A REMARKABLE FIBROMA.
J. L. Maxwell, M.D., Tainan.
WANTED A DIAGNOSIS.

By C. H. Graham Aspland, M.D., C.M., F.R.C.S.E.

The patient, myself, aged forty-two. Residence in China less than two years. Health: never had any sickness in my life that I can remember. Previous to coming to China lived a hard, rough life on the Labrador coast for several years. Height five feet seven inches, weight 170 lbs. Onset of disease took place in a missionary monthly meeting in Peking, during a very interesting address on Russia. Within half an hour large globular swellings arose in the palms of the hands, on the exterior surfaces of forearms and the external surface of thighs, not painful, only inconvenient, as I could not shake hands, or even close them. In the hands they were the size of pigeon eggs and in the other parts larger and more diffuse. For the moment angio-neurotic oedema flashed into my mind, and I immediately exhibited myself to about half a dozen medical missionaries present. The meeting over I got into my cart and got home in about an hour. On trying to get out of the cart I found both legs quite stiff, not due to any cramped position, but felt as though the skin was thickened and wouldn’t stretch. I immediately undressed for bed, and was decidedly interested to find my lower limbs covered with large purpuric patches, well defined, with a well-marked urticarial border. The patches were none of them smaller than a five-cent piece; the majority being about an inch long and very many extending up to three or four inches in diameter. All the time I felt perfectly well, had no elevation of temperature and slept perfectly. On waking the urticarial condition had gone, but the purpura remained (the patches passing through the usual stages and finally disappearing
in a yellowish green in about five days.) The next evening, while sitting in my study quietly about five or six o'clock, I felt the same stiffness commencing in the thighs, which gradually increased as the night went on, and I was obliged to go to bed about nine o'clock, because if I sat I found it difficult to rise; had no pain of any description, no temperature. On undressing found another crop of purpuric patches with urticarial edges. This continued every day for about eight or nine days; some days worse than others. I was about all the time perfectly fit, until the stiffness began to come on in the evening. At this stage I called in medical help, or at least my wife did. I was questioned in the usual way as to errors of diet, etc. No pain, no temperature, no diarrhoea, not even a headache. I was given some syrup of iodide of iron and advised to give up smoking or rather reduce it to the aggravating condition of one smoke a day. No improvement. At the end of the second week I developed cardiac irregularity, tumbling rhythm and missing a radial beat in every four, and as far as I could make out with a stethoscope (my medical man wouldn't tell me), a mitral systolic murmur of a roughened type. I was ordered to bed for three weeks, not even allowed to sit up for food for the first week, and no more purpura appeared, and the cardiac condition improved, so that I lost the consciousness of having a heart.

I had a photograph taken of the purpura, but it unfortunately got spoilt. Now what is it? I thought I knew something of the various forms of rheumatism, having served a fair apprenticeship under Stephen Mackenzie at the London Hospital. I've seen plenty of erythema nodosum and purpura rheumatica, but not in patches four inches in diameter, unaccompanied with pain or temperature. I've seen plenty of scurvy on the Labrador coast amongst settlers and Eskimo, but what could give me scurvy, with a diet quite as generous and more varied than when I am at home in England. The neurotic oedema (?) appeared but once, and the urticaria always surrounded the purpuric patches. I know rheumatic urticaria, but not without constitutional disturbance, and then not accompanied with purpura of the size I had. In the latter part of the illness, before going to bed, I had smaller spots of purpura on the abdomen, chest and face, but the larger patches accompanied with urticaria were confined to the upper and lower limbs.

That it is a rheumatoid disease I strongly believe, but which? Perhaps all three, but why no disturbance other than the cardiac, which did not appear until the patches had ceased to come out. I could not examine the blood, or make a count, as I have not the necessary apparatus.
SUGAR AND THE ETIOLOGY OF APPENDICITIS.

By W. F. Plummer, M.R.C.S., L.R.C.P.

The appendix is an organ of interest to the physiologist, anatomist, physician and surgeon. Its functions have given origin to interesting papers. The varied positions it assumes have added to the anatomist's labours and the surgeon's difficulties; and the mildness of an attack of inflammation may simulate an innocent bout of indigestion, while a severe attack may carry off the patient before the disease has been diagnosed.

Of recent years appendicitis has evoked much attention from the profession at home, but we in China see little of the disease and so are apt to lose our interest in it, unless this very rareness makes us seek the cause of our countrymen's greater susceptibility.

In this paper no attempt is made to explain the etiology of this disease on pathological grounds. That the lumen of the appendix becomes occluded, that concretions form, that in some cases the swelling of the lymphoid tissue is akin to the tonsillar enlargement associated with rheumatism and also cured with salicylates, that more cases occur in males than females, that more cases occur between April and August than at other times of the year, and that the disease is possibly infectious, are facts collected by the pathologist, and while interesting do not tell us how the future generation may diminish their risk of trouble in this organ.

This is rather an endeavour to compare the diet of the Chinese and our forefathers, in whom appendicitis rarely occurred, with the diet of the present day European and American; also to suggest that the excessive use of refined sugar is the article of diet which is most likely to be the cause of our susceptibility.

Appendicitis seldom seen among the Chinese:—

That appendicitis is a rare disease among the Chinese is the opinion of the majority of the medical practitioners in this country, as will be seen by the replies to the post-cards kindly sent out for me by the Presbyterian Press last year.

One hundred and sixty-eight answers were received, and the replies may be tabulated as follows:—

44 said: "Yes," the disease is very rarely seen.
69 ,, Had seen a few cases, but thought the disease uncommon among the Chinese.
49 ,, Had not seen any cases at all.
Making a total of 162 who replied in the affirmative.

On the other hand, four think that the disease is not as uncommon as we imagine, and two, that the disease occurs as often here as at home, but that these acute abdominal cases are not brought to us for treatment, making a total of six who replied in the negative.

*Appendicitis more common in England now than fifty years ago.*

That appendicitis is much more commonly seen in England to-day than was the case fifty years ago seems hardly worth stating, as the fact is so generally recognised, but it is well to know that statistics also bear testimony in the same direction, as can be seen in papers by Pitt¹, Chalmers Watson². Jones³ also shows that while of recent years the death rate has decreased, yet the number of deaths per thousand, caused by gastro-intestinal disease, has during the same period increased, so that the decrease in the total death rate is accounted for by the smaller number of deaths due to infectious and preventable disease.

*Theories as to the cause of the increased prevalence of appendicitis.*

Seeing then that the Chinese and our forefathers suffered so much less from this disease, it seems reasonable to conclude that the modern European has acquired some habit of living, or eating, which predisposes him to acquire this disease and many suggestions have been made.

Dr. Chalmers Watson in the paper already quoted thinks the cause lies in the increased quantity of meat consumed.

Dr. Jones⁴ suggests that the use of preservatives in tinned foods and the increased use of foods so preserved, may have a predisposing influence towards gastro-intestinal disease.

The rush of present day life with the habit of bolting the food without sufficient mastication, is thought by many to be an important cause.

Dr. J. Sim Wallace, in a very interesting little book entitled "The Rôle of Modern Dietetics in the Causation of Disease," expresses the opinion that many of the present day troubles which so seldom affected our forefathers are due to the habit of eating soft refined food. It is his deliberate opinion that food demanding thorough mastication in the mouth is not only best for the teeth, but for the stomach and intestines also. Many children instead of using their teeth are given nothing but milk-coated pap food, which allows the function of mastication to fall into desuetude, and the child, when he finds a lump in his food, falls into the habit of swallowing it whole; hence the teeth decay and the digestive functions become perverted.
Sugar and the Etiology of Appendicitis.

All these circumstances lead to a demand for still softer and more nutritious foods, and the evils which result are in geometrical progression. Dr. Wallace says it is a general law that animals are adapted to that environment under which they have lived for countless generations and are not adapted to a changed environment when such is forced upon them. Applying this to man he says that our ancestors lived largely on natural foods, which to-day are subjected to elaborate refinement and cookery, and the increased prevalence of gastro-intestinal disease shows that we are having difficulty in adapting ourselves to the new environment, and that soft highly nutritious foods, such as bread soaked in milk, milk puddings, soups, and all such like foods which do not require mastication, are harmful to the healthy child. While admitting that in disease such foods are necessary for a worn out organ, yet in health, food with a considerable proportion of inert or indigestible matter which will need mastication, is needed to maintain a high standard of digestive efficiency.

Such are very briefly Dr. Wallace's views.

All the above views are important, especially Dr. Wallace's, and I should hesitate to make any additions were we not surrounded by a people whose diet is so different from our own, that we have opportunities for observation which our otherwise more favoured brethren in the home countries do not possess.

Diet of the Chinese and of our forefathers compared with the English diet of the present day.

The diet of the majority of the people in Wenchow is as follows: Rice, the staple article, is prepared in two ways; generally but little water is used in boiling, and when prepared the separate grains of rice are distinctly visible and in some cases the rice looks almost dry, but in the mouth feels quite soft and is generally swallowed with a minimum of mastication. The other method differs only in having a larger quantity of water added, so that finally a semifluid, soft, milk pudding like appearance is attained. This is almost the only article of invalid diet used by the Chinese here and is supposed not to require any attempt at mastication, so when I have exhorted a dyspeptic patient to masticate thoroughly a very common reply is, "Oh I take chuh," i.e., congee.

In addition to the rice there is what we here call the p'ai or relish. Each table of eight has eight dishes and in each dish is a vegetable or some fish, so that the eight dishes might contain various vegetables, turnips, bean curd, shrimps, salted fish, and very occasionally a little pork. As there are eight different bowls for the eight persons to help
themselves from, this gives the equivalent of one bowl of the mixture for each person. The fish and shrimps at each table could probably be all placed on four small saucers, so that each person only gets about half of what each saucer would hold; as a consequence the nitrogenous food at each meal is small in amount. A dietary like this is considered very good quality by the people here, and there are numbers, probably the majority of the labouring classes, who rarely have anything beyond a little vegetable with their rice, and many who cannot get rice and have to be content with potatoes.

Sugar is very seldom used; in fact not at all in the usual way, only occasionally at feasts, and then usually it is the native product and not the refined imported article. This diet is thus seen, as compared with our own, to be absolutely deficient in sugar, very deficient in fat and proteid; on the other hand, starch is in excess.

If we now consider the diet of our ancestors we find that, in their case also, sugar is the one item that is most conspicuous by its absence. One hundred years ago it was almost unknown; indeed fifty years since, at eight pence a pound, it was a luxury which the poor could ill afford. The diet was also less refined and there were no tinned foods, and among the working classes there was less nitrogenous material consumed. This lack of nitrogenous food refers more to the beginning of the nineteenth century even than to the earlier periods in our history, for in Froude's History of England we read that in the times of Henry the eighth the people "were a sturdy high hearted race, sound in body and fierce in spirit, and furnished with thews and sinews which under the stimulus of 'these great shins of beef,' their common diet, were the wonder of the age."

Criticism of the various theories as to the increased prevalence of appendicitis. The increased consumption of meat:—

In recent years owing to the importation of frozen meat, and to the larger wages received by the working classes, there has doubtless been an increased consumption of flesh, so that one flesh meal a day is a very common allowance, but there seems to be no evidence that the intemperate use of this article is on the increase. The middle classes who could afford meat in the olden times, probably took as much then as now.

Insufficient Mastication:—

That insufficient mastication is a cause of indigestion there can be no doubt, and the Chinese, who are very guilty of this bad habit, are often victims of dyspepsia. The practice of helping themselves from common dishes in the centre of the table leads to rapid eating, as the
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tortoise would find all the tit bits gone if he did not keep pace with the hares, for on these occasions the hares do not go to sleep. Yet although so given to bolting their food, the Chinese apparently do not suffer from appendicitis to the extent that we do, so that this cause by itself seems insufficient.

In reference to tinned foods, it seems sufficient to mention that appendicitis is most common in Europe and America among the wealthy classes who are not given to the use of these foods.

The use of refined foods:—

It has already been stated that the Chinese often take their rice boiled until quite soft, so that the use of pap-like food alone does not seem in itself to cause the disease under discussion.

Sugar as a cause of Appendicitis.

Chemically sugar seems an ideal food, as it is all used, being burnt up into carbonic acid and water, much in the same way that alcohol is split up in the body, yielding so many units of energy in the shape of work and heat. That it is a valuable article of food is, I think, the teaching of physiology. It has been stated that soldiers who were allowed a certain ration of sugar per day during manoeuvres, were in a better condition at the end of the week than a corresponding number of men who had been without.

On the other hand, there are observers who hold a contrary opinion, among whom is Ch. Féré (Rev. de Méd., Paris, January, 1906), who "brings forward experimental evidence to show that there is no paradox in the statement that sugar may be a condiment rather than a food. Most observers who have examined the effect of the ingestion of sugar on the power of doing work, but not all, have come to the conclusion that sugar directly increases this power. Féré, quoting elaborate experiments done on himself with a Mosso's ergograph, points out that the sensory effect of the sugar's sweetness has been overlooked; he finds that sugar diminishes the power of working, excepting for the short initial period during which the sensory stimulus of its sweetness lasts, and, like any other sensory stimulus, increases the power of doing work. Hence sugar, like kola, coca, or alcohol, diminishes the amount of work that can be done in an hour or in a day, but increases the force of a single shorter effort; sugar is a stimulant, and, like anything else that excites, accelerates the onset of fatigue."

Dr. Sim Wallace in the book already quoted, says that "certain combinations of food are distinctly advantageous, while the separate component parts may be actually harmful. Thus sugar, cellulose, vegetable acids and bitter principles, combined as they are in many
fruits, are admittedly beneficial, while each one separately may be actually harmful if indulged in freely.'" In another place he says: "The refinement of food stuffs from which sugar is obtained is carried to such an extent that, instead of the succulent tuber of the beet, or the fibrous sugar cane, we get the highly concentrated and crystalline product we know as sugar. Now it is known that sugar can be easily swallowed in quantity, and the result on the gastric digestion is to cause irritation and an excessive secretion of mucus in the stomach. The excessive secretion of mucus takes place in the mouth from like irritation. The harmful effect on both teeth and stomach are generally recognised.'" On another page he says: "It is important to recognise this fact, not because ruin of the teeth gives rise to many more serious troubles, nor because injury to the teeth means ruin to the power to digest and relish some of the most luscious foods, but because it has become the fashion to belaud the dietetic value of sugar and to look upon it as an important food, while in reality it should be sparingly used and regarded rather as a condiment. What does it matter whether we can turn sugar into so many units of energy, if at the same time it ruins the teeth and irritates the stomach to such an extent that healthy and vigorous digestion is lost?"

It should be remembered that refined sugar as we use it is very different from the native article. In Ping-yang and other places within a few miles of Wenchow sugar is made by passing the cane between stone rollers which are turned by an ox; the juice which escapes is collected in a pan, boiled, and the clear syrup is ladled off and allowed to cool and crystallise.

In modern sugar refining, according to Chambers Encyclopædia, the juice is expressed by complicated machinery, it is clarified by using milk of lime, and sometimes sulphurous acid. After clarification the juice is allowed to crystallise, but as there is always a certain amount of syrup which assumes the crystalline form with great difficulty or not at all, the addition of sulphurous acid to this syrup is found to enable a further portion to become crystalline.

There are many other details and processes, but the above is mentioned to show that very powerful drugs are used which unite with the sugar for the time being, and it seems reasonable to think that what irritating quality there may be in refined sugar is due as much to the chemical action to which it has been exposed, as to the more concentrated form in which it is presented.

Earlier in this article when comparing the diet of our ancestors and that of the Chinese, with what is in vogue in modern times among our-
selves, I endeavoured to show that the principal addition to the European dietary is sugar. That the consumption has enormously increased can be verified by reference to any modern encyclopedia, where it will be seen that at present many million cwt. are made every year, instead of the few thousand made fifty or more years ago. Not only is sugar used at each meal, in the tea, on the porridge, in the pudding, cake and jam, but at home almost every street has its sweet shop as regularly as its public house, and those who are above buying a pennyworth in one of these shops are nevertheless not above taking chocolates and bonbons from boxes which our great confectioners get up with such taste.

In conclusion may I be allowed to mention my own experience. Before an attack of appendicitis two years ago I had always masticated thoroughly, had taken but small quantities of meat but had indulged somewhat freely in sugar. After the attack, and before the appendix was removed, I noticed that the use of sugar would bring on slight pain over the affected region, so much so that before the operation I had given up taking sugar altogether. The last two summers since the offending organ was removed, there has been freedom from pain, but during the hot weather the colon is easily irritated, especially by sugar, and although the ingestion of this article caused no symptoms of gastric indigestion, yet it was frequently followed by diarrhoea. In the winter this sensibility passes quite away. These facts suggest that in my own case at least sugar has an irritative action on the colon, which may set up the colitis which is the common cause of catarrh or severer inflammation of the appendix.

This theory, even if found to be correct, would probably not deter the majority from pandering to their sweet tooth, if only a one thousandth chance of appendicitis were involved; but since, as Dr. Wallace points out, other organs suffer, then it might be wise for us to impress moderation on all and abstinence on some.

References:

1. Pitt, Guy's Hospital Gazette, 27th February, 1897.
4. " " " " " " " " " " "
5. Epitome " " " 31 March "

Wenchow, 20th January, 1907.
SOME DISPENSARY METHODS.

By Charles K. Roys, M.D., Wei-hsien.

This might well be called suggestions to beginners from one who has begun. It deals only with the most elementary problems of dispensary work: those which have to be solved first by one beginning medical practice in China. The problems presented themselves to the writer about two years ago, and his one excuse for rushing into print on these subjects is the keen desire he felt at that time (and still feels) for light from the experience of others under like conditions.

Among the many perplexities incident to beginning work under new and strange conditions these two stood out most prominently:—

1. What is the best method of handling dispensary cases to secure rapidity and thoroughness, combined with the utmost possible deference to the laws of Chinese etiquette?

2. How can serviceable histories and records of cases be obtained in spite of lack of time, inadequate command of the language, and stupidity or unreliability of patients?

Those who have settled these problems to their own satisfaction will think them perhaps too rudimentary for serious consideration, but those who, like the writer, are seeking for further light, may be interested in the conclusions given below, and some profitable discussion may be provoked.

In seeking for information on these and other subjects the writer visited most of the larger hospitals and dispensaries in this province (Shantung) and also of Tientsin and Peking. Another most valuable opportunity was afforded by a visit to Peitaiho and the helpful advice of a dozen or more medical men sojourning there. So no claim to originality is put forward for any of the methods described herein. This is simply a record of some conclusions developed from the experience of older and wiser men, by which we of the younger generation may perhaps be profited.

As to the first difficulty mentioned above. To define it a little more clearly we must postulate that every patient who comes to us should be met and treated as nearly as possible as a Chinese guest would be treated by a Chinese host. Only by so doing can we hope to make full use of the unique influence our position gives to us. How largely our efforts to gain the goodwill of those we treat are negatived by the brusque and short manner so natural to a foreigner in a hurry I suppose will never be known except to the Chinese. Yet with
forty or fifty patients in the waiting-room, all anxious for their turn, and the hour for operations (or tennis) rapidly drawing near, what is one to do? Of course, if the above postulate is not admitted, or is considered an impracticable ideal, then the difficulty largely vanishes. But those of us who are still in "old-fashioned" China will agree that it is a very real difficulty. The lamented veteran, Mr. A. G. Jones, used to say that the coolie who has least of polish in his own manner may be the severest critic of the lack of it in you. And certainly the "gentleman of the old school," who comes bowing and smiling into your consulting-room, should be met in a manner calculated to give least offence to his nice perceptions of propriety.

This may involve a considerable change in methods from those we formerly used at home. Those of us who have been associated with large out-patient work before coming to China, will think fondly of the ease and rapidity with which we could go over rank after rank of patients, whose history had been taken by one attendant, whose clothing or bandages had been opened up by another, while a third would be ready with sterile instruments anticipating every move. It is, of course, our ideal to do nothing which a Chinese helper can be trained to do properly. But it seems to the writer that when we reach the point of delegating to our assistants all the courteous observances which take so prominent a place in Chinese life, our work will lose a very large proportion of its influence, and the mere numerical gain in patients treated will not make up for it. And when the assistants see their teacher habitually careless of conventionality, they will very soon follow him in this as in other things.

The second problem will, I think, come home to more of us than the first. Probably none of us have failed to feel the criticism of the profession at home, viz., that medical missionaries do not take proper advantage of the vast amount of clinical material which passes under their hands. And most of us will admit it to be a just criticism. The question with us is, How can we make and record observations on our cases which shall be of real value when a press of work, a difficult language, and answers of patients often quite unreliable are all arrayed against us? It is not such a difficult matter to write up from memory some rare and interesting case which at once on arrival aroused our curiosity and lured us on to an exhaustive search for subjective symptoms and a thorough physical examination. But the men who are listened to at home in these days are, like the Mayo brothers in America, the men who base their conclusions on 1,000 cases of this, or 1,200 cases
of that; which means that for years they have kept systematic records of all their cases. The keeping of such records at once full and concise, inclusive and exclusive, confirmed by instruments of precision and carried through to the ultimate results of treatment, is a task which many of us think beyond our powers under present conditions. Yet it is evident that without such records no conclusions of value can be made.

Another criticism comes from our itinerating clerical colleagues, who complain of the difficulty of following up patients because of lack of information about them. How can these criticisms be avoided?

