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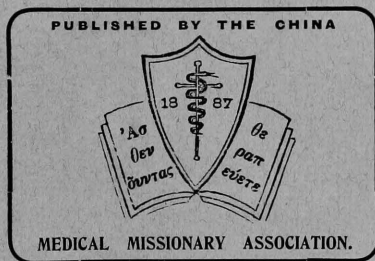
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Faries, W. R.	M.D.	Orange, Cal., U.S.A.
Farnham, Rev. J. M. W.	D.D.	Shanghai.
Feldmann, C. H.	M.D.	{ Eikardsheim, Minden, Ger-
Fryer, John	L.L.D.	{ many.
Gaynor, Lucy A.	M.D.	U.S.A.
Hickin, H.	M.B., C.M.	165 Walmet St., Chicago.
Irwin, J. O. M.	M.D.	Weihaiwei.
King, Mrs. L. H.	„	Tientsin
Lalcaca, C.	„	London Mis., Tientsin.
Lambuth, Rev. W. R.	„	Shanghai.
Layng, Henry	M.R.C.S.	U.S.A.
Mabie, Dr.		Swatow.
McFarlane, S. S.	M.B., C.M.	Congo.
McLeod, Neil,	M.D.	In England.
Milles, W. J.	F.R.C.S.	Shanghai.
Mills, C. F.	M.D.	Shanghai.
Moule, Rt. Rev. G. E.	D.D.	Ningpo.
Olsen, G. M.	M.D.	Hangchow.
Parrott, A. G.	M.R.C.S., L.R.C.P.	U.S. Navy.
Porter, Rev. H. D.	M.D.	Shanghai.
Rennie, T.	M.D., C.M.	La Mese, San Diego Co., Calif.
Scott, Mrs. A. K.	M.D.	Foochow.
Scudder, Ida	„	{ 4509 Carnegie Av., Cleve-
Simpson, Sir Alex. R.	„	{ land, O.
Thomson, Ven. Archdeacon		Vellore, India.
Thomson, John D.	M.B., C.M.	Edinburgh, Scotland.
West, B. F.	M.D.	Shanghai.
Woolsey, F. M.		At home.
		Seattle, U.S.A.
		Unknown.

SHANGHAI, *April 29th, 1907.*

DEAR DOCTOR :

At the General Meeting of the Association, just completed, the question of our relation to the progress of knowledge and treatment was very seriously discussed, with the result that it was evident that a very general feeling existed that we were failing to fulfil our duties and seize our opportunities in this matter. It was therefore decided to appoint a Committee of Investigation, whose duty should be to try and gather up the work carried on by branches and individual members. We quite realise that it is impossible for many of the members to devote more than a small fraction of their time to this work. We are, however, equally clear that even thus much might be done to solve some of the problems constantly meeting us in the practice of our profession here. Further we confess to a very strong feeling that in failing to do more than see beyond our own little horizon and in not recognizing the claims of the races of China as a whole on our services, we are failing to do our duty in the service of our Lord and Master.

When this subject was brought before the notice of the general meeting, few of the members were aware that that energetic body, the Central China Branch of the Medical Missionary Association, had already forestalled the action of the parent Association by forming a local research committee. It was therefore felt in forming a General Committee that it would be well to model our recommendations on the proposals already issued by the Research Committee of the C. C. M. M. A. so as to ensure complete unity in our work of investigation and so obtain the best results possible in the quickest time.

The Investigation Committee as at present appointed consists of :

W. H. Jefferys	...	...	Shanghai.
C. W. Somerville	...	...	Wuchang.
R. T. Booth	...	...	Hankow.
J. MacWillie	...	...	Wuchang.
O. T. Logan	...	...	Changteh, Hunan.
H. S. Houghton	...	...	Wuhu.
J. P. Maxwell	...	...	Eng-chhun, Amoy.
H. H. Weir	...	...	Chemulpo, Korea.
I. E. Kuhne	...	...	Tung-kun, Canton.
J. D. Maxwell	...	...	Tainan, Formosa (Chairman).

With power to add to their numbers.

At a meeting of such members of the Committee as could assemble on the spot, held in Shanghai on April 24th, 1907, it was agreed :—

1. That each Branch Association not already represented on this Committee be asked to recommend one of its number for appointment by the Committee.

2. To print a letter asking the members of the C. M. M. A. to undertake investigations in the microscopical diagnosis of faecal infection. Forms for such investigations to be obtained on application to either of the Editors of the CHINA MEDICAL JOURNAL.

3. The results on the forms supplied to be returned by members of a branch to the representative of that branch on the Investigation Committee. Unattached members to return their forms to the member of the Committee nearest to their station or to the Chairman.

Preliminary reports by the members of the Committee to be sent to the chairman in December, 1907.

4. In cases of doubt or special interest specimens to be forwarded to the nearest member of the Investigation Committee, who shall in cases of need forward some to one of the following members forming the sub-committee on such case :—

W. H. Jefferys, St. Luke's Hospital, Shanghai.

R. T. Booth, London Mission, Hankow.

J. D. Maxwell, Tainan, Formosa.

The members of the Sub-committee shall append their individual opinions, and if they think necessary take such further action as is required to arrive at a solution of the matter.

They shall, finally, return the Committee's opinion in writing to the original sender with a request that he publish the case in the JOURNAL.

5. To draw up a list of books giving assistance in the line of research undertaken, and if possible publish diagrams of some of the faecal contents commonly met with.

The afore-mentioned forms to be obtained from the Editors, request the following items :—

1. Sex of patient.
2. Age of patient.
3. In or out-patient.
4. Disease of patient.

5. Number of slides examined.

6. Details of ova found with approximate proportion.

(e.g., 1 slide may contain 20 ascaris (normal) egg, 5 \times eggs, 3 trichocephalus eggs, 7 ankylostomum eggs, etc., etc.).

7. Note if fæces are examined, because patient's symptoms point to infection with intestinal parasites, or in the course of a systematic investigation.

Presence or absence of amœbæ. (If slide not carefully searched for these, note not examined).

Note.—To prepare a specimen of fæces take a small portion of stool with the end of a match and place on slide; mix with a drop of distilled water (or better *saline* solution), cover with slip and examine with low power.

Aperture of diaphragm must be very small, especially in looking for ankylostomum eggs or amœbæ. Little pressure must be made on the slip after placing it on the slide, and it must never be squeezed to spread out the specimen. If this be done the albuminous coating may be torn off many of the ascaris eggs, and they may be confused with ankylostomum eggs. Such may usually be recognized by noting the albuminous coating gathered up into a tangle at one pole of the egg, or when employing the high power by observing that the shell, though smooth and transparent, has still a double contour. The shell of the ankylostomum egg, *never shows a double contour*.

The eggs of worms we may expect to see, are in their probable order of frequency those of :—

Ascaris lumbricoides.

Trichocephalus dispar.

Ankylostomum duodenale.

Schistosomum Japonicum.

Flukes.

The egg of *oxyuris vermicularis* is seldom found in the stools.

The worms to be found in the stools after (or without) treatment are :

Ascaris lumbricoides.

Ankylostomum duodenale.

Live embryos of *ankylostomum*.

Segments of tape worms.

Flukes.

And very rarely oxyuris vermicularis and trichocephalus dispar.

The Investigation Committee recommends that for the present year members pay particular attention to these eggs and worms and to the amœbæ of dysenery.

The Chairman would ask as a personal favour that members meeting with cases showing the toxicity of the ascaris lumbricoides would communicate with him, giving detailed accounts of such cases, as he is very anxious to collect reliable evidence on this question. He need hardly add that such details should be as scientifically precise as possible if they are to be of any value.

Earnestly desirous of obtaining your valuable assistance in pushing forward our knowledge of these questions,

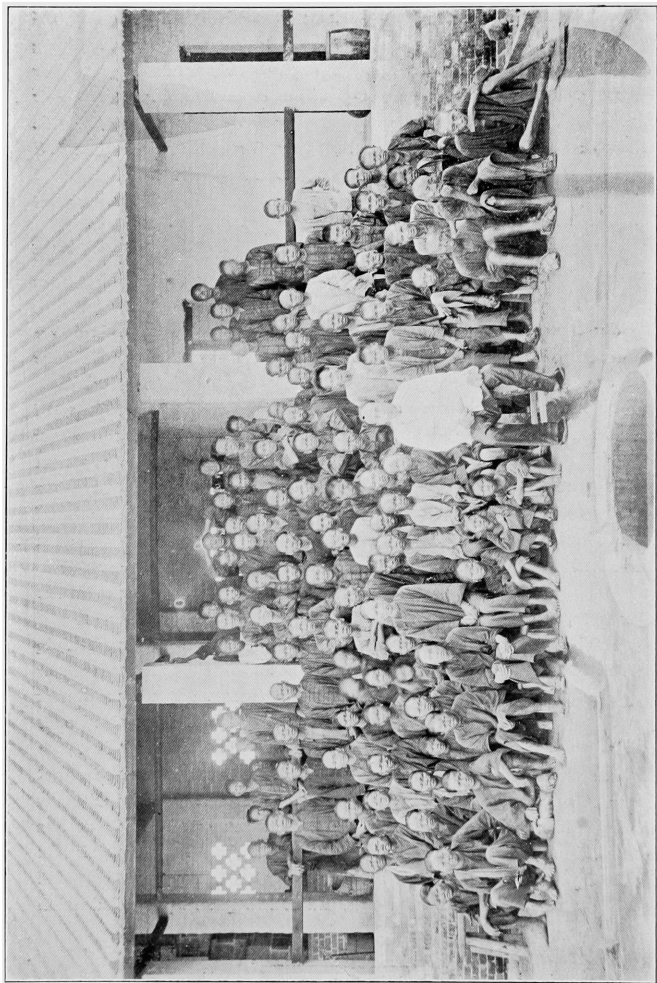
We remain,

Fraternally yours,

In the name of the Committee,

JAMES L. MAXWELL.





IN FRONT OF THE KITCHEN, LEPROS HOSPITAL, TUNGKUN.

Women.

The Evangelist.

The China Medical Missionary Journal.

VOL. XXI.

JANUARY, 1907.

No. I.

Original Communications.

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

INTUSSUSCEPTION THROUGH THE NECK OF AN OPIUM-LAMP GLASS SHADE.

By HAROLD BALME.

The following case is of interest owing to the peculiar character of the "accident" and of the condition so produced:—

On July 7th I was asked to see a patient with Dr. G. A. Charter, who was said to be in a very critical state. The history was as follows: The patient was a small official of about fifty years of age, who had come from Shensi to Tai-yuán-fu some time previously, seeking office. Whilst there he seems to have employed a great part of his time smoking opium and drinking spirits, and no one could tell (or would tell) very much about his manner of life.

On July 5th he had a regular drunken bout, and appears to have spent the whole day drinking spirits at the inn where he was lodging.

Next morning he was found by his friends in a more or less collapsed condition, and they sent for Dr. Charter, telling him that they believed he was suffering from dysentery. Later on, however, the patient stated that he had swallowed "a glass bottle" on the previous day, that he was suffering considerable abdominal pain and had lost a great deal of blood per rectum.

On July 7th Dr. Charter examined the patient under an anæsthetic, and discovered a hard circular substance firmly impacted in the rectum, high up, whilst an intussusception of some considerable size could be felt, occupying the centre of this hard ring.

The same evening I saw the man, with Dr. Charter. His general condition was better than might have been expected, considering his history. He had only vomited once, and his pulse was fairly good, whilst the pain of which he complained was evidently not very severe. There was very definite tenderness in the lower part of the abdomen, much more marked on the left side, and also considerable distension of the colon, which almost obscured the liver dulness. Per rectum there was a fair amount of blood and mucus; the condition being as described by Dr. Charter. The man was in no way collapsed, however.

With the consent of his friends, it was decided to operate at once, in the hope of removing the obstruction and reducing the intussusception, and the man was accordingly removed to hospital without delay. Having anæsthetized the patient, a thorough exploration of the rectum was made, and it was decided to make an attempt to deal with the condition by that route, as the intussusception was far too low to have been easily dealt with per abdomen. This, however, proved to be no light matter. Being quite ignorant of the nature of the impacted object, it was not thought wise to attempt any forcible means of extraction, but rather to break it up into pieces and so remove it. This was ultimately accomplished by means of bone forceps, etc., the bowel being protected by the fingers of one hand, but the glass substance was sufficiently high up to make this procedure very tedious. Once, however, the object was extracted, but little difficulty was experienced in reducing the intussusception.

It was then found that the impacted article was one of the thick glass shades so commonly seen on opium lamps, and there is no doubt whatever that instead of swallowing it, as he said, the man had in reality forced it into the rectum during his drunken fit, part of the sigmoid then becoming forced through the circular opening.

Unfortunately the operation proved to be too severe—or performed too late—to save the man's life. Although he had a fairly good pulse when he left the table, it became very weak in the course of a few hours, and in spite of the repeated use of various stimulants, he died next morning. Before then, however, he passed a large motion (in spite of being under *morphia*), so that the colon was evidently quite patent; his death being apparently due to his exhausted condition.

A CASE OF INFECTION WITH SCHISTOSOMA JAPONICUM.

By H. B. TAYLOR.

The patient, a Chinese boy, age eleven, was a native of Wang-chiang-hsien, about forty miles from Ngankin, near the Kiangsi border. He gave a history of chronic diarrhoea of many years' standing. Stools bloody at times. Accompanying the diarrhoea there had been gradual enlargement of abdomen and progressive weakness and emaciation. No history of œdema at any time.

The boy was extremely emaciated: face, body and extremities. Liver much enlarged to three or four finger breadths below costal margin; very tender with rough nodular feeling on palpation through thin abdominal walls. Spleen also much enlarged, tender but without nodular feeling. Intestines distended with gas.

