to have this combination. According to Hutchinson the affection is chronic, the knees are most frequently affected, there is little or no pain, and under treatment the trouble disappears, leaving the joint unimpaired.

It is well to bear in mind that the ordinary impression one gets from books as to interstitial keratitis is by no means correct. They would lead one to suppose that it is confined to about the time of puberty; but as a matter of fact it may appear as early as four years of age and as late as forty or more. I have a well marked case, which got finally well under treatment, in a patient between thirty and forty. Mr. Lenz, of Middlesex Hospital, wrote me he had a typical case with well marked Hutchinson's teeth in a patient aged forty; and Mr. W. T. had one in a patient aged sixty. According to Mr. Hutchinson the explanation of these late cases probably lies "in the development of the tissues and not in an actual recrudescence of the disease."

The diagnosis of late inherited mischief is not always easy, for history of parent out here is unobtainable, and there may be few or no symptoms of very early trouble in the patient. Speaking generally the symptoms are such as in acquired syphilis would be described as tertiary, viz., affections of skin and mucous membrane and bone and gummatous deposits in various places, and their treatment is the same. The point is difficult to decide sometimes whether a particular case have inherited or acquired mischief, but in many cases I have thought the patient far too
young to be the subject of inherited mischief, unless indeed he acquired it in one of the ways I have already referred to.

*Acute phagedaena* of the soft palate may occur at puberty and in young adults, and is liable to be mistaken for lupus. The rapidity of its action is the main distinction, as well as its position and the absence of any tubercles. The disease must be attacked vigorously and promptly with cautery and *iodoform*, and *iodides* must be pushed. I have seen several cases in young adults, but, unfortunately, few of them agreed to such vigorous measures. Nevertheless, if such are not resorted to, the whole of the soft palate may be gone in a few weeks.

*Otitis* is another affection which is common out here, and some of it is certainly syphilitic. It not infrequently follows syphilitic pharyngites and is apt to be chronic. Another form is referred to by Hutchinson as occurring in older children, which comes on quite suddenly without pain and frequently without discharge. Miss Gough tells me she has seen such of two or three months' duration; deafness came on quite suddenly, no discharge, bone conduction absent, other signs of hereditary syphilis present and improved by hydr. Such cases are mostly due to affections of the labyrinth.

Perhaps the commonest affection we see is the osteoplastic affections of young adults and the curvature of the tibia in young children.

To take the latter first. It occurs fairly early in life—between five and fifteen; the curvature is only anterior according to Tubbs, though Hall says there is occasionally an inner curve in the lower third. Its treatment is anti-syphilitic only. It is the most frequent and most characteristic evidence of late inherited syphilis, essentially chronic and hyperplastic, but necrosis may occur and need surgical intervention. One must look for other evidences of syphilis, with nocturnal pains and tenderness. Can only be confounded with rickets. But in the latter there are other symptoms of rickets; the child is younger, generally under three, and the curvature is generally either antero external or antero internal. The ribs, too, never escape in rickets.

The other forms of bone disease occur before or after puberty and are mostly chronic forms of periostitis and ostitis. According to Hutchinson (1) they are usually found in children from five to ten, but I have seen them later myself. (2). The tibia, fibula and ulna are the most usually affected. (3). They lead to great thickening and not infrequently to necrosis of a thick ... fragment. (4). They are attended by severe aching. (5). Differing from the tertiary periostitis of acquired syphilis, there is a distinct tendency to spontaneous curvature. (6). Overgrowth, both in length and thickness, may occur, associated with bending.
I will close with a reference to those forms of inherited mischief which are liable to lead to error.

1 *Glandular Enlargements.*—These are often confounded with tubercle. The glands of the cervical region may often enlarge and suppurate not infrequently under sterno-mastoid; cellular tissue and skin often involved as well.

2 Enlargement of the spleen is frequent in the hereditary syphilis of childhood, and may form a considerable abdominal tumour and is often associated with enlargement of the liver. The same symptoms are met with as result of chronic malaria. Enlargement of the epitrochlea glands. Very diagnostic. So in adults of twenty. In the absence of the marked evidence of syphilitic taint we must depend upon the blood examination for crescents or intercorpuscular parasites, if fever be present, and on the result of treatment.

I need say little as to treatment. For very young children inunction is the best, being careful to shift the place of inunction continuously so as to avoid irritation. In all gummatous and bone affections, *pot. iod.* must be prescribed, but *iod.* always out here combine with *hydr.* as they are sure never to have been put thoroughly under its influence.

