The China Medical Missionary Journal.

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The Subscription Price for The China Medical Missionary Journal is Two Dollars a year. There are to be four numbers in each volume.

We will be obliged to our friends for an early transmission of the subscription money, as we have no reserved funds with which to meet our printers' bills. Officers of the Society, whose names are given above, are hereby requested to kindly act as local Agents in soliciting subscriptions and in receiving and transmitting moneys.

All Business Communications, Subscriptions, etc., should be addressed to the Business Manager, Rev. L. H. Gulick, M.D., Shanghai, while Articles intended for The China Medical Missionary Journal may be sent to any one of the Editors.

The Editors respectfully solicit contributions of articles and items from all Medical Practitioners in China, Corea, Japan, and Siam.
THE TRANSLATION OF MEDICAL BOOKS INTO CHINESE.

By B. C. Atterbury, M.D.

Doctor P. Manson's translation of Curling's well-known monograph on Diseases of the Testis has been sent to me to look over, and the work is so excellently well done as to warrant making it the basis for a few observations on the translation of medical books into Chinese.

In the first place, Doctor Manson's book presents a very attractive exterior. The paper, although native, is very white, and the characters clear and distinct. The lithographic plates also, collected together at the end of the third fasciculus, are models in their way, shewing most intelligently what they are intended to represent. Of course it is not the first aim of a medical book to please the aesthetic tastes of medical students, still some err too far on the other side, spending neither sufficient care nor money to procure good paper, clearly cut blocks and, above all, well executed plates. Medical works are more expensive than other books in Western lands, and there is no reason why they should not be sold for a remunerative price here as well. Those of the Chinese who are interested in such topics can afford to pay a fair sum for an attractive volume. Instead then of trying to economize in printing and binding, it would perhaps be better to go even further than Doctor Manson has, and substitute foreign for native paper, adding also a good substantial board cover.

The translation of any scientific work into Chinese presents unusual difficulties. The spirit and exact meaning of the original must be preserved, while the style and idioms of a language lacking scientific expressions are to be respected. There is one rule, however, in all doubtful cases, which it is safe to follow, i.e., style or no style, the meaning of every passage must be clear, or else the average medical student will have very vague ideas as to what the author is driving at. The translation of the work before us has been done with success, and a Chinese teacher, experienced in reading such books, says, the Chinese is excellent.
What books should be translated into Chinese is another important question. General treatises on Practice and Surgery are necessary, but still more so are monographs taking up in detail some one topic and treating it exhaustively. So limited is the present range of medical literature in China, that one can hardly make a mistake in putting any standard work on Western medicine into Chinese. May there be many others who will thus render available to our medical students the works of foreign specialists on special subjects. In several places in Dr. Manson's vocabulary there are terms employed different from those used by others. As yet, however, we have no standard medical nomenclature, and the selection of terms is one more of preference than fixed rule. Until there is some recognized authority such differences will continue. It is to be hoped that the Editors of the Journal will take steps, in the near future, to prepare an official vocabulary which shall be accepted by all medical men in China.

Finally, some cautions must be remembered in preparing a medical literature for the Chinese. When writing on the treatment of diseases, the value of foreign medicines should not be too dogmatically asserted. The incurability of some ailments, and only the possible alleviation of the worst symptoms of others, should be pointed out, thus saving our students from many a disappointment when they come to put into practice the theories which they have learned from their books. The dangers of the indiscriminate use of foreign drugs, and the necessity of dietetic and hygienic measures as adjuncts, should also receive attention. Just here let it be said that the druggists of Shanghai and other ports are lending very questionable aid to the introduction of Western medicine into this country when they scatter everywhere their hand-bills setting forth in glowing colors the many virtues of their various preparations. The Chinese know nothing of the power of foreign drugs, nor have they any idea that there are remedies which must be taken for days before their action becomes apparent. On account of this ignorance the faith of many in the superiority of our methods of healing has been rudely shattered, and not receiving the expected benefit from their outlay of money, have returned to their own doctors and modes of treatment.