The first time the patient came to our dispensary the stools were formed and contained no blood microscopically. On examination the ova of *Schistosoma Japonicum* were found in small number, along with many of the *Ascaris lumbricoides*. Subsequently the patient returned with dysentery. The ova were again found. This diagnosis was kindly confirmed by Dr. Logan, of Chang-teh, to whom I sent a specimen and whose cases of *Schistosoma* infection were reported in the JOURNAL last year.

At this time the boy was weaker and more emaciated than at the previous visit. His abdominal symptoms remained as before. He remained three weeks in the hospital without material benefit.

AVAILABLE CHINESE DIETARY FOR INFANTS.*

By Dr. ETHEL ROWLEY, Wesleyan Mission, Hankow.

This subject was suggested to me as being one of interest to all in medical work in China. Some months ago I refused to write a paper for these gatherings, and I only presume to do so now to fill up a gap, and because First, I feel how exceedingly important this matter is to us all, Second, because I realise how exceedingly little I know about it, and hope that the little I can say upon it may lead to a discussion, in the course of which I may receive help and teaching.

First then: A. I suppose everyone who has to do with the out-patient department of a hospital, is constantly being brought face to face

* A paper read before the Kuling Medical Missionary Association.

with the poor little wizened infant, with the large, hard abdomen and chronic constipation; the infant who in the absence of its natural nourishment has been fed on "kao." Usually the little face wears a look of pinched anxiety, and gives one the impression of unsatisfied, gnawing hunger. Should there still be a little secretion of milk in the mother's breasts, sometimes one can set things right by the gift of a couple of tins of milk, a tonic and advice as to special liquid diet, all for the *mother*, but too often there is either no mother in the case or her milk has entirely stopped. One has then to face the fact that a tin or two of condensed milk as a gift will not go far in the many months that must elapse before the child is fit to take ordinary food. The remedy of the rich, a wet nurse, is usually not to be thought of because of expense; the baby is none the less precious to its parents, because they are poor, and what is to be done? The "kao" spoken of is a kind of biscuit made of baked rice flour mixed with water, and is given to the child soaked in water and broken up. That is to say, we have a starchy diet without oil, without sugar, two most important elements of baby-diet. Yet it is probably better than the other foods given to children by Chinese. In some country cases, when one has suggested it, the parents have been able to procure goat's or buffalo's milk at small cost to supplement the "kao" diet, but this help is out of reach for town babies.

For them, I have suggested the following, and in some cases found it answer very well:—

1. One ounce of hemp oil (ma-iu) or vegetable oil (ts'ai-iu), to be rubbed into the baby's groins and axillæ during the day.

(If cotton-oil (mien-iu) can be obtained it is quite palatable, makes an excellent substitute for *cod liver oil* and can be given in half to one teaspoonful doses with each feed. In *cities*, however, it is not nearly so easy to get as the other oil).

2. Half a teaspoonful of sugar to be added to each "kao" feed and the food to be given at regular intervals.

3. Doses of raw beef juice, the formula for making which we give to the parents, to be given twice every second or third day.

4. Where vomiting occurs I have found a gluten diet useful for a short time to supersede the other. This can be obtained from the ordinary mo-mo (mo-mo is wheaten bread, raised with soda and cooked by steaming it). The inside of a mo-mo cake is put in a saucepan, well covered with cold water, brought to a boil and boiled for a quarter hour, then squeezed through very coarse muslin. A little sugar should be added. The oil inunction should go along with this diet.

5. The white of one egg, beaten up in some strained *mi-tang* (rice water) and given once a day, is a helpful and easily attainable addition to the baby's dietary.

B. Then comes that other class of babies so numerous among our patients—the wretched little infants who, at a few months old, are being fed, as their mothers triumphantly inform us, on “everything that we have” with the result that the child has chronic diarrhœa, is always crying, refuses all food, has a large flabby abdomen and often fever and vomiting. After judicious dosing with *castor oil*, a prohibitive dietary will be needed for some time. In these cases comes in the value of albumen diet. This consists of the beaten white of one egg, to which two-fourth ounces of cold rice water (made like ordinary barley water) and a little sugar have been added. This quantity may be given every two hours.

I find children will take the albumen this way when they will refuse it if only mixed with water. If this diet has to be continued for more than three or four days, raw beef juice should be given twice a day in addition. I have seen two cases in previously very ill-nourished children, where scorbutic symptoms occurred, which I think might have been prevented in this way. But one must learn from sad experience.

At best, however, when all is said and done, we are in a bad way without a cheaper supply of milk. Imported milk cannot be sold at less than 250 cash a tin, and one tin ought not to last more than two days if a child over a month old has its right quantity and proportion, which means that it is out of reach of the ordinary outpatient's purse.

It seems to me there is ample scope in this direction for some philanthropic capitalists in the matter of instructing the Chinese in the management of milk farms, and probably the quantity of the pasturage in this part of China at least makes goat's milk the most likely to be obtainable on a large scale. But perhaps we can each do something till that happy day dawns, as we sit in our dispensaries, towards talking up the value of the milk of the various animals and we *might* just happen to talk to the right Chinese to do something some day.

There is one point which often puzzles me out here. Why is *rickets* so rare even among these wasted children? In ten and half years I have only seen *one* marked case and very few mild ones. Does it not badly upset all our theories about the disease?

I trust that some of my difficulties are going to be cleared up by those here this evening, and I have a very sharp pencil and a very large sheet of paper wherewith to perpetuate the coveted knowledge that I am going to receive and thank you for.

I see from the postcard received after this paper was written, that the subject announced is infant dietary in China, which would give a much wider range. I will therefore add that in our hospital healthy hand fed infants are fed on condensed milk, lime water and barley water with some *cod liver oil* added to each feed, while for the sick little ones we use large quantities of patent foods, such as the invaluable because partially peptonised Benger's and Mellin's, etc., just as one would at home. But the in-patient babies are such a small proportion of the sick babies we have to advise for and treat that it seems to me that we want most of all to scrape information from all quarters as to infant dietary obtainable by poor Chinese.

OLD AND NEW METHODS IN RECENT MEDICAL LITERATURE.

By W. H. VENABLE.

The medical literature of the past year has seemed to me to be unusually interesting, and I trust that a brief *résumé* of some of the interesting points may prove helpful to the readers of the JOURNAL.

I have noticed a large number of methods suggested for the preparation of catgut and have tried some of them. I have been more successful with the Claudius method than any other. This consists in immersing the catgut for eight days in a watery solution of one per cent. each of *iodine* and *potassium iodide*. From the reports of bacteriological examinations of catgut immersed in this solution it would seem that it is usually sterile after immersion for five or six hours and always at the end of twenty-four hours, so it does not seem clear why it is necessary to immerse it for eight days. It is stated that the catgut may remain in this solution indefinitely without becoming weakened. No doubt some samples of catgut are more resistant to the weakening influence of the solution than others. Some that I had after being kept in the solution for about a month became so weak that it was unfit for use. Some recommend putting the catgut in a weaker solution of *iodine* half per cent. after the eighth day, but I have not tried this.

I have seen several articles calling attention to the long-known but apparently forgotten fact that as an antiseptic and disinfectant *iodine* is far superior to the much-trusted and much-vaunted corrosive sublimate, though of course in a great many cases it is not applicable—for instance in most eye troubles, as it is too irritating. However I know of nothing

more satisfactory in aborting a beginning corneal ulcer than tincture of *iodine* carefully applied with the end of a fine probe, avoiding contact of the *iodine* with the surrounding cornea. From reports of experiments it seems probable that *iodine* may soon play an important part in hand disinfection and also in disinfection of the patient's skin at the site of operation. By one author corrosive sublimate is condemned as dangerous, because most operators who use it, after immersing their hands in the solution for a length of time utterly insufficient for killing the pyogenic cocci, proceed with the operation under a false sense of security. Thirty minutes is given as the shortest possible time in which the pus microbes (streptococci) can be destroyed by a 1/1000 corrosive sublimate solution, whereas they are destroyed by a 0.02% solution of *iodine* after only two minutes' exposure. A ½% solution is stated to be strong enough for all practical purposes. I notice that Heusner (Barmen) uses for hand-disinfection a 1/1000 solution of *iodine* in *benzin*.

In a very interesting article by Harrington in the *Annals of Surgery* for October, 1904, the *potassium permanganate* and *oxalic acid* method of hand-disinfection is condemned as inefficient. Harrington, after a thorough bacteriological study of twenty-two different antiseptics, found that not one of them acted under two minutes, and most of them only after five. After further experiments he found a solution which would kill carbuncle pus in less than one minute, whereas the quickest of the twenty-two antiseptics previously tested, took four minutes to accomplish the same result.

The composition of this mixture is as follows :—

Commercial alcohol (94%)	...	...	640 cubic centimetres.
Hydrochloric acid	...	...	60 " "
Water	...	...	300 " "
Corrosive sublimate	...	...	0.8 gramme.

This mixture contains sixty per cent. absolute alcohol, six per cent. commercial (strong) *hydrochloric acid*, and 1/1250 corrosive sublimate.

Bacteriological experiments on the hands of assistants that had been immersed in this fluid gave eminently satisfactory results. The solution is known as "Harrington's solution," and apparently it has won for itself some reputation, as I see that an author in describing a visit to the clinic of the Mayo brothers at Rochester, Minnesota (*New York-Philadelphia Medical Journal*, July 22, 1905) says: "As an antiseptic, Harrington's solution seems to be the favorite, and is used both on the hands and on the field of operation."

Rubber gloves seem to be holding their own in most of the big clinics. However, it is interesting to note that as eminent a surgeon

as Kocher, whose results are second to none, does not consider them necessary. His rule is as follows: "In aseptic operations all assistants must wear lisle-thread white gloves or use bare hands. In septic cases all assistants must wear rubber gloves."

In abdominal cases a good many surgeons seem to favor placing the patient in the sitting posture after the operation or raising the head of the bed twenty-four to thirty inches. It is claimed that with the patient in this position vomiting is less frequent and that there is less danger of sepsis. It might be stated in this connection that a good deal has been written during the past year about the treatment of suppurative peritonitis. There seems to be a growing sentiment against irrigating the entire abdominal cavity in these cases. A great many surgeons think that irrigation helps to spread the infection. The method that seems to be growing in favor and that gives the smallest mortality consists in quick incision, and pelvic drainage with the patient kept sitting for four or five days.

A good deal has also been written of late about the treatment for abscesses that has been advocated for so long by Powell, of New York. The abscess is incised and the cavity thoroughly emptied. The cavity is then filled with ninety-five per cent. *carbolic acid*, which is allowed to remain for a few minutes, after which the cavity is washed out with alcohol and the wound sutured for first intention. This method is spoken of favorably by so many that I am convinced we have not given it a sufficiently thorough trial.

One of the most striking and revolutionary methods that has come into vogue lately is the use of "*iodoform bone-wax*" to fill up cavities left by scraping away dead bone or curetting sinuses. The cavity, after removal of all dead bone or other dead or diseased tissues, is cauterized with a five per cent. solution of *carbolic acid*, then washed out with alcohol and dried. Then the wax, heated sufficiently to become fluid, is poured into the cavity and the wound sutured for first intention. The material consists of a mixture of twenty parts of the finest pulverized *iodoform* and forty parts each of *spermaceti* and *oil of sesame*, which at the ordinary room temperature forms a stiff, yellow mass. When heated the substance becomes fluid, and on allowing it to stand and cool the *iodoform* sinks to the bottom. In order to obtain a homogeneous emulsion, the substance, after being melted by warming, must subsequently be well shaken up and then it is ready for use. This method was introduced by von Moorchhof. A description of the technique is given in the *Lancet* of January 21st, 1905. Murphy, of Chicago, states that he has given this method an extensive trial, with very gratifying results.

I suppose most of us have scored failures in attempting to treat that rebellious disease—gonorrhœal rheumatism—and any method that promises a greater degree of success in these cases will, no doubt, be hailed with delight. In a recent number of the *Post-Graduate* (June, 1906), Prof. Eugene Fuller states that in a great many cases of gonorrhœal rheumatism the seminal vesicles form the “absorptive focus,” from which the poison is derived. I quote the following from his article:—

“Several years ago I began to open the seminal vesicles, performing my operation, seminal vesiculotomy, where the lesion is intense. Sometimes the sac is found lined with granulomatous tissue, just as the womb may be, and is treated by curettage. Sometimes we find adhesions, and by opening the sac and breaking up the adhesions, healing takes place. In these operations the sexual function is not destroyed and satisfactory improvement is the result. Within the last two years I have been making a study of so-called gonorrhœal rheumatism, . . . and have learned that in males in the vast majority of chronic cases the seminal vesicles are markedly involved. I have proved by opening the sac and curing the rheumatism that it was the absorptive focus. I have operated on my thirteenth case, and in all but one the results were very satisfactory.”

Many of us have been interested, no doubt, in the reports that have been so frequent of late of the successful use in pneumonia of large doses of *quinine* combined with the tincture of the *chloride of iron*. I have tried this method in a few cases and have been very much struck with the results obtained. From my limited experience I would say that the treatment undoubtedly reduces the temperature, lessens the pulse rate and increases its force and, best of all, makes the patient feel a great deal better. As far as I can judge, though, the treatment has little or no effect on the pathological condition in the lungs, as the physical signs of pneumonia persist as well as the bloody sputum.

The dose of *quinine* usually given is from sixty to seventy-five grains when the patient is first seen and from thirty to forty grains every three hours for the next two or three days. The *tincture of iron* is given in fifteen drop doses three or four times daily. In the few cases I have treated I have given sixty grains of *quinine* as the initial dose, followed by thirty grains two or three times a day, and this has seemed to be sufficient to control the symptoms. I usually give it stirred in a cup of clear coffee, which disguises the taste fairly well.