The writer has tried the following methods of dealing with these problems. A clear field for these methods was afforded by a new dispensary just built in the city of Wei-hsien through the generosity of Mr. J. Amherst Wisner, of Brooklyn, New York, as a memorial to his son, Mr. Clinton A. Wisner. In this building, to provide for the rapid and at the same time courteous handling of patients, the consulting room was made as much as possible like an ordinary Chinese guest room, with entrance door in the center of the southern side, table and two chairs opposite the door on the north side of the room. Patients receive tally-cards from the evangelist who is preaching in the waiting-room, enter the consulting room singly in order of their arrival, are met at the door by the physician, and conducted to the seat of honor at the left of the table. The polite Chinese inquiries as to honorable name, venerable age and exalted residence take a few seconds only, and pave the way for the other questions indicated in the list below:

<table>
<thead>
<tr>
<th>姓 名 年 紀</th>
<th>居 住</th>
<th>何 病</th>
<th>家 中 如 何</th>
<th>煙 酒 如 何</th>
<th>病 何 時 得</th>
<th>方 得 如 何</th>
<th>現 在 如 何</th>
<th>形 勢 如 何</th>
</tr>
</thead>
</table>

This list was cut upon a wooden type-block of a size to fit the heading of the pages of an ordinary Chinese account-book, ruled with vertical red lines. A student assistant at a side table takes down the patient’s answers, often quite unknown to the latter. After the first questions of politeness the patient is asked at once, “What disease have you?” This usually brings out his chief complaint and heads off that wearisome narration of fancied causes which is so familiar from any ignorant patient. By asking the questions in such form that they can be answered yes or no, the list is soon run through, the assistant
being always ready to repeat a question if it is not understood the first time.

After examination and diagnosis, the patient is shown to one of two doors, placed on each side of the table where he has been seated. The one on the left (nearest the patient and in full view of the physician) has in it a window for giving out drugs. In this room an assistant is stationed, whose duty it is to give out the remedy ordered on the patient’s card and to explain very carefully its administration.

The other door opens into a room with a north light for minor operations, dressings, or further examinations. Thus the field is cleared for another patient, who can be met in the same manner that the first was and shown equal courtesy. The average time per new patient is about five minutes. Return cases of course take much less time, but each return case is examined and his condition and medication noted on his original history. Nothing is easier than to form the habit of treating the patient’s card rather than the patient. A man who comes in with a diagnosis of rheumatism on his card, may have a well-developed heart lesion by the time he makes his second call upon you.

Here will be outlined a little more fully our method of keeping histories. An ordinary Chinese account-book is used, because it is cheap, durable and compact. The student writes with a lead-pencil, because it is much faster than a Chinese pen. He can be taught to put down only what is important by being told to observe what is repeated after the patient in a certain tone as having a distinct bearing on the case. So although most Chinese are very poor at writing from dictation, he can, after a little practise, keep up with a very rapid conversation.

The questions given above will explain themselves. No. 6 is designed to get at the moral character of the patient, as well as his habits, for intelligently following up his case afterward. These records are handed over to itinerating colleagues at frequent intervals.

For hospital cases the same form of history is used, but printed on alternate pages only, leaving a page with twenty-four spaces for the daily records of the case. When a patient stays longer, an extra leaf may be inserted. The book is indexed at the back; medical and surgical diseases being arranged by regions.

To secure accuracy, ease of finding on the shelves, and to save time and space on the records, all remedies have been numbered. The English names were placed in alphabetical order and numbered accord-
ingly. This system has proved exceedingly satisfactory. A written list of remedies, properly numbered, is kept on the table in the consulting-room for reference.

The patient's tally-card or ticket is marked with his history-number, diagnosis, and the number of his medication. Directions for taking are printed on it, so that verbal instructions may not be forgotten. See sample card appended.

These methods are recorded here not because they are perfect, but because they are not, and we hope to improve them. Neither are they universally applicable. But in them there may be some hint for some perplexed beginner, which will justify our taking up your valuable space.
A REMARKABLE TUMOR.

By J. L. Maxwell, M.D., Tainan.

I send you a remarkably good photo of a very peculiar case I have just had in. Print it in the JOURNAL.

The case is that of a woman forty-eight years of age, who thirty years ago noticed a small tumour in the breast under the left nipple; this gradually protruded itself, and then the connecting strand lengthened and lengthened with the weight till it assumed its present dimensions.

The tumour is a fibroma weighing half a pound and the cord was ten inches in length. A small cuff of skin was turned back off the cord close to the breast and the cord cut through.

TWO CURIOUS CASES WITH PARASITES.

By David Landsborough, M. B., C. M., Chiang-hoa, Formosa, Japan.

1. CASE OF SINUS IN LUMBAR REGION DUE TO A ROUND WORM.

The patient was a Chinaman about twenty-two years of age. He had a sinus in the right lumbar region with its opening about one inch above the iliac crest and four and half inches from the middle line behind. There was a slight sanguineous discharge. A probe introduced into the sinus passed upwards and inwards and a little forwards to the front of the twelfth rib.

There was a history of a swelling in the right hypochondriac region which formed gradually and extended slowly downwards and backwards till after some months it pointed in the lumbar region at the position previously mentioned. The swelling was opened where it was pointing, by a Chinese doctor. A quantity of dark bloody fluid escaped, and from that time the sinus remained opened and kept discharging this fluid.

While the swelling was going on the patient did not feel well, and he occasionally passed some bloody fluid by the bowel, after which he felt better for a little.

The patient at present looks in fairly good health, but he has a little anasarca. There is no albumen in the urine.

On the 13th January, 1906, I opened up the sinus under chloroform for some distance. In its upper part it was much wider, like an elongated abscess cavity, so that I was able easily to introduce my finger, which passed up in front of the twelfth rib.
There I felt a body like a small india-rubber tube curled up. On introducing a pair of sinus forceps and pulling out the body, it proved to be a fair-sized round worm quite dead and looking as if it had been dead for some time.

The sinus healed readily and the patient became strong and well, but he told me, when I saw him some time afterwards, that he still occasionally passed a little bloody fluid when at stool.

2. CASE OF LEECH IN THE NASAL PASSAGES.

The patient was a Chinaman about twenty years of age. He came to hospital complaining of obstruction in the left nasal passage with some discharge of blood which was of a month or more duration. He put it down to what the Chinese in Formosa call a phin-lêng (phin, nose; and lêng or liông, dragon), which usually turns out to be polypus. On examination with the nasal speculum I saw what looked like a polypus, except that it was very dark in colour. As usual I applied cocaine and then passing my polypus forceps in I seized the dark object, which offered little or no resistance to extraction. To the surprise of the patient and myself the dark object proved to be a full-sized leech, which was alive and quite active too, in spite of my application of cocaine. The patient left hospital immediately, and I did not see him again, but I have no doubt the cure proved a radical one.

COMMENTS.

Case 1. Two explanations of how the worm got to the place where it was found occur to my mind. The first is that a little abscess, tubercular or of some other nature formed behind the bowel (probably the ascending colon) and burst into its lumen. The round worm may then have passed through the aperture so made into the abscess cavity. Its presence there would probably set up irritation and inflammation and would tend to make the abscess extend, which it did till it pointed in the lumbar region. Probably the opening by which the abscess communicated with the bowel was small and it may have got plugged with blood clot or something and only become patent occasionally when the pressure of the contents of the abscess forced out the plug, giving the patient temporary relief and causing bloody fluid to appear in the stools.

The other explanation which occurs to my mind is that there was originally an ulcer in the bowel (tubercular or of other nature). This became adherent to the posterior parietes and then perforated, causing an
abscess in the cellular tissue at the spot. Through the opening in the base of the ulcer, the round worm might pass. The rest of the story would be much the same in either case.

Case 2. In this case it is difficult to say how the leech gained access to the nasal passage. The patient, however, told us that he was engaged in the camphor business. He lived a great deal in the forests of Formosa and he often stooped down and drank water like a horse out of pools or streams when he was thirsty. It seems likely that it was when he was so engaged that the leech found access.

MISSIONARY MEDICAL SCHOOLS.

The following is a portion of an address entitled, "Curative Christianity," delivered by Dr. Stephen Smith before the graduating class of the American Medical Missionary College, June 21, 1904:

MEDICAL MISSIONARY SCHOOLS.

The school in which the medical missionary is to receive his professional education deserves more consideration than it has hitherto received. In these latter days science is the handmaid of God, and she is jealous for her prerogatives. During her reign no physician has been made by a direct endowment with power from on high. On the contrary, she has exacted and still more rigidly exacts, from her votaries, patient, persistent study, under trained teachers, and for long periods, in organized schools devoted to science. We can better appreciate the question now raised by briefly tracing the history of the efforts that have been made to secure the proper training of medical missionaries.

The initiative in this effort to place the medical art in its right relations with missionary enterprises was taken by that veteran pioneer, Dr. Peter Parker, an American medical missionary to China. On his return to this country, in 1841, he visited Dr. Abercrombie, one of the most eminent physicians of the medical school of Edinburgh, Scotland, and informed him of the vast importance to the cause of foreign missions of training medical men for the service. Dr. Abercrombie was so much impressed by the statement that he called a meeting for the discussion of the subject. That meeting resulted in the formation of a society devoted to the specific purpose of sending medical aid to missionary
fields. Dr. Abercrombie became president of the society, and among its members we find the names of Dr. Chalmers, Professor Syme, and others of equal rank. For upward of sixty years that society has been engaged in training medical missionaries and sending them forth, and these physicians have taken rank with the ablest graduates of the famous Edinburgh school.

London followed the example of Edinburgh and established its societies for the training of medical students to become missionaries, and the success of these trained medical students has been marvelous.

On arriving at New York, Dr. Parker made a similar appeal to the prominent physicians of that city, and the response was most cordial. A large society was formed, and for several years medical aid was freely contributed to the missionary bodies. This society did not train medical students for missionary work, but it secured from the only medical college then in New York a rebate of the fees for students intending to become missionaries. This society finally lapsed, and no further organized effort was made in this country to aid medical missionaries until the International Medical Missionary Society was projected by Dr. George D. Dowkonnt. This society began its work along the same lines as the Edinburgh and London societies; that is, by aiding and training intending medical missionary students. For several years the medical schools of the city co-operated with the society by reducing the fees, and its success was such that it had upward of fifty students in training at one session. At length the schools determined to have no beneficiaries, and refused longer to favor the students of the society. To meet this emergency, the society proposed to create scholarships, and one school accepted the proposition. When these scholarships expired, this school refused to renew them, and thus threw upon the society the entire pecuniary burden of supporting those students who were unable to pay their expenses. Under these conditions the question of organizing an independent medical college devoted exclusively to the education of medical missionaries was raised. The proposition was received with great favor on every hand, except by the medical schools, which unitedly defeated the efforts made to secure a charter.

**ADVANTAGES OF SEPARATE SCHOOLS.**

The arguments which were then so potent in favor of a separate and properly organized and endowed missionary medical college are more convincing to-day and in the presence of this class of graduates
Missionary Medical Schools.

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than they were at that time. It will be appropriate to this occasion to recall and emphasize some of these arguments. It is true that the technical teaching of the medical sciences is nearly the same in the various schools, and a thoroughly practical education can be obtained by a well-qualified student in any of the large number scattered throughout the States. But we must not overlook the fact that the future professional rank and standing of the students is influenced by the particular school which he attends and from which he is graduated. The school impresses its own reputation indelibly upon his professional character. A diploma from certain medical colleges is a passport to almost certain success. In like manner the influence of the association of students with one another and with the teachers tends powerfully to form the future habits of thought and action of the students. Hence, it is a question of the first importance in the education of persons for any given employment or profession that they attend the school which has the highest ideals of the service which the student is about to enter and the largest facilities for teaching its special technical and practical branches. In such a school the very atmosphere is surcharged with the spiritual life of the sciences taught, and the student is constantly inspired to high endeavor for excellence in all of his studies by daily association with sympathetic classmates striving to achieve the same success. This fact alone would justify the establishment of medical colleges devoted to the education of intending medical missionaries.

But there are other considerations quite as important. The missionary medical student should have a wider range of studies than the curriculum of the ordinary medical school provides. Climatology, epidemiology, pharmacology, mineralogy, are important accessory sciences which he should learn. To these may be added the minute study of foods and their preparation, such domestic arts as relate to personal hygiene, and potentiality and uses of natural remedies, as water, heat, electricity. He should be practically skilled in every department of laboratory work, such as chemistry, biology, bacteriology, pathology, and physiology.

Many of these subjects may seem trivial and unimportant, but when it is considered that the medical missionary is to practice his profession far removed from those aids which surround the physician in civilized communities, it is apparent that every condition of education which multiplies his resources adds greatly to his usefulness. Hippocrates wisely commended to the graduates of the school of Cos the study of the whole circle of the physical sciences.
Another important result from this training in a special school is the opportunity that is offered the faculty to study the peculiarities of each member of the class, and thus be able to furnish missionary societies with accurate information in regard to candidates applying for appointment. The New York Institute was in constant communication with the secretaries of the different missionary bodies, and enabled the societies to make judicious selections of medical graduates for their various fields of service. In some instances the appointments were made without consulting the managers of the Institute, and serious consequences followed. The school, therefore, becomes a most important aid to missionary organizations in the selection of their missionaries.

Another advantage of the medical missionary college has been found in the association during student life of persons from the different religious denominations in attendance, and the cordial relations which spring up among them while preparing for the performance of the same future duties. The fellowship and brotherhood thus established during the susceptible period of student life remains a permanent bond of union between persons of a common faith. The hundred or more medical graduates who during their pupillage were housed and taught, in part, by the International Medical Missionary Society, of New York, formed an association to maintain a constant correspondence with one another after they had gone to their separate fields. Thus, over one hundred missionary stations in all parts of the world have been brought into sympathetic relations, though the missionaries themselves belong to the different religious denominations.

The American Medical Missionary College.

The arguments in favor of an independent medical missionary college, rightly situated, and properly organized and equipped for thorough work, can be greatly multiplied, but all combined cannot have the force and sufficiency of the living presence of the American Medical Missionary College, with its graduating class about to receive its diplomas, legal testimonials that the members of this class are duly qualified to practice the art of medicine. And my convictions of the value of such a college are greatly strengthened by a personal examination of its organization and management. It has been very emphatically and persistently alleged against such a medical school that it will lower the standard of medical education and become a resort of a class of students who are wholly unfit to enter upon the study of medicine. It is gratifying to find that these predictions have in no particular been
realized in this College. On the contrary, it has in many respects raised
the standard of medical education, as compared with even our most
advanced schools.

In the first place, the required educational qualification of the ap-
plicant for admission to the school is placed very high, but not too
high, if due regard is had to the requirements of the missionary service.
Certainly no unworthy and incompetent student can find access to the
classes of this school if this standard is maintained. The preparatory
studies for admission to the higher classes are exceptionally well chosen,
and indicate that those who have passed a successful examination have
attained to a high grade of scholarship.

Again, the method of teaching is altogether excellent. The teacher
and student are brought into such close personal relations that they
must necessarily understand each other. The art of teaching is acquired,
not inborn; a study, not a gift. Accurate knowledge is essential to the
success of the teacher, but it alone does not insure success. John
Hunter, the most scientific surgeon of the past three centuries, could
not retain a class of students. He understood the subject, but he did
not understand the student. The successful teacher must maintain a
personal contact with his pupils so close and familiar that he is able to
adapt his instructions to each. An experience of forty years in teaching
medical students, long since convinced me that the recitation in small
classes is the most successful method of meeting the wants of the in-
dividual student. Placed in these relations no student can escape
the critical questions of the teacher, nor can the teacher escape the
often tantalizing questions of the pupil. Bacon says: "He that ques-
tioneth much, learneth much." In the class-room both the instructor
and the pupil have unlimited opportunities to ask questions, and as a
result the inapt student is kept abreast of his class, while all profit by
the questions and the explanations.

The modern student of medicine is to be congratulated that the old-
time lecture as a method of teaching is being superseded by the class
recitations, the laboratories, the hospitals, and the clinics. The passing
of the ancient professor, in evening dress, with well-conned manuscript
from which he rarely raised his gold-rimmed spectacles, gives place to
the instructor, clad in his dissecting-room and laboratory suit, whose
hearty handshake of welcome assures the student that he is to be a co-
laborer with his teacher in the fields of science.

But admirable as are the methods of teaching the more technical
branches in this school, instruction in laboratory investigations of
every kind which enter into a knowledge of the science and practice of
medicine, is conducted along lines best adapted to render that knowledge (at all times and under all conditions) available. The location of the College in Chicago and at Battle Creek gives the students extraordinary facilities for clinical and laboratory studies and work. In the large city, actual missionary duties are performed at the dispensaries and hospitals while the student is engaged in clinical studies; and this two-fold service teaches him practical lessons in organizing and managing such institutions in the mission field. At the Battle Creek Sanitarium the course of study in the investigation of disease, with the aid of numerous laboratories, the practical analysis and preparation of foods, the opportunities for observing and treating all forms of surgical operations under the most approved antiseptic conditions—all conspire to furnish the intending medical missionary student with ample means for perfecting himself as a practitioner of medicine and as a missionary in foreign lands.

A GREAT FUTURE.

The American Medical Missionary College has before it a future of great possibilities. Standing alone as the pioneer institution devoted exclusively to the training of those who have been chosen to go "before His face into every city and place whither he himself would come," it inaugurates a new era in the efforts to evangelize the world. It is an answer to the pathetic appeal of the Master to his disciples, "Pray ye . . . the Lord of the harvest, that he would send forth laborers into his harvest." There is but one condition wanting to enable it to fulfil its great mission worthily and completely. It should have the sympathy, confidence, and support of all the Protestant denominations engaged in missionary work, and should become their medium of securing competent medical missionaries. By this means, endowments may be secured and the college placed on an independent and enduring basis.

Carlyle says: "The power to relieve human pain is a divine gift." How much greater is the gift which this diploma confers in endowing its recipient with power to cure all manner of diseases! But the diploma of the American Medical Missionary College has a higher significance and a nobler purpose than relieving the ills of the body. It endues these graduates with a mission which far transcends in its scope and character that of any other educational institution. That mission is clearly and forcibly expressed in the command of the Master, "Cure the sick, and tell them the Kingdom of God is at your door."
HYMN TO BE SUNG AT THE OPENING OF A NEW HOSPITAL.

"Accept this building, gracious Lord,
No temple though it be;
We raised it for our suffering kin,
And so, Good Lord, for Thee.

Accept our little gift, and give
To all who here may dwell,
The will and power to do their work,
Or bear their sorrows well.

From Thee all skill and science flow;
All pity, care and love,
All calm and courage, faith and hope,
Oh! pour them from above.

And part them, Lord, to each and all,
As each and all shall need,
To rise like incense, each to Thee,
In noble thought and deed.

And hasten, Lord, that perfect day,
When pain and death shall cease;
And Thy just rule shall fill the earth
With health, and light, and peace.

When ever blue the sky shall gleam,
And ever green the sod;
And man's rude work deface no more
The Paradise of God."

CHARLES KINGSLEY.

A NEW HOSPITAL IN CENTRAL CHINA.

THE HOSPITAL OF THE AMERICAN BAPTIST MISSION AT HANYANG FORMALLY OPENED.

While the work of medical missions in China is by no means new, the opening of a hospital arranged and equipped according to the best methods of medical science is an event of significance not only in the history of Missions, but also in the development of China. Such a building has been erected by the American Baptist Mission to care for
the quarter of a million or more people who live in Hanyang. As frequently happens in China, the site for the building was only secured after long and continued effort to overcome opposition and prejudice. Success at last crowned the efforts and an adequate plot of ground was secured in the centre of the Hanyang valley, a place about equidistant from the main sections of the city.

The plant at present consists of two buildings—the hospital proper and the dispensary—in which is incorporated the chapel. The hospital itself is a handsome building, rectangular in shape, three stories high. There are four main wards, splendidly lighted and ventilated. On the second floor there is a small ward enclosed in glass, adapted for a few consumptive patients. On the third floor, at either end of the building, are rooms which can be shut off entirely from the rest of the building, and are therefore suitable for contagious diseases. A feature of this hospital that is something of an innovation is the provision made for foreign patients in small private rooms. As the number of foreigners in this important centre increases, it is felt that there will be a demand for hospital accommodation, at least in surgical cases. The operation room, finished entirely in white enamel, contains every appliance needed for successful surgical work. The kitchens and servants' quarters are located in a separate building in the rear.

The formal opening of the hospital, which occurred on Tuesday afternoon, March 12th, was appropriate and impressive. Although the weather was threatening, a large number of people came in steam launches and sampans from Hankow and Wuchang. The Dedication Service took place in the Hospital Chapel, and was in charge of Rev. J. S. Adams, the senior member of the Mission. The address was in Chinese, and was given by Rev. Arnold Foster, B.A., of the London Missionary Society in Wuchang. The prayer of dedication was made by Dr. S. R. Hodge, of the Wesleyan Mission in Hankow. After the Benediction by the Chairman, the service was transferred to the hospital steps, where the Hon. William Martin, U. S. Consul-General, and the Hon. E. H. Fraser, H. B. M. Consul, made appropriate speeches. The building was then formally opened by Mrs. E. H. Fraser, after which those present inspected the different rooms and partook of light refreshments.

One of the notable features of the occasion was the attendance of all the leading Mandarins of Hanyang and the vicinity. Many of these had previously contributed to the erection of the building and had shown a lively interest in the work done. There is at least one kind of Mission work in which official China believes.
THE PREVALENCE OF INTESTINAL PARASITES IN KIANGSU PROVINCE, CHINA.*

By GEORGE M. OLSON, M.D.
Assistant Surgeon, United States Navy.

"Although it is commonly known that intestinal parasites are very prevalent in China, but little definite statistical work has been done, and so far as can be ascertained none in this province of Kiangsu. China, considered medically, is rather an indefinite term with its great extent of territory and its hundreds of millions of people. The eighteen provinces vary in many important essentials as: 1. Climate; from the arctic cold of the northern to the tropical heat of the southern. 2. Elevation; from the plains and level provinces to the mountainous. 3. Density of population; from thirty to a square mile to 600. 4. Amount of rainfall. Therefore it is quite probable that the prevalence of intestinal parasites in one province will be quite different from that in another.

The present series of examinations of stools of Chinese was made at the laboratory of St. Luke's Hospital, Shanghai, through the kindness of Dr. W. H. Jefferys. The stools of all the patients in the hospital were examined without regard to symptoms presented, and, as they were of the lower class, the majority of the Chinese in this province probably show the same percentage and kind of infection.

Kiangsu province has an area of 36,000 square miles, with a population of 25,000,000, or 658 to the square mile, with one exception the most densely populated province in China. It consists of low-lying land extremely well watered, with rivers, including the great Yang Tse, lakes and the grand canal. The climate is hot in summer, cool in the fall and an occasional light snow in the winter. There are many cases of malaria and filariasis. It resembles many of the provinces near it, but further inland the country becomes more mountainous.