Knowledge on all subjects is needed in China, and the Christian physician can preach many a silent but powerful sermon by preparing books which in speaking of the wonders of the human body point also to the evidences of a Creator in its creation, and can warn against sin and consequent suffering when telling of the various diseases which flesh is heir to.
Cauliflower Excrescence of the Ovary.

The patient was a married woman, aged 23, resident of Canton city. Had given birth to no children. She had suffered from dropsical accumulation for three years, and had been tapped four times. After each tapping, a tumor was felt in the abdomen, which was considered ovarian. An operation was proposed, to which both she and her husband assented, and as she was young and in good general condition, a favorable result was anticipated. After careful preparatory treatment the operation was performed on June 30th, Dr. Wales and Dr. Mary W. Niles assisting. An exploratory incision was made in the usual position, and several quarts of ascitic fluid discharged, but no sac was met. After the abdomen was emptied the tumor was felt, and the incision was enlarged so as to admit the hand in order to determine the nature and attachments of the tumor. It was found to be a cauliflower excrescence attached by quite a large base, and sending off branches, very much like the vegetable which gives it the name. It was exceedingly delicate in structure, and quite soft from long maceration in ascitic fluid. In the manipulation portions were broken off which gave rise to hemorrhage. It had no proper pedicle, but was attached to the ovary or fallopoian tube by a base composed of the same substance as the tumor. For this reason it was seen that the entire tumor could not be removed, but the hemorrhage rendered it necessary to operate, although no hope of permanently benefitting the patient remained. A double ligature was applied to the base, by transfixing and tying on the two sides. After cutting through the base it was still necessary to apply several ligatures to stop hemorrhage. The ligatures were left long and were brought out at the lower angle of the wound. After cleaning out the abdomen, a small excrescence was found on the opposite side, which was removed. The wound was closed and dressed in the usual way. The tumor weighed one pound, but on account of its light, spongy structure, it was large for its weight, and filled considerable space.

The operation was followed by fever, pain in the abdomen, and suppuration, which was profuse for some time and gradually exhausted the patient. She died.
In the limited number of books on gynecology within my reach, I find no record of a similar tumor growing from the ovary or fallopian tubes. If not absolutely without a parallel, it is certainly very rarely met with. Some years ago I removed a growth from the verge of the anus of a boy resembling this in structure.

Ovariotomy.

The patient was a married woman, aged 27 years, from Tung-kun District. Had no children. Suffered from the tumor for a period of four years.

With the assistance of Dr. Wales and Dr. Mary W. Niles the operation was performed under chloroform on July 2nd. The tumor was large and contained about 25 lbs. of fluid. The cyst was multilocular, but by emptying the largest cyst with a trocar and canula, and the others through it, the whole was extracted through an incision four inches long. There were no adhesions except one slight one. The cyst weighed five pounds and four ounces. A double ligature was placed on the pedicle and it was dropped back into the abdomen.

The operation was followed by fever, with rise of temperature for a week of from 103° to 105°, and a swelling with pain was noticed in the right side in the position of the pedicle. On July 11th pus was discharged through the suture openings, and the same day the middle part of the incision was re-opened with the finger, and a free discharge of pus gave relief to the symptoms. The abdomen was syringed out with warm water and solution of boric acid daily, and for some time twice a day, the fever in the meantime continuing two to three degrees above normal.

On the 15th of August, the ligatures were discharged through the wound, after which the fever disappeared. The patient improved and was discharged cured on September 20th.

This is the third successful case of ovariotomy operated on in the Medical Missionary Society's Hospital.
CHART ILLUSTRATING THE EFFECTS OF VARIOUS ANTIPYRETICS IN A CASE OF TYPHO-MALARIAL FEVER.

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Chart showing the effects of various antipyretics in a case of typho-malarial fever.
ANTIPYRETICS IN THE TREATMENT OF
MALARIAL FEVERS.

By A. W. DOUTHWAITE, M.D.