In this connection some statements made by Yeo in his Manual of Medical Treatment are very suggestive. I quote from the 12th edition, page 608 :—

“We have, ourselves, been led in this way to the conclusion that *quinine* frequently exercises a beneficial influence over the course of acute pneumonias of the class we are considering We have been led to conclude, from facts observed, that *quinine* is in some degree an *antitoxin* to the toxins of many infective germs, in what precise manner it is impossible at present to say. To call this effect ‘*germicide*’ is unjustifiable, because it may possibly act in some way quite unconnected with the death of the germs. We have not given *quinine* in the *large* doses advised by Jurgensen and others ; but we have always given it in a special manner, which we believe greatly influences its favorable action. We give from 1 to 8 grains every two to four hours, according to the age of the patient and the apparent severity of the attack, and we give it dissolved in citric acid, and then added to an alkaline mixture, so that it is really taken in an effervescing saline draught. We have had abundant reason for believing that *quinine* given in this form has quite different activities from what can be obtained from it in the solid form or dissolved in mineral acids. We therefore regard the adoption of this form of using it as all-important.”

Thus we have testimony that *quinine*, either in large or small doses, has a beneficial influence in pneumonia. Strange to say patients rarely complain of *cinchonism* while taking the large doses mentioned above.

It is to be hoped that all the members of our Association who have tried the “*quinine* treatment” of pneumonia will give the readers of the JOURNAL the benefit of their experience.

I notice that the *Journal of the American Medical Association* is very cautious about expressing an opinion on the subject. It prefers to wait for reports of further clinical experience.

THE LEPER ASYLUM AT TUNGKUN.

Dr. JOHN E. KUHNE, M. B. C. M.

It has been suggested that a statement of income and expenditure of the Leper Home at Tungkun, recently published in the Chinese newspapers of Canton and Hongkong might be of interest to the readers of the MEDICAL MISSIONARY JOURNAL, since such asylums for the lepers are still few in this land ; and a brief account of the

institution itself may, with advantage, accompany the balance-sheet herewith sent.

The condition of the Tungkun lepers was formerly pretty much as it is in most Chinese cities. They were located near the South Gate, and made themselves a nuisance by wandering all over the place begging. Consequently when proposals were made for the erection of an asylum, where the lepers might be segregated and properly cared for, the business people very readily promised their support to the scheme. A collection was made, and with the help of a Chinese graduate, who lent us a large sum of money to meet the expenditure, we were able to avail ourselves of an opportunity that was offered of acquiring at a low rate a number of fields that were being sold by the government. The deeds of purchase bear the name of the asylum itself, and the fields, purchased for four thousand five hundred and eighty-eight dollars (\$4,588), yield an annual rent of six hundred dollars (\$600), which is devoted to the maintenance of the lepers. Our acquisition of this property gave the Chinese confidence in our scheme.

Hitherto all had gone smoothly. It was only after we had purchased a suitable site for the asylum at Shan-tam, a small island in the river, and had commenced the erection of houses, that difficulties began. There being no village in the vicinity, Shan-tam had seemed to most of the townspeople an eminently favourable locality for the purposes we had in view; but certain misguided individuals thought otherwise, and deaf to all arguments and explanations, set themselves to excite the neighbourhood against us. They distributed pamphlets all over the country and in the neighbouring towns, spreading lying reports about us and our work, and seeking to bring to nothing the collections that were being organised. They even went so far as to bring open accusations against us, both before the local magistrate and before the Governor-General at Canton.

A few words of admonition from the Magistrate, if he had inspected the locality and seen for himself how suitable it was for segregation purposes, would have sufficed to put an end to the agitation. To allow him to do what might be necessary in this respect, building operations were stopped for a time; but to our astonishment it came to our knowledge that instead of helping us he was secretly encouraging those who were opposing us. Just about this time his term of office expired, and before leaving his post he addressed a dispatch to the Governor-General, Sham Chun-hün, reporting on the disturbances and recommending that the only way to restore peace was to do away with the proposals for a leper asylum altogether. Such was the parting

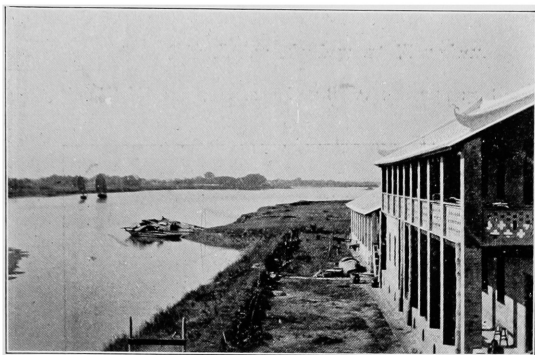
gift of one who a few weeks previously had written on our collection books a cordial exhortation to his subordinates to contribute to the funds of such a useful institution !

Man proposeth, God disposeth. This treacherous action became in God's hand a means of giving a new impulse to His work, which from that time has progressed rapidly and uninterruptedly.

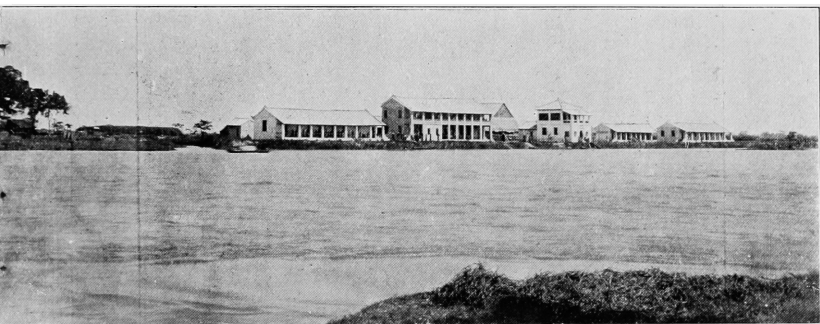
Having obtained a copy of the above mentioned despatch, we were able easily to show the fallacy of the arguments advanced against our proposals; and in a lengthy report to the Governor-General we fully explained the whole situation. The result was a direct donation of five hundred taels (Tls. 500) from the Governor-General himself and a strongly-worded warning to the new magistrate, requiring him to maintain order and to help us in every way that we might erect the asylum as rapidly as possible. It was also this far-sighted Governor-General who suggested that the scheme should be expanded and that provision should be made not only for the lepers of the Tung-kun city but also for those of the whole district. As a medical missionary I should refrain from remarks of a political character, but I am bound to say that I consider the attacks of the Press on the late Governor-General of the two Kwang most unjust.

Thus strongly supported we were able to resume building operations, and at the end of 1905 we threw open the doors of the new home. Five large houses had been erected—four for the lepers and one in the centre of the compound for guests and caretakers. The two magistrates, civil and military, and a deputation of the business people attended on the opening day and made congratulatory presents. A week later the lepers of the city, about thirty in number, entered into possession of the wards.

Our next step was suggested by the message we had had from the Governor-General. We decided to proceed at once to enlarge our premises by the erection of two more buildings—one a large two-storied hospital to accommodate seventy more male lepers, the other a house to serve as a residence for an evangelist and a store at which the lepers might purchase what they need. The evangelist is himself a leper from the San-on district. He assists in the internal management of the asylum, and is the zealous teacher of the poor lepers, who gladly accept God's message of love and the promise of a better life. Forty-two of them, thoroughly well prepared by the evangelist, have been baptised by the Rev. F. Diehl. On the 23rd of July the new buildings were ready, and the lepers of the district assembled at Shek-lung to travel together to their new home, where they found their



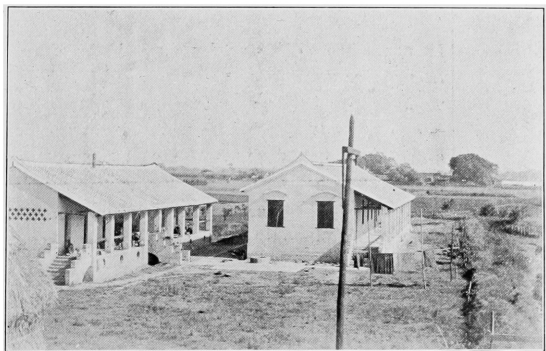
HOUSES FOR THE MALE LEPEERS.



LEPER HOSPITAL, TUNGKUN, FROM THE OTHER SIDE OF THE RIVER.

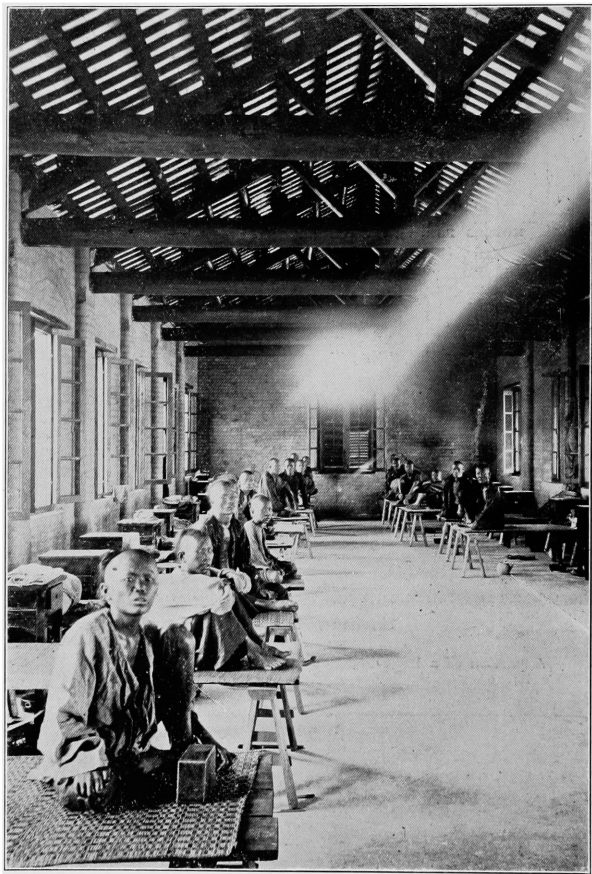
The houses for male lepers. Houses for female lepers
Caretakers and guests' house.

A portion of a large matshed used as chapel is seen.



THE TWO HOUSES FOR THE WOMEN.

The Large Ward.



LEPER HOSPITAL, TUNGKUN.

Upper ward in the two-storied building.

evening meal prepared for them by the lepers already in residence. Since July we have had an average of nearly a hundred inmates in the asylum.

Some, chiefly opium-smokers who entered in a very bad state of health, have died ; others, able to fish and earn more than we can give them, have left the home, preferring the free life on their boats to the confinement of the asylum ; new patients admitted have filled vacant places.

Each leper receives an allowance of \$2.50, from which he need purchase his food alone. Vegetables are available for all from a large kitchen garden, free of cost. Clothing, blankets, in fact everything necessary is supplied to them free. We would like to make the food allowance larger, but the state of our funds does not permit us to do so.

In an Editorial Comment, June, 1904, the editor of the *China Mail* advised making some effort to induce the wealthy Chinese to provide the bulk of the necessary amount for any good work among the Chinese.

We have acted on this advice, and the foregoing sketch shows conclusively that the Chinese, when interested in a work, are willing to take their due share in the necessary outlay. From Chinese alone we have received nearly seven thousand dollars (\$7,000), and those subscribing are not all wealthy, for hitherto not one Chinese firm in Canton or Hongkong has been asked to contribute.

We are most grateful to Sir Robert Hart, whose interest in the lepers is well-known, for sending us a cheque for a thousand dollars (\$1,000), and to the Edinburgh Leper Mission and to the many friends of our work who have, by their contributions, enabled us to carry it on so far.

The statement of income and expenditure, just published in the Chinese newspapers, and accompanying this communication, shows a heavy balance on the wrong side, but it is not to be forgotten that the sum paid for the purchase of the fields, which we mentioned as having been originally lent to us by a Chinese graduate, is included in the deficit.

Tung-kun City, November, 1906.

INCOME.										Dollar, Cent.
Collection in Tung-kun	...	...	...	...	...	...	...	...	...	774.00
" " Shek-lung	...	...	...	...	...	...	...	...	...	381.89
" " Cha-tun	...	...	...	...	...	...	...	...	...	100.50
" " Liu-po	...	...	...	...	...	...	...	...	...	16.50
" " San-on District	...	...	...	...	...	...	...	...	...	87.25
Officials who had not yet subscribed...	...	...	...	...	...	...	...	...	...	281.00
Sir Robert Hart	...	...	...	...	...	...	...	...	...	1,000.00
Through Au Po-po, Esq.	...	...	...	...	...	...	...	...	...	84.50
" Cheung Tuh-hei, Esq., To-kau	...	...	...	...	...	...	...	...	...	134.00
" Do. Chan-tsun	...	...	...	...	...	...	...	...	...	110.00
" On Leung-kuk, Tung-kun	...	...	...	...	...	...	...	...	...	40.10
" Lei Kai-fai, Honolulu	...	...	...	...	...	...	...	...	...	50.00
" Miss B. Kuhne, Germany	...	...	...	...	...	...	...	...	...	46.31
Edinburgh Mission to Lepers, Grant £128	...	...	...	...	...	...	...	...	...	1,345.98
Friends in Germany	...	...	...	...	...	...	...	...	...	458.80
" " Switzerland	...	...	...	...	...	...	...	...	...	93.94
Missionary Friends in China	...	...	...	...	...	...	...	...	...	99.80
One Friend in Carlisle	...	...	...	...	...	...	...	...	...	9.35
Rent of the Fields	...	...	...	...	...	...	...	...	...	605.24
Government Allowance to Lepers, two seasons	...	...	...	...	...	...	...	...	...	164.23
Sundries	...	...	...	...	...	...	...	...	...	46.18
Rent of Rooms in the Home	...	...	...	...	...	...	...	...	...	4.50
Baskets sold	...	...	...	...	...	...	...	...	...	3.46
Subscribed by Relations of Lepers	...	...	...	...	...	...	...	...	...	117.65
Balance	...	...	...	...	...	...	...	...	...	10,908.13
										\$16,963.31

LEPER HOME AT SHAN-TAM DISTRICT OF TUNG-KUN.