With the above conditions, the absence of sewerage systems, and the unclean habits of the people, one would expect to find many cases of intestinal parasites as well as of other diseases caused by unhygienic surroundings. The practice of spreading night soil over vegetables, strawberries, etc., is perhaps one of the most prolific sources of infection. Water probably plays a less important rôle, as the natives rarely drink anything but hot tea or hot water. The Chinese believe that cold water is unwholesome, indicating that the Chinaman has learned through experience what the doctor has learned through science. In the large foreign settlement cities as Shanghai, the local boards of health have spent considerable effort in instructing the Chinese in simple hygienic measures.

In all, during the months of October and November, 1906, fifty stools were examined. It was the original intention to secure one or two hundred, but even the fifty were obtained with some difficulty, as the Chinese are rather loath to contribute to such a little understood process as fecal examination. The patients in St. Luke's Hospital are nearly all adult males, with ailments or injuries from fractured limbs to beriberi. The stools were examined in the usual way, all with the high power. Following are the results in tabulated form:

**TABLE. 1.**

<table>
<thead>
<tr>
<th>Percentage of infection.</th>
<th>No. of stools.</th>
<th>Per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examined ... ... ... ... ... ... ... ... 50 ...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing infection with one or more intestinal parasites 30 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing infection with <em>Ascaris lumbricoides</em> ... 26 52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing infection with <em>Trichoccephalus dispar</em> ... 9 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing infection with <em>Uncinaria duodenalis</em> ... 2 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing infection with <em>Oxyuris vermicularis</em> ... 1 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Reprinted from the *Journal of the American Medicine Association* of March 2nd, 1907.
TABLE 2.

Cases of Double Infection.  

<table>
<thead>
<tr>
<th>Cases</th>
<th>No. of stools.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showing double infection</td>
<td>8</td>
</tr>
<tr>
<td>Showing infection with <em>Ascaris</em> and <em>Trichocephalus</em></td>
<td>5</td>
</tr>
<tr>
<td>Showing infection with <em>Ascaris</em> and <em>Oxyuris</em></td>
<td>1</td>
</tr>
<tr>
<td>Showing infection with <em>Ascaris</em> and <em>Uncinaria</em></td>
<td>1</td>
</tr>
<tr>
<td>Showing infection with <em>Uncinaria</em> and <em>Trichocephalus</em></td>
<td>1</td>
</tr>
</tbody>
</table>

TABLE 3.

<table>
<thead>
<tr>
<th>Parasites Found</th>
<th>No. of Parasites</th>
<th>Per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ascaris lumbricoidea</em> among the infected stools</td>
<td>26</td>
<td>86+</td>
</tr>
<tr>
<td><em>Trichocephalus dispar</em> among the infected stools</td>
<td>9</td>
<td>29+</td>
</tr>
<tr>
<td><em>Uncinaria duodenalis</em> among the infected stools</td>
<td>2</td>
<td>6+</td>
</tr>
<tr>
<td><em>Oxyuris vermicularis</em> among the infected stools</td>
<td>1</td>
<td>3+</td>
</tr>
</tbody>
</table>

The sum of the percentages in Table 3 comes to over 100, but it must be remembered that many of the cases were double infections.

The above tables would indicate that sixty per cent. of the population of Kiangsu province are infected with intestinal parasites, and this figure is probably under rather than over the true estimate, as it is possible that some stools with very few ova were overlooked. Some of the stools, for instance, would show only one ovum of the *Ascaris lumbricoidea* in a slide, while others would show large numbers of ova to every field. Then, too, it may be possible that if only one or two worms were present the discharge of ova might be intermittent, and thus the presence of parasites be overlooked with only one examination. *Ascaris* seems to be by far the most common parasite, with the *Trichocephalus* next. The ova of the *Ascaris lumbricoidea* varied greatly in size, shape and color; a number of the long oval shape that have been described* as probably belonging to a new species of *Ascaris* were seen.

Two cases of infection with *Uncinaria duodenalis* are noted, or four per cent. of the stools examined. Both showed but a few ova, two or three to a slide, and after treatment with thymol search for the parasites was made without success.

One case of *Oxyuris vermicularis* was noted. J. Ch. Huber* states that he has never discovered the ova of this parasite in fecal material taken from the rectum, and that microscopic examination of the dejecta is of little diagnostick value. O. Leichtenstern† and Lutz† have also failed to discover the ova of *Oxyuris* in fecal examination. On the other hand, v. Jackson says he has almost always found them in the feces.

No ova of the tapeworms were found. The Chinese eat but very little beef, and that well cooked, explaining the absence of *Tenia saginata*. A great deal of pork is eaten, but thoroughly cooked, so *Tenia solium* also is apparently uncommon.

Of the unicellular intestinal parasites but one was noted, the *Trichomonas intestinalis*. Some of the stools, however, were examined after standing for some time, so it is possible some were overlooked in this way. Dysentery and abscess of the liver are not uncommon here; during 1905 there were three deaths from abscess of the liver among the foreign resident population of about 12,000. No statistics of its prevalence among the Chinese are available. Neither the *Entamoeba coli* nor the *Entamoeba histolytica* was found in any of the fifty stools examined.†

† Twentieth Century Practice of Medicine, viii., 1896 Ed.
Mouzden Dispensary and part of the Mouzden Hospital behind.
The China Medical Journal.

Vol. XXI. MAY, 1907. No. 3.

Editorial

THE EDITORS' REPORT.*

As the majority of those present know and to their cost, the Editor has been for six months past working on a study of the Nosogeography of China, with the intention of presenting the result as his contribution to the papers of this Conference. But in the eloquent words of the Missouri farmer, "He bit off more than he could chaw." At present his study drawers resemble so many well distended stomachs, thirty minutes after the ingestion of Christmas dinner; full of good things of many kinds but of still unproved usefulness. I calculate that with good health and better luck, I may hope to exhibit the digested pabulum not later than our meeting three years hence; meanwhile to continue to extract intellectual peptic and hydrochloric acid from you my long-suffering friends. In a word, the subject proved too large and too important for the time I had allowed. Some day I hope to present to you this compilation of what is after all not my work but yours; and in some small way to make it represent the observations, not of one man, but of our body at large.

Let me instead, at this time, the end of my two terms of service as Editor of your Journal, make a brief report to you on its condition and some suggestions which are the fruit of not a little thought not only on my part but on that of others by whom also the Journal has been kept alive and fairly healthy since my connection therewith.

The Journal has appeared as heretofore without interruption since the first issue of our service, January, 1903, and it has not at any time, through lack of material, been driven to publish two

*Read at the Conference, Shanghai, April 19th, 1907.
numbers under one cover, as was occasionally done in the middle ages. Three or four of our issues have, however, been so poor as to merely suggest the idea of journalism, and as Dr. Lincoln one time explained it, "We would not pad the JOURNAL, and as there was nothing else to put in it, we didn't put it in." The result was excessive emaciation, but convalescence was fairly rapid and uninterrupted. Other few issues have been interesting and fairly creditable and a couple of dozen contributions have been such as any medical journal would be glad to take the responsibility of. Since the January issue of 1905, the JOURNAL has, following the wishes of the Society, been published bi-monthly instead of tri-monthly, and I cannot say that there has been any particular difficulty in doing so, though I do feel that this is as far as we shall be able to go in frequency of appearance, so long as the editorship is unpaid and the Editor is one whose chief duties are other than editorial.

The relationships with the Presbyterian Mission Press are as satisfactory and continue as friendly and delightful as ever. The usual monthly event of seeing whether we or they can remember first to telephone the other to hurry up, goes on with the regularity and placidity of a grandfather clock or a chronic eczema. This month they telephoned first, but last time we remembered to telephone three times and so scored heavily. This is merely to introduce to you the remark that we are holding over the May 1st issue for a report of this Conference in order that absent members need not wait breathlessly for two months for the result of our deliberations. Our advertisements are decent in character and fair in number, and we have the satisfaction of believing what is not always true of Journals taking advertisements that, considering the fact that nearly the whole medical profession in China sees them and we are all hospital buyers, our advertisers get more for their money than we do; in other words that advertising in the JOURNAL is cheap and very profitable.

It has been the desire of the Editors to allow the JOURNAL to feel to a greater extent than in former times the personality of the Department Editors, who are of unusual ability and might any one of them edit the JOURNAL as well or better than it has been edited during the past four years. With this end in view we have
invited them and others from time to time to express themselves through signed editorials. This has proved a success, and if continued, will inevitably broaden our editorial standpoint. There are at least ten men in China whom I should like to see Editors of the JOURNAL, and I am ready to vote for all of them.

The following revision of the work of the Department Editors has been arranged for:—

Dr. Woodhull will take charge of Progress in Obstetrics and Gynaecology, and the Hygiene and Hydro-therapy will be discontinued.

Dr. J. P. Maxwell will create a new department of Diseases of Warm Climates.

Dr. J. L. Maxwell will continue Pathology and Bacteriology.

Dr. E. H. Hume has recently taken over Internal Medicine.

Surgery we hope to arrange for at this time before we disband, and it is in our mind to see what may be done in the way of having a report prepared from time to time summing up the original work and advance in medical science that may be credited to men now working in China. This suggestion is the outcome of my own recent studies, which show that more is being done by far than the many modest letters I have received would lead me to believe is generally realized. At any rate it would be worth an attempt at compilation as a stimulus to more work if for nothing else. It is an old custom, this matter of Department Editors, and the careful selection of such points in the advance of medicine in its various branches as bear specially on work in China is, I am told, appreciated by those who have little time for magazine reading, and, I may add, little money for it. So we do not see that we can do better than to continue this work, yet we do feel that we are ready and shall be glad to encourage any of the Department Editors in any special schemes they may suggest for enhancing the value and reach of their special departments. Indeed we shall welcome such signs of individual thought and enterprise as something to be distinctly appreciated and credited.

Before putting the cover on our editorial type-writer and so officially closing down business, and in all the blissful uncertainty as to whether or not we shall ever take it off again in your service,
I am prompted, in the quiet of my study, however it may be when I shall make this report to you, to open my heart on the general subject of the future of the China Medical Missionary Journal and lay before you the hopes and aspirations of one who has both of these. If I speak frankly please remember that it is merely an American trick. It is our custom to tack the list of our faults upon the front door of the Town Hall and not to tear down the paper till we have torn down the faults. When we once realize them, trust us to tell the whole world how bad they are and to use plenty of red paint in doing so. Frankly, then, I think the China Medical Missionary Journal is only a tolerably good medical journal and that it is still less of a missionary journal and that it was not intended to be the latter by its founders. That in has always been in fact really a Medical Journal, though a Medical Journal with a strong religious and emphatically Christian tone, and strongly and positively and actively pro-medical Missions. It was intended to be a scientific journal, not a missionary propaganda. It was for our own edification and as a means to the development of our profession, not for the enlightenment of Sunday-schools and mother's meetings. In spite of considerable merit, however, it has not gained any degree of recognition in the scientific world, nor, as far as our subscription list would indicate, is it read by even one Sunday-school child, or hopeful mother; it is rarely quoted or referred to in professional journals, even including our exchanges, and never to my knowledge in parish bulletins. This is not, I truly believe, because it is not of interest to the former group, but because its name is such as would indicate to the average busy medical man or Editor a pseudo or hybrid character and misinform as to its actual function as a journal of scientific medicine published by scientific men for the advancement of the science of medicine. I do not believe that the average physician outside of our association, seeing the cover of our Journal, would have any notion of the real nature of the Journal as it has been published since the first number appeared. I know that a concession doctor of many years' standing in Shanghai had never heard of it till I showed a copy to him this winter. Frankly, then, I believe and the suggestion was first made to me by one of our Hankow men, our Journal is misnamed and has always been
seriously hampered by the fact. It seems a small thing and a superficial, but like the high silk hat on the Chinese mafoo, has to be tried on to make one realize the effect. It is only a question of degree between C. M. M. J. and China Dental Missionary Journal, or Japan Bacteriological Missionary Journal, or Chifu Horticultural Missionary Journal, or even Chang-teh Intestinal Parasitic Missionary Journal. Why not these as well as what we have? Personally I am convinced that our infant is suffering largely from the infelicity of her name, and I should be glad if you would decide to call her what all those who founded her constantly refer to her as, what she actually is and always has been—the China Medical Journal of the (or published by the) China Medical Missionary Association.* She is not a "Double Cross," nor a "Leaves of Healing," nor was she ever planned for any such home missionary encouragement idea. We might publish such a magazine and with very satisfactory results, but do not let us longer add incense to our quinine to the questionable advantage of either. If we wish to publish a missionary Journal let us do so by all means, but let us omit from it such immodest papers as those on Fæcal Fistula and allied themes of professional interest and the illustrations which are appropriate to them, but which we have indelicately published from time to time in our so called Missionary Journal. That there is a lurking attempt to dilute the religicus tne of the Journal is simply not true. This our issues, both editorially and otherwise, have regularly proved. Under the title of Z I have personally written one religious paper for every other one sent to the Journal for years past. I would have the same Journal we have always had, only grown stronger, and I feel myself that the religious influence of the Journal under its right professional name will be farther reaching than it has ever been, by far, when our name tells the fact and not the fiction, but so long as medicine stands in the name, laymen will not read it, and so long as missionary stands physicians, outside our own small body, will not do so either. I clearly recognize that there may be a divided opinion on this matter, and though I earnestly desire this change to be made at this time, yet a discussion by the Association may suggest reasons against it which I do not now

* Note.—This action was unanimously taken by the Conference.
anticipate. It seems to me like one of those cases where it is wiser to be all things to all men, where the letter is standing in the way of the spirit, where fact and unobtrusive simplicity would win acceptance, while a spirit of exclusion provokes intolerance. There was a time when it was the part of wisdom to say one's prayers at the open window, and a brave man did it. But later on it was the part of greater wisdom to go into one's closet and shut the door and pray from the heart alone. And it seems to me that at this time the Journal will have the greater power through the lesser ostentation.

I have already referred to my faith and hope for the Journal. And I have also said that it is only a tolerably good sheet at present. Considering the brilliancy and positive professional distinction of many members of this Association, and the tremendous clinical experience of even the average, I think the Journal at present a very weak contribution to our great profession. I believe that we could with some effort and our present membership put out a Journal that would be three to four times as good as it is to-day. I can say emphatically that the support of the Journal is at least twice as good as it was four years ago. There was a time when every issue contained an editorial growl on support. This was given up, partly because it did no good and was tiresome, also because it revealed our nakedness to the public and weakened whatever influence we had, but lastly and chiefly because we are getting to a point where we do not need to growl for lack of material. Lately we have had satisfaction in observing that anxiety appeared when papers were not published for some issues after receipt. In this connection I might simply say that the Editors rarely refuse to print a healthy paper submitted by a member of the Association. Certain of our members are still sending their professional articles to other Journals, and, I may add, will probably continue to do so till we drop our hybrid name and get on a straight professional basis.

Now I propose that for twelve months from to-day we each and all pledge ourselves to each other that for this one year we shall publish a Medical Journal that will be a thing to look back on with pride for years to come. To put out six first class issues, bright and alive, of true scientific interest well illustrated with numerous photographs, with a pathological report from at least one of our
now ten or twelve little laboratories in each issue. We have the fruit of this Conference, and the prospective fruit of the Kuling Conference, as a good start, and we have a larger membership than ever before. Let every member present guarantee to write regularly once or twice a year for the Journal and to stir up those in his neighborhood to the same duty. Let us do this thing for just one year. Then we may go to sleep again if we wish, but I do not think the Journal will go to sleep with us. Once make it a Journal worth writing for and it will be read, and if read, then it will always be worth writing for. Just once, gentlemen and for one year, a real effort, if we are to do what I ask, but if successful, the greatest step in the progress of scientific medicine in China, since the founding of the Journal in 1887. The Medical Journal still lives, and at the end of a second term we render you this simple report of our symptoms, our pains and our fevers, leaving you in consultation to prescribe for us the book shelf and eternal fame, or waste-paper-basket and the ash-heap.

A CHINESE EDITOR FOR THE ASSOCIATION.

The Publication Committee in 1905 entered into negotiations with Dr. Cousland, who was at that time at home on furlough in Edinburgh, in regard to becoming Chinese Editor of the Association on his return from Scotland, residing in Shanghai for that purpose. The object of the committee in trying to secure the services of Dr. Cousland was to provide a General Editor for its publications, to look after the printing of its books and to see that the terms used were uniform, to himself do translating work, besides acting as editor of a medical journal in Chinese, if such a publication should be started in the future. In answer to the request of the committee, which consists of nearly a dozen members from different parts of the empire, all of whom were enthusiastic in their support of the proposal, the Secretary of Dr. Cousland’s Society, Rev. Wm. Dale, wrote as follows from London under date of July 25, 1906:

"Probably Dr. Cousland himself has already informed you that our Committee consents and with great cordiality to lend him to the China
Medical Missionary Association for some years to carry forward the all-
important work of the Association.

We reckon it an honor to Dr. Cousland and to our Mission that he
should be called upon to take charge, at any rate for some years, of this
great enterprise, the unifying of Chinese medical terms and the trans-
lation of standard English medical works, and we are glad to put at the
service of this enterprise one of our own best medical missionaries.

I hope you may be able to provide a house for Dr. Cousland in
Shanghai and to undertake to meet the other expenses incident to his
residence there. We quite understand that, on the other hand, we are
responsible for his salary, while we hope for success in an appeal which
is being made to those Missions which have medical work in China to
assist us in meeting Dr. Cousland’s salary, since the work he is to be
busied about concerns all Medical Missions in China.’’

In answer to this cordial letter assenting to the committee’s
proposals, Dr. Cousland’s Society was told that we hoped a way
might be found to meet their wishes in regard to furnishing a
house, etc., for Dr. Cousland in Shanghai, and this matter came up
for discussion at the meeting of the Publication Committee held in
Shanghai April 18th, 1907, and therefore took place before the
opening meeting of Conference of the Association.

The work of the Publication Committee, during the two years
since it was appointed, proved beyond a doubt the need of such a
man on the spot to facilitate the passing of our books through the
press and to see that the terms are uniform, besides being able to do
a large amount of work on his own account in the way of preparing
new translations.

Every one who knows Dr. Cousland and is acquainted with the
quality of his work, knows that he is just the man for such a place,
and is assured that he will be most painstaking in the performance of
his duties. At the opening session of the Conference the Association
wisely decided to stand by its Publication Committee and invited
him to become its representative in the publishing line in Shanghai.
Plans were suggested by the Publication Committee and adopted by
the Association to meet the obligations involved in providing quar-
ters for Dr. Cousland and in meeting the various incidental expenses,
and from the cordial way in which the funds have been provided
for the work of that committee so far, we feel assured that there
will be little difficulty in meeting this new demand.
Subscriptions to the Funds of the Publication Committee of the C. M. M. A., 1906.

Per P. B. Cousland.

Sir Halliday Croom ... ... ... ... £ 2. 2. 0.
Dr. Donald MacAlister ... ... ... ... 1. 1. 0.
Prof. Alex. MacAlister ... ... ... ... 1. 0. 0.
Prof. McKendrick ... ... ... ... 1. 1. 0.
Dr. John Thomson ... ... ... ... 1. 1. 0.
Dr. B. Darling ... ... ... ... 5.
Mr. Walker ... ... ... ... 5.
Dr. P. A. Young ... ... ... ... 1. 0.
Lord Overtoun ... ... ... ... 2. 0.
Mrs. J. D. Munro ... ... ... ... 5. 0.
Dr. D. B. Lees ... ... ... ... 2. 0.
Dr. A. H. F. Barbour ... ... ... ... 25. 0.
Dr. Keppie Paterson ... ... ... ... 1. 1.
Sir Alex. R. Simpson ... ... ... ... 5. 0.
Dr. J. W. Ballantyne ... ... ... ... 5. 0.
Dr. J. Ritchie ... ... ... ... 2. 2.
Dr. R. J. Pye Smith ... ... ... ... 1. 0.
Mrs. Craven ... ... ... ... 5. 0.
Edinburgh Medical Missionary Society ... ... 25. 0.
Auto ... ... ... ... 1. 1.

£86.19

The Treasurer would like to draw attention to By-law Seven in the revised Constitution and By-laws as adopted at this Conference and circulated with this number of the Journal. It runs:—

"Yearly dues shall be $4 Mex. in advance, including subscription for the Journal and postage on the same."

Inasmuch as the dues include the Journal it has been the practice for members to pay these dues directly to the Presbyterian Press and not to the Treasurer. Will new members please note this point and follow this practice.

The attention of old members is drawn to the increase in the dues from $3 to $4 per annum.

Will members please note that Article IV in the revised Constitution requires that proposals for membership be brought forward by two active members.

The Secretary’s address is:—

Dr. P. B. Cousland,
2, Shantung Road, Shanghai.
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<tr>
<th>Date</th>
<th>SUBJECT</th>
<th>Meeting Place</th>
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<td>Feb. 27th</td>
<td>The possibilities of Scientific Research in Medical Mission work........</td>
<td>Wu-Sen-Miao</td>
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<tr>
<td>March 13th</td>
<td>The Treatment of Tubercular joint disease</td>
<td>Concession</td>
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<td>April 27th</td>
<td>Clinical Meeting</td>
<td>Wu-Chang</td>
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<td>April 17th</td>
<td>What are the future possibilities of training Native Nurses in our Hospitals?</td>
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<td>May 1st</td>
<td>Clinical Meeting</td>
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<td>May 15th</td>
<td>Report of Shanghai Medical Missionary Conference</td>
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<td>May 29th</td>
<td>Is Medical Itinerant work practicable and profitable? Discussion opened by Dr. A. Morley</td>
<td>Wu-Sen-Miao</td>
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<td>June 12th</td>
<td>Clinical Meeting</td>
<td>Concession</td>
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<td><strong>OPEN MEETING.</strong></td>
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<td>Oct. 2nd</td>
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<td>Laboratory Work in Medical Missions</td>
<td>Concession</td>
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<td>Oct. 30th</td>
<td>The Opsonic Index of the Blood</td>
<td>Wu-Chang</td>
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<td>Nov. 13th</td>
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<td>Wu-Sen-Miao</td>
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<td>Nov. 27th</td>
<td>Lantern Lecture</td>
<td>Han-Yang</td>
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<tr>
<td>Dec. 11th</td>
<td>Clinical and Business Meeting</td>
<td>Concession</td>
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**NOTICE.**

As the Physiology requires reprinting, will those who have been using it kindly send to the undersigned any notes of errors or omissions they may have recorded. What is greatly desiderated is a copy with all obscure passages and errors marked. Such a copy will be carefully returned.