It is important to remember the need of tonic treatment. Young children often become anaemic after specific treatment has been carried for some time, and it is wise to intermit the *hydr.* or *iod.* for a time and prescribe a tonic, resuming the specific later on.
RUBBER TISSUE AND BORIC ACID IN THE TREATMENT OF LEG ULCERS.

W. Scott Schley gives the results of his experiments in treating ulcers of the Out-Door Department of St. Luke's Hospital, New York. Following the suggestion of Abbe, they have, for some time, employed boric acid and over this rubber tissue, the whole covered by gauze and a bandage, in the treatment of granulating ulcer, particularly of the varicose type. The method in brief is as follows: The ulcer having been cleansed, upon the granulating surface well-powdered boric acid is generously sprinked; this is covered smoothly with rubber tissue overlapping the ulcer by one or two inches and secured in place by adhesive plaster strapping; absorbent gauze covers the tissue, again overlapping its edges and a snug supporting bandage is applied. A point of much importance is the length of time such dressings should be left undisturbed; they are rarely changed oftener than once in five days, usually once a week and occasionally longer. Schley has been impressed with the rapid rate of epithelial growth under this dressing; the smooth surface of the rubber tissue insures a smooth surface to the granulations. The boric acid acts as an antiseptic astringent, diminishing and sweetening the discharge and preventing excessive transudation of granulations, which two factors undoubtedly act as the greatest checks to epithelial growth and covering.

His success has been so marked in this form of treatment that within the past few months Schley has extended this treatment to a number of ulcers, the result of tuberculous inflammation with the characteristic flabby granulations and undermined bluish edges. Here also the results are reported to be gratifying. — Medical Record.

SILVER WIRE FILIGREE IN THE TREATMENT OF VENTRAL HERNIA.

H. B. Perry reports having implanted silver filigree in the treatment of two cases of large ventral hernia. One was a stout woman of fifty-two with a large postoperative ventral hernia. She was operated upon and a silver filigree pad four inches by six inches was stitched to muscles and fascia around an opening of two inches wide and four inches long. The skin was closed over this and the patient made a good recovery. The other patient was a stout woman of forty-three with a large ventral hernia. The hernial opening, which was two inches by two and half inches, was covered with the silver filigree as in the other case, and in addition the omentum was stitched by continuous suture to the margins of the hernial openings. This patient also made a good recovery. The first operation was in January and the last in March, 1903. Both women have since enjoyed good health, and there has been no recurrence and no trouble in any way.—Boston Medical and Surgical Journal.
FISTULA IN ANO.

J. Coles Brick reviews the literature of the subject and discusses the methods of treatment. The palliative treatment occasionally effects a cure, but usually only prevents the extension of the disease. Local applications of strong carbolic acid, iodine, or chronic acid may be used with good results. The outer opening should be well dilated, the sinus well cleaned, and a small piece of wool saturated in strong carbolic acid with ten per cent. of water passed to the bottom of the sinus. A drainage tube, large enough to fill the sinus, is inserted and retained. If the treatment is successful, a shorter tube will be sufficient day by day. Carbonic acid gas has been passed through fistulous tracts with satisfactory results. The operative methods most in use at the present time are excision with the attempt to obtain primary union and incision, in which union by granulation is sought for. Great care should be taken in making the diagnosis; a moderate degree of tuberculosis of the lungs is not a contraindication for operation if in the operator's opinion sufficient vitality remains to restore the wounded tissue, but either should not be the anestetic used; local tuberculous fistulas should be incised with a thermodautery and early general hygienic treatment instituted; simple incision over a grooved director of fistulous tracts, disregarding sphincters, is poor rectal surgery; every effort should be made to preserve the sphincters, and if cut, they should be cut at right angles to the fibres, disregarding the fistula. The after treatment is very important.—N. Y. Medical Journal.

METHOD OF PRESERVING CHLOROFORM.