During the past thirteen years, I have had many opportunities of investigating those diseases commonly called "Malarial"—a term, by the way, which seems to have been invented to cover our ignorance, somewhat after the fashion of the Chinese doctors, who attribute all obscure complaints to some disturbance of the "Ho" or "Ki." My object writing this paper is not to trot out a new theory as to the origin or nature of "Malaria," but briefly to sum up the results of my experience in the use of the various "antipyretic" and "antimalarial" remedies most commonly used in this country.

The Alkaloids of Cinchona naturally claim our first consideration, although they are so well known that nothing new can be said about them. That these alkaloids are powerful antiseptics and germicides there can be no doubt, and I believe that their action in aborting or cutting short an attack of Ague, is entirely due to their germ-destroying power. They pass rapidly into the blood, unaltered by the secretions of the digestive organs, and can be found in the sweat and urine within an hour after ingestion. Thus, there is no reason to doubt that they have a similar action on septic-germs in the living body as they have on those same germs in our laboratory preparations.

But, when given in large doses, Quinine has another effect, which it is not desirable to produce, namely, a general disturbance of the nervous and circulatory systems, as indicated by alteration of vision—sometimes amounting to temporary total blindness—intense headache, ringing noises in the ears, etc. I have seen a dose of 20 grains cause failure of the heart, through the power it undoubtedly has of paralyzing the contractility of the involuntary muscles, (as proved by the experiments of R. B. WILD, vide British Medical Journal, September 3rd, 1887).

I have long been convinced that, in China, the cases are rare in which we are justified in giving large doses of Quinine, and that with this, as with most powerful drugs, the best results will be obtained from small doses, often repeated. Occasionally we meet with a case of malignant Ague, in which nothing less than a 30 or 40 grain dose has any effect, but in ordinary cases I have accomplished all I desired by the administration of one or two grains every hour during the intermission, and such doses are not, as a rule, attended by any unpleasant subjective symptoms.
For the past eight years I have given, with almost unvarying success, the following pill:

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<tr>
<th>Drug</th>
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<td>Quinine</td>
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<td>Arsenic</td>
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<td>Thymol</td>
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<td>Carbolic Acid a</td>
<td>1/2</td>
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<tr>
<td>Capsicine</td>
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I directed one of these to be given every two hours in a mild case, and three each day for a fortnight after the symptoms of Ague have disappeared.

In the neighbourhood of Tai-chao, in Chekiang Province, these pills are highly appreciated by the natives, who suffer much from Ague and Ascites.

In the Typho-malarial and Remittent Fevers of Chefoo, I have not found Quinine of much service, except as a Tonic. The antipyretic effect is uncertain, and can only be obtained by giving large and, I believe, toxic doses.

These remarks refer, of course, to its action on the natives. Foreigners bear the effects of this drug better than the under-fed Chinese patients who apply to us for aid, and Ringer states that in Pyemia, Acute Rheumatism, etc., it has been given to the enormous extent of several drachms daily, without producing any toxic symptom.

As an antipyretic, Quinine must certainly take an inferior place to its recently introduced rivals—"Antipyrin" and "Antifebrine."

Antipyrin is of great value in reducing the temperature in fever of any kind. In Remittent Fever I have frequently seen a dose of 15 grains reduce the temperature from 103° to normal. Within an hour after giving the drug, profuse diaphoresis comes on, the headache ceases, and the patient usually falls into a quiet sleep. But it does not cut short the disease; and even when the dose is increased to 30 grains, it loses its effect in a few days if given frequently.

In the fever of Phthisis, small doses suffice to keep down the temperature, but it cannot be borne long, as the sweating, added to the depressing action of the drug, weakens the patient too much.

In Intermittent Fever it is said to cut short the paroxysm, but I have never seen it have that effect.