P. B. COUSLAND.

**The Conference of April, 1907.**

The Conference of the Medical Missionary Association of China, just ended, has been literally without a disappointment and in some respects has proved the most satisfactory in the history of the society. Even the veterans declare that this is so, and the fondest memories seem to evoke nothing from the dim recesses of the past that is better than the accomplishment of the past five days.
The fact is that the methods of mission work have reached such a high degree of development that the procedures of the present day are marked by a spirit of understanding, by a grasp of the conditions, by a willingness to co-operate, such as drives business to completion. For lack of mutual distrust, for willingness to get to the point, for all round get-there-edness we remember few assemblages of the size with anything approaching the easy mobility.

The following is the roll call of the combined sessions:—

**Members present at the Conference.**

| Dr. D. D. Main, Hangchow. | Dr. A. J. Hamilton, Shanghai. |
| " (Mrs.) J. G. Meadows. | " P. B. Cousland, Shanghai. |
| " Andrew Young, Hsianfu. | " A. M. Myers, Shanghai. |
| " Mrs. Young, Hsianfu. | " E. C. Machle. |
| " P. L. McAll, Hankow. | " Day, Shanghai. |
| " Tucker, Shanghai. | " Francis F. Cattell, Soochow. |
| " James Menzies, Hwaichingfu. | " Grant, Ningpo. |
| " | " A. D. Sibree, Hongkong. |
| " | " Macklin, Nanking. |
| " | " Rosa W. Palmborg, Shanghai. |
Eighty members were present at the Conference.

Besides the presentment of a series of papers unsurpassed for interest by any past Conference and a number of very worth-while discussions thereon, the more prominent actions of the Conference were as follows:

1. The change of the name of the Journal to "THE CHINA MEDICAL JOURNAL," published by the Medical Missionary Association of China.

2. The election of a large number of new applicants to membership.

3. The ratification of the work of the Publication Committee, especially in securing the services of Dr. Cousland as Chinese Editorial Secretary and the provision of funds for his work.

4. The appointment of a permanent committee on the centralization of original research work, to provide subjects, methods and referees.

5. The appointment of a committee on Constitutional revision and the adoption of a revised Constitution.

6. The appointment of a committee on formulating a manual of health and advice to missionaries coming to the East.

7. The adoption of resolutions defining the Association’s views on opium and alcohol evils and their regulation.

Time and space prevent reference at this time to these matters other than as set forth in the minutes of the sessions, but we shall hope to comment on some of them in the near future. It is enough now to say that we are happy and hopeful. Indeed the unanimity of opinion and the broad spirit of action was of the kind that warms the heart and cannot fail of approval.
ORDER OF THE MEDICAL MISSIONARY CONFERENCE,
April 19, 20, 22, 23.

IN UPPER HALL UNION CHURCH BUILDINGS.

Friday, 19th April.—Business Session.
9.30 to 10.00 a.m.—Devotional.
10.00 a.m.—Election of Conference Secretaries, etc.
   President’s Address.
   Editor’s Report.
   Secretary and Treasurer’s Report.
   Reports of Committees.
   Election of Officers for 1907-8-9.
2.00 p.m.—Business continued.
3.00 p.m.—Paper by Dr. J. L. Maxwell.
   Subject—“Is the Association fulfilling its
   object as a Scientific Society?”
   Discussion.

Saturday, 20th April.—Surgical Session.
9.30 to 10.00 a.m.—Devotional. Reading of Minutes.
10.00 a.m.—Paper by Dr. Hart.
   Subject—“Aseptic and Antiseptic Surgery as
   applied to our conditions in China.”
   Discussion.
10.30 a.m.—Paper by Dr. Plummer.
   Subject—“Necrosis.”
   Discussion.
11.00 a.m.—Open talk on New Instruments, Apparatus,
   Treatment, etc.
11.30 a.m.—Paper by Dr. Woodward.
   Subject—“Mission Hospital and Dispensary
   construction in China.”
   Discussion.
2.00 p.m.—Paper by Dr. Hodge.
   Subject—“Manifestations of Syphilis in
   China.”
   Discussion.
3.00 p.m.—Paper by Dr. Neil Macleod.
   Subject—“Two abdominal cases.”
   Discussion.

Sunday.—Medical Mission Sermons 6 p.m. at the various Churches.

Monday, 22nd April.—Medical Session.
9.30 to 10.00 a.m.—Devotional. Minutes.
10.00 a.m.—Paper by Dr. MacCartney.
   Subject—“Fevers of West China.”
   Discussion.
11.00 a.m.—Open talk on new drugs, new treatment, etc.
11.30 a.m.—Paper by Dr. Wilson.
   Subject—"The use of native Drugs," with illustrations.
   Discussion.
2.00 p.m.—Paper by Dr. Boone.
   Subject—"Cyclic Vomiting."
   Discussion.
3.00 p.m.—Paper by Dr. Logan.
   Subject—"Some problems in sub-tropical medicine, with special reference to the use of the microscope."
   Discussion and specimens.

Tuesday, 23rd April.
9.30 to 10.00 a.m.—Devotional. Minutes.
10.00 a.m.—Paper by Dr. Beebe.
   Subject—"The Evangelistic side of Medical Missions."
   Discussion.
11.00 a.m.—Paper by Dr. Otte.
   Subject—"Effect of Opium on Malaria."
   Discussion.
2.00 p.m.—Paper by Dr. Agnes Stewart.
   Subject—"Gynaecological practice in Central China."
   Discussion.
3.00 p.m.—
5.00 to 7.00 p.m.—Reception by Dr. and Mrs. Boone, 4 Ming-hong Road.

THE CHINA MEDICAL MISSIONARY ASSOCIATION.

Address delivered by the Retiring President, Dr. Christie, at the Triennial Meeting, 1907.

It is my pleasing duty to give the members of "The China Medical Missionary Association" a very hearty welcome to this Conference.

Among the many changes that are now taking place in China none is more important than that which lessens the size of this great land. Distances, which a few years ago took weeks to travel, can now be covered in so many days. This remarkable shrinkage of the country will, I feel sure, make a great difference in the attendance at our meetings. We are steadily brought closer to each other for mutual help and fellowship, and this will tell on our work in days to come.

I gladly welcome not a few new members to our ranks since our last meeting in 1905. But we have to mourn the loss of some true and
honoured workers, who have gone to their rest and reward:—Dr. MacDonald, Dr. Arthur Peill, and others, tried and faithful missionaries, who did noble service in the cause of Christ in this land.

I am sorry that for several reasons I have not been able to prepare an address at all worthy of this occasion. I fully expected that the honour of addressing you would fall to the President Elect, and when it was otherwise arranged, I was already in the midst of preparations for opening a large new hospital, and some of you well know how much hard work and worry this entails, both before and after the opening day.

I have experienced another, and, in one sense, a more serious difficulty. In the paper prepared for the General Conference I have said my say pretty fully, and I do not wish to go over the same ground again. One effect, however, of the preparation of that paper, and the correspondence connected with it has been to impress very deeply on my own mind the enormous amount of work that is being done in our hospitals, with all the ramifications of effort radiating out from them all over China.

I should like to strike the key note of our meetings as one of praise to Almighty God for calling us to this work and for what He has enabled us to do for Him. I say this with no feeling of self-satisfaction. We are each and all conscious of mistakes and failings. We are fully alive to the imperfections of our best service, but the past is past, and the only use we can make of its experience is to rise on its errors, as well as on its successes, as on stepping-stones to higher and purer effort.

And this leads me to the main subject on which I wish to say a few words to-day, namely,

HOW TO MAINTAIN A HIGH SPIRITUAL STANDARD IN OUR MEDICAL MISSION WORK.

We all wish our hospitals to be centres from which the Divine light will radiate far into the darkness around us. How is this light to be kept bright? I am sure we all feel that this is the vital point in our work. It is very important that we should help each other at this Conference by discussing details of professional work and comparing notes as to the practical arrangements in our hospitals and dispensaries and the evangelistic mechanism by which we endeavour to gather our patients into the Master’s fold. These and many other subjects may with profit be discussed. But above them all and inspiring them all with a greater weight and importance than they could otherwise have, is the glad consciousness that our whole work, to its most trifling detail, is God’s work, a step in the Divine ladder by which mankind shall rise to God. We believe this, we know it, but how are we to live up to it? How are our hospitals to live up to it?

Now I do not intend to try to answer these questions, nor to preach a sermon on the subject. I only want at the beginning of our Conference to remind you of its importance and to make a few suggestions.

And first may I say that the hospital, and the work done in it, and the Chinese assistants in it are not likely to rise to a higher spiritual level than that on which we ourselves stand. I speak from personal experience when I say that there is a grave danger lest we become
absorbed in our professional work, which is so full of interest to us, and rightly so, absorbed in the mere mechanism of our work and unconsciously allow our own spiritual life to sink low. We are apt to assume that we stand where we once stood and to be unconscious that the flow of grace has slackened within us. All I shall say is that it seems to me imperative for us medical missionaries to keep very close to our Master if we are to be of any use to Him, if we are to represent Him before men; and it is only when we ourselves are advancing that we can draw others after us.

The next important point is our Chinese Assistants, and here my thoughts naturally fall into three divisions:—

(1). How to engage them.
(2). How to train them.
(3). and most difficult—How to keep them; and the deeper question, how to maintain in them a high spiritual level runs through all three.

We have all experienced difficulty in securing men of the exact type that we want to train as helpers in our hospitals. We must always be willing to take something less than the best, but it is well on the one hand to have one ideal before us, and on the other to have our minds made up as to the minimum qualifications we can accept in a man.

He must have a good previous education, some acquaintance with the literature of his own country, and if possible, something of Western knowledge, especially arithmetic, history and geography, and of course a knowledge of the Bible. The brighter and cleverer he is the better, for we all know what a difference it makes when a man grasps our meaning quickly and can readily absorb our teaching. But unfortunately cleverness of this kind is too often combined with faults, which more than counterbalance it.

Character is of still more importance than brains. We want strong men, clean-handed, and of good report. We shall, in the long run, find cleverness and smartness but poor substitutes for trustworthiness. We should have satisfactory evidence as to the motives which actuate those who apply to us, and we should have surely for each one in regular Chinese form a genuine surety, not merely a name.

We must then, to some extent, have brains, and we must have character, but, most of all, we must have an openness for spiritual development.

It is very important that all should be Christians, but I would make no hard and fast rule as to church membership. If the choice lies between two, all other things being equal, I would certainly choose the one who is a member. I would specially welcome the sons of Christians, for we should expect to find better material in the second generation. I would not close the door against young men who are enquirers if their character is good and their sympathies are with us. Contact with Christ's work will draw out what is best in them and may lead them to a higher and fuller life. The second point is

HOW ARE WE TO TRAIN MEN?

We all rejoice over the interest that is now taken in medical education in the establishment of thoroughly equipped medical schools in China. There is a great work before these. I hope no one will mis-
understand me, or accuse me of disloyalty to the large central medical colleges which I heartily support when I say that they cannot meet all our requirements. The men that these colleges will turn out will be of very high value in the market. I question if any of our hospitals will be able to employ more than one or two of such men. But every hospital needs junior assistants and dispensers. An ordinary sized hospital will require seven or eight, besides nurses or maid attendants. How are these to be trained?

It seems to me that the best way would be for groups of neighbouring hospitals to unite in this work. During the quiet season, when patients are not so numerous, men could be brought together for courses of lectures delivered by medical missionaries from these various hospitals. Bible training should be combined with the teaching of the various branches of medicine and surgery, and all students should realize from the first day they join us that they are being trained for the work of medical evangelists.

It is of the greatest importance that these students should not leave us till their training is complete. We have had our disappointments over men going away after a few months or years and setting themselves up as full-fledged doctors of Western medicine. Some of them do good, but the majority do harm, and all who have the interests of medical science at heart should do their best to discourage them.

But a more important question we have to face to-day is this, when our assistants have received their training, whether at central colleges or otherwise: How are we to keep them?

The changes which are now taking place in China make the question difficult to answer, for the demand for those with the knowledge of Western medicine and surgery is great and daily increasing. The confidence of the people in our methods of treatment is pretty well established, and a Chinaman who has been in one of our hospitals, even if his knowledge is meagre, can soon gather round him a lucrative practice. Government appointments are opening up, and those who qualify at our medical schools can command large salaries. Now I do not think that we should grieve over our men occupying positions of influence, either as medical practitioners, or as government officers. I believe that planting such Christian men in these positions is real mission work, which will bear rich fruit in days to come.

But we must have trained men in our hospitals. If seems to me that there are three different motives which may induce men to remain with us:—

I. Devotion to God's Service.
II. A Large Salary.
III. What I may call the family or personal tie.

Of course the most important thing is to impress on our assistants the fact that they are not serving man but God, and that their greatest reward comes from Him, that they must be willing to live in a more humble way than they might do for the sake of helping their fellow-men and leading them to a knowledge of Christ. Through all their training this should be kept before them as their highest aim and best reward. And just as in Christian lands men and women give up home and comfort and bright prospects for the sake of the great cause, so I believe many of our Chinese Christian youth will be ready to renounce worldly prosperity in order to glorify God in the work of healing and saving
men. The mercenary spirit should, if possible, be banished from among us, but, at the same time, we must not expect too great a sacrifice.

I consider that the salaries given in some of our hospitals to senior assistants are ridiculously inadequate, and we should face the fact that we must pay our men sufficient to enable them to live and support their families in comfort and in something like the rank to which their medical knowledge entitles them. I do not, of course, advocate paying them as much as they could make in government employ or in private practice. These it is impossible and undesirable to compete with, and we may expect that, do what we can, there will be some who will leave us for the sake of money.

It seems to me too much to ask of any man, who has knowledge and skill, which he knows could bring him a large income to keep his family in real poverty, little above the station of a coolie. It leads him into a temptation to which I fear some have succumbed, of secretly practising and accepting fees, or taking presents, or helping himself to drugs which he can sell. Let us put our assistants in the position desired by Agur and give them "neither poverty nor riches."

Now I believe that even when men are actuated by the highest missionary spirit and have a fair living wage something more is needed to bind them permanently to us, and this is what may be called the family tie, which includes the personal tie.

According to Chinese custom and feeling the members of one home stand by one another loyally in spite of minor private troubles and own the guidance and authority of the head of the home. The same loyalty should be called into play in our hospitals. Each employee should be made to realize his responsibility in this home, that its reputation and his own are inextricably bound together, that its welfare is his pride, its popularity his glory. There should be personal affection and confidence between the missionary and his helpers; there should be sympathy and mutual forbearance, while, at the same time, discipline must be maintained.

I shall not enlarge on this point, but should like to refer you to an article in our Medical Missionary Journal of April, 1904. It is entitled "Hospital Discipline in Mission Work," by Z. I do not know who wrote that article, but I should like to have an opportunity of thanking him for it. In that paper sound principles are laid down for maintaining discipline in our hospitals and as to the spirit the missionary should cultivate towards the Chinese.

Every Chinaman recognizes the sacred and honourable tie between teacher and pupil. We should seek to have this position among our students and assistants. When there is developed this personal tie with ourselves, and this loyal spirit to the hospital, our men will be unwilling to leave us, and even those who for any cause do leave, will look on the hospital as their Alma Mater and help it on in every possible way.

In this connection may I give an instance from my own experience: Fifteen years ago I began to bring some students through a five years' systematic course. We were interrupted by the Chino-Japanese war, and several of the students went to Newchwang to help in the Red Cross hospitals there. One of them came under the notice of General Ma Yü-k'ün and the Commander-in-Chief, Sung Ch'ing, gave him an important
position as surgeon in the Chinese army. At that time, under the circumstances, I did not put any hinderance in his way. Though not fully trained he has, since then, been doing good work in Yuan Shih-kai's army. Last summer, after eleven years, he returned to Mukden, and is now medical officer of health there with a blue button and a salary of about $200 a month. Though in government employ he identifies himself with the hospital, and his influence is helpful to us in many ways. He comes about us not as the Talao Yeh but as my T'uti as of old. Two of his fellow-students, abler men and fully qualified, are my assistants now with a salary of $25 a month. They could easily get six times as much, but the personal tie is there, and I know they will not leave me. Two others have, since the Boxer time, been in private practice in Mukden, but they readily give their services to the hospital without pay whenever they are needed. One of these has been with me for twenty-four years, and is taking my place now while I am in Shanghai.

And so, to sum up, our assistants will stay with us and do the best work when these three conditions are fulfilled:—
1st. When they receive a fair and reasonable salary.
2nd. When they are treated as belonging to the hospital family.
3rdly. When the Love of Christ constrains them to a willing sacrifice for His sake.

Now I feel that my desultory remarks have taken up sufficient of the precious time of this Conference. But I should like to say a word or two before I sit down, on the Present Situation and Outlook in China.

Professionally we have a clearer field than ever before. Prejudice and misconceptions have given place to confidence and goodwill. Officials and people are at last understanding the object which has brought us to this land. The old rumours regarding us and our work are, to a large extent, things of the past. Western medicine is appreciated. Our patients, already numerous, are increasing year by year. Operations of a major kind are now readily submitted to. Patients come to us at an earlier stage of their illness, so that they and we get something like justice. Fields for investigation are opening up, and I believe the time is near when the government will afford facilities for carrying on scientific research.

We medical missionaries should see that we take every possible advantage of this new state of matters. Much attention is now given by the government authorities in our large cities to sanitary matters, and our advice and help are often requested. Here and in other ways we can assist by our knowledge and experience. The openmindedness of the people is striking. China is moving and we must move along with her and help in every effort that tends to bring her into line with the Kingdom of Heaven.

The inflow of Western thought and learning and literature and method, while we rejoice over it, will bring into our midst elements which may not be helpful to us but the reverse; and it will need all the patience, tact, judgment, wisdom we possess to deal with these. But we believe the hand of God is in all the changes that are taking place in China to-day, so that we can say in the language of Morrison: "The outlook is as bright as the promises of God."
SECRETARY AND TREASURER'S REPORT FOR 1906.

As Acting Secretary and Treasurer during the past nine months, it falls on me to report to the Society. I was pitchforked into the position so ruthlessly by Dr. Lincoln that I have hardly yet recovered my equilibrium.

The material on which to base a report is very small. Our Association has increased by thirty-five during the year. This I think is a matter for thankfulness. It means, in most cases, the advent of new workers to engage in this beneficent and divine work.

In this connection I beg to draw the attention of the Association to the present useless method of election of new members and suggest that we forthwith find a new and better one.

The list of members is, I think, up to date, but I regret to say the law to the effect that our membership be printed once a year and circulated through the Journal, arranged alphabetically, has not been carried out. Statistics show that there are 207 male and ninety-four female medical missionaries in China. Hospitals number 166 and dispensaries number 241. About half of the hospitals have kindly sent in their returns; the figures for 1906 being:

Students and helpers... ... ... ... 556
Beds ... ... ... ... ... 4,481
Operations ... ... ... ... ... 24,841
In-patients ... ... ... ... ... 34,000
Total treatments ... ... ... ... 913,200
Local Income ... ... ... ... $205,766 Mex.
Local Expenditure ... ... ... ... 245,471

The suggestion of having a Corresponding Secretary is a good one, and if he is able to get answers out of many of the members, he will be a good man.

The strength of our Association will, I think, be found in and through its local branches. The Central China branch has made its name. At Peitaiho last summer it was arranged to form one for the North. I trust its members will see it through, and that many other centres will follow in its wake—both to the profit of themselves and of the whole Association.

As Treasurer (although I rarely see a dollar) I am glad to be able to state that our financial position is good, and refer you to the published accounts in the belated March Journal. On the Journal account we have a balance of $236 for the year.

Although 1,000 copies of Dr. Neal's new book on the eye have just been issued, and a second edition of 500 copies of Dr. Cousland's Physiology, our publication account shows a balance in hand of $1,584. Some further amounts are also in hand. At the same time I would remind the Association that we have undertaken a big responsibility and shall need all we can get. Dr. Cousland has come for our translation work to live in Shanghai. In the Conference we shall be asked to confirm the action of the Publication Committee Executive in this matter. That will involve somewhat heavy expense for a little Association like ours.

Still! let us prove ourselves to be alive and healthy—a Society with a good opsonic index, able and ready to overcome all difficulties.

C. J. Davenport.
REPORT OF THE PUBLICATION COMMITTEE OF THE MEDICAL MISSIONARY ASSOCIATION OF CHINA.

Your committee held one or two meetings in Shanghai after the adjournment of the meeting of the Association in February, 1905, at which plans were made for starting the work of the committee, and an Executive and Editorial Sub-committee of three members was elected. A general appeal for funds for the use of the committee was ordered printed in both English and Chinese—a copy of the English circular is appended to this report—and decisions in regard to several books were made. The first book accepted by the committee was Dr. Cousland's Physiology, which was ready for delivery, and of which the first edition of 500 copies was exhausted within a year; a second being now on sale. It was also decided to accept and publish Ingram's Therapeutics and Neal's Diseases of the Eye and Skin and Venable's Bacteriology, after the sub-committee had passed upon them.

After the committee separated in Shanghai a vigorous effort was made to raise funds, and was so far successful that between two and three thousand Mexicans were collected from members of the Association and their friends, a sum which has been amply sufficient for the work of the committee so far, but which will be quite inadequate for the larger work of the future.

Negotiations were entered into with the Canton people in regard to taking over their series of medical books, which has had such a large sale, and after considerable correspondence, it was finally arranged that we should be allowed to select from their list of books any which we thought desirable and after revising them publish them at our expense, with the understanding that they are to receive 50 per cent. of the net profits. So far only the Practice of Medicine has been thus selected, and Dr. Mary Niles is now at work revising and having it printed. It is hoped it may be ready within a year. In addition to the Practice Dr. Niles has made some use of the Obstetrics belonging to the Canton series in preparing a Text-book on Obstetrics, which she has ready for publication; much of her work being a new translation of Evans' Obstetrics.