An English surgeon who had a patient die from the effects of chloroform, called for an investigation on the part of the authorities and a chemical examination of the chloroform. This roused the indignation of the hospital authorities and led to much discussion on the subject. With reference to the method of preserving chloroform, Dr. Témoir contributed a paper on the subject. Dr. Témoin said that he had for several years used a very simple method by which chloroform may be kept for an indefinite time without decomposition. This method, which was devised by M. Allain, a military apothecary (pharmacien-major), consists in the addition of a little flour of sulphur—four grams to the kilogram of chloroform. The small quantity of sulphur which the chloroform dissolves, appears to concentrate on itself the decomposing action of the luminous rays, for it is precipitated in the presence of light and is redissolved in the dark. Using this method Dr. Témoin has given chloroform 6,000 times without the slightest mishap, and he has presented the Academy with a bottle of chloroform prepared in 1896 which he believes to be in excellent condition.—American Medicine.
It is with the most profound regret that with this number of the JOURNAL terminates the editorship of my friend and colleague, Dr. W. H. Jefferys, who has been obliged to turn to America on account of his wife's ill health. We who are left behind can only hope and pray that she may be completely restored, so that they can return to the field.

The readers who have followed the pages of the JOURNAL in the last two years know well that the greater part of the improvement in its make up, particularly in the way of illustrations, has been due to his interest and skill.

Dr. Jefferys is a man of large sympathy both with his profession and with the people whom he was called to serve, a skillful surgeon and a loyal, devoted soul. Such a man as the missionary body in China can ill afford to lose. How great his loss is, only the few who were privileged to know him personally can realize.

In expressing hope for his return, we are but voicing the sentiment of all to whom he and his work are dear.

Our retiring secretary, Dr. Beebe, has also been called home to America by the serious illness of his wife. The hearts of his friends and fellow-members of the Association go out to him in this present affliction.

In the April number of the JOURNAL the editor attempted, with the cry for copy ringing in his ears, to give a résumé of a book on the Internal Secretions and Principles of Medicine, by Dr. Sajous, of Philadelphia. Without the least intention of being discourteous he inadvertently omitted to give either the title of the book or the name of the author. For this he offers sincere apologies, as well as for the fact that the article was so unworthy of the book referred to.
It must be annoying to an author or investigator to see his work drawn from in print and not receive any credit for the same, particularly to a man of Dr. Sajous' reputation.

The Officers of the Association for the ensuing year were unfortunately omitted from the last issue of the JOURNAL. They are as follows:

President — D. Cristie, Moukden.
Vice-President — J. M. Swan, Canton.
Secretary and Treasurer — R. T. Booth, Hankow.
Editors — Drs. Jefferys and Lincoln.
Curator of Museum — C. S. F. Lincoln.

We have recently received from the Mission Press the second report of the Committee on Medical Terminology appointed by the China Medical Missionary Association.

It is a neat little pamphlet of seventy pages, containing lists of terms, arranged alphabetically, in Pathology, Medicine, Surgery, Obstetrics, and Gynecology—the English and Chinese in parallel columns, practically a small medical dictionary. The Committee earnestly desire that the members of the Association should examine this list carefully so as to be ready to criticise it at the coming meeting in February and so get it into shape for final publication.

The editor wishes to remind the members of the approaching meeting in February.

Let every member of the Association take it on his conscience and resolve:

1st. To remember that this meeting is of your Association and for your benefit.

2nd. To come if it is possible to do so.

3rd. To be on the lookout for something of interest to bring with you as a thankoffering.

4th. That you will prepare something for the benefit of the Association. In helping others you help yourself (and incidentally the JOURNAL).

5th. To come here prepared to make this meeting to most interesting and helpful that the Association has ever had.

6th. To let Dr. Boone know as soon as may be what you will write about.
Correspondence.

Chi-nan-fu, June 10th, 1904.

Dear Editors: The readers of the Journal may be interested in hearing of our success in attaining self-support in our medical work in Chi-nan-fu. For two years now we have drawn no money from our home Board for the running expenses of our two hospitals for men and for women (the latter in care of Dr. Mary L. Burnham) including drugs, salaries of assistants, etc., and we hope to continue in the same line hereafter. Our financial year ends April 30th, and for the past year we received $1,764.35 Mexicans from all sources. Of this sum the largest item is about $700 from Chinese officials and other natives. Beginning soon after the Chinese New Year, we send a subscription book round every year, beginning with the governor of the province, who starts the list with a gift of Tls. 100, down through the Treasurer, Judge, Salt Commissioner, Taotai, Prefect, and Magistrate, all of whom contribute with apparent willingness, but in descending ratio, after which the book goes to various bureaus in connection with the provincial administration and to friends and patients. After making its rounds the subscription book lies in the dispensary ready for use by any friend or grateful patient who feels like contributing, and we encourage patients in the hospital to give as much as they are able, after they have been cured.