Antifebrine, or Acetanilid, I have found in some respects superior to Antipyrin. It is slower in its action, but its effects are more lasting. It has the slight disadvantage of being insoluble in cold water, but as the dose is small it can easily be given in pill, capsule or tablet, or suspended in milk, etc. It causes no unpleasant burning sensation in the stomach, as Antipyrin often does, and for administration in Phthisis it is preferable because it produces less sweating. The dose I usually give is five grains, and it is seldom that more than three doses are required in twenty-four hours; add to the above-mentioned advantages which it possesses over Antipyrin, the fact that it is only one sixteenth the
price of that drug, and no more need be said to recommend its use in Mission Hospitals.

But of all the antipyretics "known to the profession" none, in my opinion, are to be compared to the Cold Bath, if used early, before the tissues have become degenerated by long continued pyrexia. The prejudices of the natives, and their inherent abhorrence of cold water, render the use of this remedy in our Mission Hospitals impracticable as a rule, but now and then we meet with a patient who, driven to despair, or compelled by poverty, is willing to submit to any treatment, and he quickly learns to appreciate the pleasant after-effects of the bath.

In Typho-malarial Fever, if the patient is robust, I begin my treatment by immersing him in a bath of about 90° F. and gradually reduce it to 60° or less, and repeat it whenever the temperature rises above 102°.

For weaker patients, I prefer the cold pack, or the application to the chest, abdomen and thighs, of napkins wrung out of ice-cold water. Of course, this treatment cannot shorten the duration of fever, but it certainly prevents, or lessens the severity of many of the most distressing symptoms; and I have seen patients saved from impending death from coma by the timely application of cold water.

In an advanced stage of fever, or if the patient is anemic, great care must be taken not to push this treatment too far, lest a dangerous state of depression ensue.

I will not take up more space on this subject, but refer the reader to the accompanying chart, shewing the effects of the antipyretic treatment adopted at several stages of the disease.

Chefoo, November 27th, 1887.
physical hardship, and was often compelled to live on poor or insufficient food. Early in 1886 he had a severe attack of Typhus, with many complications, the bowels being especially affected. In the Spring of 1887, while travelling in Shan-si, he was attacked by a band of Chinese roughs, and severely beaten on the head, after which—according to his own statement—his temperature rose daily to 105°, and he suffered much from headache.

He reached Chefoo in June last, and immediately put himself under my care. I examined him carefully, but could find nothing wrong, beyond general weakness, so I advised him to remain here for the Summer, and avoid fatigue of any kind. His appetite was good, and he rapidly regained strength, but always had a sallow, unhealthy-looking skin.

In September he had so far recovered his strength that he decided to return to his station in the interior, but, on the 14th of that month, he fatigued himself by rowing, got his clothes saturated with perspiration, and neglected to change them. In consequence of this, when I was called to see him two days later, I found that Enteritis had set in. The notes in my case-book of that date give the following symptoms:

"Obstinate constipation, pain in right iliac region and bladder, darting along the penis occasionally. Temperature 101°." I gave him an enema of Castor oil twice, but as that failed to act, I made no further attempt to procure an action of the bowels, and ordered frequent hot fomentation, Morphia to be given hypodermically when necessary, to relieve pain.

The inflammation commenced near the cæcum, slowly extended along the colon as far as the sigmoid flexure, and then ceased.

By the end of the third week, convalescence seemed fairly established, and for several days the patient progressed rapidly toward recovery. On October 16th his appetite failed, and he complained of feeling ill. On the 19th he had a rigor, followed in a few hours by unmistakable symptoms of Hepatitis. I found the liver considerably enlarged upwards, so, suspecting abscess, I marked the area of dulness, and watched day by day for indications of the formation of pus. For the first few days, the temperature rose every evening to 102°, but afterwards was seldom over 101°. Toward the end of the month the symptoms abated, and once more the patient seemed on the way to recovery.

On November 1st, I examined him carefully and found the liver still enlarged, but no tenderness on pressure, except over the gall-bladder, and that very slight.

On November 3rd he complained of sharp pain in the right iliac and bladder. The temperature rose at irregular intervals to 102°, but never remained at that point more than two hours, being in the intervals from 98° to 100°.4. This continued till the 8th, but the pain came on more frequently, and the paroxysms were frequently accompanied by diarrhoea. On November 8th the temperature
kept up to 102° for several hours; there was great tenderness and slight swelling in the left iliac, with continuous lancinating pain in the same region.