Negotiations were also entered into with Dr. Main, with a view to taking over his series of medical books, and he agreed to allow us to do so, but so far no one has had time to revise his existing books and bring them into accord with the new nomenclature, and Dr. Main himself has not had time to complete his new books, which we had hoped would be on sale before this date.

Dr. Mary Fulton, of Canton, kindly consented to prepare a new book on Diseases of Women, and her translation of Penrose is now in press, while Dr. Cousland has done some work on his contemplated translation of Osler's Practice, for which he has been promised a thousand dollars by a native Chinese friend in Kwangtung to pay for the expenses connected with its publication.

The most important matter which has come before the committee as a whole—the examination of and criticism of books being done by the sub-committee—has been the question of an editorial secretary in Shanghai.

The committee decided unanimously to request Dr. Cousland to act as such a secretary, at least for a term of years, and thus wrote to the
doctor, who was at home on furlough in Edinburgh, asking him to lay
the matter before his Society. His committee viewed the matter in a
very sympathetic way and wrote most cordially that they were quite
prepared to allow Dr. Cousland to thus serve and would be responsible
for his salary, but would like our Association to provide for the other
necessary expenses connected with his residence and work in Shanghai.
We on our side promised to bring the matter before the Association at
its coming meeting, with the hope that there would be no difficulty in
meeting their wishes. It is to be hoped that the Association will see
its way clear to endorse the action of its committee and thus secure the
services of Dr. Cousland as Editorial Secretary, for the experience of
the past two years shows plainly the need of such an officer on the
ground in Shanghai to look after the publication and translation of
medical books during at least the next few years. The work will proceed
much more rapidly and satisfactorily under such circumstances than will
be possible otherwise.

To recapitulate: the committee now has on sale or in press the
following books:—

1. Cousland's Physiology, second edition, a translation of Hali-
burton's.
3. Neal's Diseases of the Skin.
4. Ingram's Therapeutics, a translation of Hare and Wood; in
Press:
5. Niles' Obstetrics, a translation of Evans', etc.; in Press.
6. Niles' Practice, a revision of Kerr's translation; in Press.
7. Fulton's Diseases of Women, a translation of Penrose; in Press.

In addition to the above the following have been agreed upon and
will be sent to press as soon as passed upon finally by the sub-committee
and ready for printing:—

8. Venable's Bacteriology.
9. Cousland's Practice, a translation of Osler.
10. Main's Surgical Hand-book, a translation of Caird and Cath-
cart.

11. Main's Diseases of Warm Climates, a translation of Davidson.

Finally we should mention the fact that the Hankow book on Nurs-
ing has been turned over to the Association, and the committee's fund is
receiving the benefit of the sales, though the book itself has never been
formally passed upon by the committee. Dr. Whitney's Anatomy, too,
and Dr. Gillison's Chemistry are suited for use in connection with the
standard series of text-books which the committee is endeavoring to pro-
duce, as they contain the new terms, so that we now have either on sale
or in press or planned for a series of thirteen medical text-books in
Chinese.

We of course feel far from satisfied with what has been accomplished
so far, but we trust that the Association will remember how slowly
things move in China and how it necessarily took a long time to get
things into shape for the vigorous prosecution of our work. We have
every reason to hope that during the coming two or three years the work
will move along much more rapidly, especially if the Association is able
to provide for a permanent Editorial Secretary to reside in Shanghai to
look after its publication interests.
MEDICAL PUBLICATIONS IN CHINESE.

It is no new thing to speak of the need for medical mission work in China, where practically nothing is known of the prevention or cure of disease, and the great majority still cling to their old superstitious ideas and crude methods. Almost every missionary society in China has recognized this need and done something towards supplying it. Over one hundred hospitals and dispensaries have been opened by missionary societies throughout the empire with a working force of some two hundred medical missionaries. Through these institutions about 300,000 out-patients pass year by year, paying 1,000,000 visits; into their wards 30,000 patients are received and operations to the number of 30,000 are performed. The benefits conferred, the ignorance dispelled and the good impression produced, must indeed be great; yet how small after all when compared with the needs of the 400,000,000.

It will be seen that to properly maintain these institutions trained native assistants are necessary. Heretofore these men and women have had their training in the hospital, where they were at once the students and helpers of the overworked doctor. The time seems now ripe for giving the Chinese a more thorough medical education than is possible in this way, and medical schools are being established in various centres. These schools will train, under Christian auspices, suitable men and women, and before long not only should the hospitals and dispensaries be more efficiently worked and greatly extended, but a large number of well qualified native practitioners will be available to minister to suffering humanity, whether in private practice or government employ. At the General Meeting of the China Medical Missionary Association, held in Shanghai in February, 1905, the following Resolution was adopted:

It be resolved that we (The Medical Missionary Association of China) have heard with great satisfaction of the formation of Union Medical Colleges in Peking, Canton, and Shanghai, and of plans for such a school in Central Shantung, and that we urge the various missions working in China to use their utmost endeavours toward the formation of such schools in other large centres.

In a very few of these schools the teaching is in English, but the pupils in these are the favoured few who have received a good English education. Chinese must be the vehicle for the many. The establishing of these medical schools has emphasized the necessity for more and better text-books in Chinese.

This question of text-books for Chinese medical students has always been a difficult one. The books available have been few in number, soon out of date, and worse than all, have employed different terms, to the profound discouragement of both pupil and teacher. The China Medical Missionary Association has for years had a committee laboriously preparing a standard set of terms used in medical science, and this work is now approaching completion. With the terminology thus fixed upon, the way is opened for the issuing of a uniform series of medical text-books, where a student will not find in his physiology a set of names different from those he so laboriously learned in his anatomy. Such a series of text-books is most urgently needed, not only for the use of every doctor who trains his own students, but more especially for use in the medical schools. Not a doctor in China but feels this need,
and, as was to be expected, the China Medical Missionary Association at its last meeting took up the question. A Publication Committee was appointed to arrange for the preparation and issuing of such works, and also for a medical journal in Chinese. It was decided to place at the disposal of this committee four-fifths of any funds remaining to the credit of the Association at the end of each year, and the committee was empowered to raise money by voluntary subscription for its work, such funds to be paid in to the treasurer of the China Medical Missionary Association.

It is believed that eventually the committee's work will be self-supporting, but to provide for the translation and publication of such a series of handbooks a present capital of, say, $5,000 is needed. The Association voted the committee $400, being four-fifths of its accumulated surplus funds, and the forty members present subscribed $400 more. This has enabled the committee to publish a translation of Halliburton's (Kirke's) Physiology, which was ready, and to begin arrangements to acquire a volume on therapeutics.

The committee now appeals to all who are interested in the welfare of the Chinese for help in this great work of giving to the Chinese good medical books and periodicals in their own language, thoroughly up-to-date and using a uniform terminology.

Such an appeal, coming from the China Medical Missionary Association, composed as it is of practically every medical missionary in China, of every denomination and many countries, should carry great weight.

Subscriptions may be sent direct to the treasurer, Dr. C. S. F. Lincoln, or through any member of the

PUBLICATION COMMITTEE:

J. B. Neal, M.D., Chairman, A. P. Mission, Chi-nan-fu.
J. Butchart, M.D., Secretary, F. C. M. S. ,, Lu-chow-fu.
C. S. F. Lincoln, M.D., Amer. Epis. ,, Shanghai.
Mary Niles, M.D., Amer. Pres. ,, Canton.
J. M. Swan, M.D., Amer. Presb. ,, Canton.
W. H. Venable, M.D., S. Presb. ,, Ka-shing.
H. Wittenberg, M.D., Basel ,, Kia-yin-chow.

PUBLICATION FUND.

| Subscriptions to date | ... | ... | ... | ... | $3,733 |
| Sales to end of 1906 | ... | ... | ... | ... | 1,088 |
| **Total** | $4,821 |

EXPENDITURE.

| Printing, illustrating, advertising and publishing | ... | $2,463 |
| Credit balance | ... | 2,350 |

These figures are approximately accurate.

Shanghai, April 18th, 1907.

P. B. Cousland.
MEDICAL MISSIONARY CONFERENCE.

Shanghai, April 19, 1907.

First Session 9.30 a.m., Friday. Business Session.

The meeting was called to order at 9.30 a.m. by Dr. Christie, President of the Medical Missionary Association, and the first half hour was given up to devotional exercises.

Election of Conference Secretaries.—Dr. Davenport, Secretary of the Association, stated that on account of hospital and other duties he could not act as recording secretary during the Conference. The names of Drs. MacWillie (Wuchang) and Hume (Changsha) were proposed for Conference secretaries. Dr. Jefferys moved that the nominations be closed, and the two gentlemen were elected.

Election of New Members.—The following names were proposed for membership in the Association. After they had all been nominated, Dr. Davenport read the names all together, and Dr. Beebe moved that they be elected. Seconded. Carried unanimously:

Adrian S. Taylor, M.D., Univ. Virginia. Southern Baptist Mission, Yangchow, Kiangsu, by C. M. Lee.

Isabella Mack, A.B., Smith College; M.D., Women's Med. Coll., Penn.; A. P. M., Canton, China, by Francis F. Cattell, M.D.


J. Hunter Wells, M.D., A. P. M. U. Pyen Yang, Korea, by Hugh Weir.


F. F. Allan, M.D., Denver, Col. Canadian Methodist, Chenfu, Szechuan, by J. R. Cox.


C. W. Somerville, Wuchang, L. M. S.

Andrew Young, I., R.C.P. and S.Ed. B. M. S. Hsianfu, Shensi.

Charlotte Murdock Young, M.A., M.D., of Baltimore, M.D., B.M.S., Hsianfu, Shensi. Proposed by Dr. Stuart.

REPORT OF THE COMMITTEE ON MEDICAL TERMINOLOGY.

Since your committee was appointed by the last Conference it has devoted its attention to critically examining the terms in the published lists and to adding new terms, especially in the light of the tests afforded by the translation of various medical works and experience acquired in teaching. The Committee is now in session and is utilizing the presence at the conference of some translators who are not members of the committee.

As a result of its labours it hopes to be able to issue this autumn a fairly complete Anglo-Chinese Lexicon of the terms used in the various branches of science necessary for a thorough medical education. It also proposes to publish a Chinese medical dictionary with explanations in that language. To this end it suggests that it (the Terminology Committee) be reappointed and that it be instructed to work in co-operation with the Terminology Committee of the Educational Association, so as to harmonise the two sets of terms.

PHILIP B. COUSLAND,
Chairman.

SHANGHAI, April 18th, 1907.

President’s Address.—Dr. Christie (Moukden).
1. Our work a spiritual work.
2. The problem of assistants.
3. The helpfulness of it.

The Editor’s Report.—Dr. Jefferys (Shanghai).

The Secretary's Report.—Dr. Davenport (Shanghai).

Report of the Committee on Medical Terminology.—Dr. Cousland (Shanghai).

Report of the Publication Committee.—Dr. Butchart (Luchowfu).

The reading was followed by a statement giving the balance sheet of the account of the Publication Committee.

The President thanked the gentlemen who had prepared the reports and also expressed gratitude that the English Presbyterian Society should have allowed Dr. Cousland to remain in Shanghai for a term of years as Editorial Secretary.

Dr. Butchart further read the notes of a special meeting of the Publication Committee held last evening (April 18th, 1907). The following items were transacted at that meeting:—

1. The report of the Committee just read, was adopted for presentation to the Association.
2. It was recommended to request the Association to appoint Dr. Cousland Chinese Editorial Secretary.
3. Dr. Jefferys was appointed to draft a letter of thanks to Rev. W. Dale, of the English Presbyterian Society, for allowing Dr. Cousland to act as Editorial Secretary and to present the same to the Association for its endorsement.
4. It was voted to ask the Association to vote $1,200 Mex. annually to cover Dr. Cousland’s house expenses—$800.00 for house rent, $400.00 for a Chinese writer. Also, an additional $400 for an English-speaking writer, if funds provided were sufficient.
5. Dr. Cousland was asked to prepare a statement of account of the Publication Committee. Dr. Butchart called attention to the fact that the books already published were exhibited on a table in the corner of the hall.
BUSINESS ARISING OUT OF THE REPORTS.

I. The Editor's Report.

1. Change of Name.—Dr. Jefferys made the following motion: Resolved, That the name of the Journal be changed to 'The China Medical Journal,' published by the Medical Missionary Association of China.' Seconded by Dr. W. Tucker (Shanghai).

Dr. Christie said the question was an important one and decision should be made only after due deliberation.

Dr. Davenport said that he was adverse to the change when it was first mentioned to him, but that he was now convinced it would be a good step. The missionary standard would not be lowered, and we should have a better journal.

Dr. Venable (Kashing) asked whether the change would come into force at once, two issues for 1907 having already appeared, or whether it would be postponed till 1908.

Dr. Jefferys replied that this decision would have to be made by the Conference. He was convinced that a majority of the interested members would approve the change. The original suggestion was made to him by Dr. Booth, of Hankow, and he felt sure the Hankow delegation would support the action.

Dr. Kilborn suggested that it might be well to postpone action till the question could be put to all members of the Association through the pages of the Journal.

Dr. Beebe (Nanking) said he was decidedly in favor of the change. There would be no change in the fact of its being a missionary journal, but merely a change of name. It would only serve to improve the Journal. It would be unwise to leave the question for all the members of the Association to act upon. The members present were certainly the most interested and capable of making the decision.

Dr. Gillison thought the resolution should say that no change of purpose or motive was contemplated, in order that the position of the Association might be perfectly clear in the future. He suggested the following rider: 'It being understood that this change of name in no way implies a change in the character of the Journal as being a missionary as well as a medical Journal.' Dr. Jefferys accepted the rider.

Dr. Stuart said that when the name was being changed, there might be contemplated some change in the form of the Journal. If this were so, and the change were made now in the middle of the year, it would be awkward in having one's journals bound. He thought the question should be elaborated.

Dr. Gillison was one of the original committee of the Association as well as of the Journal. There were no precedents to go by at the start. All the work was understood to be tentative. It was hoped that the Association would modify the constitution as might be expedient. He now felt that if the Journal could be improved by modifying its name, this should be done. There would be no gain in delay and none in proposing the question to all the medical missionaries in China.

Dr. Jefferys expressed his appreciation of Dr. Boone's generous support.

The President read the motion in its modified form.

'Resolved, That the name of the Journal be changed to The China Medical Journal, published by the Medical Missionary Association of China; it being understood that this change of name in no way implies a change in the character of the Journal as being a missionary as well as a medical journal.'

Dr. Selden (Canton) said that he believed it would be desirable to help our Journal find its way into the scientific world, an obvious result of the change of name. While there were many things not as they should be, yet there was much of our work of which we ought not to be ashamed. He felt that the words 'published by the China Medical Missionary Association' ought to be in plain letters on the cover.

Dr. Jefferys heartily agreed to this. Attention was called to the fact that these words are at present seen on the Journal's cover, but they could be printed in still larger type if thought well.

Dr. Wells (Pingyang, Korea) said the proposed change strongly appealed to him,
The President put the question, and it was unanimously carried.

The President asked whether the change were to be made at once.
Dr. Jefferys replied that it would be, unless the Association ordered otherwise. The form would not be changed in the middle of the year. He asked whether Dr. Stuart had any definite suggestion as to change of form.
Dr. Stuart said that he had no definite suggestion to offer. His thought was not so much that the size and shape would be altered, as that some change might be made in the type and cover.
Dr. Boone asked to be allowed to introduce the Rev. Dr. A. S. Lloyd, General Secretary of the Board of Foreign Missions of the American Episcopal Church, now visiting China, and one who was taking an interest in the sessions of the Medical Missionary Association.
Dr. Lloyd expressed his pleasure in being present.
The President cordially welcomed Dr. Lloyd and expressed his pleasure and that of the Association in having him present.
2. Vote of Thanks.—Dr. Beebe moved a vote of thanks to the editors of the Journal for their faithful and fruitful services in connection therewith.
Seconded by Dr. Venable.
Carried with acclamation.

II. The Secretary's Report. 1. Election of New Members.
Dr. Davenport said that the present method of election of new members was antiquated and thoroughly useless. He made the following motion:—
Resolved, That every new member be nominated by two members, and that the publication of his name in the Journal be considered as his election.
Seconded by Dr. Beebe.
Dr. Stuart asked for an explanation of Dr. Davenport's proposition.
Dr. Boone asked whether it would not be wise to have some body of men sit in judgment on each candidate. Would it not be well to be able to shut the door of admission if thought necessary? Probably ninety-five per cent of the candidates would be eminently desirable members, but there might be five per cent. whose qualifications would require consideration before they could be admitted.
Dr. Davenport said Dr. Boone's thought was perfectly reasonable. But in the case of candidates from Szechuan or Formosa or other distant place, how could his qualifications be determined? He thought the Association could trust the two proposers.
Dr. Boone thought it would be better to wait six months after proposal of names, before election, rather than elect indiscriminately. The candidate might be proposed by two men who were themselves among the questionable five per cent. The decision should, in some way, be left to designated officers.
Dr. McAll (Hankow) rose to a point of order. Article III of the Constitution would require to be altered before Dr. Davenport's motion could be put.
Dr. Gillison asked whether Dr. Davenport's proposition was to be added as a rider to Article III of the Constitution or whether it was to be substituted for that Article. He proposed that six men recommend each new candidate.
Dr. Avison said that for one living in Korea it might be difficult to get six proposers.
Dr. Cousland moved that inasmuch as Dr. Davenport's motion involves a change in the Constitution, the question be remitted to a committee for consideration and report.
Seconded by Dr. J. L. Maxwell. Carried.
This was modified so that the committee, consisting of Drs. Beebe, Gillison, Maxwell and Stuart, were asked to bring a report on a revised Constitution.

Chinese Editorial Secretary.
Dr. Davenport moved, That this Association confirms the action of the Publication Committee in the steps it has taken in the appointment of Dr. Cousland to undertake our Chinese translation work, providing funds are forthcoming.
Seconded by Dr. Stuart. Carried.
On Dr. Stuart's motion, seconded by Dr. Park, the letter written to express to the English Presbyterian Board appreciation of their kindness in liberating Dr. Cousland for this work, was approved, and was signed by the President.

Dr. Butchart spoke on the question of funds for Dr. Cousland's work; his salary having been guaranteed by his own Board. Three sources were considered: 1. The Association could vote the money from sale of books. 2. Funds could be pledged from hospital receipts. 3. Funds could be requested from the Societies represented by each physician.

It was decided to start a subscription among the members of the Association present and to use the money accruing from the sale of medical books solely for the publication of more books.

Afternoon Session. Friday, April 19th.

Dr. Christie occupied the chair. Dr. Park led in prayer.

The business left over from the morning session was continued.

The following resolution was moved by Dr. Park, seconded by Dr. Machle and carried: That the recommendation of the Publication Committee be adopted. The following is the recommendation:

"Resolved, That the sum of $1,200.00 per annum be recommended to the Association as the amount necessary for Dr. Cousland's expenses in connection with the work of Chinese Editorial Secretary of the Publication Committee, being $800.00 for house rent and incidental expenses and $400.00 for a non-English-speaking writer and that Dr. Cousland, with the consent of the Publication Committee, be empowered to draw a further sum of $400.00 from the funds of the Committee should it be necessary to employ the services of an English-speaking writer."

Dr. Plummer suggested that each member of the Association be responsible for the sum of $40.00 to $50.00.

Dr. Maxwell suggested that subscriptions be asked for during the Conference.

Dr. Stewart did not think it well to have separate funds for the expenses of Dr. Cousland from the general funds of the Publication Committee.

Dr. Cousland drew attention to the fact that we shall require to raise more than $1,200.00 per annum so as to meet the expenses of printing new translations.

Dr. Gillison and Kilborn also took part in the discussion.

It was moved by Dr. Stewart that "A representative committee be appointed in conjunction with the Publication Committee to solicit funds for publication purposes."

Seconded, by Dr. Gillison and carried.

A letter was read from Dr. Neil McLeod suggesting that he exhibit a case that he has under treatment with Radium. Dr. McLeod offered to show the members of the Association the X-Ray apparatus at the General Hospital.

Dr. Jefferys moved that the office of Curator of the Museum be abolished.

Dr. Hodge asked where the specimens which he had given the Association, when the museum was commenced, were.

Dr. Jefferys, in the absence of the Curator, replied that the specimens had become dried up and were useless.

Dr. Kilborn pointed out that the motion was out of order, as it would make a change in the Constitution.

The matter was then dropped.

Dr. Cousland drew attention to Clause 4 of the Constitution.

It was moved by Dr. Kilborne, seconded by Dr. Coulson and carried: "That the Constitutions and By-laws in their present form be referred for review and possible revision to the committee already appointed to deal with Article 3."

The President gave notice of the appointment of members to the following committees:
The China Medical Journal.

TERMINOLOGY COMMITTEE.

Drs. Neal, Stuart, Ingram, McAll, Cousland, Venable, Gillison and Morley.

PUBLICATION COMMITTEE.


ELECTION OF OFFICERS.

Dr. Hodge asked if the members who had sent their votes and were not present, would have their votes counted. The President answered, Yes.

Dr. Davenport said that all the nominations had not been before all the members.

The Secretary read the names of those who had sent their votes in. After a general discussion, Dr. Hodge moved that the votes sent in be admitted.

Dr. Beebe moved, seconded by Dr. Park, "That we, here, at this meeting proceed to elect officers. Carried.

Dr. Park moved, seconded by Dr. Butchart and carried unanimously, "That the Secretary be instructed to cast the ballot for Dr. Stuart for President of the Association."

A ballot was then taken for the remaining officers.

The secretaries of the Conference were appointed scrutineers.

The following Doctors were elected:

Vice-President - - - Dr. Davenport.
Editors - - Drs. Jefferys and Booth.
Secretary-Treasurer - - Dr. Cousland.