Besides these contributions from Chinese we annually receive several hundred dollars from foreigners, such for instance as the Roman Catholic Mission, for which we do a great deal in the way of doctoring their Christians, and from the railway, etc.

Thirdly we expect daily dispensary patients to pay for their drugs when able to do so, though we are not very strict about the matter, so if a man comes in without any money, even though quite able to pay, we tell him to bring his money when he comes again, and let him have his medicine. This source has yielded only about $300.

Lastly we sell a considerable amount of cod liver oil, quinine and other drugs, though never opium nor morphine in any shape whatever, and from these sales we have received over $400. To sum up, our income has come to us from the following sources and in the following amounts:

- Contributions from Chinese ... ... Mex. $703.81
- Contributions from foreigners ... ... 353.66
- Received from daily patients and out-calls ... 296.16
- Sales ... ... ... 410.72
- Total $1,764.35

Our total attendance is twelve to fourteen thousand a year.

Truly yours,

James Boyd Neal.

Shao-hing, China, June 18th, 1904.

My dear Dr. Jefferys: I am glad there is to be a meeting of the Association so soon, and certainly expect to attend. A call for topics for discussion was issued, so I venture to express my need. In preparing for my work at home I wrote diligently to every available source, but was unable to get any information specifically as to medical outfit and drugs to bring with me. Even now, in contemplating the opening of a dispensary, I am somewhat at a loss to know what drugs and in what quantities I
should send for and where to buy. This question quite probably would hardly be profitable for discussion at the meetings and of course needs would differ with places and with individuals, but I feel sure that new missionaries coming to open a new work would find great help in a simple list of the most needed surgical instruments and hospital supplies, and particularly a list of the drugs and quantities of each that will enable him to handle any ordinary case that might turn up during the very beginning of his work. Reports of many methods of conducting hospitals, especially on their financial and evangelical sides, have appeared here and there, and it occurs to me that a collection of such hints would be extremely interesting and useful. If it seems that this matter had better be done outside of the associational meetings, I would be very glad of any hints or references you can give, and may ask permission to look over the back files of the JOURNAL some time.

Very sincerely yours,
F. W. GODDARD.

—

CHANG-TEH, HUNAN,
June 22nd, 1904.

DEAR DOCTOR: Owing to the fact that the egg of the ankylostomum duodenale often escapes the eye in the unstained specimen, especially if the illumination is too great or the specimen poorly spread, I have been trying for some time to stain this body, but without success until to-day. I regard my efforts as only partially successful, as I have not been able to make permanent mounts. Perhaps others will carry the process a step farther.

The method I used is as follows: A drop of fecal matter, made semi-liquid by the addition of water, is dropped on a slide. Any lumps that would prevent a cover-glass from lying flat are removed and a cover glass applied, using moderate pressure to cause an even spreading of the film. The cover glass is next slid off on the plane of the slide. The specimens are allowed to dry in the air and are stained for two minutes in Jenner's stain (I have tried no other stains). The stained specimen is washed, preferably in distilled water, for ten seconds, the excess of water drained off, and before it becomes dry is examined with a low power under moderate pressure which flattens the egg. I use two-thirds objective and one inch eye piece. The field is stained red while the eggs are a light yellow with the delicate shell and the segmented yolk beautifully shown. I hoped to see the same appearance when the slips were mounted in balsam, but the eggs were distorted almost beyond recognition when so mounted.

If the specimen is a little thick it does not matter, as the contrast in the staining of the eggs and the other elements is so great that they will not escape the attention of even a careless observer.

Every year we treat a few of these cases, while others whom we strongly suspect, fail to return with a sample of the stool for examination. This is my purpose to try from now on to induce patients suffering of gastro-intestinal disorders to stay a few days in the hospital where we can examine the stools for the eggs of this small but mighty blood sucker, which no doubt is responsible for a great deal of abdominal distress.

Yours truly,
O. T. LOGAN.


O. T. L.
Hospital Reports.

Medical Missionary Society's Hospital, Canton.

The initiation of a new water supply for the hospital and the erection of the college building brought added duty and responsibility to the physicians who find their time more than filled with the increasing demands of the work as a whole.

In accordance with plans and provisions made by the Society, the new water supply has been carried to completion at an expense less than estimated. With machinery from America, a well 175 feet deep was drilled, sandstone rock being struck forty feet from the surface and continuing to the bottom of the well. An inexhaustible supply of water was secured, almost artesian in character. While potable, the water contains considerable chloride of sodium, rendering it unpleasant to the taste, but otherwise this pure water supply is a great boon to the hospital. An aremotor on a fifty-foot tower supplies water to a 3,000 gallon tank placed at an elevation of forty feet, and from this tank the water is distributed throughout the premises.