EXPENDITURE.	Dollar. Cent.
Food and Help to Lepers at Fa-tim-leng from the Year 1901 to the 10th September, 1905	996.56
Collecting Expenses, Printing of Circulars	90.14
Sundries	147.65
Purchase of the Island at Shan-tam	573.16
Plantation of 420 Water Firs	119.00
Raising of a Dam all round the Island and making of a Breakwater	508.74
Purchase of 101 Mow of Fields at Muk-ngau-chau	4,488.89
Expenses connected with the Purchase of same	37.64
Interest paid to the one who lent us the Money, enabling us to buy the Fields	80.00
Purchase of Grass Cloth Objects	43.10
3 Cliches made in Geneva	18.82
A Boat and other Furniture	53.92
Tax paid for the Fields (now remitted)	29.30
2 Ponds with W. C., 2 Wells, Landing Stage (accounts not closed) ..	152.19
5 Houses (account not closed)	6,944.83
	\$14,283.94

LEPER HOME AT SHAN-TAM DISTRICT OF TUNG-KUN.

End of September, 1906.

EXPENDITURE.	Dollar. Cent.
Balance of last Year, including the Purchase of the Fields, \$4,588 ...	6,511.00
Houses erected during the Year 1905 (accounts closed)... ..	2,564.12
2 Ponds with W. C., 2 Wells, Landing Stage (accounts closed) ...	379.75
Houses erected during the Year 1906, two Matsheds: the one used as Rice-pounding place, the other as a Chapel (accounts not closed)	3,806.28
Food and Help to the Lepers at Fa-yun-leng, end of the Year 1905.	192.20
Board of the Lepers in the Home, Year 1906	1,291.78
Milk, 2 small Pigs, etc.	19.76
Collecting Expenses, Printing of Circulars, Repairs of a House in Shek-lung, Rent, Printing of Accounts in the Newspapers of Hongkong and Canton	302.32
Wages of Caretakers	313.22
Sundries	249.08
Minimax Fire Extinguisher	45.00
Rice-pounding Implements, Furniture, Benches, Mosquito Nettings, etc.	448.23
Medicaments. Dressing Material	69.17
Clothing, Blankets	293.75
Building of a Breakwater in Heng-fung-tan to gain new Ground from the River. The new Fields are to be the Property of the Home which has to pay back to the Village 30% of the Annual Rent ...	393.50
Purchase of one Mow more at Muk-ngau-chau	45.04
Soap Petroleum	17.05
Plantation of Trees	6.18
Purchase of Material to make Baskets	9.30
Interest	6.30
	\$16,863.31

SOME LITTLE THINGS THAT HAVE HELPED ME.*

By O. T. LOGAN, M.D.

“Trifles make perfection, but perfection is no trifle.” In our little corner of Western Hunan, during the six years we have occupied it, we have had our problems and are having them. Some of them have been overcome, others will be overcome and some will never admit of solution. I am more and more convinced that it is the person who is master of little things who will make a success as a medical missionary, and for that reason I venture this modest paper.

In operating for pterygium, I have found that the difficulty in bringing together the conjunctiva over the space formerly occupied by the growth is solved by simply removing the speculum that has served the useful purpose up to this stage of keeping the lids apart. After the necessary cutting has been done, the speculum is a great disadvantage. The books should tell us this, but they do not.

Our troubles with the first dressing of entropion operations have been ended by using a couple of narrow strips of rubber protective tissue that has been previously washed and stored in 1-1000 bichloride. This prevents the gauze from sticking to the wound and pulling out the stitches, to say nothing of the bleeding that usually follows without this precaution. It saves a lot of time also and perhaps some temper.

You who have done iridectomies for an optical pupil know how often you get out too much iris. I know of nothing harder to judge than the amount of iris to excise, or rather how to get out exactly the right amount. The question is, after one has taken out too much, Would the vision be improved if the pupil were made smaller by tattooing with India ink? To decide this point, get a good Chinese pen and have some ink rubbed up thick and paint the margin of the artificial pupil until it is the size you want it and then test the vision, holding the lid away from the newly painted area without pressure on the eyeball.

Most of us have the experience of finding that, usually on account of not being able to sterilize our field of operation, our wound has become infected. I have found that best results are obtained by opening the wound fully, removing all stitches if necessary, washing with saline solution and using the old-fashioned lead adhesive plaster cut into strips and sterilized by passing the adhesive surface through the flame to hold the flaps in apposition. This I think is preferable to secondary suturing, as it leaves no chance for the stitches to cut and to cause

*Read before the Kuling Branch of the C. M. M. A., July, 1906.

pressure necrosis. An infected Chopart's operation was soundly well in a month under this treatment. The profession has almost lost one of its most valuable agents in allowing this adhesive plaster to be all but lost sight of. I find it almost impossible to obtain and always send a sample when I buy, otherwise one will get the rubber adhesive—which has its proper uses—or diachylon ointment will be sent. The plaster is nothing but diachylon plaster spread on cloth. For treating ulcers of the skin, either traumatic or so called idiopathic, I have no fear in saying that it stands unique. I have seen a traumatic ulcer of the ankle that caused pain at every step under the gauze dressing made a matter of no consequence in a few minutes by applying this plaster to the cleansed ulcer, superimposing a light aseptic dressing to absorb the slight discharge. The patient was an athlete, and a few hours afterward was engaged in a hard game, declaring that he did not know he had a sore ankle unless one of the players happened to step on the part. This plaster sticks to healthy skin only and protects the new tissue forming on the surface of the ulcer. It has well been called an artificial scab.

The question of drainage of wounds is one that is ever before us. Seldom can we say that there has been no chance of infection in any given operation. Even if our asepsis is perfect—and all asepsis is relative only—we do not know what pathogenic germs may be floating around in the patient's blood current. It has been recently brought to my attention that strips of rubber tissue inserted into the deep parts of the wound and brought out between the stitches afford splendid drainage and can be left in for some time, if necessary, without leaving a sinus that would be slow to heal.

It is a problem to disinfect the instruments that are constantly being used in the dispensary. Some keep a vessel containing water that is kept boiling all the time and drop the instruments in after using. Our way is to wash the instruments and immerse in 95% carbolic acid, which is wiped off or washed off with alcohol. This keeps the instruments sharper and in better shape than the boiling process, and is practically as good for operations one would do in a hurry during an out-door clinic. We keep our carbolic solution and alcohol in large mouth salt bottles. I may say that we never boil a knife, but depend on the above method, even in the most particular cases, believing it to be fully as reliable as the two minute boiling and the knives hold their edges.

Our galvanic battery with the needle attachment for destroying hairs is in very frequent use. It takes time, but many of our Chinese are blessing us for this exquisite instrument of torture which destroys the roots of offending "wild" hairs. In using it, I find it necessary to

stand behind the patient, bracing his head against my gowned body to keep him from jerking the needle out when the current is turned on. After entropion operations, in very bad cases, it will often be necessary to remove a few offending hairs by this method.

Good morning! Have you used tincture of green soap? is a salutation I would make to medical friends. We find it cheap, since alcohol is cheap in China, and it is on our washstand all the time in a bottle, the stopper of which is grooved, so that a few drops may be easily shaken out. It keeps the hands in good shape; the oil it contains preventing the hands from chapping in Winter. It also removes all the bad smells that cling so tenaciously to the hands. In cleansing a field for surgical operation it is almost a necessity. Of course we make it ourselves. We also make our own citrine ointment, using native mercury and oils. We can buy the nitric acid needed for this ointment on the street, but it is cheaper to get it in Shanghai or elsewhere. This ointment, diluted, we find of great use in treating tertiary syphilitic lesions, and we make it up by the half bushel at a fraction of the cost of the same article bought of the supply houses.

I formerly spent much time prying patients' mouths open in order to introduce the stomach tube in cases of opium poisoning, but now, quietly pass the tube through a nostril—if one is small the other will, in all probability, be large enough—and thus save much nervous energy, broken teeth, etc.

The question of hot water supply during an operation is one that is easily met by the purchase of some form of kerosene blue-flame stove. It may be strange to mention this, but I have met a number of doctors who have not been on furlough recently and do not know the value of these stoves. We find them invaluable, and with reasonable care, they are very reliable.

I do not know how we should get along without our Berkfelt filter. Sterile dirt may be harmless, but one has made a big stride toward asepsis if he filters the water he uses in operations through a germ proof filter. I would warn against the small hand filters, as they are too slow. One needs to spend about \$40 to get a useful filter.

I have recently written an article for the *MEDICAL MISSIONARY JOURNAL* on the Drop Method of giving ether. It has conserved our stock of this matchless anæsthetic, saved the patients a good deal of discomfort and rested our hearts during the operations, and so I mention it here.

One of the most helpful discoveries I have made is that it is not the *work* in the dispensary that tires one so much, but that it is the talking.

I pride myself on a good working knowledge of Chinese, but I find that even a native needs to ask the patients, as a rule, many times, often varying his inquirers, in order to get their symptoms, and the same process is necessary in giving the directions for the medicine, diet, etc. I now have what I call a "talking assistant," whose business is to do the fag of talking. I merely ask the patient once about his symptoms, and the talking assistant understands that if I fail to get immediate and satisfactory answers, he is to do it for me. I would not recommend this plan for new comers, for they need to pass through the tiresome grind of asking and listening, and the talking assistant would be a crutch to them that would hinder their ever being able to stand alone in the language, but to those who find that their years in China have taken the snap and spring out of them and who are inclined to dread dispensary days, I would commend it most heartily.

I have lately been on the verge of bankruptcy. It happened this way: we have several cases of hookworm infection every year, and it has been my plan to search for these worms in the stool that is passed after the thymol treatment. It is not a pleasant task, so I delegated it to our hospital coolie, promising him twenty cash for each worm he found. My plan had been to wash the stool through a sieve and then search among the residue, but the coolie simply placed the stool in a large pus basin and added water, pouring off the top sediment until only the heaviest part remained, which his scientific mind told him would contain the worms. He came to me with seventy odd hookworms, adding the information that there were plenty more, but he did not trouble to pick them out; whether out pity or a knowledge of the extent of my assets I have not yet ascertained. I have never been able to get the consent of my olfactories to pick out more than twenty of these worms in previous cases, but the coolie, without effort, far outstripped me—and yet some will still insist that the Chinese are an inferior race! Well, I sent my precious worms to Dr. Stiles, Chief of Division of Zoology, Washington, and he told me that, so far as he had examined them, they were *Necator americanus*, or the American hookworm, whose chief difference, as I understand it, is that the hooks of the mouth are not so formidable as the Old World hookworm, *Ankylostomum douduenale*, and are consequently more easily expelled. It would seem that Americans are bound by some hook or crook to get a hold in China, even though the Chinese have to bleed for it.

We have all had the delightful task of examining fresh sputum for the tuber bacillus. The platinum loop fishes up anything but the small grey bodies we want. I have found that the plan of mixing the sputum

with equal parts of 1-20 carbolic—you know it is good form to say phenol now in our country instead of carbolic—and allow it to stand in a warm place for some hours after thorough shaking, the grey masses will drop to the bottom and the sputum will lose its elasticity and incidentally its malignant nature and render the task of examination quite easy. Gabbett's stain does away with all heating and decolorizing and is as reliable as it is simple, except in rare cases, where the smegma bacillus has to be taken account of. The stain must not be kept too long, as it, like other stains, loses its differential powers after some months.

We have a skylight in our surgery, but I have found that some cases of iridectomy for optical pupils can be better done by using artificial light and a condensing lens. The so called Angle Lamp has been found very satisfactory in our practice, as it gives a large flame and casts shadows. The lamps are to be obtained from well known supply houses in the States at a reasonable price.

I would not close without giving my testimony to the help that I have received from the official JOURNAL of our profession. It has helped me more than I can tell by its articles from my fellow-missionaries, and the writing for it that I have done has been one of the things that has kept me from falling, I trust, utterly behind in the ranks. I would be glad to see my name in this JOURNAL less frequently, because others had written articles that would crowd mine out, but I get such hearty thanks from the editors—and I want it understood that I am not vain enough to think that it is because of the merits of the material sent in but on account of the need the JOURNAL has for matter for its pages—that I am constrained to report some of the 6,000 cases we see annually. In passing, let me urge the brethren to support this JOURNAL. It needs you and you need it. If one does not report what he sees, his eyes will grow so dim that after while he will see nothing.

The *Journal of Tropical Medicine* has been a great help to me. The extracts from this periodical are so boiled down by our home journals that there is nothing but sediment left. It costs a good deal, and I used to think I could not afford it, but now I find that I cannot afford to be without it. An illustration of its value. I had scarcely read one of last years's copies describing the new blood fluke—*Schistosoma japonicum*—until I found a case among the dispensary patients, and later we found another who has been treated in our hospital with most gratifying results. I find it to my advantage to subscribe for but one medical journal that covers the whole field and to carefully read it

rather than try to read several. This gives me all the important advances in general medicine and leaves some time and money to study the periodicals that apply more specifically to our sub-tropical field.

What is food for me may be poison for you, but I venture these remarks for what they may be worth.

LEAFLETS ON HYGIENE IN CHINESE.

A few months since the Central China Medical Missionary Association decided to prepare and publish a series of pamphlets on various diseases. The large number of patients who visit our dispensaries makes it quite impossible to either carefully, clearly or fully give to each one the necessary instructions as to what they ought to do and more especially what they ought *not* to do. Even if time and patience permitted one to give such instructions, the probability is, they would be forgotten, or misinterpreted, long ere they arrived home. It is needless to enumerate instances. We are attempting in some degree to overcome these difficulties in publishing brief pamphlets written in easy colloquial. Our *modus operandi* is as follows: Various members either offer, or are requested to write in English a tract on a suggested subject. This is circulated amongst the other members, who are requested to write their criticisms on an appended sheet of paper. Then they pass on to the appointed English editor. From him the tract is returned to the author, who translates it into Chinese and finally, it is committed to the merciful judgment of the appointed Chinese editor.