The retiring President, in a short speech, thanked the members for their help and welcomed the incoming President to the chair.

Dr. Christie vacated the chair and Dr. Stuart in a short speech thanked the members for the honor they had given him and made fitting acknowledgment of the splendid service done for the association by Dr. Christie.

Dr. Boone moved, seconded by Dr. Beebe and carried by a standing vote: That a unanimous vote of thanks be tendered Dr. Christie.

Dr. Christie briefly replied.

Dr. Jefferys moved, seconded by Dr. Whitney: "That in the matter of a Corresponding Secretary for the Association the Committee on the Constitution and By-laws be instructed to prepare an article to cover this point. Carried.

Dr. Maxwell read a paper on, "Does the Association fulfill its object in relation to the progress of science."

In the discussion which followed, Dr. Hodge, Hankow, drew attention to the great advances made since he first came to China. Then most of the doctors placed the evangelistic work first and gave any spare time they had to the medical work, and very few did any research work. Now almost all think the medical work the most important for the doctors to do. He said that already the C. C. M. A. had taken up some of the work Dr. Maxwell had recommended and mentioned the work of the Research Committee which this year is undertaking the examination of feces. He told that the Scistosoma Japonicum had been found in Changteh, Nganking and at Hankow. He did not believe much in statistics, believing that they had done much harm, making for quantity rather than for quality.

Dr. Avison, Seoul, Korea, spoke of the necessity of keeping ahead of the Japanese doctors in the scientific part of the work. He desired to have a discussion
on the undermanning of the hospitals and thought we were too modest in our desires and requests for more help, both foreign and native.

Dr. Wells, Pingyang, Korea, recommended union Hospitals and said that when he went back to his station, he would join the other hospital in their work, thus giving to one hospital three doctors and a superintendent, and he thought they would do more for the glory of God than in having two undermanned establishments.

Dr. Selden, Canton, in charge of the Kerr Insane Asylum, was making a study of his speciality, and hopes to have some of the results of his investigations in the Journal. He noted the appearance of a type of alcoholic insanity in the Chinese from the use of brandy.

Dr. Boone, of Shanghai, spoke of the value of training the Chinese students to do the laboratory work.

Dr. Kilborn. Venable, Hart, Jefferys, Wilkinson, Christie and McAll also took part in the discussion.

Dr. Jefferys moved that "a committee of five, with power to add to their number, be formed to consider research work." This was seconded by Dr. Gillison and carried.

Dr. Davenport said that Dr. Stanley, of the Shanghai Health Department, would be sure to give assistance in the examination of doubtful cases. The session was closed at 4.30 o'clock after prayer led by Dr. McAll.

Evening Session.

An exceedingly interesting and instructive exhibition of lantern slides was given by Dr. Butchart. Mr. Bevan, of the L. M. S., Shanghai, kindly loaned and managed the lantern. The slides were explained by Drs. Butchart, Maxwell, Davenport, Jefferys and Gillison.

Saturday Afternoon, April 20th.

Dr. Hodge read a paper on "Syphilis in China."

Dr. Maxwell noted that notwithstanding the frequency of syphilis in Japan, there was but little effect on the national life. Though an infinitely larger proportion of the Japanese were syphilitic their children were remarkably healthy, much healthier than the Chinese. He gave an example of the difficulty in diagnosis between syphilis and cancer. A case came to him showing primary sores. A few months the case came again for treatment with the sores unhealed. The organ was amputated, and on microscopical examination it was found to be cancerous. He had found syphilitic arteritis and gangrene not uncommon. Hemaplegia was also common. In syphilis of the joints the diagnosis was difficult, in appearance it resembled tuberculosis. It was a little more painful, and there was a little less fluid.

Dr. Selden said that in sixty cases of insanity that had come to him during the past five months, only four or five had general paralysis.

Dr. Jefferys had twice ligated the carotid, popliteal and femoral for aneurism.

In the past three years he had six cases.

Dr. Davenport noted the rarity of keratitis due to syphilis and spoke of syphilis of the bowel and rectum. He thought that the infection settled on dysenteric ulcers.

Dr. Boone had made careful inquiries into the history and condition of all his patients with reference to syphilis and found that three quarters of them had it. He gave the testimony of a medical friend in Japan that every Japanese had the disease and that it was worse among the nobility. The form among them was much milder.

Dr. Venable pointed out that in speaking of the proportion of any disease in a country we must bear in mind that we only saw an infinitesimal portion of the people.

Dr. Park said that hereditary syphilis was common in Soochow and that he met with a wild and a very severe type of the disease. The severe type seemed to come from a particular locality, which probably brought the infection from Shanghai.

Dr. Wilkinson confirmed the experience of Dr. Park.

Dr. Machle said that an accurate enumeration of the cases in the Philippines showed that seventy per cent. of the people had syphilis.

Dr. Kilborn said that it was very prevalent in West China.

Dr. Carr asked if it was thought that some of the many cases of fistula in ano were due to syphilis.

Dr. Hodge thought that a very small number, if any, were due to this. He had only seen one or two cases of syphilis of the joints. He noted the difficulty of diagnosis in some cases on macular leprosy.
Dr. McLeod presented a case of nevus which he was treating with radium. The treatment had been going on for two years and was showing marked improvement.

Dr. McLeod then presented the histories of two very interesting abdominal cases.

Dr. Arison gave some notes on a case of paralysis of the bowel after delivery; the case had been infected before delivery.

Dr. Maxwell told of a case of spasm of the bowel.

Dr. Wells asked what could be said of the use of anti-streptococcus serum before and after operation.

Dr. Davenport spoke of the great disadvantage we were under in not being able to conduct post mortem examinations.

Dr. McLeod gave a very interesting exhibition of the use of, and the appliances for, using a new general anesthetic, "Somnoform."

The President expressed the thanks of the Conference to Dr. McLeod for his interesting cases and papers.

Dr. Maxwell presented a resolution to the Conference of the opium question and also read an interesting extract from a letter on the subject.

The resolution was then moved by Dr. Maxwell, seconded by Dr. Park and carried.

The resolution reads as follows:—

(1). That this meeting, representing the medical profession scattered throughout the length and breadth of this Empire, do reaffirm its opinion that the habitual use of opium is physically most injurious and morally degrading. Further, that this meeting desires to place on record the extreme satisfaction with which it views the recent Imperial Edict abolishing the opium traffic within ten years' time.

(2). That, seeing from time to time the opposite opinion has gained credence in many quarters, this meeting of medical men and women desires to record the fact which experience has taught its members, that comparatively little danger to life is incurred in the immediate stopping of the drug compared with the continuation of the habit.

(3). That this meeting respectfully approach the Imperial Government, promising to do all in the power of its members to medically assist in lessening the sufferings of those deprived of the drug by imperial edict.

(4). That copies of this resolution be placed in the hands of the Central Government, the provincial Viceroy’s and the local Press.

Dr. Selden spoke of asking the government to prohibit the importation of foreign liquors.

Dr. Selden moved, seconded by Dr. Machle and carried: "That a committee be appointed to prepare a memorial to the throne, calling attention to the evils resulting from the increasing use of foreign liquors and of cigarette smoking in China and urging the government to take some measures to prevent their spread before it is too late.

Dr. Kilborn moved that the subjects of patent medicines and tobacco be included in the motion.

Dr. Selden agreed to include tobacco.

Dr. Gillison pointed out the difficulty in that so many foreign nations were affected.

Dr. Selden spoke of the widespread influence already attained by these things.

Dr. Hamilton said we could help by not prescribing alcoholics for our patients.
Dr. Beebe wanted to know if it was desired to influence the Government or to have a deliverance from the Association.

Dr. Venable thought that we might call the attention of Dr. Hallock to the harm done by advertising patient medicines and alcoholics in his almanac.

Dr. Boone reported that Dr. Hallock had asked him about this matter. He had pointed out 'the harm done' and Dr. Hallock said that these objectional advertisements would not be admitted in future editions.

Dr. Day, a Chinese physician, spoke from the Chinese point of view. He said that the Chinese drank their own wine in small quantities and warm. When they drank foreign alcoholics they drank in foreign fashion, taking large quantities. The effect of Chinese wine was usually to make, first a little boisterous and finally very sleepy. They drank foreign liquors so freely that they very quickly became quarrelsome and then dead drunk.

Dr. Boone spoke of his long experience with foreigners in Shanghai and said that when they drank Chinese brandy it produced worse effects than any other alcoholics in any other place.

The President appointed Drs. Selden, Machle and Beebe as members of the committee for considering the alcohol and cigarette evils.

Dr. Venable led in prayer. The meeting adjourned.

**Surgical Session. April 20th, 1907.**

The meeting was called to order at 9.30 a.m. by Dr. Hodge, who conducted devotional exercises. The President then took the chair and called for the reading of the minutes. These were read, corrected and approved. The President asked whether there were new names to be proposed for membership. None were presented. The Committee on Revision of the Constitution was still working and not yet ready to present a report.

Dr. Cousland made the following motions:—

1. That Dr. Cormack be added to the Committee on Terminology.
2. That the Committees on Terminology and Publication be authorized to add to their number.

Seconded by Dr. Davenport. Carried unanimously.

Dr. Davenport asked that a definite answer be given to Dr. McLeod as to the time when members would visit the General Hospital to see the working of the X-ray machine.

The Committee on Revision of the Constitution returned, and Dr. Gillison, its Chairman, asked to be allowed to read the draft of the revised Constitution and Bye-laws and to present the full report on April 22nd.

Dr. Kilborn moved that the draft be read, and accordingly Dr. Gillison read the preliminary report of the Committee.

Dr. Hodge moved that discussion on the report be postponed and that the order of the day be resumed. This was agreed to.

Dr. Cousland moved that the Committee on Revision of the Constitution and Bye-laws be asked, if time allowed, to have their proposals printed and circulated among the members present before they were considered. Seconded and carried.

Dr. McAll moved that the President announce who were to constitute the Permanent Committee on Original Research. The President said he would make this announcement at the close of the morning session.

Dr. Hart then read a paper on "Asepsis and Antiseptics as applied to Conditions in China."

**Discussion.**—Dr. Jefferys: In St. Luke's Hospital (Shanghai) the nurses wear an inexpensive blue uniform to distinguish them from the coolies. $50.00 provided four suits a piece for six nurses for two years. In the operating room a white jacket was worn instead of a blue, also white shoes with rubber soles.

Dr. Butchart (Luchowfu) reported the following as useful devices:

a. For suture material. Ordinary white cotton thread, drawn through wetted hard paraffin; the excess being wiped off with cotton. Such thread absorbs less serum and is easier to tie.

b. For sterilizing catgut, wind three feet around a short length of glass tubing, drop into a bottle of alcohol, and after the bottle is well stoppered, boil in any sort of a kettle. A Tansan bottle may be used.

c. Waste absorbent cotton and cotton wool are being washed and re-sterilized as well as gauze. This has not yet proved very successful.

d. In sterilizing gauze dressings, they can be wrapped in Chinese oiled paper, and the steam seems to penetrate and sterilize the contents of a package as effectively as if wrapped in cloth as usual. One great advantage is that bacteria are less liable to penetrate the paper than cloth.
The Arnold sterilizer being difficult to keep in order, a brass pan has been devised, over which the top can be readily fitted, thus simplifying the apparatus.

Dr. Venable (Kashing) dwelt on the great importance of sterilizing the surgeon's hands; contamination being most likely to occur from this source. Formerly reliance was placed on potassium permanganate, followed by axalic acid, but Dr. Harrington, of Boston, proved by exhaustive tests that this method was not thorough. Harrington's solution seems to meet every requirement, though it is impossible at one's station to make proper bacteriological tests. This solution is hard on the hands. It is surprising that more attention is not given to alcohol as a disinfectant; solutions of bichloride in it, for example, being more potent than aqueous solutions of the same. Dr. Venable cannot agree with Dr. Butchart as to the reliability of sterilization of packages wrapped in oil paper. Steam, when not under pressure, does not penetrate to the interior of bundles of dressings.

Dr. Wilkinson (Soochow) made a plea for simplicity, especially when there were students to be considered. The hands should be washed in several changes of sterile water, green soap and a nail brush freely used, followed by soaking in bichloride solution. The thorough bathing of hands, especially around the nails, with turpentine, followed by rinsing, in strong alcohol, is very effective. Even when Chinese students are taking part in operations, asepsis can be maintained with the use of this latter method.

Dr. J. G. Meadows (Wuchow) commended the method of Pryor at the New York Polyclinic, where sodium carbonate and chlorinated lime are used for disinfection of hands. Dr. Pryor claims lower mortality in gynecological work than any other surgeon in the United States. Rubber gloves should be used in all infected cases. In infected wounds nothing is better than to pour in equal parts of balsam of Peru and castor oil, covering over with rubber tissue.

Dr. Wells (Korea) also pleads for simplicity. Assistant's hands should be kept away from the abdominal wound. Bad surroundings should not cause any hesitation about operating; good results were obtained in one case in a room hung with cobwebs.

Dr. Plummer read a paper on "Necrosis of the Femur."

The reading of the paper was interrupted by a visit of a delegation from the Shanghai Missionary Association, consisting of Dr. Hykes, of the American Bible Society; Mr. Darroch, of the Shansi University Translation Department, and Mr. Bevan, Secretary of the Association.

Dr. Hykes presented the fraternal greetings of the Association and extended a cordial welcome to Shanghai to all members of the Medical Missionary Association. Dr. Hykes spoke of the time when medical missions were not given the importance they now have. Years ago Dr. Russell Murdoch, of Baltimore, on making application to the Presbyterian Board as the first candidate for appointment as a medical missionary to China, was refused, because at that time this Board was not sending out medical men. Dr. Hykes also spoke of the time when medical missionaries were spoken of disparagingly in comparison with community doctors; but the work of men like Dr. Kerr, of Canton, and of other men all over China, was sufficient to show the power and influence of this work. Medical work has been one of the greatest evangelistic agencies in China.

Mr. Bevan, Secretary of the Shanghai Missionary Association, also extended a hearty welcome to the delegates present.

Mr. Darroch testified to the great services rendered by medical men everywhere; his own family having received ministrations that he could never forget.

The President spoke for the Medical Conference and thanked these gentlemen, and through them the Shanghai Missionary Association, for the cordial welcome just given. He then introduced the Rev. Dr. Bevan, of Melbourne, father of Mr. Bevan, who had just spoken. Dr. Bevan also testified to the worth of medical missions. He rejoiced that two of his sons were permitted to work in China.

After this Dr. Plummer concluded the reading of his paper. The President called attention to the fact that Mrs. Andrew Young, a daughter of Dr. Murdoch, to whom Dr. Hykes made reference, was present at the Conference, having recently come as a medical missionary to China.

The President named the members of the Permanent Committee on Original Research as follows:—Chairman, Dr. J. L. Maxwell (Formosa), Doctors Somerville (Wuchang), Kühne (Tungkun), Houghton (Wuhu), and Jefferys (Shanghai).
Dr. Park rose to make a motion regarding the restriction of the use of opium, but deferred this in view of Dr. Maxwell's proposed resolution. The meeting adjourned for recess at 12 noon.

Session. Monday Afternoon, April 22nd.

The Conference was called to order at 2.10.
The President called for Dr. Boone's paper.
As quite a number of the members had not arrived, Dr. Kilborn suggested that Dr. Boone's paper be delayed.
The President called for reports of committees and resolutions.
It was moved by Dr. Maxwell, seconded by Dr. Park and carried: That a committee be appointed to arrange the translation into Chinese of the opium resolutions and the forwarding of them to the authorities.
The President appointed Drs. Christie, Park and Main to be the committee.

It was agreed to follow the suggestion that Dr. Lambert had made in the morning to publish a manual for the guidance of Mission boards and for the use of new missionaries.

The President appointed Drs. Boone, Davenport and Cousland to be a committee.

Dr. Davenport spoke of the use of protoargol in tracoma, using it in the strength of half water and half protoargol.
Dr. Park spoke of the usefulness of a "hand paint machine" for the preparation of ointments. The machine could be obtained from any of the U. S. drug-houses—Schifflin, New York.
Dr. Butchart told of the use he had made of a meat grinder in preparing pill mass.
Dr. Boone read his paper on "Cyclic Vomiting."
Most of the discussion centering about a different condition than that referred to in the paper, it was desired that no minute be made.
The President introduced Dr. Leonard, secretary of the missionary societies of the Methodist Episcopal Church.
The paper contributed by Dr. Logan on "Some Problems in Sub-tropical Medicine with Special Reference to the Use of the Microscope," was read by Dr. Hume.
Dr. Logan sent a number of slides with blood specimens and also some samples of faeces with various ova to illustrate his paper.
These specimens were exhibited under the microscope during the discussion.
Dr. Weir (Korea) had found the ova of the schistosoma Japonicum.
In one case, much swollen, the ova were abundant; as the case progressed the patient became emaciated and there was a corresponding increase in the number of ova present. The patient died.
Dr. Venable told of a case of a dog in which at post mortem a few hours after death a large bundle of filaria was found coming from the heart. The filaria were from six to seven inches long.
Dr. Jefferys showed the style of glass Dr. Logan used as a warm stage. He discussed what Dr. Logan called the unfertilized egg of the Ascaris Lumbricoides. "Unfertilized eggs" do not resemble those in the lower ovary and upper uterine not yet impregnated. They might be found pure in the uterus if no male worm were present and mixed when males were yet plentiful. He had found them pure in the stools when only a male worm could be obtained with repeated doses of santonin. That these eggs cannot be made to hatch by incubation. He is not entirely satisfied with the unfertilized theory. The constriction in the female worm is always present more or less. It is the muscular band at the vaginal opening.
Dr. Maxwell did not agree with the theory of the X egg. One often got a mixed infection; he did not understand how some could escape.
In 250 cases he had tabulated, forty-seven showed mixed infection and fifteen cases showed pure X egg infection. He thought Dr. Logan correct in believing that the ankylostoma found entrance to the body through the skin. In his series of cases ninety-six showed the ankylostoma. Of farmers and coolies 44.6 per cent. had it. In gardeners 100 per cent. had it, and in all others only twenty per cent. had it. He had not been able to find the Leishman Body, though he had punctured the spleen and "without causing death."
Dr. Hodge said that puncture of the liver was quite as good as puncture of the spleen, and there was no danger.

The Treasurer announced that $25.00 had been subscribed towards the expenses of the Conference and that $45.00 were yet required.

Medical Session. April 22nd, 1907.

The meeting was called to order at 9.30 A.M. by Dr. DeVoli, who conducted devotional exercises. The minutes of the previous session were read, corrected and passed.

The President announced that the expenses of the Conference would be between $65 and $75 Mexican. Those who wished to contribute toward this expense were asked to hand their subscriptions to the Treasurer. It was further announced that the report of the Committee on Revision of the Constitution was in press and would be ready by afternoon.

Dr. Cousland presented the name of a new candidate for membership, Herman Vortish, M.D., proposed by H. Wittenberg. Dr. Vortish is at Hoyuan, via Canton, a member of the Basel Mission. Seconded and carried.

Dr. Kilborn asked when the roll was to be called. It was decided that what was really wanted was a means of identifying members who were actually present. The roll was called, and the President asked those who had not yet registered to do so at once.

Dr. Boone moved that we hear the report of the Committees. Seconded, but there was no Committee ready.

Dr. Tooker moved that Dr. Ida Scudder, of Vellore, India be made a corresponding member. Dr. Layton moved the admission of Dr. Mabie, of the Congo region, in the same capacity. Carried unanimously.

Dr. Hodge asked that papers should be read deliberately and clearly, so that those in the rear of the room might hear distinctly.

The President read a letter from the Editor of the Chinese Christian Almanac expressing regret that advertisements had appeared in that periodical which did not meet with the approval of the Medical Conference. He asked that certain members of the Association be named whom he might consult before inserting advertisements of such medicines.

Dr. MacWillie moved, seconded by Dr. Park, that this Association appoint a committee of three members of the Association resident in Shanghai to confer with the Editor of the Chinese Christian Almanac in regard to the advertisements of patent medicines in the almanac.

Dr. Gillison thinks such a committee should not be appointed, as it would be awkward to feel that all advertisements of patent medicines appearing in the almanac had one's imprimatur, while those not appearing there were all to be regarded as condemned.

Dr. Hodge suggested that a reply be given to Mr. Hallock to the effect that the committee would consider such patent medicines as had their formula given in full, and no others.

Dr. Jefferys seconded this motion.

Dr. Wells thought there were remedies. Hood's Sarsaparilla, for example, whose formula was required to be printed in full on the label, and yet were distinctly medicines of which the profession would not approve.

Dr. Boone agreed with Dr. Hodge; he thought it would be too heavy a burden to lay on a committee to ask them to make the necessary decisions.

Dr. Hodge moved that we reply to Mr. Hallock that we would not criticize any medicine, the formula of which was plainly given. We have no right to prevent people from taking what is bad for them, if they want it.

Dr. Gillison asked what guarantee there would be that the published formula was the correct one. He thought the Association should assume no responsibility whatever.
Dr. Hodge said that was exactly the thought in his mind when he made his motion.

Dr. Beebe thinks with Dr. Wells that there were patent medicines with published formulae which we knew to be harmful. We should assume no responsibility whatever.

**Shanghai, April 22nd, 1907.**

**Mr. Chairman, Gentlemen and Ladies of the Medical Missionary Association of China.**

**Dear Friends:**

I have been informed that there were objections raised by members of your excellent Association to some of the advertisements of patent medicines, which have appeared in my Almanac. I am very sorry that any have appeared that have not been acceptable. I have endeavored to use great care in this matter. I have avoided taking advertisements of many and very paying patent medicines the appearance of which I feared would not be best. I have usually asked and always followed the advice of missionary or other physicians in Shanghai.

I am just as anxious as you can be that nothing objectionable shall appear in my Almanac and shall gladly remove anything of which the Medical Association may disapprove. May I ask the Association, therefore, to give me a rule to go by, or tell me what patent medicine advertisements not to take, or if that is a difficult problem, may I ask you to suggest one or two of your number (preferably in Shanghai for convenience) whom I might consult before inserting an advertisement of a patent medicine and so be reasonably sure that it would not be objectionable to the members of the Association.