A hospital storeroom has been established within the past year, in which all supplies are invoiced. Everything from this room is given out on an order signed by one of the physicians. The application of this system has resulted in a considerable saving in current expenditure and made much more convenient the storage and care of hospital bedding, clothing, and general supplies. The faithful service of our native assistants is most commendable and deserves recognition. Any of them might easily establish themselves in a lucrative private practice if they desired it in preference to their self-denying efforts in hospital service.

During the year the Medical College building has been erected, and is now one of the landmarks of Canton. It is eighty-three feet long by forty-nine feet wide, and seventy-five feet to the top of the observatory, built of brick and the best material throughout, and is well suited to the purposes of the college. The prospectus recently issued gives details of this department of the Society's work. We improve this opportunity of expressing our hearty thanks to those who have aided in establishing the college. While much yet remains to be accomplished, it is an earnest of things to come that special donations to the extent of nearly $17,000 from local sources only have been made to the college.

Laparotomies.—A larger number of operations requiring abdominal section have been performed than recorded in any previous year. The ovarian tumors removed varied in size from fifteen pounds to forty-eight pounds, nearly all being multilocular cysts. An extra-uterine fibroid, attached largely to the fundus and weighing fifteen pounds, was removed and a good recovery followed.

One restive patient who had a twenty-eight pound ovarian cyst removed, disagreed entirely with the physicians as to the importance of rest and quiet. On the ninth day after operation, watching her opportunity while the native assistant was temporarily absent, she performed the vanishing act, walking to the hospital landing and taking a boat to Hoonam across the river, from there making her way
to her home in the country where, we learned some weeks later, the patient was well and strong, having suffered no untoward results. It was partly owing to the wonderful tales told by this patient that another case of ovarian cyst came from the same locality to this hospital, had a thirty-six pound tumor removed, and made a good recovery. This woman and the one operated on for the large fibroid became Christians while at the hospital.

**The Hangchow Medical Mission.**—The annual report of the Hangchow Medical Mission of the C. M. S., under the charge of Drs. Main, Kember and Mr. Morgan, comes to hand. It is as usual well edited and very interesting, and the branches of the work, the opium refuge and the leper home, in addition to the regular hospital, commend it to all who have the welfare of China at heart. Herewith some of the most interesting extracts from an unusually readable report.

**Dispensary Work.**—In this department our opportunities for relieving pain, curing minor ailments, are numerous; for example, opening abscesses, dressing wounds, extracting teeth, syringing ears, painting throats, etc., but from a purely medical point of view it is not without many drawbacks. The greater number of the diseases met with are of many years' standing and can only be benefited by residence in a hospital; even the best hospital treatment is of no avail for many of the cases we meet in the dispensary. To attempt to cure (as we are often asked to do) a tumour of many years' growth, in a patient who has come many miles to consult us, by examining the swelling, looking at the tongue, feeling both pulses, placing the stethoscope on the chest and prescribing as requested a six ounce mixture, the first dose of which is expected to start the process of absorption, is to say the least of it unsatisfactory. The dispensary, however, affords splendid opportunities for preaching and overcoming suspicion and prejudice and it acts as a feeder to the hospital.

**Hospital Work.**—During the year we treated 1,284 in-patients. This we consider our chief work, and it yields the best results medically and spiritually. Un fortunately we are not able to admit all who seek our aid, and our hearts are often made sad by having to send away the incurable and those whose diseases are beyond operative interference; in not a few cases we are sorry to say caused by the mal-practise of native quacks, who are forever pouring drugs, of which they know little, into bodies of which they know less, and constantly running rusty needles into vital organs.

Priests, astrologers, ignorance and superstition are also to blame for much.

**Lepers Hospital.**—The work amongst the poor lepers is full of interest and encouragement, but it is very sad and often terribly depressing. Their condition, however, is much better since the refuge was removed outside the city; there they have fresh air, their boat, their fishing nets, their vegetable garden, the hills to climb, and are very happy. Although we have been treating lepers for twenty-two years, we do not yet know the cause of the disease and have not found a remedy for it. We cannot say that it is not due in the main to the consumption of decomposing or imperfectly cured fish, because fish is largely eaten by the Chinese and often in a bad condition; salt is dear, and most of the fish is sun-cured, and the climate is hot and
putrefaction is speedy, and we have all the conditions which favour the Hutchinson theory. So far as our experience goes contagion is unknown. The attendants do not contract it, husband and wife very seldom suffer at the same time, and we hardly ever meet with two cases in one family.