Toward evening, the temperature fell to 100°, and about 2 oz. of pus, mixed with blood—but no feces—was passed from the bowels, probably from an abscess which had burst into the rectum.

After this, there never occurred any marked rise of temperature. Dulness on percussion still indicated enlargement of the liver, but there was no tenderness felt on deep pressure. The whole abdomen was tender, and tympanic; the pain in the region of the cæcum became daily more acute, and was unrelieved by fomentations or anodyne applications.

Difficulty and pain on micturition also increased, and it became necessary to give hypodermic injections of Morphia every few hours. His appetite failed completely, so I ordered beef-juice, milk and wine in small quantities every hour. Fecal impactions and stercoraceous vomiting were then the most urgent symptoms.

In consultation with Dr. W. A. Henderson, who kindly assisted me during the later stages of the case, we decided to give the patient anæsthetic, and attempt to remove the impaction by massage, and inject a copious enema of Castor oil. The first attempt was unsuccessful, but two days later we brought away a large quantity of hard seiballa; a third operation produced a still more free motion of the bowels, attended with intense pain.

From this time to the termination of the case there was no further obstruction, but the anorexia, pain, and vomiting continued, and the patient became more and more emaciated; a hard tumour could be felt in the cæcum, and the acute pain in that region caused us to suspect cancer, notwithstanding the youth of the patient.

Death occurred on December 8th, the patient retaining consciousness until a few hours before his decease.

Autopsy eight hours after death. Conducted by Drs. Henderson, Cameron and myself.

The whole contents glued together by adhesions. The liver not enlarged as we supposed, but adhered to the diaphragm. There was a small abscess in the right lobe, containing about two drachms of pus. The colon soft, and easily torn. The cæcum attached to the walls of the abdomen, and to the adjacent intestines, by strong, fibrous bands. It was soft in some parts, hard and hypertrophied in others, and infiltrated with a black substance, the nature of which we have not yet ascertained.

The bladder firmly attached to the intestines; spleen slightly enlarged; kidneys normal.

Remarks.—The post-mortem examination explained the necessity which had existed all through the case for large and frequent doses of Morphia, and also
revealed the cause of the pain which attended micturition. A portion of the caecum has been sent to Dr. Macleod, of Shanghai, for microscopic examination, and we await his decision as to whether the infiltrations mentioned are cancerous or not.

MEDICAL WORK IN THE UNITED STATES.

By H. W. Boone, M.D.