The following list of pamphlets are now in preparation and will shortly be ready:—

- (2). Instructions in Dysentery, Diarrhoea and Constipation.
- (3). Warnings in Syphilis.
- (4). Instructions in Small-pox.
- (5). „ „ Scarlet Fever.
- (6). „ „ Cholera.
- (7). „ „ Contagious Skin Diseases.
- (8). „ „ Bright's Disease.
- (9). „ „ Marasmus in Infants.
- (10). „ „ Dyspepsia.

免傳染肺癆症之法

此症傳染最爲害甚大人萬不可沾染傳染之由是因病人所吐之痰乾時經風一吹遂散成粉別人口鼻吸之卽成此症故此特將防備之去開明於下○第一吐痰不可在屋裏或路上車船等處○二吐痰要用杯子或盒子放燒紙在內用後取出痰紙將火燒了他每天如此最不可丟在地上或外面各處○三吐痰之盒子或杯子每日要用開水洗淨○四病人要用紙做手巾抹嘴抹鼻子用後亦要燒了他○五這痰若不吐出或嚥下肚子和別處恐生此病○六病人屋裏不可常將門和窗戶關閉每天要用開水洗地板並用濕帋子洗淨灰塵○七病人不可與別人同房住宿○八病人所住之房子若空出別人來住必要把鼓皮門扇地板都洗潔淨○九病人不可和別人親嘴因爲極易傳染○十病人咳時須用紙巾遮着口鼻以免痰氣冲入別人口鼻之內用後亦要把紙巾燒了他○十一病人吃外國上等盒子牛奶最好若吃中國鮮牛奶要煎過一刻鐘再吃○十二病人飲食要不離葷或吃猪油和各樣的油必須加重一點若能格外吃魚肝油更好○十三病人常常吸清氣常見陽光身上宜穿毛衣故不可不小心○十四不可食鴉片煙因食後痰不能吐大有害處

Space for name of hospital etc.



MEMBERS OF THE CENTRAL CHINA M. M. A., WITH THEIR WIVES, NURSES AND FEW FRIENDS 1906

Back Row:—Dr. Ruth Massey; Mr. J. Stewart; Dr. P. L. McAll; Dr. C. W. Somerville.
Second Row:—Rev. W. Rowley; Dr. H. R. Vickers; Sister Mountford; Miss Calvert; Mrs. Huntley; Mrs. Hodge.
Third Row:—Mrs. McAll; Dr. J. MacWillie; Dr. Brethauer; Dr. Mary Glenton; Dr. Cousins; Dr. S. R. Hodge.
Front Row:—Dr. G. A. Huntley; Miss Higgins; Mrs. Tatchell; Miss Cropper; Dr. W. A. Tatchell.

- (11). How to use a Liniment.
- (12). „ „ „ „ Gargle.
- (13). „ „ „ „ an Eye Lotion.
- (14). „ „ „ „ take Internal Medicine.

The idea is to have some, or all, of these tracts in the dispensary and give to the patient the one necessary for his or her instruction. The first one published I enclose to you, i.e., (1). "The Prevention of Consumption."

We are also having large posters printed of this tract to place in tea shops, on boats, in godowns, offices, etc., etc.

As our Association is desirous of helping others, and as we have had several enquiries about these tracts, we are willing to supply any who would like to purchase the enclosed tract on consumption at the following rate: One thousand copies for one dollar, with name of hospital printed in reserved space. This does not include postage. We are not doing this for any profit, but only to extend our medical work in China and educate the people in the way they should go. All orders to be sent to me. Any further information will be gladly given.

W. ARTHUR TATCHELL,
Hon. Secretary, C. C. M. M. A.

Wesleyan Mission Hospital, Hankow.

CENTRAL CHINA MEDICAL MISSIONARY ASSOCIATION.

To a recent meeting of the above, held at Han-yang, the foreign nurses, wives of the doctors and several friends were invited to attend. A most thoughtful, suggestive and helpful paper was read by Dr. John MacWillie on "The Spiritual Aspect of our Work." After the paper a very profitable conversation followed, during which many valuable and practical suggestions were made.

We were all invited to take tea in the garden, by the President and his wife—Dr. and Mrs Huntley.

The accompanying photograph was taken during the afternoon.

W. A. T.

Medical and Surgical Progress.

Pathological Notes.

Under the charge of JAMES L. MAXWELL, M.D.

SPIROCHÆTES IN CONGENITAL SYPHILIS.

Beitze records his results of investigations in congenital syphilis. No spirochætes were found in four out of nineteen cases, while in one, a case of osteo-chondritis syphilitica, one doubtful example alone was found. In a few cases the spirochætes were found in small numbers, chiefly in the liver, while numerous examples were met with in four or five other cases. He points out that in the four cases in which he failed to find any of the micro-organisms, he only employed the smear method, and thinks that these negative results are therefore not of great importance. With regard to the question whether spirochæte pallida is ever found in cases other than syphilis, it is impossible to answer definitely at present, but up to now he has not come across a single instance of it in the tissues of a non-syphilitic subject.

P. Hollaender writes in the same number on the detection of Sihan-dinn's spirochæte pallida in a case of congenital syphilis. This case presents some interesting points. The child had been born in the maternity hospital of Geneva and had died a few hours later. The diagnosis of congenital syphilis was confirmed by the changes in the spleen, in the bones, by interstitial pancreatitis and by thyroiditis. No spirochætes were found in the lungs or spleen, while larger or smaller numbers of them were found in the kidneys, adrenals, liver, placenta and umbilical cord. Enormous numbers were found in the pancreas and thyroid. The spirochætes were seen chiefly in the connective tissue,

in the walls of the vessels, and especially in the capillaries. The fact that they were present in the placenta appears to him to have considerable importance with regard to the question of the etiology of congenital syphilis.—*Berl. Klin. Woch.*, June 11th, 1906.

THE BACILLUS OF BERI-BERI?

Leonard Dudgeon, bacteriologist to St. Thomas Hospital, London, has been investigating the bacilli derived from the duodenum and isolated from the fæces by Hamilton Wright in cases of beri-beri.

The results which are unfavourable to Hamilton Wright's claims are summarized as follows, in the conclusions which Dudgeon gives to his paper:—

1. From the investigations which I have made it seems probable that the bacillus isolated from the duodenum and that isolated from the fæces are one and the same organism. The only points of difference are slight variations in their morphology and that one of them acidifies lactose and the other not.

2. There was nothing in this investigation to show that the organism of Hamilton Wright is related to beri-beri. It has been found to be non-pathogenic to mice and guinea-pigs, and the serum obtained from three cases of beri-beri during various stages of the disease, failed to produce any agglutinative reaction on this bacillus.

Of course one must be fully alive to the fact that although this bacillus is non-pathogenic to mice and guinea-pigs, and did not agglu-

tinate when tested with the serum of three cases of beri-beri, it may, yet, be the cause of the disease, but this seems to me improbable.—*Journal of Tropical Medicine*, September 1st, 1906.

THE EFFECTS OF RAT EXTERMINATION ON THE INCIDENCE OF PLAGUE IN A SELECTED AREA IN AZAMGARH CITY.

Walker, J. W., Capt. I. M. S., draws special attention to the fact that plague epidemics, in smaller towns at all events, seem to be particularly severe in alternate years. The experiment of killing rats and mice by baits consisting of bread sprinkled with the "Common sense rat extermination" was carried out in the south-eastern district of Azamgarh. The result, when the epidemic of plague reached the city, was satisfactory, inasmuch as thirty-two cases were recorded against one hundred and thirty-three in the north-eastern quarter, where no steps against rats had been taken and where the people lived under much the same conditions. A point observed in the rat-free area was that cases imported thither do not give rise to the series of infections to be seen in places where rats abound. The investigation was carefully and scientifically carried out.—*Indian Medical Gazette*, July, 1906.

THE INFLUENCE OF LIGHT-HUNGER IN THE PRODUCTION OF PSORIASIS.

A paper with this title was read at the annual meeting of the British Medical Association at Toronto by James Nevins Hyde, A.M., M.D.

Dr. Hyde advances a number of propositions in support of his case. They are:—

Proposition 1.—Psoriasis is a disease that never affects the lower animals, whether these be feral or in a state of domestication, for the reason that the integument of such animals is very rarely screened from the light by artificial covering.

Proposition 2.—If psoriasis in man be an expression of resentment on the part of the skin against the partial or total exclusion of light from its artificially covered surfaces, it is clear that the number of persons whose skin is thus abnormally sensitive is relatively small.

Proposition 3.—If psoriasis be a resultant of light-hunger in the skin of certain abnormally sensitive subjects, because of the greater or less degree of exclusion of light resulting from artificial covering of the body, the disorder should be most prevalent and most severe at those seasons of the year and in those countries in which sunlight is least abundant.

Proposition 4.—If psoriasis be a resultant of light-hunger in the skin of certain abnormally sensitive subjects, because of the total or partial exclusion of light from protected portions of the body, the localization of the disease in the integuments should be largely determined by the regions of such exclusion.

Proposition 5.—If psoriasis be a resultant of light-hunger on the part of the skin of certain individuals because of the greater or less degree of exclusion of light from the covered portions of the body, the effective treatment of the disease would be by illumination of the regions chiefly involved.

Dr. Hyde brought forward a good deal of evidence in support of his contentions, but in the discussion which followed the reading of his paper, it was evident that his views hardly met with general approval.

THE VALUE OF CALCIUM IODIDE IN THE TREATMENT OF ULCERS.

In the *British Medical Journal* for July 21st, 1906, there is an interesting paper by Dr. Stephens, of Swansea, on this subject.

Calcium iodide in doses of 2-4 grains produced an almost immediate improvement not only in ordinary ulceration, where the thick callous edges may quickly become thin healing ones, but also in the case of syphilitic ulceration, where *potassium iodide* had disagreed.

THE REMOVAL OF UTERINE MYOMATA.

In the *Journal of Gynecology and Obstetrics*, London, August, 1906, there is a report by Dr. McCann of some of the proceedings of the Fifteenth International Medical Congress, Lisbon.

With regard to the technique of operation for the enucleation of uterine myomata by Tuffer and Rouville the following may be quoted as being of great interest to those who undertake abdominal surgery.

If possible the uterus should be pulled out of the abdomen, but this is not indispensable. The number and position of the fibroids and the position and condition of the uterus must also be known.

Two conditions may be present :—

(1) The uterus forms a globular tumour, in the centre of which a harder body is felt more or less easily defined; sometimes only an enlarged uterine body is felt. The uterus is incised along the anterior wall as near as possible to the median "avascular" line, just below the fundus. The incision is deepened until the fibroid is seen. This incision should be large enough to permit easy exploration of the neoplasm, and is enlarged to allow

the passage of the largest diameter of the tumour. The lips of the incision are separated, neither ligature nor forceps being necessary. With hooks and the spatula the fibroid is then easily extracted. If the fibroid is lateral the hysterotomy should be made as near as possible to the middle line, and the tumour attacked from within outwards. Securing the median situation of the uterine incision in the "avascular" line, and attacking the tumour from within outwards, appear to be the important points in this method of operating. On these depend the simplicity and ease of the operation, and they afford the best means of avoiding hæmorrhage.

(2) The intra uterine tumours are multiple. Here the same principles are adopted, but the median "avascular" line of the normal uterus becomes lateral and sinuous. The fibroids are successively dealt with from within outwards and as far as possible through the same median incision; even if there exist a fibroid of the posterior uterine wall it can be reached through the cavity. Where the tumours are far apart and are multiple, anterior or posterior incisions are practised. The fibroids are successively enucleated without a single ligature being necessary. A simple tampon left during the operation as a rule suffices to arrest hæmorrhage; where veins bleed the application of forceps is enough.

After enucleation it might be imagined that a large cavity is left in the uterine parenchyma, but this is not so. The uterine muscle contracts and retracts, as in the Cæsarean operation, and the loss of substance is of little importance.

Except in the cases where a fibroid, partially interstitial and subperitoneal, is adherent to the serous surface of the uterus to a large extent, and where the serous

covering is resected, the uterine shell is not touched, and the authors content themselves by obliterating any pocket which may exist.

Sometimes the uterine cavity is opened either deliberately—as in reaching a fibroid in the posterior wall—or accidentally in enucleating a tumour partially submucous and adherent. Boursier has advocated the systematic opening of the cavity in order to curette the uterine mucosa. The authors consider this practice unnecessary, and to a certain extent dangerous, because it affords some chance, even if slight, of contaminating the wound. They, however, consider it an accident of little importance when care is taken to disinfect the vagina and dilate the uterus; besides which it is easy to pass a tube for drainage.

The operation is different according to whether the uterine cavity is open or not. If not opened the operation is aseptic, but if opened there is always the chance of contamination, and it is necessary to drain the uterus. In cases where the operation has been very long, a gauze wick is placed in Douglas's pouch. The uterine wound is sutured in the same fashion in each. It will therefore only be necessary to indicate the principles, namely, suture of the uterine parenchyma with buried catgut sutures as closely together as possible, and suture of the serous membrane with linen thread inserted with a round needle. If care be taken to obtain apposition and to avoid the mucous membrane the sutures suffice to arrest hæmorrhage. In some exceptional cases it is necessary to ligature one or two bleeding vessels.

The authors insist on the importance of perfect hæmostasis in preventing untoward results after operation. It is necessary to make sure that all bleeding is arrested before closing the abdomen, and in doubtful cases to drain.

ENUCLEATION OF THE PROSTATE GLAND.

Two valuable papers have recently appeared: one by Sir William Thomson (*B. M. J.*, July 14th, 1906), one by Nicoll (*B. M. J.*, August 11th). In both the progress of surgery in the matter of dealing with prostatic obstruction is noted. Prostatectomy may be performed by either the suprapubic, the perineal, or the perineal and suprapubic route combined.

In both it is noted that the removal of a portion at least of the prostatic urethra does not seem to militate against the success of the operation.