Our refuge is not a prison but a happy home; they are allowed to pay visits to their own homes, and friends are allowed to visit them at will.

It is a matter of sincere regret to the Journal as well as the readers that we have no pictures of the Hangchow hospital or its allied works.

**Wesleyan Mission**

"Good Samaritans" send us an interesting report of the Wesleyan Hospital, Hankow. This year there has been an increase of 1,200 visits to the dispensary; we have had ninety-one more in-patients, and performed ninety-four more operations.

The steady growth of the work is shown in the following figures:

- In-patients: 155, 212, 299, 390
- Operations: 98, 94, 140, 234
- Dispensary visits: 3,016, 1,994, 2,263, 3,450
- Visits to homes: 38

A great advance has been made in the usual conduct of missionary hospitals in having a fully trained nurse from home to superintend the Chinese nurses; their first hospital sister. In speaking of the advantage of having such a worker the report says: "We cannot but recall the last words our late esteemed Chinese Minister, Rev. Lo Yiu-san, spoke to us on this subject. He had himself been an inmate of our hospital and thoroughly appreciated all the care that was shown him, but he surprised us one day by saying it would be a good thing when we followed the example of the Roman Catholics. Wishing to draw him out we asked him what he meant, and he replied it would be better to have an English lady nurse in our hospital. Still wishing to get his opinion on this important matter, we urged in succession all the objections we had so frequently heard urged against such a course, but he overruled them all. He said her presence in the wards would keep down all wrong talk and doing, and that nobody would dare say a word against her. 'I am a Chinaman,' he said, 'and I know my people'; however well a Chinese nurse may do his work we cannot help feeling that he does it for pay, but when an English lady leaves her home and comes out here to nurse us, we know she does it for love." The short time that has elapsed since sister arrived, has confirmed the opinion our Chinese colleague expressed."

The life story of the patients reads like a novel, but it is not too much to say that throughout the mission hospitals in the empire hundreds of equally interesting records could be obtained which are unanswerable arguments for Christian missions.

**Case 3.**—Li Chia-hsu, thirty-nine years of age, a Buddhist priest for many years, came to us one day suffering from trachoma and bad keratitis. He was in for six weeks and went out with useful vision. He had become a Buddhist priest, as they assured him it would cure his eyesight, and experience had proved the falsity of their pretensions. Whilst in the hospital he became more than interested in the gospel, and as soon as he went out gave evidence that he meant to turn from idols and serve the living God. He gave up his profession and handed his priestly certificate.
The China Medical Missionary Journal.

(which would secure him food and shelter at any Buddhist temple) to Mr. Allan and set about earning an honest living. He is now an enquirer on trial, and so far has proved the genuineness of his professions. We hope to hear of his baptism during the year and bespeak the prayers of our readers on his behalf.

The greatest need of the Mission hospital seem to be a home for incurables.

The need for such a home, which we have pressed again and again in our reports during the past few years, is as great as ever. Cases past all hope of cure still remain with us, and are likely to until they die. Apart altogether from the fact that these cases would be just as well cared for in such a home, there is another very important consideration. These cases take up room in our wards which could be used for other cases. We do not regret that these poor sufferers remain with us. We long for the time when we can care for them in a home of their own, and at the same time have the beds in the wards ready to be occupied by other cases.

In order to erect such an institution as we need, we require about £2,000. Such a building would enable us to accommodate twenty-four patients. To meet the annual expenses, apart from European nurses' salaries, we should need £150 per annum.

Fuhkien. The American Board missionaries in Fuhkien are doing what they can to keep the lamp of medical missions trimmed and burning as reports from six of their stations testify. The same needs confront the medical workers in Fuhkien as they do those in every other section of China that we have yet heard from, summed up in the four words—more men and more money.

Dr. Whitney's new translation of Gray's Anatomy is now published and will be priceless to those who are teaching medicine in Chinese.

Shao-wu. Dr. E. L. Bliss writes from Shao-wu: During most of the year the superintendence of building, duties as station treasurer and other matters of mission business have not allowed the physician to give more than half his time to the medical work. For this reason that department has suffered greatly in efficiency and influence. That is to be greatly regretted, but while the missionary force at the station is so very inadequate there is seemingly no escape from it.