The Almanac costs nearly six cents a copy and it is sold for two. The remainder must be paid for by advertisements unless I put the price up to six cents a copy, which I do not wish to do any more than you wish me to do it. I know, therefore, that you will not object to the advertisement of a patent or proprietary medicine unless there is real reason why it should not appear, and not because it bears the name of "patent or proprietary medicine." But do not let the financial aspect bear heavily. Finances are important; but the purity and usefulness of the Almanac is a thousand times more important. I desire the Almanac to be beyond reproach.

Thanking you for your interest, criticisms, and assistance, may I remain,

Yours very sincerely,

H. G. C. Hallock,

*Editor of the Chinese Christian Almanac.*

Dr. Plummer said that Mr. Hallock had written to us for advice, and we ought to advise him against all patent medicines.

Dr. Gillison moved that this Association records its appreciation of the high aim which animates Dr. Hallock in the publication of his Almanac, and in answer to his letter to the Association, begs to state that the medical profession is opposed to all medicines, the formulae of which are not published, and would recommend that he publish no medicine, the formula of which is not given. It cannot, however, take the responsibility of either recommending or disapproving of particular remedies as suitable for advertisement. Seconded by Dr. Hodge.

Dr. Park moved the appointment of a committee of three to consider the case. Seconded. Not carried; motion lost.

Dr. Gillison's motion was put and carried.

Dr. MacWillie read a paper by Dr. McCartney entitled, *The Fevers of West China.*

**Discussion on Dr. McCartney's Paper.**

Dr. Taylor, of Yangchow, said that after graduation he joined the U. S. Marine Hospital Service, and had seen a good deal of service in Central America. In no case could they find it possible to exclude the activities of anophelines. It was impossible to think that animal parasites could be gotten into the blood, having come from abnormal conditions of the soil without the intervention of some other body. As to treatment he believed that bad cases, especially those of malignant malaria, could not be treated with quinine by mouth. In such cases nothing was so effective as the hypodermic administration of the bimurate of quinine and urea. He had seen thirty grains in two and half drams of water given every hour for
four hours in a case that was apparently hopeless; the blood showing as many as fifty parasites in each field and four parasites in some of the corpuscles. Everything must be made as aseptic as for a major operation, and the injection can be well made into the pectoral muscles.

Dr. Meadows, of Wuchow, said that at the opening of a military college in Kwangsi two years ago, after upturning of the soil, fifty out of 100 teachers and students fell ill with malaria. Nineteen of these were in the mission hospital at one time.

Dr. Taylor said that it was a well known fact that if old buildings were dug up, or leaves upturned, even during the winter, the anopheles were apt to fly out as it was in just such places that they were sure to hibernate.

The stegomyia fasciata will carry the yellow fever infection for fifty-eight days, and there is every reason to believe that the anopheles will harbor the malarial parasite for a very long time.

Dr. Hodge hesitated to criticize the paper read, because of the absence of its author. He felt, however, that it was too late to talk of the miasm theory of malaria. He is further disinclined to believe in the non-existence of typhoid in West China. It was formerly said that it did not exist in India and the same was said of Hankow when he went there, but it has been shown that it does exist. It is hard to see why it should not be there. Recently there had been a great epidemic of malignant malaria such as certainly had not been seen for many years. Some hospital cases developed it last October, and it was thought that they must have been infected from some case that had been brought in comatose; a very few anopheles still being present at that late season. Further, malarial parasites may be hidden away in the spleen or elsewhere to come out after a chill. As to Malta fever it is a disease that needs study. A case at Kuling last year was very puzzling. The first report on the blood from the Shanghai laboratory was "Malta fever," and a second report on the same blood sent in from another place and by another physician was "Typhoid." The laboratory diagnosis of Malta fever is a very delicate thing and will not be accurate unless perfectly fresh cultures are used. There must also be great technical skill, for even experts like A. E. Wright are apt to be wrong in an opinion on this matter. "Remittent fever" is a word that ought to be far more carefully used. It should not be understood to mean malaria of necessity, for there are other remittent fevers. Now that Malta fever has come into the field, we should be very careful to call undiagnosed cases by that name, but need to study the disease faithfully.

Dr. Maxwell agreed with Dr. Hodge about the existence of typhoid, as well as with his expression about malaria. He thought that many cases of typhoid out here showed a fever curve distinctly different from what one had been accustomed to seeing at home. He asked whether Dr. Hodge could suggest lines along which the study of Malta fever could proceed. Quinine is sold so broadcast in Formosa that it is hard to find parasites in the blood of fever cases. The test that can be applied to remittent fever cases is that of periodicity.

Dr. Butchart said the same was true of his district as to the finding of parasites. He saw an epidemic of malaria last fall in which there were many who could not have used quinine, but who got better and their prescription from the native doctors showed that cinchona had been given. Is this a parasiticide? It would be well to investigate and see what native drugs are parasiticides. A girl under his care had remittent fever, not very high, and was not helped by large doses of quinine, nor by antimalaria. When sulphan and rhhus toxicodendron had been given for certain areas of necrosis on the arm she promptly got well. The epidemic of malignant malaria last fall was remarkable in the way it travelled from West to East. Twenty miles north there was none and twenty miles south there was none. Barrowmen from the North refuse to come to that territory realizing the danger. Of twelve who did come on one occasion, ten were fearfully ill. There can be no doubt that anopheles are the sole carriers of malaria. On one occasion he found anopheles under the floor of the school in January.

Dr. Kilborne wished to testify to the experience and skill of Dr. MacCartney, although he believed him to be mistaken in this paper. The only times when Chuntucking was free from stagnant pools was after a heavy rain, and thus there were constantly present homes for anopheles. Typhoid probably does exist in West China. Many diseases are prevalent which the foreign doctor does not see. For instance in the 1902 there must have been a lot of typhus in the vicinity, though a case was never brought to the hospital. Cases of "low fever" are also seen. One little girl had it each year for three years, lasting for months together during the summer. Time alone seemed to bring cure.
Dr. Hogg called attention to the fact that malarial fever often manifested itself long after the actual infection had occurred; sailors, for example, who left the West Coast of Africa with parasites in their blood not showing symptoms till colder latitudes had been reached.

Dr. Davenport was himself in Chungking years ago, and remembered that even in February, days were often warm, and the nights very chilly, so that people, especially those whose clothes were in pawnshops, might very readily be chilled and thus render conditions more favorable for the outburst of a latent infection. Perhaps one reason why there was so little typhoid among the natives was that as they lived in so uncleanly a way, they became somewhat immunized against the disease.

Dr. McAll mentioned three points: 1. The presence of large mononuclears in the blood and of free pigment may help in the diagnosis of malaria when parasites are not to be found. 2. Dr. Stooke had long treated some cases of malaria with cinnamon alone and with good results. 3. Unless mosquito nets had been used to prevent the biting of anopheles, it could never be proved that malarial infection had been incurred without their intervention.

Dr. Taylor, of Foochow, remembered that the old Egyptians had used cinnamon in malaria with good results, and that the useful Warburg's tincture contained the drug. Typhoid fever, now known to exist in Foochow, was formerly called 'sewage fever,' this term being applied to such fevers as did not react to 

Dr. Otte's paper on the effect of opium on malaria was postponed. Discussion of new instruments, etc.

Dr. Hume called attention to the typhoid agglutinometers supplied both by Merck and by Parke, Davis & Co.

Dr. Wells said that during the first few days after breaking off opium in patients who wished to be cured of the habit, he had found it useful to give, from two to four times a day, ten drops of a solution containing eucaine or cocaine, 5 grains; adrenalin, 1 dram; water, 7 drams.

Inquiries were made concerning the new drug brought from Singapore, said to be so efficacious in the cure of the opium habit.

The President at this point introduced Dr. Lambeth, formerly a medical missionary in Soochow, and now Secretary of the Southern Methodist Episcopal Board in America. Dr. Lambeth suggested that at the meeting of the secretaries of all the Boards in America, occurring in January, a strong presentation should be made as to the needs of medical publication in Chinese. He thought they would be glad to approve of appropriations for this object.

Dr. Hodge made reference to four new instruments: 1. The "serres fines," small clamps designated to take the place of skin suture in clean wounds. 2. Forceps with wide jaws for deep suturing in wounds. 3. Forceps for the grasping of the peritoneum. 4. A new pile clamp.

It was decided to accept the invitation of Dr. McLeod to visit the X-ray laboratory of the General Hospital at 3 p.m. on Wednesday, April 24th.

Dr. Venable moved that all members of the Association be asked to prepare annual reports of their hospital work and to send copies of the same to all other members.

On Dr. Hodge's motion, seconded by Dr. J. L. Maxwell, this proposition was laid on the table.

Dr. Park announced that over $400.00 had been subscribed towards the publication fund.

Dr. Lambeth led in prayer, and the meeting adjourned at 12.15 p.m.

Tuesday, April 23rd.

The President called the meeting to order at 9.30 a.m. Devotional exercises were conducted by Dr. Whitney. The minutes of the previous day's session were read, corrected and passed. It was arranged that the photograph of the Conference should be taken at noon.

Dr. Christie read to the meeting the twelve resolutions that have been drafted by the medical committee of the Centenary Conference for presentation to that body, and after reading them, said he was sorry they could not be made the subject of discussion by this meeting. It was moved by Dr. Evans that while not acting to give official recognition to these resolutions yet this meeting should express its strong approval of the resolutions as read by Dr. Christie. Seconded by Dr. Hart and carried unanimously. It was suggested by Dr. Hodge that at the time of reading of these resolutions mention should be made of the fact that they had the cordial approval of the Medical Missionary Conference.

The President called for the report of the Committee on Revision of the Constitution, and in response to remarks made by Drs. Hodge and Gillison, said that while
he would not rule out any reasonable remark during the discussion, he hoped there would be no needless argument.

The Revised Constitution was then read, and Dr. Beebe moved its adoption. Seconded by Dr. Grant. Dr. Hodge moved an amendment to Article IV, relating to the method of electing new members. He said that the Association had grown in spite of the old Constitution, which had long lain quiescent. Its articles and some of the By-laws were being constantly ignored. The JOURNAL was the real link. Local associations were the one great need of the C. M. M. A. in order to keep it alive. Emphasis should be laid upon decentralization and upon having members come in through their local societies. The mere possession of a diploma was not a guarantee of the training a man had received, and we ought to be willing to receive as members those whom recognized societies had been ready to appoint.

Dr. Maxwell said there was nothing in the new Constitution calling for an examination of the diploma. Dr. Beebe thought there might occasionally be a candidate from an American college of poor rank. Dr. Gillison explained some of the wording in Article IV.

Dr. Hodge's amendment was put and lost.

Drs. Jefferys, Kilborn and Weir proposed certain verbal corrections in the Constitution, which were made.

Dr. Gillison, following Dr. Hodge's suggestion about the value of local societies, moved that the words "or by the vote of local associations in affiliation with the parent society" be incorporated into Article IV. Seconded and carried. The President and Dr. Beebe thought we could adopt the Constitution now and either amend it or add an article later about the relation of local to the parent society. Local societies ought to harmonize their constitutions with that of the C. M. M. A. Dr. Hodge thought the status of the local society ought to be definitely decided and stated. He moved that the word "only" be inserted in Article IV. Seconded and carried. After remarks by Drs. Whitney, Wells and Gillison, Dr. Butchart moved that the second clause of Article II, II, b., read as follows: "as well as by the preparation of medical literature in the Chinese language." Seconded by Dr. Whitney and carried.

Dr. Hodge moved the postponement of action adopting the Constitution till the afternoon, when we should have heard the report of the committee on the clause about the status and relationships of the local society.

Dr. Gillison feared this might re-open the whole discussion, but Dr. Davenport feared that to adopt the constitution now would prevent some action we might wish to take later. However the President agreed to rule out any discussion not bearing on this point of the status of the local society and Dr. Hodge restated his motion, which was put and carried.

On Dr. MacWillie's motion, seconded by Dr. Kilborn, the regular order of the day was taken up. Dr. Beebe read a paper on "The Evangelistic side of Medical Missions."

Discussion:—Dr. Wells added three points: 1. The need of appealing for more nurses in our hospitals. 2. The need of a Christian staff; it being better to have a Christian who was less capable than a brilliant non-Christian. 3. The value of making use of the native Christian community.

Dr. Gillison made the following suggestions:—1. Show interest in the man as well as in the case. 2. Let all work be done in the spirit of tenderness and love. 3. Avoid the mere perfunctory discharge of duties. 4. Speak constantly a direct word for Christ.

Dr. Taylor, of Foochow, spoke of the importance he placed on the careful personal teaching of the Bible to his assistants and to the taking them with him as he went from bed to bed in the ward, speaking a Christian message. He told of two former medical students who were now active and prominent in the Christian life of Foochow.

Dr. Swan urged that it was a mistake to leave entirely to others the duty of doing evangelistic work; it being a thing which we ought to take upon ourselves as an individual responsibility.

Dr. Christie emphasized the importance of a Christian atmosphere in the hospital; strength for each day's work being obtained in a morning prayer service with the assistants. There is no such thing as a sacred and a secular side to this work; it is all sacred. To have an officially appointed clerical colleague attached to the hospital could not seem desirable. The native Christians themselves will some day be the great evangelizing force of China.

Dr. Hodge agreed with Dr. Christie on not drawing distinctions between evangelistic and medical work and in the matter of not having a clerical worker officially attached to the hospital. But he was unable to agree with Dr. DeVol, who
thought that we should not admit patients who threatened to weaken the Christian spirit or disturb the religious harmony of the institution. Dr. Hodge thought these to be the very ones who needed the Christian ministry of the hospital.

Doctors Butchart and Boone both told of periods of discouragement in their work when it seemed as if no definite gain were being made towards winning men and of going some distance from headquarters only to find in villages and cities in some cases persons who had received definite religious influence, and in others men who had really learned to believe in Christ and who later became centers of Christian activity and membership.

Dr. MacWillie moved that the paper of Dr. Otte on "The Effect of Opium on Malaria" be taken as read and that it be printed in the JOURNAL.

There being several papers still not read, it was agreed that it must be left to the Conference to decide which papers they would hear read. At Dr. Maxwell's suggestion it was decided to let all the papers still unread stand over till afternoon. The President reminded those who wished to contribute to the publication fund and to the fund for Conference expenses that they should act at once.

Dr. Avison led in prayer, and the meeting adjourned at 12 noon to the large hall downstairs, where a photograph of the entire Conference was taken.

Session. Tuesday Afternoon.

The President called the meeting to order at 2 o'clock.

Dr. MacWillie read the paper by Dr. Otte on "Effect of Opium on Malaria."

Discussion was postponed.

Dr. Woodward read a paper on "Mission Hospital and Dispensary Construction in China."

He also told of a Catholic Mission in Auhui, where it was being planned to build a hospital costing about $300,000 (Mex.) have in it two doctors and a large number of nurses or sisters.

Dr. Avison warned those using water tanks to keep them separate from the building, as sooner or later they were bound to leak. He commended the plan of having the dispensary separate from the hospital. His dispensary was in the hospital, but he was planning to have one built separate from the main building.

Dr. MacWillie read a paper by Dr. Agnes Stewart on "Gynecological Practice in Central China."

Discussion.

An answer was asked for Dr. Stewart's question.

Dr. Reifsnyder would not remove a large abdominal cyst again without first tapping. She had removed one weighing 180 lbs.

Dr. Swan averaged 5 to 7 cases a year. He never tapped. Some were multicellular and others had such a thick fluid that tapping was of no use. He further objected to the plan because of the adhesions which were so usual.

Dr. Hodge had the same experience as Dr. Swan and could not recommend tapping.

Dr. Reifsnyder told of a case of a patient who had been tapped 22 times by various physicians in 11 months without any ill effects, and when operated on, showed very slight adhesions. She used the usual trocar and canula, recommending that it be done a week or two before operation.

Dr. Maxwell said that we should distinguish between cases in which respiration was impeded and those in which respiration was free.

One must look out for the bowel when using trocar. He had never seen syncope from doing the whole operation at once, but had seen death from shock. He did not think that we could lay down a rule for the large cases.

Dr. Maxwell (Formosa) would tap before operation.

Dr. Wells had found 1 dr. of adrenalin in saline solution injected into the vein very useful in combating shock.

Drs. Dow and Sibree were admitted as members.

Dr. Lambeth was admitted as an honorary member.

Consideration of the Constitution was resumed.

The Committee presented the amendments to section 5.

Dr. Hodge moved, seconded by Dr. Daniel, that "any three may form a branch association." Carried.

It was agreed that Article 4 should be changed so as to harmonize with Article 5.
Dr. Beebe moved that the Constitution be adopted as a whole.
Dr. Tooker wanted the Chinese name of the Constitution to be included.
Dr. Boone moved that the question of the Chinese name be left to the Terminology Committee. Seconded by Dr. Beebe and carried.

B Y L A W S .

It was moved by Dr. Hodge and carried that Robert's rules of order be substituted for "ordinary rules."
Dr. Kilborn wanted to know if Bylaw 1 meant what it said.
Dr. Beebe suggested that "may" be substituted for "shall."
Dr. Kilborne wanted "shall" to remain and have meetings triennially.
Dr. Wells moved the adoption of the Bylaws as a whole. Carried.
Dr. McAll moved that $1.00 be sent to the Treasurer by each member. Seconded by Dr. Hodge.
Dr. Christie would be sorry to see the relations between the JOURNAL and the Association disturbed.
Dr. Gillison said that the members of the Association who did not pay their dues should be dropped.
Rev. Mr. Hinman was then introduced to the meeting and told of the new drug for the cure of the opium habit.
The leaves were lance-shaped, four inches long and three quarters inch wide, glossy, not thick.
The leaves were steeped in water and a strong decoction was poured into a large bottle and mixed with the ash of opium.
As the patient continued taking the mixture the bottle was kept filled with the decoction until he was taking nothing but the drug.
The drug could be obtained from Kongsang, Seremban, Federated Malay States, for $5.00 per picul. The firm offered to send samples on application.
It was moved that the papers of Dr. Wenham on the Opsonic Index, Dr. Wood-hull on "Hygiene in Native Cities," and Dr. Somerville's "Sanitation" be read by title only. Carried.
The time for closing the Conference having arrived Dr. Kilborn moved that the time for closing be extended for fifteen minutes. Carried.
The President announced the reception at the home of Dr. Boone.
It was announced that the invitation of Dr. McLeod to view the X-ray apparatus would be accepted for 3 o'clock on Wednesday afternoon.
Dr. Hodge tendered a very cordial invitation to the Association to hold their next meeting at Hankow.
Dr. Christie moved to extend a vote of thanks to Dr. Hodge for the invitation to Hankow.
Dr. Boone had always thought that it would be better to hold the meetings at various centres.
Dr. Christie's motion to hold the next meeting of the Association at Hankow was approved.
Dr. Selden reported on behalf of the committee and recommended the adoption of the resolution. Seconded by Dr. Seymour.
Dr. Maxwell moved that the Association express its opinion, but do not memorialize the Throne. Seconded by Dr. Gillison and carried.
Dr. Beebe agreed with Dr. Maxwell, but something had to be done, as the committee had been instructed to bring in a memorial.
Dr. Christie expressed his sympathy with Dr. Maxwell's motion.
Dr. Avison supported the motion.
Dr. Machle said that the resolution brought in before had been specific, and objection had been made, and that in this resolution there were no specific conditions cited, and the complaint was that there should be conditions cited. In this matter we should not be lax in protesting as we had been in regard to the opium habit. We should speak now, before such great damage had been done, and speak strongly.
An extension of time was moved and seconded.
Dr. Hart moved that an extraordinary meeting of the Association be held to-morrow morning.
Dr. Hodge moved that Dr. Maxwell's motion be now taken. This was carried.
Dr. Maxwell's motion was carried.
Dr. Christie moved that the meeting be adjourned until to-morrow for the reading of the minutes.
It was agreed to adjourn for unfinished business.
Report of the Committee on Alcoholics as finally amended.

We, the members of the Medical Missionary Association of China, viewing with much satisfaction the efforts of the Chinese Government to free its subjects from the bonds of the opium vice, and hoping she will accomplish all she undertakes for the good of the nation, wish to put ourselves on record in regard to another evil, still in its infancy, but which in time will be a menace to good government and the best interests of the people.

We view with alarm the growing tendency to indulge in alcoholic beverages, the trend of which is to bring upon the consumer a chain of diseases of most disastrous character and upon the family and community misery and want. The use of alcoholic stimulants is growing rapidly and types of true alcoholic insanity are being treated by members of this medical association.

Fearing that China with her many millions will suffer from this curse, we hope the government will take radical measures at an early date for the suppression of this growing evil.

Morning Session (second part). Wednesday.

The President appointed the following to compose the Committee on Temperance Literature; Drs. Seymour, Hamilton and Machle.

Dr. Cousland proposed Dr. Andrew White, M.B., Ch.B., Edin., English Presbyterian Church, Chaochowfu, as a member of the Association. Carried.

Dr. Gillison moved a vote of thanks to the Chairman and the Secretaries. Carried.

Dr. Cousland announced that the required sum of $65.00 for the expenses of the meeting had been handed in.

The minutes of the Tuesday meeting were read, corrected and approved.

The President suggested that the following change be made in the accepted Constitution: Article 3, sections 2 and 3. The words “Honorary Members” and “Corresponding Members” be interchanged. Dr. MacWillie seconded the President’s suggestion. Carried.

Dr. Christie moved, seconded by Dr. Gillison, that Sir Alexander Russell Simpson be accepted as an “Honorary” member. Carried.

Dr. Christie expressed regret that the preparation which Mr. Hinman had brought before the Conference, for the cure of opium habit, contained opium. He asked that the Research Committee be instructed to consider the matter.

Dr. Avison did not agree with the policy of doing nothing; we should know what the drug contained.

The President read a report from Mr. Holmes on the drug.

Dr. Maxwell protested against this going to the Research Committee.

The committee was not formed to consider such matters.

Dr. Butchart said that Park Davis & Co. would be glad to examine the drug for us.

The President thought that the Research Committee could consider this matter. This was approved.

The Conference adjourned, after a short speech by the President, at 12.30.