Nicoll describes his way of arresting hæmorrhage, if severe, by means of a gauze bag stuffed with gauze drawn into place by means of a catheter and moistened in situ by the application of *adrenalin* solution through a syringe and tube. Thomson is clear that the suprapubic method is in most cases the best. He also describes his mode of washing out the bladder after operation, firstly through a large tube in the suprapubic wound and secondly by means of a stream of fluid sent down the urethra by means of a glass syringe. As to primary hæmorrhage he gives the patient doses of *calcium chloride* for a day or two before the operation and points out that in case of troublesome hæmorrhage from an enlarged prostate, this may be arrested and the patient at the same time relieved by enucleation. The dangers of the operation besides those attendant on the condition for which the operation is undertaken, are: first, sloughing of the wound; secondly, the formation of recto vesical fistulæ; third, extravasation of urine.

Thomson also warns the reader of the dangers attending the Trendelenburg position in these old patients in whom it should be used as little as possible.

Hygiene, Hydrotherapy and Physiologic Medication.

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

HYDROTHERAPY IN PNEUMONIA.

People with gray hair are generally the ones most interested in pneumonia, for pneumonia is a disease from which they have much to dread. It is a disease which is especially dangerous to elderly people. More people of sixty or seventy years of age are carried off by pneumonia than by any other malady.

With the young it is different. The chest can expand; even if one lung is rendered useless by pneumonia, the other can do the work of two, just as one young man can do the work of two for a short time in an emergency. But with the elderly person the ribs cannot expand. The patient dies of suffocation.

What shall we do for pneumonia? This is a very important question. Here is a congested lung—an organ within the body that has too much blood in it and is invaded with germs. Now the blood is not destructive, nor is congestion a destructive condition. The germs are the destructive agents. The purpose of the blood is to destroy the germs. The lungs become passively congested, so the blood does not move on. It goes into the lung, fills it up and stays there. The germs are outside the blood vessels in the tissues attacking the lungs.

Within the blood vessels are the white blood cells, which are constantly seeking out the germs and destroying them. Though apparently having no organs of sense, these cells seem to smell the germs from afar. They pursue the germs in no uncertain manner, pass through the walls of the blood vessels into the tissue, proceed directly to the spot where the germs lie, and immediately absorb them, actually devouring and digesting them. These little white cells are the

policemen, swarming into the affected part from all the distant parts of the body.

So then the thing that is necessary is to facilitate their work of cure. Nature is pursuing pneumonia germs to destroy them. That is the whole thing in pneumonia—to kill the germs. Take a drop of blood and examine it. These white cells will be found present in large numbers. Ordinarily there are only 7,500 in a drop, but the next day, after one is taken with pneumonia, there may be 25,000. The second day there may be 50,000 and the fourth day there may be 125,000 in a little drop where there were only 7,500 at first. In three or four days they are multiplied in the body until there are ten, or twenty, or even thirty times as many as four or five days before. Why? They have been multiplied. They have been created in the body to meet the emergency. What a wonderful thing that is! The same power that makes them made man. The same power that made the first man and the first woman, the first tree, the first flower; and that same power is creating within us to-day. That is the only thing that saves us from death—this process of creating all the while. That is the only way for the sick man to get well—to be recreated. We frequently hear persons say they are going out for a little recreation, but do we always stop to think what that word means? It does not mean merely having a little pleasure. Recreation means being made over anew, being recreated, and that is the whole process of getting well.

These little white blood cells get opposite the germ on the other side of the vessel wall, then pass through the wall, and are led by a marvelous intelligence to the spot where they

are needed. There they pounce down upon the germs and destroy them.

The thing of importance then is to keep a stream of blood flowing through the lungs to prevent stagnation. When there is stagnation the patient gets blue in the face, the lips get blue, the patient is short of breath. Poisons accumulate in his blood—*carbonic acid gas* or *carbon dioxide*. The blood must be moved through the lungs faster. Right there is where the great power of hydrotherapy comes in, the power to control the circulation of the blood in the internal organs. The congested lungs are all dilated and paralyzed by germ poisons and full of blood. A compress made by wringing a towel out of cold water is put over the chest, and the patient gives a little shiver. His muscles contract. This makes the lungs contract and causes him to take a long breath. The blood vessels contract and force the blood right along, just like the hand on the bulb of an atomizer. When the vessel walls contract they force the blood along. The compress gradually gets warm and the vessels widen again. Then another cold compress is applied; the vessels again contract; they send the blood along again and more new blood comes flowing in.

Not very long ago a certain doctor examined the records of the Boston State hospital for the last sixty years and summed up the results of the treatment of pneumonia in the State Hospital, Boston, Mass., and he found the mortality to be thirty per cent. Three hundred patients out of every thousand died. How many should have died? Not more than ten, or twenty, or thirty at the most. Two hundred and ninety or two hundred and seventy at least of these people ought to have been saved alive and doubtless might have been saved as well as not.

A lung compress half an inch thick and large enough to cover the entire front of the chest should also be employed in the treatment of pneumonia. The whole lung must be treated. For the back part of the lung a towel should be wrung out of real cold water, placed on the back and covered with a piece of mackintosh which, in turn, is covered with flannel. The flannel should be large enough to go around the chest and over the tops of the shoulders as well. If a flannel just suited to the case is not obtainable, there is nothing better than a pair of woollen drawers. The upper part will cover the chest and the rest will go over the shoulders, the two legs will go over the shoulders, cross behind, come around and cross in front. That is just the best kind of arrangement, and one can always find that kind of compress in the house.

The ice bag is not as good as the cold compress, because it sometimes chills the patient. It does not get warm but remains cold, and if kept very long in one place that place becomes numb. So long as the compress feels cold, it is doing good, but when the skin becomes numb there is no reflex effect. The cold compress is by far the best application.

When a patient has too much blood in his lungs, it is a very good thing to get part of the blood down into the lower extremities. So every three hours the patient must be wrapped in a hot leg pack. The compress is kept upon the chest and the hot blanket pack comes up to the umbilicus. The blanket is wrung out of hot water and the patient is wrapped in it for fifteen minutes or twenty minutes; then rubbed with a towel dipped in cold water and the legs wrapped with a towel wrung out of cold water and covered with mackintosh and flannel. This is kept on three or four hours or until the next pack. Wet packs

on the legs should be kept warm. They must never be allowed to get cold for a minute. If necessary hot bags must be placed around them. They must be put on cold, allowed to warm up; then kept warm by blankets wrapped around them. This will send the blood down into the legs. It is astonishing how the cough may be relieved by those packs on the legs and the compress on the chest. Should the patient suffer much pain, the heating compress, or cold compress, should be removed every hour and a hot fomentation applied over the painful part for about five minutes. This will give relief. Then the cold compress should be replaced; after the temperature falls, the cold compresses are replaced by heating compresses, which are changed every three hours. Sometimes a lung becomes solid in pneumonia. The patient is given hot and cold three times a day in those cases; first just as hot a compress as the patient will bear for fifteen or twenty seconds, then very cold with an ice compress. These are alternated every fifteen seconds for fif-

teen or twenty times. A hot and cold spray is better still.

If the patient's temperature is high a wet sheet pack should be given. The sheet must be wrung quite dry out of water 60° or 70° and wrapped tightly about the patient. First it is wrapped clear around the body with the arms held up, then the arms are lowered to the sides and the sheet goes around the arms. At the legs one edge is tucked in around one leg and the other edge around the other leg. Then the patient is wrapped up snugly in three or four blankets. (The blankets should be placed on the bed first; the wet sheet upon these.) In about fifteen or twenty minutes the patient will be quite warm. He should be kept in there until well warmed up, half, an hour, or an hour. If the patient shows a tendency to perspire, that is a most encouraging symptom. Let him sweat; that will bring the crisis of the disease, and from that moment he will be better. The temperature will drop and recovery will be rapid.—J. H. KELLOGG, M.D. *Good Health*, May, 1906.

Progress in Internal Medicine.

Under the charge of EDWARD H. HUME, M.D.

TROPICAL SPLENOMEGALY.

It is a matter of common observation that in addition to the prevalence of the more common varieties of this condition in temperate climates there are cases presenting well-defined features, not seen in temperate climates, and generally included under the term tropical splenomegaly. Leishman's discovery, though helping to solve the etiology of a large number of these cases, yet cannot be said to have done away with the need of further study, for the Leishman body is not to be found in every case. Musgrave, Wherry and Woolley

(*Johns Hopkins Hospital Bulletin*, January, 1906) report seven cases seen in the Philippine Islands of the symptom complex variously known as tropical splenomegaly, kala azar, dum dum fever, kala dunkh, etc. The distinguishing characteristics of this disease are: (1) the prevalence and character of the fever; (2) the toxic disturbances; (3) certain gastro-intestinal phenomena, and (4) changes in the skin. The striking feature about the seven cases reported, from an etiological standpoint, is that in none of them was there trace of malarial parasite, Leishman body, or bacterial infec-

tion, whether examined during life, as six of the cases were, by splenic puncture, or as in one case, by careful post mortem search, both by culture and section. The following important clinical summary is given: (1) Age. Young people from fifteen to twenty-five seem to be most susceptible. (2) Invasion. "The disease is almost invariably ushered in by an attack of remittent or intermittent fever, which clinically resembles malaria or dengue, and is accompanied by enlargement of the spleen. Recurrent exacerbations of fever at irregular intervals occur throughout the course of the disease. This fever is not influenced by *quinine*, and, in the Philippines, is recognized by the natives as a 'cayana' or 'quisig' and is held by them to be a distinct disease from malaria." (3) Course. On account of the almost complete lack of medical attendance, it is hard to determine this point; "however the laity consider the disease as a very fatal one and often of very short duration, but more often chronic; the patient living for several or many years." (4) Clinical Features. "The spleen usually enlarges quite rapidly, reaching its maximum size by the second or third attack of fever and then very often no further change occurs, unless the idea of the natives is correct, that the organ grows harder. The liver may or may not be enlarged, but when it is, that change is secondary to the splenic enlargement. Jaundice, usually slight, but also well developed, is often present, sometimes even in those cases without enlargement of the liver. This fact accounts partly for the muddy pigmented appearance of the skin and mucous membranes, which is so commonly seen. There seems to be a special tendency to involvement of the mucous membranes in this disease. This is shown by the frequent gastro-

intestinal disturbances, conjunctivitis, etc. The natives say that it also causes discharges from the vagina and sometimes also abortion. There is also a tendency to hemorrhages in both the mucous membranes and the skin. Three of our cases had epistaxis and bleeding from the gums. One showed hemorrhages into the conjunctiva, and two, old cutaneous remnants of hemorrhages. This tendency may be explained in some cases by the jaundice. Edemas, at first transient and later more marked and persistent, are common occurrences and are more common on the legs and face. Ascites and pulmonary congestion may also be remarked. Anemia, emaciation, and cachexia develop gradually in nearly all cases. Pain is a frequent but by no means a constant symptom. It is manifested by headache, arthralgia and myalgias, and is apparently more common in the early stages of the disease."

It is to be noted that on no occasion was the fever in any of the cases influenced by repeated cinchonization.

PREVALENCE OF INTESTINAL PARASITES IN SIAM.

In view of the increasing attention being paid in China to infections with animal parasites, and further, in view of the important paper contributed from the Philippine Islands by Musgrave last year calling attention to the frequency with which amebic dysentery there could be traced to infection with amebæ found inhabiting the skins of fresh fruit, the study from Siam by Woolley (*Journal of the American Medical Association*, October 6th, 1906) is most suggestive, all the more so because of the proximity of Siam to China. Dr. Woolley, on going from Manila to Siam to take charge of the Government Serum Laboratory there, was

told to his surprise that amebiasis was rare there. Obtaining permission to visit the government prison at Bangkok, he commenced a series of examinations of the stools of prisoners. Although not allowed to examine any but the stools of such prisoners as were sick, he was able to get interesting results. Each patient was given an ounce of *epsom* or *rochelle salts*, and the fluid fecal matter was collected in perfectly clean porcelain dishes with covers and examined in a perfectly fresh condition. The series consisted of fifty patients, and the infectious noted are tabulated as follows:—

Total cases with intestinal parasitic infection, eighteen.

Amebae ...	...	...	11 cases
Uncinaria duodenalis (ova) ...	...	...	4 "
Tricocephalus dispar ...	...	...	4 "
Strongyloides intestinalis ...	...	...	3 "
Opiscorus sinensis ...	...	...	3 "
Ascaris lumbricoides ...	...	...	1 "
Hymenolepis nana ...	...	...	1 "

Contrary, then, to the report I had received, amebas are not infrequently found in the stools of natives of Siam. Moreover it cannot be said that these amebas are of the non-pathogenic type, if such there be. At least three of the patients examined were suffering from a true dysentery and others had more chronic or subacute symptoms. Of fifty cases examined thirty-six per cent. presented infections with intestinal parasites, and of eighteen cases infected, sixty-one per cent. showed amebas. Dr. Woolley notes that some of the patients were Chinese, and the conviction is forced home that more systematic examination of stools would result in more intelligent treatment of the many intestinal conditions brought so constantly to our notice here.

YELLOW PATCHES IN TYPHOID.

Minciotti (*Gazetta degli Ospedali*, Milan, Vol. XXVII, No. 33, 1906) writes further concerning Philipovicz's symptom in typhoid fever.

This consists in a yellowish discoloration of palms and soles, and is regarded by Philipovicz as pathognomonic of the disease. In one of Minciotti's patients the yellow patches were painful. "The symptom was most marked in the left palm and sole. The tint was a pronounced orange and gradually subsided to normal. The pain first attracted attention to the left sole about the eighth day of the disease."

TREATMENT OF TYPHOID FEVER.