While home on a visit last year, the Board of Missions of my Church requested me to visit the leading Universities and Colleges in the United States, and also the Medical Schools, for the purpose of interesting the professors and students in our mission work in China. This enabled me to visit some of our medical colleges and study their work. While I saw much to interest me in the University work in general, the pages of a medical journal are hardly the proper place for the discussion of that work, and I shall confine myself to an account of Medicine and of medical teaching in the United States. The first school visited was the Medical Department of Harvard University at Boston, Mass. This, one of the oldest schools in America, has a long list of honored names. The names of Warren, Bigelow, Bowditch, Oliver Wendell Holmes, and others, have obtained a world-wide celebrity and conferred honor on the institution where they have laboured. A few years ago the medical school removed into its new quarters. This building has been fitted up in the most elaborate manner to aid the study of Medicine; the laboratories for Chemistry, Physiology, Pathology and Biology are large, well supplied, and fully fitted for the most elaborate work in these departments, and every care is taken that the students shall have full instruction, and the chance of actual laboratory work for themselves, to enable them to grasp the problems with which modern Medicine has to deal. The class-rooms are well arranged, and great care has been taken to arrange adequate accommodation in reading-rooms, smoking-rooms, and comforts for the students so as to make their studies agreeable to them. The Museum is very full, and the specimens and anatomical preparations are of the utmost interest and well repay a careful study of them. The course of study requires three full years of work with several examinations, oral, written, clinical, and laboratory, before a degree is granted. The standard of work was raised years ago but the classes of Harvard are larger than they were before this change took place. At the Massachusetts General Hospital I saw a large, fine hospital, standing in its own grounds, with wards for private patients, and larger general
medical or surgical wards. Dr. Shattuck kindly took me round his medical wards, where the patients were receiving the most rigid care, and a full staff of resident medical men, dressers and trained women nurses looked after their wants. I was struck with the excellence of the medical work done here, the care in diagnosis and the admirable methods of treatment, the attention to the smallest details and the perfect purity and cleanliness of everything in and about the wards. The surgical wards contained many most interesting cases; thorough antisepsis was the rule and the results of treatment were satisfactory. The operating-room was well arranged and well lighted; the large collection of instruments, and their admirable arrangement for immediate use (as they lay under glass show-cases) was most striking. I had the privilege of seeing operations performed in general surgery and gynecological work, by Dr. Maurice Richardson, Dr. Elliott and other men. Much care was taken in accurate diagnosis; in serious cases the patient had the benefit of consultation among the surgeons of the Hospital. The operations were performed with great care and with thorough aseptic precautions, and the medical students received full and elaborate clinical instruction. I was taken to the County Hospital and to several smaller institutions; though the details in these different institutions varied, there was the same evidence of careful, painstaking work. I had the privilege of meeting the leading medical men at their work and also at social gatherings, and was impressed by the evidence of careful culture, of deep interest which they showed in their work, and by their delightful conversation in their hours of relaxation. At Albany, the capitol of the great State of New York, I happened upon them when the members of the medical profession, as well as the medical students, were assembled at the Medical College to listen to an address on "Ancient Egypt," by Grant Bey, the Egyptologist. A large and valuable collection of Egyptian antiquities was displayed to our view, and the lecturer kept us spellbound while he told us of the manners and customs of that great people. After his address was ended a number of important surgical operations were performed by Professor Vanderveer and his colleagues. The dexterity of the operators and the thorough way in which the work was done was admirable to behold, and thorough antiseptic treatment was carried out. At the request of the faculty, I addressed the members of the medical profession and the students on the subject of Medical Mission Work in China, and in the evening attended a large reception, when addresses were made. I next visited Philadelphia, and dropped in upon the meeting of the surgical section of the College of Physicians and Surgeons; the President, Professor Gross, was in the chair; papers were read and discussed, and Drs. Gross, Morton, Packard, Brinton, Keen, Roberts, and others spoke. I noted the earnestness of the speakers, the full reports of cases which had not turned out well, and the evident desire to gain knowledge rather than to obtain applause which seemed to pervade the meeting. A most cordial