Cordial sentiments of appreciation of Dr. Davenport’s successful plans and labors for the Conference were very generally expressed.
Judging from personal experience, it will be most profitable to the readers of the JOURNAL to have the reviews in this department each time all bear on some one large topic. In this way it is more probable that the medical man will find some one review in the issue that will be of help in solving his own problems; and it will be easier to refer to these reviews if each issue deals broadly with but one subject. The subject for the present issue is Tuberculosis. We meet with it in so many diverse forms out here, and its manifestations are so constantly hopeless that real light on diagnosis and treatment will be welcome to each one.

**Pretubercular Conditions and the Treatment of Associated Anemia by Hypodermic Injections of Iron and Arsenic.**

Shurly (Journal of the American Medical Association, June 16th, 1906, page 1,833) pleads for more enthusiasm in attention to so-called pretuberculous and early tuberculous conditions. (In this condition it may be allowable to call attention again to the fact that confusion in terminology would be most easily avoided if strict observation of the principles of nomenclature were our rule, viz., the word "tubercular" means "resembling a tubercle" and may apply to any condition where the form of the object resembles a tubercle, thus, we may correctly speak of a "tubercular syphilide." The term "tuberculous" should always be used, and used exclusively for conditions caused by the bacillus of tuberculosis. We should therefore say "tuberculous pneumonia" and "tuberculous meningitis" if we mean a condition due to the action of the tubercle bacillus.—Ep.) Following the lead of Loomis, he classifies as follows all phenomena that predispose or lead up to the actual demonstration of incipient phthisis.

1. Corpulence, viz, the relation of the body weight in pounds to height in feet.


I. "Corpulence" is a term taken from French observers, and is used to express mathematically any departure from a standard of ratio between weight and height. According to the military tables a man at height five feet eight inches should weigh 150 lbs., having an average corpulence of 26.47 (weight divided by height). It is seen that it is not only important to recognize progressive loss of weight without a demonstrable cause as a very constant symptom of onsetting phthisis, but a study of the weight chart should be made in order to give one definite data for the making of an early diagnosis of tuberculosis. Accurate scales and measurements of height in this class of patients are much more necessary than is generally admitted. A record is as valuable in determining the nutrition of tuberculosis as the weight
chart is in infant feeding. Many thousands of military observations have established a normal standard of corpulence for men as twenty-six, while women should have a normal of twenty-three. A corpulence of twenty-one is considered abnormally thin. Associated with loss of weight is the prominent symptom of general malaise. Will power is substituted for natural automatic power. There is increasing motor debility with complaints of being "sawed off in the legs" or of weakness in the knees. Sensations become abnormally accentuated or dulled; sleep, broken or profound; digestion, changeable; respiration, superficial and slightly hurried; rate, twenty-two to twenty-four. Many cases show acceleration of the heart with a relative falling of arterial pressure. The chest may now be examined and nothing definite determined, calling, therefore, for still further attention to other danger signals.

2. Conformations that ought to arouse suspicion are familiar enough; the lean, hollow chest, with marked subclavicular depressions, prominent spaces between the ribs, projecting scapulae, and decided diminution of the antero-posterior diameter. Still more valuable evidence may be obtained by scientific measurement of a chest, taken as follows: Two ordinary measuring tapes are sewed together and the point of juncture rests in the center of the spine. In men, measure at nipple level; in women, at the level of the ensiform cartilage. The double tape aids in measuring the difference in expansion between right and left sides, as well as the total chest mobility. The right is usually at least half inch larger, although both lungs should show almost equal expansion. A circular measurement below thirty-five inches is abnormal. The average of measurement taken at the end of forced expiration and at the moment of forced inspiration is defined as the thoracic perimeter. The "vigor of constitution" is the relation between the perimeter and the height. The thoracic perimeter of a person, according to the French, should never be lower than one-half the height. The question of "vital capacity" is important, but the deductions are subject to error, as much depends on the previous education of the patient and the physician's experience with the spirometer. Important data may be obtained, however, when the respiratory capacity is considered in relation to age, weight and particularly height. The relation in inches between the height and the lung capacity should be one to three in men. Thus, a man of five ft. eight in. (sixty-eight in.) should have a capacity not under 204 cubic inches. In women the relation should be one to two and six-tenths. The inter-relation of corpulence, thoracic perimeter, and vital capacity should be considered valuable aids to a determination of genuine predisposition to pulmonary tuberculosis.

3. Constitutional conditions. In some individuals lymphatism, shown as pathologic adenoids, tonsils interfering with naso-pharyngeal drainage, constitutes a pretuberculous condition. Such glandular hypertrophy may become a seat of tuberculous infection. In still others there is a genuine relation between indigestion and a vulnerability to tubercle bacilli. Chloro-anemias bear a special relation to the development of phthisis. In cases of imperfect chest development there are constantly present anemic blood changes. This is a danger signal, especially in men of tuberculous age. Blood examinations in the pretuberculous stage all
show a diminution of hemoglobin out of all proportion to the loss in red cells. If chlorosis were often considered the initial evidence of slumbering tuberculosis, proper treatment would produce complete recovery. The treatment found most successful in the writer's hands has been the hypodermic use of iron and arsenic. If iron is used it may be given as the green ammonio-citrate, while arsenic can be given as the arsenate of soda or of iron. The injections are given deeply into the muscles of the back. There is almost no pain attending the procedure, and in suitable cases the general feeling of well being which follows the proper dosage is enough to commend it. After an initial blood examination injections may be given daily. An increase of five to ten per cent. may be expected weekly in the hemoglobin. The green ammonio-citrate may be given in doses of .05 to .1 gram (\(\frac{3}{4}\) to \(1\frac{1}{2}\) grain), while sodium arsenate is given in doses of .001 to .002 gram (\(\frac{1}{60}\) to \(\frac{1}{30}\) grain), beginning with the smaller dosage. By this method a full dose of iron produces a reaction in five minutes. A feeling of tension in the head is experienced, the face flushes and tingling sensations are noticed. There may be waves of nausea or sudden vomiting if larger doses of arsenic than .002 gram are administered. A full dose gives a sensation of warmth and glow all over the body, the pulse quickens, and there is a general feeling of well being. The hypodermic method avoids all injury to the teeth and upsetting of the stomach and constipation is not produced. In cases of fever and active hemorrhage, this method is contraindicated.

4. Character of Pulse. Two features are noted. One is the relative feebleness of arterial pressure; the normal arterial pressure of fifteen to eighteen being found often reduced to thirteen and even to ten. This pulse of lowered pressure is always tense and hurried, 100 to 120.

Treatment of Tuberculous Laryngitis with Tuberculin.

Pottenger (American Journal of the Medical Society, December, 1906, page 906) draws attention to the fact that by a conservative estimate one-third to one-half of those who have pulmonary tuberculosis have the larynx affected. Further, such laryngitis has been considered almost a hopeless condition by nearly all throat specialists; the best results prior to 1903 being 20.85 per cent. of cures (Lake). In contrast to such results are those of von Ruck, who obtained a disappearance of all signs or a condition no longer reacting to tuberculin in 353 z or 82.86 per cent. of 426 cases treated. The writer himself reports apparent cure in eleven of fifteen cases, giving details. He urges that in seeking early diagnosis of tuberculosis one should not be content to examine the chest, but should always search the larynx as well. His cases were treated with von Ruck's watery extract of tubercle bacilli (made from the powdered bodies of the bacilli by extraction with distilled water after the culture fluid has been removed by washing and the fats with alcohol and ether. Tuberculin not only increases the power of the blood to destroy bacilli, but stimulates the tuberculous focus and hastens healing. Following an injection of the proper dose, a slight hyperemia of the area involved occurs, which passes off within a few hours or days.

The dosage can be controlled by a daily watching of the local reaction produced, only enough being given to produce a slight reaction, and no second dose being given till all reaction from the first has dis-
potassium iodide

The chances of recovery by this method are increased from fifty to seventy-five per cent. In addition all measures for increasing nutrition should be used and the local lesion kept clean by suitable sprays. For ulcerations protargol ten per cent. is suggested, adding orthoform as a dusting powder if there be pain. For excessive pain, with troublesome coughing, heroin may be added to the orthoform.

Treatment of Tuberculous Meningitis.

Riebeld (Münchener medizinische wochenschrift, quoted in the Practitioner, December, 1906, page 906) draws attention to the fact that till recently this disease was looked on as absolutely fatal; only four certain cases of cure having been reported in twelve years. The old methods of treatment, such as local bleeding, inunction with grey ointment, administration of cresole or potassium iodide, have hardly any effect at all on the course of the disease. The actual seat of the disease can only be reached by lumbar puncture, or trephining. It is not likely, however, that one, or even several punctures, can produce any appreciable effect upon the disease. Theoretically if the inflammation is not too extensive, too intense, repeated lumbar punctures are able to keep the intra-cranial pressure down to a low level, and thus to prolong or save life. In the writer's case the diagnosis was established by the finding of thirty tubercle bacilli in a small fibrinous flake from the fluid obtained by puncture and the patient completely recovered after twenty-four punctures in eighteen days, by which 574 c.c. of cerebro-spinal fluid had been withdrawn. Guinea-pigs inoculated with this fluid developed tuberculous affections. The influence of the punctures on the course of the disease was very definite. After one of them, the condition, which had been very threatening, improved very distinctly and led on to actual recovery. The daily punctures doubtless relieved the cerebral ventricles of excessive pressure. It must not be forgotten that the cerebro-spinal fluid is reproduced with surprising quickness. So long as the pressure exceeded twenty-five to thirty cm. of water, and still remained at ten to twelve cm. after withdrawal of twenty-five to thirty c.c. of fluid, it was necessary to puncture every day. It is also necessary to take note of the patient's general condition, of symptoms of compression, headache, etc. As soon as the fever disappeared and the albumen in the fluid got less, it was possible to look forward to the decrease of the inflammatory exudation and the punctures could then be made at longer intervals.

Local Sanatoria for the Treatment of Pulmonary Tuberculosis.

Seeing the great mass of persons in China infected with tuberculosis is apt to discourage the average physician as to the possibility of ever doing anything definite toward the grappling of the great problem of treatment along lines similar to those now in use in Western lands. And yet the same methods must surely be tried here, and recent experiences in India show that an Oriental climate is no real stumbling block in the way of true cure. Recent letters from Western India refer to permanent cures in cases that in the ordinary course of things would have died very soon for lack of attention. Nearly every journal dealing with the problem of tuberculosis calls attention to the fact that what is needed is not so much distant sanatoria where
sick persons of wealth can be sent and cured, but places near at hand to every center, where even the poor can be properly cared for and where the thorough régime of the larger sanatorium can be maintained. Lyman emphasizes this (Johns Hopkins Hosp. Bulletin, November, 1906, page 361) saying that patients must be divided into two classes—the favorable and the far advanced—whose distinctive needs demand that they be cared for in absolutely separate institutions. Almost the greatest need in large cities is that of institutions where far-advanced cases can be given proper care. Dispensaries can only do a very limited work, even if the staff be able to visit the afflicted in their homes to help and instruct. It is in the early cases, however, that the distinct advantages of local sanatoria are seen. Their advantages, are all derived from the simple fact of accessibility. It is easier to persuade a patient to go there. A difference of a week or two in the commencement of the treatment may mean a month or two in the time needed for the arrest of the disease. Further, the expense would be far less, and the comfort of seeing family and friends adds much to the advantage over the distant sanatorium. The nearness of the friends has a further advantage, in that they are able to see the sane and simple working of the institution and are the better able to do for the patient when he has to return home. This is all the more important when one takes into consideration the definition of a "cured" case adopted by the Nomenclature Committee of the U. S. National Society for the Prevention of Tuberculosis, viz., "All constitutional symptoms and expectorations with bacilli absent for two years under ordinary conditions of life." A patient return-

ing from a distant climate has to go through a far greater readjustment to his home conditions than the man who has gone across the river or to a neighboring hill to the institution where he is to receive treatment. Lyman does not wish to be understood as discounting the beneficial effects of climate, but he holds that for the average patient treatment in local institutions possesses advantages that more than offset those derived from a change of climate.

It is not an idle dream that some day we shall see just such sanatoria springing up near the great cities of China and near many of the smaller places as well. Has not each member of this Association in mind some near-by place which would be exactly adapted to the erection of such an institution? It must be that he has. We cannot go on always admitting cases of advanced tuberculosis to our general wards and being satisfied with administration of tonics and mixtures for the reduction of fever. Upon each physician in charge of a hospital lies the responsibility never to feel satisfied till he has commenced, even in a small way, the local sanatorium treatment of tuberculous patients.

In connection with the review of Shurly's article above, it may not be out of place to suggest a general study of the standards of Culpulence, Thoracic Perimeter, and as far as possible, of Respiratory Capacity for Chinese subjects. Those who are not disposed to collate such measurements for themselves, but are willing to pass their observations on to another for comparison and study, will confer a favor on the Editor of this department if collected observations could be forwarded, as convenient to him, at Changsha, Hunan.
The editor of the Journal of Tropical Medicine commenting on a paper by Dr. Robert Sinclair Black, Government Medical Officer, Cape Colony, in the Lancet, October 20, 1906, describes the paper as the most important contribution to the pathology of leprosy since the discovery of the bacillus leprae. Dr. Black observes:

1. That rhinitis is a prominent feature of almost all (or probably all) cases of leprosy in the early stages.

2. The bacillus leprae is met with in the nasal secretion of lepers in almost all (or possibly all) early cases.

3. In mixed and nodular cases the nasal secretion is excessive, and the bacilli present in numbers in the secretion.

4. In maculo-anæsthetic cases the nasal secretion is slight and the bacilli few or absent.

5. In some mixed and nodular cases, when the nose had fallen in, copious nasal secretion lessened and the disease became practically of the mild form attendant upon maculo anæsthetic leprosy.

He concludes from these observations:

1. That the maculo-anæsthetic is a mild form of leprosy attended by an early manifestation of a nasal ulcer, with some nasal secretion, in which the B. leprae is present, but from which the bacillus disappears in time, owing to the nasal ulcer healing and the nasal secretion lessening or wholly drying up.

2. That mixed or nodular leprosy is attended by extensive ulceration and a growth of granulation tissue in the nasal mucous membrane extending from thence into the naso-pharynx and to the cavities which communicate with the nose, thereby leading to distortion of the features. The nasal secretion in such cases is copious and charged with large numbers of the B. leprae.

I think, writes Dr. Black, that there can be hardly any doubt that leprosy in its early stages begins as a small ulcer on some part of the extensive nasal mucous membrane. We know quite well from our clinical experience of the disease that leprous ulcers in favourable circumstances tend to heal. There can therefore be little doubt that a person can suffer from a leprous ulcer in the nose that may heal and pass away entirely. This is the explanation of the maculo-anæsthetic cases. They have had nasal ulceration which has passed away; in some cases perhaps leaving a cicatrical shrinking of the nasal septum, but during the time the ulcer existed leucocytes or white connective tissue corpuscles got detached from the ulcerating spot and along with the bacilli which they were attempting to devour were carried by the blood stream and lodged in various situations in the peripheral nerves, where they got entangled, and the bacilli then proceeded to grow, causing pressure on the fine nerve fibrils and consequently setting up nutritive changes in the skin which these axis-cylinders supplied, thus causing the patches of discolouration and anæsthesia.

In the nodular and mixed cases the progress of the disease is quite different. Instead of the nasal ulcer healing up it proceeds to grow apace, causing extensive destruction of the nasal mucous membrane, causing
it to swell up and ultimately attacking the nasal bones themselves.

There is no reason why the fester- ing nasal sore, which is the real cause of the complaint, should not be attacked by curetting, by nasal douches and by other means, so that the source of infection may be done away with, or the potency of the infection diminished.

Under the heading of—*A study of the influence exerted by a variety of physical and chemical forces on the virulence of Carcinoma in mice*—there appears a paper by G. H. A. Cloves, Ph.D., in the *British Medical Journal* of December 1st, 1906. We recommend a careful study of this most interesting paper to all anxious to keep abreast with the rapid progress of cancer investigation. We have only room here to quote the summary and conclusions given at the close of the original paper. They read as follows:

From the above experiments, in which over 7,000 mice have been employed, it may be concluded that:

(1). Primary tumours are only transplanted with great difficulty; after the first generation the yield of tumours gradually increases until a maximum virulence is attained, which subsequently remains fairly constant for a considerable period of time.

(2). Increase in virulence of a tumour strain is invariably associated with an increased rate of growth in the individual tumours.

(3). The proportion of tumour mice recovering spontaneously in any series is apparently inversely proportional to the virulence and speed of development of the tumours of that series.

(4). The larger the dimensions actually reached by a tumour the smaller are the chances that it will recover spontaneously.

(5). Incubation of tumours possessed of a low grade of virulence, previous to injection into mice, is found to exert a stimulating effect; larger yield of tumours being obtained than in control series.

(6). The resistance of tumour cells to mercuric chloride and other inorganic disinfectants is very high. It was found possible, for example, to destroy the bacteria present in badly infected tumours by means of potassium cyanide without seriously affecting the virulence of the tumour on subsequent transplantation.

(7). The chemical analysis of over 300 tumours shows a relatively high potassium and nucleoproteid content, associated with high virulence and rapid development, and a low potassium and high calcium content associated with low virulence and relatively slow development.

(8). The principal evidence of the existence of immunity against cancer is as follows:—Spontaneous recovery of mice from true tumours actually occurs. Those mice which have recovered are not reinoculable with tumour materials possessed of the same degree of virulence as that previously employed, and exhibit in addition a considerable immunity to subsequent injections of far more virulent strains. The reinoculation of mice which have failed to develop fatal tumours shows in our experience a great reduction in the proportion of tumours, and inoculation for a third time has so far failed to be productive of a single tumour. The serum of recovered mice apparently exerts a definite though slight effect on the small tumours in other mice when injected directly, and also on tumour materials when admixed previous to inoculation. Mice on which tumours are already developing are, with a few exceptions, immune to subsequent injections, even with a more virulent tumour, indicating the production of immune forces in the serum antagonistic to the development of cancer.
The injection of tumour materials incubated at such temperatures as to render development impossible, or of tumour materials previously treated with chemicals at such a concentration as to inhibit development, fails entirely to confer immunity on the mice so treated.

The treatment of mice with increasing doses of nucleo-proteids (extracted from the most virulent tumours) at stated intervals of time has so far failed to confer an immunity.

(11). The process of immunizing mice against cancer appears to be analogous to that of vaccination against small-pox; the animals recovering from an attenuated form of the disease developing an immunity capable of protecting them in the large majority of cases against injections of a more virulent cancer strain than that originally employed.

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**Correspondence.**

*To the Editor of*

**"THE CHINA MEDICAL JOURNAL."**

DEAR DR. JEFFERYS: Enclosed please find the statement referred to to-day. (I had nothing to do with its being issued and was greatly surprised when I saw it was being given out at the door).

I think that one sentence will do. I did feel exceedingly chagrined for, without any name added, it must have looked to many as if the superintendent had issued it in praise of himself, which is exceedingly distasteful to the latter.

Yours sincerely,

CHAS. C. SELDEN.

NOTE.—The circular alluded to, which was distributed at the General Missionary Conference in Shanghai, is not so bad as Dr. Selden makes it, but we extend him our sympathy nevertheless and heartily agree with him in a general dislike of public incense-waiting among fellow-workers.—EDITORS.

SHANGHAI, May 8th, 1907.

*---*

**To the Editor of**

**"THE CHINA MEDICAL JOURNAL."**

DEAR DR. JEFFERYS: I send you four pieces of plate glass that I think make good warm stages for examining for amœba coli. I found that by placing one of these in water as hot as the hand can comfortably bear, drying it and placing on the microscope stage, a first class warm stage is secured. I had no trouble getting movement in the amœbæ after adopting this simple plan. The glass represents our shattered hopes for a surgery skylight but I hope it may serve another useful purpose.

Keep one for yourself and give one to Dr. Davenport and the others to anybody you like.

Yours sincerely,

O. T. LOGAN.

March 27th, 1907.

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*To the Editor of*

**"THE CHINA MEDICAL JOURNAL."**

DEAR DR. JEFFERYS: Thank you so much for your kind letter, received last spring, announcing my membership of the China Medical Missionary Association. I write my home report in Norwegian and haven't time to translate it, so I only send you the statistics of our hospital for the year ending Decem-
1906 is our third full year of work; our hospital being opened late in the fall of 1903, and we are very glad to be able to report steady if not very rapid increase in the number of patients and their willingness to pay the charges. Changsha seems to be the hotbed of tuberculosis in all forms and stages. Comparatively little malaria is met with.

I can easily divide my dispensary patients in three chief groups as suffering from tuberculosis, syphilis and rabies with a sprinkling of other ailments in between. The arrival in the early spring of a foreign nurse has done much to increase the usefulness of our work. Thus she was able by massage to restore to a governor’s grandson the use of his foot, after he for months had had to be carried about on account of a severe sprain of the ankle.

We find that we obtain our most “wonderful” (in the eyes of the Chinese) results by the simplest means. Thus a case of cellulitis from a very badly neglected ulcer of the leg, the infection showing markedly a good way above the knee, was cured by keeping the whole infected leg day by day in a strong bichloride solution; a simple vessel being made for the purpose. But I must not begin to cite cases.

The Journal is more and more becoming a valued friend.

Sincerely yours,

Ragnhild B. Gotteberg, M.D.

Changsha, 19th February, 1907.

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**Personal Record.**

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**BIRTHS.**

Booth.—On April 19th, at W. M. S., Hankow, the wife of Rev. Dr. R. T. Booth, of a daughter, “Eileen Edith.”

Jefferys.—On March 23rd, at Shanghai, to Dr. and Mrs. W. H. Jefferys, a daughter, “Adelaide McCulloh.”
### MEDICAL MISSION STATISTICS. 1906.

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*Previous year's Returns.  †Dental not included.
HENRI NESTLE
LONDON. VEVAY. NEW YORK.
MANUFACTURERS OF THE WELL KNOWN

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SWISS MILK (BIRD NEST BRAND)
(RICHEST IN CREAM)
AND
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They are the Best. Take no others.