This diversion of attention has affected chiefly the hospital in-patients, the house visits and the instruction of the five medical students. These are all bright, promising, Christian young men. It is very desirable that more time and attention should be given to their training than is now possible, as it would greatly increase their future usefulness and influence for good among their people. The dispensary has been well attended, there being nearly two thousand more treatments given than there were last year.

The months of August and September were spent in the Ni-shi-tu mountains near Shao-wu. There about one thousand patients were treated, either at our cottage or at their homes. At first thought it seems strange that there should be so many people requiring medical aid in a thinly settled mountainous region, but the greater number of these were cases of severe illness in villages within ten miles of our mountain cottage. Some traveled more than a day's journey and took...
lodging near by, that they might receive prolonged treatment. We plan to care for the less important diseases at the dispensary daily, between the hours of 10 a.m. and 1 p.m. and to have the people conform to these hours. It often happens, however, that there are serious cases demanding attention at all hours: messengers come for medicines for people at a distance and must return immediately; patients must be visited at their homes in the city or surrounding villages. Such calls mean far more labor for the physician than the same number treated at the dispensary, and have been recorded separately. Four trips of from three to five days each were made into the country to visit members of Christian families who were critically ill. At such times many others were treated.

Woman's Hospital, Foochow City.

With the increase of outside practice there has also been an increase of hospital patients. 201 have been received during the year. A part of the time the wards have been uncomfortably full. But when crowding is necessary we always know that it does not trouble the Chinese as it does us. They heartily believe "the more the merrier." We have had the satisfaction of seeing a good deal of suffering relieved.

Some patients brought in, in a condition that seemed almost helpless have, after a long period of treatment, made a good recovery and gone home very happy.

The Out-Practice, Foochow.

Every year more of the Chinese are willing to try Western medicine, thereby giving us a larger opportunity to relieve physical suffering and to teach a lesson of kindness and love.

Our little dispensary has been open every morning from ten to twelve throughout the year. Those who patronize the clinics are students in our schools, Christians living in the neighborhood, and men and women from the heathen city that surrounds us. We have been gratified to note a steady increase in the number of non-Christian patients. Some of our most satisfactory surgical cases have come from this class, as the heathen with their fears and superstitions show remarkable faith and willingness to return for repeated treatments, thus making it possible for us to do better work. The hospital evangelist is present each morning at the dispensary, and in many little ways helps to gain the confidence and respect of new patients.

This year there have been nine difficult obstetrical operations, four of which were craniotomies, four deliveries of badly neglected transverse presentations, and one a removal of an extrauterine fetus of seven months' development through a spontaneous opening in the abdominal wall. The majority of our maternity cases are abnormal. Both for the instruction of the students who go out from us and for the sake of suffering Chinese women we very much desire an opportunity to develop this department of hospital work.

On Wednesdays and Fridays part of our time has been given to dispensing at the chapels of the city station. Clinics have been held on Wednesdays with considerable regularity at four places inside or very near the city, and on Fridays we have made all day trips outside the city to the villages scattered over the plain. Every country chapel has been visited at least once and the greater number three or four times. The object of these clinics has been three-fold: first, to arouse an interest among Chinese
who have not yet heard of Christianity; second, to teach silent lessons to those of our Christians who know nothing of our methods of treating the sick and who therefore are afraid to trust us; and third, to accommodate other Christians who may have learned to prefer Western medicine but who live so far away that they cannot often come to the hospital or ask us to go to their homes.

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Po-na-sang Men’s Hospital.

After Chinese New Year, February, 1903, Dr. Kinnear was able to re-open the dispensary. From the first the attendance was good; there being quite as much work as could be well done with untrained help. The absence of many appliances and conveniences in the dispensary and operating room was a constant reminder of the looting which had occurred, and made it impossible to do some of the more serious operations which would have been undertaken without hesitation before the fire. The building was not worth extensive repairs, but windows and doors were fitted to two wards, and when these were full the patients erected shelters for their beds, from anything they could find in two other wards, but they frequently complained that the ventilation was too good. While enduring these many inconveniences there has been much to compensate in the progress made during the year toward getting a new plant for the work.

Upon that part of the new hospital site which has already been purchased there are two Chinese buildings, one of which has been used for church services while the new Dudley Memorial Church has been building. As the Mission has other use for the land upon which the old hospital is standing, it must be torn down, and so these old Chinese houses, which would be suitable for cattle sheds in warm weather, must now become the home of the Po-na-sang medical work until proper buildings can be provided.