greeting was extended to me, and I visited the Pennsylvania, the Blockley, the Episcopal, the Woman's and the Orthopaedic hospitals, and attended the clinics at the University and also at the Jefferson and at the Woman's College. I also attended the emergency wards, where patients were brought by the ambulances for immediate attention. I saw surgical operations of every variety,—Ovariotomy, Spaying, for vesico vaginal fistula, for rupture of perineum, for the removal of tumors; tying of arteries; amputations; for ununited fractures; for hernia; for eye diseases; and orthopaedic work. These operations were all performed under the most thorough aseptic conditions; great care and skill was displayed, and I saw several new and important innovations in the routine ways of work. The instruction given to the large classes of students was full and clear, and the colleges were well supplied with all the modern methods for elaborate work. The College of Physicians and Surgeons of Philadelphia, is one of the oldest (if not the oldest) Medical Society in America. It is worthily lodged in a noble building, and has a library and a museum of great value. I attended a meeting of the College, and after listening to an interesting debate on quarantine, examining some cultures of the alleged germ of yellow fever, and hearing the discussion of that question, at the request of the President, Dr. S. Weir Mitchell, I addressed the fellows and members of the College and laid our work and its claims before them. My next visit was to the "John's Hopkins" University at Baltimore. This institution has vast endowments, which are spent more in giving most liberal salaries, to attract men of the highest talents to its aid as teachers, than in a grand display of architecture. President Gilman gave me a most kind reception and put me under the care of one of the staff. I visited the libraries, the class-rooms, the admirable laboratories, where no money or labor is spared to have everything which can conduce to good and elaborate work. Many men are working here who have graduated from other institutions of learning, and are here pursuing higher courses of post-graduate study and of independent personal investigation of scientific problems. I then went to visit the new "John's Hopkins," Hospital. This institution stands in the midst of large grounds. The buildings are the outcome of an elaborate study of rival plans by a well-chosen committee, and the result is that these buildings are unapproachable by any other hospital buildings which I have ever seen in Europe, England or America. The elaborate care which has been bestowed on the ventilation, the warming, the lighting, the isolation of the separate buildings, the separation of each private room from all other rooms, and the excellence of the administrative portions of the buildings, are a lesson to all intelligent students of hospital construction and hygiene. The pathological laboratory attached to this hospital is elaborate and ample in all its details of construction and furnishing for work. It is nearly 10 years since this hospital was projected, and it was to be opened soon after the time of my visit. It is
palatial, and my one criticism on it is, that only the "John's Hopkins" funds can ever build and carry on such an hospital in the style in which it is proposed to administer it. Professor Welch kindly took me over his Pathological laboratory at the hospital, where young men pursuing advanced studies were working under him, and showed me the cultures and the methods of work. It is proposed, when this hospital is opened, to carry on the most careful, methodical and comprehensive methods of work for the investigation of disease as well as the usual treatment for the relief of the patients. While in Baltimore, at the request of President Gilman, I addressed the University classes and endeavoured to give them some idea of what China was 20 or 30 years ago and what it is now, with its prospects for the future, as well as some idea as to mission work and the outlook for that work in the years to come. While in Baltimore my friend Dr. Chisolm, showed me admirable work in the ophthalmological department. He has a very large out-patient clinic and a hospital with some 60 beds; his results are admirable and most instructive. My next visit was to Richmond, Virginia, where I met that distinguished surgeon Hunter McGuire, Dr. White, and other eminent men, and saw something of the work done in the Southern States. There was much of interest here, and good work was done. I now returned to New York for a longer period of work. While there I visited the medical school of the College of Physicians and Surgeons, the Medical Department of the University of New York, and Bellevue Medical College, and contrasted the work of these three great medical colleges. I visited Bellevue Hospital, New York Hospital, the Roosevelt Hospital, the Presbyterian and St. Luke's Hospitals, the Woman's Hospital, and other institutions. The President, Dr. Abraham Jacobi, invited me to address the Academy of Medicine, and I tried to interest that learned body in our work. There are men in New York whose names are known and honored throughout the civilized world for the contributions which they have made to the various branches of Medicine, Surgery, Gynecology, and other departments of medical knowledge. I saw admirable work done in the purely medical branches, and operators whose skill and judgement made it a pleasure to follow them in their work. Any man who has had much personal experience in Surgery and Operative Surgery, must feel delight in following a Sands or a Gaillard Thomas through all the steps of an operation, and must come away from such a clinic with the feeling that he has learned something worth knowing. Post-graduate teaching is popular in the United States, and to a certain degree it fills a want. What the ultimate status of this new departure would be the writer could not ascertain. The medical school of the College of Physicians and Surgeons of New York is lodged in a noble building, the gift of the late Mr. Vandervilt. The Museum is very fine and the laboratories for the prosecution of Pathological studies are fitted up with the most modern appliances for study and investigation. The Medical Department
of the University of New York has a fine building, adjacent to which the new "Loomis" building, to be devoted to laboratories for Physiological and Pathological work, had just been completed. The Bellevue Medical School with its fine buildings stood opposite to the college buildings just mentioned. The men who study Medicine in New York have thus every advantage for learning,—great hospitals, admirable laboratories for work, good museums and libraries, and a large and brilliant staff of teachers. There are other medical schools in the United States of very varied degrees of excellence. I speak, however, only of those which I visited, where, through the courtesy of the Faculties, I was afforded every opportunity of seeing the men and their work.