At the recent meeting of the British Medical Association in Canada two phases of the treatment of typhoid received special attention, and as the editor of the *Journal of the American Medical Association** puts it, "these may well be called the eternal questions in typhoid fever, the problem of removing harmful infectious material from the intestines and that other ever-recurrent question, What shall the typhoid fever patient be fed?" Both English and Canadian physicians showed that typhoid patients, who are inclined to be constipated, do better than those whose bowels are loose. One distinguished English authority said that "in a large number of cases the mortality among those who had diarrhoea was more than twice as great as among those who were more or less constipated." Furthermore, in view of the fact that patients recover from the disease, gain in weight, and seem to enjoy the best of health, yet may continue to excrete typhoid bacilli for months or years without apparent detriment to themselves; the effort of the physician must not only be to help in the removal of as many bacilli as possible, "but to help nature with the production of that immunity to the typhoid bacilli which eventually occurs in all persons who recover. The few bacilli that might be removed from

* September 15th, 1906.

the intestinal tract by means of purgation, are as nothing to the many millions of these organisms that continue to pass from the system after the patient has become thoroughly convalescent. In securing this object the question of how typhoid fever patients must be fed, becomes important. There is practically universal agreement now that an exclusive milk diet, except for patients who are very fond of milk, and who can take large quantities of it without disturbance, is a mistake. During the first week of typhoid fever, patients rarely crave any food, and only small amounts should be given. As soon as they begin to develop an appetite, however, additions should be made to their diet, and the extent of these additions was the special subject of discussion. Several, even of the most conservative, of the British physicians declared that they considered it advisable to give a patient almost anything he asked for. This is of course to be followed only as far as the more nutritious classes of food are concerned. All kinds of fruit juices are to be permitted, though the greatest care must be exercised in the removal from them of seedy particles or anything else that, failing to be digested, might prove irritant to the typhoid ulcers. Some would allow all kinds of meat if asked for, provided the meat was given in a very fine state of division. It was agreed that it was very difficult to decide just what is the meaning of solid food. Milk unmixed with barley water or with arrowroot will often, in the words of Sir Thomas Barlow, be found in the intestine in large craggy masses, which certainly prove a serious cause of irritation to the typhoid ulcers. On the other hand, finely minced meat will become thoroughly fluid under normal conditions of digestion. In normal circumstances

only undigestible food remains in solid condition as low down as the terminal portion of the ileum. It would seem advisable then to feed patients much more liberally, both as regards quantity and variety than has been hitherto the custom, first in order to shorten the stay in the hospital, an important consideration for working men; and second, in order to prevent the sequelæ of typhoid fever, such as abscesses of various kinds and thromboses, which were shown by statistics to be much more frequent after typhoid fever treated with an exclusive diet than when treated with a more generous and varied diet.' One cannot escape the conviction that, in spite of the attestations of eminent men who have thus testified, it will require further careful observations in the best hospitals of all parts of the world before the practitioner, who is accustomed to typhoid fever, will allow himself to grant his patient's wish for all kinds of meat. What is said about the un wisdom of giving milk undiluted with gruels does, however, seem bound to become the conviction of all practitioners.

ANTITYPHOID EXTRACT.

V. Jez (*Wiener klinisch-therapeutisch Wochenschrift*, No. 51, 1905) gives a summary of a hundred cases reported by himself and others in which his antityphoid extract was used in typhoid fever. In all but six, where the results are characterized as dubious, the treatment acted most favorably. There are no contraindications to the administration of the extract, which may be given either hypodermically or by mouth. Jez himself gives it by mouth, half an ounce an hour; the total amount being from twenty-four to thirty ounces. The author thinks it causes a distinct amelioration of all the symptoms and shortens the course of the disease from one to two weeks.

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Editorial.

THE ELECTION OF OFFICERS.

The following letter from Dr. Neal, and one of similar import from Dr. Christie, express the conviction that the resolution referred to on Page 45, Vol. XIX, was adopted in order that the Association might have the opportunity of electing its officers every three years and at the regular conference. We were in America at the time, not understanding the motive, followed the custom and arranged for the election for the beginning of 1907 as usual. There is, however, no question of doing other than the wise purpose of the Association, nor is there any possibility of any dispute arising out of the matter. The present officers will hold office till the Conference meets, and those who have now been voted for will probably then be regarded as nominated. Here is Dr. Neal's letter, which explains the whole matter. The wisdom of this action on the part of the Association is evident to those of us who know how unrepresentative of the general membership past elections have necessarily been.

TSI-NAN-FU, December 3rd, 1906.

DEAR DOCTOR: The November number of the JOURNAL came last week, and I want to congratulate you on its being more than usually interesting.

I write this morning particularly to call your attention to the fact that the sending out of ballots for the election of new officers seems to be premature, that it seems in conflict with the action of the Conference in 1905. On page 44 of Vol. XIX, among the minutes of the meeting of that Conference, you will find the changes which were to be incorporated in the Constitution and in the revised copy which I possess, and which doubtless you too have in your possession. Article V. reads: "The officers of the Association shall consist of....., all of whom shall be elected triennially"; and By-law No. I reads: "The

stated meetings shall be held triennially at the call of the President of this Association."

On page 45, directly following the adoption of these changes, the following is recorded: "Moved and carried that we request the present officers of the Association to continue in office till 1907."

Now my recollection is that this latter motion was intended to hold the present officers over until the proposed meeting next spring, though I admit it is not so stated in the motion, which unfortunately is somewhat vague, and with the intention of having the election of new officers take place at this coming meeting, and thenceforth triennially at the stated meetings, instead of as formerly, by this most unsatisfactory method of printed ballots. I am very strong in the conviction that the election ought to take place at the stated meetings, and that officers elected then should hold over until the conclusion of the next following triennial meeting, so that they could arrange for the meeting which would conclude their term of office.

It is only for the above reasons that I write you this morning, as it would be unfortunate to have any controversy as to who are to be the lawful officers at the coming Conference. I shall be only too glad to vote for Dr. Davenport for President, provided it will not complicate the matter at this time and provided he will be in Shanghai at the time of the Conference—he wrote me some time since he expected to go home this winter—but I am inclined to think the election should be postponed until the Conference meets.

Truly yours,

J. B. NEAL.

LEAFLETS ON HYGIENE FOR THE CHINESE.

It is the Central China Medical Missionary Association which puts through most of the best things that are proposed or hinted at by the rest of us. Another instance of this fact, which fact we have mentioned off and on during the past years, is given in the present issue. We refer to the notice of the series of leaflets on hygiene, in Chinese, which they have recently published and offer at cost price and in any quantity to those who are wise and energetic enough to get them and make a practice of using them in every applicable case. We suppose that we might each of us add a whole tenth part to the efficiency of our medical work if we should put this matter in thorough working order in our hospitals and other practice. We should like to see these leaflets issued to

patients by the thousands all over China and urge each and every member of the Association to use them as they are published or as they might be modified to suit our several notions.

Speaking of this subject, our well-known excessive modesty compels us to resist the temptation to remind those interested that it was in the JOURNAL and editorially, that this idea had its birth. Dr. Stanley issued some time ago a leaflet on tuberculosis, and in our issue of January of last year we urged, "with all our might and main," that someone would make the thing general and put it through. The Central Branch has done so, and all credit be to them, except just a little for Dr. Stanley and our-editorial-selves.

A CHINESE MEDICAL JOURNAL.

But they do not do quite everything. There are a few others, and one of them is Dr. Kuhne, down in Tung-kun. He does quite a number of things on his own responsibility, and as far as efficiency and breadth of service goes, might set up as a small branch of the Association all by himself. Besides being a good Chinese scholar and a clever physician, he manages to get out the best report of any of us and to put it into English, German and Chinese. But this is nothing. His latest is to edit a really excellent little medical journal in Chinese for those of his and other medical graduates who have had their instruction in Chinese and are therefore unable to follow the progress of professional practice, except through the slow channel of translated medical books. The paper is in its first volume, but seems to be so sensibly planned and executed as to have every chance of proving a success and living for many a year. We hail our sister medical journal, the second on the field, with the heartiest kind of a welcome and trust we shall ourselves live to see the day when the 西醫知新報 will be the standard Chinese medical journal. It is at present offered to subscribers at a very moderate price and, although Dr. Kuhne does not say so, we have no doubt that contributions to its columns will be gladly received.

CAN IT BE TRUE!

Naturally we are feeling in a very good humor to-day. We have just received this letter from Dr. Beebe, of Nanking :—

November 28th, 1906.

Drs. LINCOLN AND JEFFERYS.

MY DEAR DOCTORS: Those who are doing the good work you are doing without any compensation, except the joys of service, deserve at least an occasional word of appreciation. You are doing us a great service and doing it very well. Please do not speak of withdrawing—after another term. The JOURNAL needs continuity of editorship. You are the right men in the right place. I hope Dr. Davenport will be elected as president. His modesty, ability and character all fit him for the position this coming term.

Very sincerely yours,

ROBERT C. BEEBE.

Of course he did not mean it to be published, but flesh and blood could not resist. Considering the superlative excellence of the JOURNAL, it may be inferred that we receive this sort of letter t.i.d., but such is not the case. There used to be a time when we had serious doubts as to whether more than ten people in China cared a cash whether it lived or died. But this past year things have showed some signs of promise, and we begin to feel that the day may not be very far off when it will be with a distinct sense of relief that one opens our pages and sees that “that article of mine was accepted after all!”

The first time we ever saw Dr. Beebe, he was the President of this Association and, at the moment, presiding at a medical section of the last Ecumenical Conference. We were ourselves just under appointment to China, and very timidly went up to the “big man” and “introduced ourself.” Well, he did the right thing, and we went off satisfied. And now he has done it again. Heaven bless him! He seems just as big a man to-day as then, perhaps a bit more so.

[Signed Editorial.]

ON ANÆSTHETICS.

From time to time one hears much about the dangers of this or that anæsthetic agent, and the advocates and opponents of each are apt to forget that there are two sides to every question. Let us for a few minutes try to look at the matter dispassionately.

First. It must be laid down that statistics are very likely to mislead. To say for instance that so many thousand cases have

taken *ether* without a fatality is useless, unless to this is added a statement that these cases are in absolute sequence, include operations for all sorts of conditions, and that none of the patients have subsequently died, either directly or indirectly, from "*ether pneumonia*." And there are very few, if any, hospitals where *ether* is given as the sole anæsthetic.

Second. In estimating the value of what is called a "*chloroform death*," one must know the full details of the cases. For instance cases with intracranial pressure not infrequently stop breathing and die on the table quite apart from the question whether it has anything to do with the untoward result, and it is manifestly unfair to call it a "*chloroform death*."

The same remarks apply to deaths taking place where *chloroform* is given in order to perform tracheotomy for severe obstruction of the larynx, or for operations on large thyroid growths.

Death may and does take place occasionally without an anæsthetic in the first instance, and under any general anæsthetic in the second, and it is hardly fair to blame the *chloroform* entirely for the untoward result.

Yet again in operations for neglected cases of intestinal obstruction in which death may take place on the table without the administration of any anæsthetic, it is hardly fair that the *chloroform* should bear all the blame.

And finally in cases like the following the fatality is due rather to an error of judgment on the part of the anæsthetist in the choice of his anæsthetic, or the surgeon in the choice of his time for operating, than to the anæsthetic itself. Here is a man who has a growth blocking the larynx. In the morning he has stopped breathing owing to obstruction, and has only been saved by a tracheotomy performed on the spur of the moment and followed by artificial respiration. In the afternoon he is brought into the theatre, and dies of syncope before he is fully under the anæsthetic: Here you have a depressant acting on a heart that has already undergone severe strain, and in which an insufficient time has been given it to recover tone. Of the same nature is a case where after a fairly long administration of gas and oxygen, *chloroform* is administered. It is the improper sequence rather than the agent itself which is responsible for the fatality.

Practically speaking one has four general anæsthetic agents at one's command—*nitrous oxide*, *ether*, *ethyl chloride* and *chloroform*—to enumerate them in the order of their toxicity.

The other general anæsthetic agents on the market resolve themselves into mixtures of these with one another or with some outside agent.

Each of these has its special advantages and disadvantages. Two are preëminently meant for short operations, viz., *nitrous oxide* and *ethyl chloride*.

Of these *nitrous oxide* is undoubtedly the safest, but in the East is difficult to obtain and very expensive. *Ethyl chloride*, if given with care, to a patient in the recumbent or semirecumbent posture is practically as safe, but should not be mixed with *methyl chloride* and should be treated with respect.

The other two—*ether* and *chloroform*—are meant for longer operations, and although *chloroform* is undoubtedly the more dangerous of the two if carelessly handled, given due attention to detail, it is doubtful whether the disadvantages of *ether* do not greatly balance its greater immediate safety.

Firstly. *Ether* is very volatile, and in hot countries is difficult to keep. In passing it may be said that this constitutes a serious objection to the use of A. C. E. in South China.

Secondly. At the time of administration it is apt to cause an inconvenient increase in the secretions of the mouth, pharynx, and air passages.

Thirdly. It requires for its proper administration an inhaler which takes up a good deal of room, and is in the way in operations about the head and neck.

Fourthly. It is apt to cause engagement of the vascular system leading to much more trouble with oozing in the operation area.

Fifthly. It is liable to be followed by "*ether* bronchitis," or "*ether* pneumonia," which may tell heavily against the patient, and may actually destroy his chances of recovery.

As to the disadvantages of *chloroform* much has been written. An overdose may be fatal, or if not fatal may cause the operator extreme inconvenience.

In certain cases, which however probably should not have had *chloroform* administered to them, it may cause a sudden attack of syncope, which may be fatal.

As to the inconveniences and dangers of *ether* given above in the case of *chloroform* they are practically non-existent. Deglutition pneumonia may occur with either, and may be generally guarded against by a proper previous preparation of the patient.

What then is the best anæsthetic to use?

Undoubtedly the right answer is: If you are not in the habit of frequently administering anæsthetics, use the one with which you are thoroughly acquainted.

If on the other hand, you frequently give or preside over the giving of anæsthetics, learn to give all thoroughly and give the one which you judge to be the best for your patient.