The money for these buildings must all come from those who are especially interested in relieving the suffering of their fellow-men. But the very importance of such a work persuades us that the time will not be far distant when sufficient funds will be in hand to warrant us in commencing to build a suitable hospital.

Po-na-sang hospital has the pleasure of acknowledging the receipt of a donation from a little society of Junior Endeavours at Marsovan Turkey, by the hand of Miss Marjorie Carrington. Commerce is binding the extremes of the world together; so is mission work.

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Chang-loh.

Dr. Whitney writes:

Dr. Ciong has continued the dispensary work the same as in previous years, seeing patients at all times at the dispensary, going to homes wherever called and dispensing at several out-stations occasionally. Several thousand have thus been treated and quite a number of homes visited where the friends of the patient’s could have an opportunity to see the methods of treatment and the effects of Western medicine and in some cases at least produce a favorable impression for Christianity.

The opportunities are many and ought to be improved, but we can only repeat what we have said for several years that only lack of means prevents us from accomplishing fully five times what we can under the present conditions. The reiterated call for $2,000 to enable us to live and build up a medical work at Chang-loh city still remains to be answered by the home friends.
In February the dispensary closed its first year, since the coming of the new missionaries.

More than 1,300 cases, new and old, were treated, including the results of two trips to Gak-jiang and sixteen cases seen in their homes.

Last year one woman who was able to be up, was taken as an in-patient, occupying the school girls' sick-room.

For two years the girls school has borrowed the use of the hospital building, reserving three small rooms for dispensary. This year two larger rooms have also been reserved, to be used for taking in a few in-patients. In less than a month six patients have come in, glad of the opportunity, and a beginning has been made. It is a small beginning, but is surely proving itself worth while.

With this arrangement, both girls school and hospital are very much crowded, but neither can afford to give up. We are holding on, hoping and praying that funds from home may come speedily to provide land and building for the girls school that no department of the work may suffer.

The medical work of the Woman's Medical Work, Shao-wu.

W. B. M. I. in Shao-wu is located within the city, near the North Gate. The new dispensary was finished the first of the year. During the previous year patients were seen in an old Chinese house, afterward used for the girls school, when a woodshed was first built, back of what was intended for the dispensary, and used as a dispensary for several months, till one room of the new dispensary could be finished off suitable for use.

The usual order of dispensing is in the forenoons, leaving the afternoons for attending calls at patients' homes, either in the city or in the neighboring villages that could be reached in a half day. In the dispensary a Bible woman talks to the waiting women until enough have gathered, when a short service is held, consisting of reading a portion of Scripture, explaining it, offering prayer and singing a hymn with the use of the "baby" organ.

The first part of the year Dr. Bement spent several weeks visiting quite a number of the out-stations, travelling almost daily from daylight until dark, going as far as two coolies could carry her and walking what she could besides. The Shao-wu field embraces magnificent distances and the doctorcompassed about six hundred and sixty miles. While travelling the doctor had at times to put up at dark, dingy places and sleep in lofts, compared to which a loft in a home barn would be a luxury, or when these could not be secured, a still worse ground floor room had to be used, infested as such places usually are with the numerous little "animals" so common in Chinese houses. These are not the delights of touring in China, but have to be endured. Travelling in the newer regions always brings together crowds of people curious to see the foreigner, and particularly a lady, so the doctor met with the usual experiences of the "tourist," but it afforded her good opportunities to see and learn and do much "pioneer" good. In the autumn the doctor spent several weeks in the girls school, during her sister's illness, and also superintended the workmen building the new Elizabeth Sheldon Lombard Girls School.

Notwithstanding the numerous interruptions and diversions, the average monthly dispensing was larger than usual, and the six thousand treatments, of new and returned patients, are more than in any previous year.
Personal Record.

MARRIAGE.

At Shanghai, September 21st, S. H. Carr, m.d., Kai-feng-fu, and Miss S. Emmie Morris, both of C. I. M.

DEATH.


DEPARTURES.

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

July 13th, Dr. Mary Burnham, A. P. M., for U. S. A.

July 16th, Dr. W. H. Jefferys and family, A. C. M., for U. S. A.

August 23rd, Dr. R. E. Beebe, Northern Methodist Mission, Nanking, for U. S. A.

September 7th, Geo. E. Devol, m.d., wife and child, A. F. M., Lu-ho, for U. S. A.
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