Remember that it is much more important to your patient that you should give the anæsthetic you know thoroughly than that you should give the anæsthetic which has the reputation of being the least toxic.

And one may close finally with a golden rule:—*Never under any circumstances give any anæsthetic carelessly.*

J. P. M.

ELECTION OF OFFICERS.

The Nomination Committee overlooked the fact that at the last Conference it was decided to have the next election of officers at the coming Conference, viz., April, 1907. Not at the close of this year.

The result of the papers, so far filled up and sent in, nominate the following:—

<i>President</i>	{ Dr. McCartney, Dr. Boone, Dr. Park, Dr. Davenport, Dr. Stuart.
<i>Vice-President</i>	{ Dr. McCartney, Dr. Wilkinson, Dr. Maxwell, Dr. Davenport, Dr. Booth.
<i>Editors</i>	Drs. Jefferys and Lincoln, Jefferys and Booth.
<i>Sec. and Treas.</i>	{ Dr. Huntley, Dr. Booth, Dr. Cormack, Dr. Logan, Dr. McAll, Dr. Cousland, Dr. Hart.

Members attending Conference will have these, and probably other names, before them from which to make their choice.

We would point out (a) that probably Dr. Cousland will be resident in Shanghai, devoting his time to our translation work—this is suggestive; (b) that a Britisher now holds the presidency; therefore the next term of office should fall to an American.

Secretary.

Hospital Reports.

The field that has been chosen is in South China, in the province of Kuangtung, which is a little larger than twice the size of Pennsylvania, but contains six times the population, somewhat over thirty millions of people, the centre of whose life is at Canton, a city of two million inhabitants. The plan, therefore, is to establish in Canton, first, a dispensary, then a first-class hospital of three hundred beds, and, coincidentally, a *medical school* in which, under the *strongest Christian influences, precisely the highest intellectual and scientific standards* of teaching and research, set by the University of Pennsylvania, shall be maintained. The plan for this school was inaugurated with the sending out last year of Dr. J. C. McCracken, 'or Med., by the students of the University, through the Christian Association, to Canton, China, to examine the field. He has since returned, and reports that the greatest need of the Chinese at the present time is for a school where they may gain a first-class education in modern medicine and surgery. A great opportunity is, therefore, presented to begin the establishment of a school that will not only mean much in making world-wide the sympathies of the students of our own University, but it will serve humanity at large in a way and in a place where the need is pitifully great.

The Boone Medical School has been organized, with the co-operation of mem-

The First Prospectus of the Boone Medical School, Wuchang.

bers of the medical and associated professions in Central China, to meet the growing demand for such an institution, in which the instruction shall be given in the English language.

The three large cities of Wuchang, Hankow and Hanyang with their ten Protestant mission hospitals (men's and women's), their large iron works, arsenal, cotton and other mills, their railroad termini, and their military and educational institutions, form an ideal medical educational centre, offering unequalled advantages for clinical work.

The hospitals in immediate connection with the School are well equipped with the best laboratory appliances.

The School is associated with the educational work of the American Church Mission, and is located in Wuchang.

The first session of the School will commence on Wednesday, March 6th, 1907.

The inaugural lecture will be delivered at 3 p.m., on Tuesday, March 7th.

The medical course covers a period of six years of nine months each. Each year will consist of two sessions. The first session will be from about the 20th of the Chinese first month to the end of June. The second session will begin about the 15th of September and continues to the Chinese New Year.

All students, for the first three years, will reside in the School. During the final years the students may reside at one of the approved hospitals in this centre, but they will still remain under the direction of the faculty.

On the last day of September, 1906, St. Luke's Hospital completed

Thirty-eighth Annual Report of St. Luke's Hospital for Chinese, Shanghai.

her fortieth-year of faithful service to the Chinese of the city of Shanghai and to the many strangers who have sought her help from far distant parts of the empire. Her history goes back to the early days of the Settlement, and of those who laid her foundation only one remains to tell thereof. Naturally we have asked our Chaplain, the Venerable Dr. Thomson, to whom she owes her very origin, to tell her story; a matter well within the period of his own remarkable life consecration to the Chinese people.

There are no records to tell the extent of the services of the Hospital in numbers of sick treated and cured, but a fair estimate, from the more recent reports, would indicate that St. Luke's has treated somewhat over half a million sick Chinese and others and, considering the comparatively negative value of the old native practice, we might estimate that she has been the direct means of saving at least fifty to sixty thousand Chinese lives since she was founded. The sum total of pain and suffering relieved is almost unthinkable. Above all, the Hospital has stood, for forty years, a living witness to the sincere and unselfish love and sympathy of the Home Church and of a very long list of Christian people of Shanghai, for the Chinese people among whom we live and work.

The past year, 1905-6, has been the most prosperous in St. Luke's history. She is better equipped than ever before. She has the best operating room in China. Her native staff is the most efficient and most faithful in many years. Her atmosphere is more Christian. Her service is more effectual and farther

reaching. And her statistics are larger than ever before.

Medical Wards ...	620	
Dispensary ...	8,594	
Opium poisoning ...	490	
		9,704
Surgical Wards...	584	
Dispensary ...	22,137	
Vaccinations ...	492	
		23,213

Grand total for the year 32,917

December 18th, the day of the Shanghai riots, was a busy time for St. Luke's, which shared with our sister institution, the Shantung Road Hospital, the care of the wounded Chinese. The X-Rays were an immense help, and the day was spent undoing, as best we could, what others were doing for the protection of the Settlement. In all, seventeen wounded were brought to St. Luke's, three of whom ultimately died. One, who had been shot through the abdomen, died the same night, but another, who was shot through both lungs, recovered. The wounds were, all but one, from bullets, several of which were probably from private fire-arms; and were characterized by the large proportion which passed through bones causing compound fractures, and therefore were long in healing. Two of these healed without suppuration.

The attempt to break jail later in the year brought us four more of the same variety; one compound fracture of the hip being still in the wards. So far as appeared, in none of these cases did the authorities add anything to the terrible punishment already inflicted by the wounds received, and we believe they showed excellent sense in the matter.

Owing to the rise in the price of rice and also of wages, the scale of hospital fees has been raised as follows:—

Wards, formerly 10 cents a day, now 15 cents.

Dispensary, formerly 25 cash a day, now 50 cash the first visit and 30 cash for subsequent visits.

The private ward is 50 cents a day and the private rooms from one to three dollars a day.

The Hospital is always crowded.

Too many patients must be refused to suit our wishes, but until we have more building funds we shall remain so situated. We need \$20,000 Mex. to complete funds for our next planned building.

Correspondence.

To the Editor of

"THE CHINA MEDICAL MISSION-
ARY JOURNAL."

DEAR DOCTOR: I send you herewith my annual report and statistics. Owing to typhoons I did not get home from Japan till a fortnight behind time, and as I have all my colleagues' work to see after, and this region is not peaceful just now, I have been run off my legs since I came back. I think it would be well if the date of the medical meetings could be fixed as soon as possible. I shall certainly read a paper, God willing, but have not fixed on the subject yet. What about accommodation? Are all the Conference delegates just to arrange as best they can, or is there a committee to fix lodgings?

Yours,

J. PRESTON MAXWELL.

ENGCHHUN, October 17th, 1906.

To the Editor of

"THE CHINA MEDICAL MISSION-
ARY JOURNAL."

DEAR DOCTOR: Just a line to let you know I am returning to China in January, 1907. I have had a busy time since coming home. Deputation work of course claimed a fair proportion of the time, but I am glad to say I managed to put

in some time at the London School of Tropical Medicine. I found the course there most helpful, and am glad to say that I passed the class examination, and a few weeks later got the new diploma in tropical medicine and hygiene at Cambridge University. (D. T. M. and H. Cantab), so I have managed to add a few more letters to my name.

If you need any help in the JOURNAL I shall be able to give you some on my return; so please let me know.

With kind regards and best wishes for a Happy 'Xmas,

I am,

Very sincerely yours,

R. T. BOOTH.

131 South Circular Road,
DUBLIN, October 22nd, 1906.

To the Editor of

"THE CHINA MEDICAL MISSION-
ARY JOURNAL."

DEAR MR. EDITOR: I should like to add my little quota to the extremely interesting and valuable paper by Dr. Logan in the September issue of the JOURNAL. May I first congratulate him on bringing this newly described ascaris egg to the notice of the members of the Association? I have myself for some time been devoting some study to the question of intestinal

helminthiasis and have frequently met with the egg in question. I have noted it in my records as the B. egg, but as Dr. Logan has brought forward the subject we may as well for the time adhere to his nomenclature and call it the X egg. To his excellent description there is little to add. Perhaps I should have rather described the egg as very much (not "somewhat") longer than the ordinary egg, at least half as long again in the numerous specimens I have examined, though, as in the case of the ordinary eggs, they vary a good deal in size in different specimens. Otherwise Dr. Logan's description exactly coincides with the eggs commonly seen here. With regard to the worm I have never seen a constricted worm such as Dr. Logan describes, though I have been on the outlook for them since the publication of his paper. Neither am I prepared, without further evidence, to accept Dr. Logan's explanation of the nature of these eggs, seeing that not infrequently they occur in great numbers *along with* the normal eggs. To give only one example of this I was two days ago examining a most extraordinary stool so crowded with normal eggs—X eggs, ankylostomum eggs, and trichocephalus eggs—that the eggs seemed to compose the greater part of the solid matter of the stool. Now it is most difficult to believe in a case where both eggs were so numerous that the female should meet with any difficulty in acquiring opportunity for impregnation. Still I must weakly confess that though unwilling to accept Dr. Logan's explanation I have yet none which commends itself to me to offer in its place. I will close with a note on the numerical frequency of these eggs as met with here.

I have before me here notes of 187 stools examined during the last

six months from cases mostly taken as random.

In these 187 cases 134 have shown ascaris eggs.

Of these 134 cases the two eggs have been distributed as follows:—

A pure infection of normal eggs in	88 cases
A mixed infection of normal and X eggs in	36
A pure infection of X in	10

Or to reduce these figures to percentages:—

Ascaris eggs are present in 71½ per cent. of the stool examined.

X eggs are present in 34 per cent. of the stools examined.

This percentage of eggs is made up of: mixed culture, 27 per cent.; pure culture, 7 per cent.

Trusting that Dr. Logan will shortly be able to give us more exact details of the circumstances under which X eggs are produced.

I remain,

Very faithfully yours,

JAMES L. MAXWELL.

TAINAN, FORMOSA, November 22nd, 1906.

To the Editor of

"THE CHINA MEDICAL MISSIONARY JOURNAL."

DEAR SIR: One copy of the English report sent as you desired. This year already the in-patients have been treated in the new hospital, being under the care of Dr. G. Olpp, of the Diakon, Mr. Baumann and of the newly arrived Dr. G. Eich. This year I had only the polyclinic on Tuesdays, Thursdays and Saturdays, and next year the whole work is to be done at the new hospital; the undermentioned having henceforth no share in it. My time has been and is much taken by the Leper Home. I have great difficulties in finding the money necessary to keep the asylum going. My aim was to awake the somnolent Chinese to do a good work, and I cannot complain; they have responded. From Chinese alone (nothing has come from the Hongkong and Canton firms) I have nearly \$7,000 subscribed. Please, if you make use of the com-

munication sent, let me have at least five prints of it. I would be glad to pay something for it if needed.

With best wishes for your work,

Yours sincerely,

Dr. JOHN E. KUHNE,
M. B. C. M.

TUNGKUN, 4th Dec., 1906.

To the Editor of

"THE CHINA MEDICAL MISSION-
ARY JOURNAL."

DEAR DOCTOR: The November number of the MEDICAL JOURNAL is just to hand, and as usual contains food for reflection. Like Dr. McAll, I too am curious to know what happens to the voting paper with candidates' names. For my own part I have *never* signed any such paper, chiefly because the names recorded were unknown to me, and also because I did not quite understand the "li" of the thing.

For the statistical sheet at the back you deserve the hearty thanks of all. I suppose all China missionaries know something of the toil of figures, and the compilation of such a sheet is quite a task in itself.

I notice, however, that many hospitals are not represented. To go no further than Manchuria only two out of thirteen hospitals have sent in their statistics to you.

Dr. McAll's letter as to translating standard works is very timely, and I would like to make a plea that they or some of them should be in *Mandarin*. Why should we seal the fountain of knowledge by putting it into Wên-li, even though easy? Think of the many assistants in women's hospitals who may only have been three or four years at school, and perhaps many of them less. Can we not put simple text-books into their hands that they can read and understand for themselves? Dr. McAll's Catechism on Health and Hygiene is an

excellent little manual. If published in Mandarin one would like to see it in every hospital, school, and Christian home. Now this is not to go into the Magazine. It is only a little private note to yourself.

With best wishes and the season's greetings,

Yours sincerely,

NORTH CHINA, 3rd December, 1906.

To the Editor of

"THE CHINA MEDICAL MISSION-
ARY JOURNAL."

DEAR SIR: With a great deal of the criticism contained in Dr. White's letter in the current issue of the JOURNAL I am in full accord, but there is one point in which I think he has gone a little too far. As to the tying of the "piece of red cord round a limb between the seat of an inflammatory process and the heart" I think it would be better for him to keep his "strong antipathy", for it is certainly the right attitude to adopt. Three times have I had to amputate limbs in which gangrene had supervened, in each case this red cord being a contributory if not the chief factor, and I have many times seen whitlows far from improved by it.

Then while acknowledging that the work of Bier is of value, it is probable that the method has been greatly overrated. I have seen it tried a good many times and have also used it myself, but have entirely discontinued it. In some cases it causes great discomfort, and I cannot say that I have seen positive benefit accrue in a sufficient number of cases to make one sure that it was this treatment which had caused the improvement.

I am,

Yours faithfully,

J. PRESTON MAXWELL,
M.B., F.R.C.S.

ENGCHHUN, December 13th, 1906.

HENRI NESTLE

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