After my experience at the Congress at Washington, where the men of the Western and Southern States had the larger share of the papers and the debates, and after visiting some of the medical schools in the older, Eastern States, one sees the change which has come since his own earlier days of study. Anatomy is more fully and elaborately taught, greater attention is paid to Histology and to Microscopic Anatomy, more stress is laid on Pathology. Physiology and Chemistry are taught in the laboratory; the student there verifies the facts laid down to him, and he learns to manipulate for himself. Medicine and Surgery are taught as rational sciences, and great attention is given to clinical teaching. There is an earnestness among the higher grades of the profession which strikes one; they love their work for the work's sake, and they are fully imbued with the dignity of their profession. They, the successful ones, are well paid, and they live in the elaborate and expensive style of the world around them; they are of the world, and yet, by their profession, they are above it.

One cannot leave America, after his visit, without feeling that much excellent work is being done there; that the leading schools of Medicine are well up to the times, and that the standard of medical and surgical work among the leaders of the medical world is a high one. The kindly welcome and the liberal hospitality of America to visitors from other parts of the world is fully carried out by the Doctors, and the writer is under a deep sense of obligation for the great kindness shown to him by the members of his own profession.
FOREIGN BODIES IN THE MALE URETHRA.

By B. C. Atterbury.

Poulet, in his Treatise on Foreign Bodies in Surgery, gives a long list of articles which have been extracted from the genito-urinary organs. It includes nearly everything which has length, breadth and thickness, and the objects were introduced for therapeutical or erotic reasons.

I cannot find, however, outside of the medical literature of China, any mention made of cases similar to two I wish to speak of, thus showing that in this line as well as in others "for ways that are dark and tricks that are vain the heathen Chinese is peculiar."

It seems that among some of the Taoist sects there are those who, for the purpose of warding off disease and fortifying the system, pay great attention to medical gymnastics, or what is known in China as kung fa. One of their practices is to introduce into the urethra "bougies" with the idea of keeping open the "path of life," preventing stricture, and curing spermatorrhoea. Dr. Dudgeon in his hospital report for 1873, gives an interesting account of one of these cases, and I can do no better than quote part of what he says. His patient was a Manchu, about 30 years old, who had joined one of these sects. For 10 years he had inserted every night into his urethra a lean bougie, removing it in the morning. These bougies are of various sizes. When about to be introduced they are rubbed with mercury and are carried by their own weight towards the perineal region, where they can be felt. In the morning their extraction is effected by turning the body to one side and using a little pressure. Seven days before the operation he had made a sudden jerk on rising in the morning and the little bougie reversed its usual practice and dropped into the bladder, where it was found. It weighed 256 grains and measured two-and-a-half English inches. Dr. Dudgeon goes on to state that these bougies can be bought in this city.

Dr. Bushell also tells me of an analogous case, in which he removed from the membranous portion of the patient's urethra a piece of pewter two inches long and shaped like a bougie. At the time, he was told that the man was a member of a Taoist sect.

I have recently seen two similar cases, which were operated upon within a week of each other,—one at our own hospital, and the second at that of the London Mission. The "bougies" in both these cases were pieces of bone chopsticks, about 2½ inches long and carefully rounded at both ends. My patient will say but little as to how the piece of bone got into his bladder, but from his
account, the nine months during which he affirms it was there, must have been a time of great suffering.

It was easily removed by the "median operation." An incrustation of the phosphates had formed around the article, which weighed altogether 465 grains. The case operated on by Dr. Pritchard at his hospital was very like this one, but as he intends to publish an account of it, I will do nothing more than allude to it.

But little information can be gotten from the Chinese beyond what is here given on this subject, since but little is known about it outside of the members of the sect, and they are said to be sworn to secrecy. These cases, however, show that the practice of inserting these bougies cannot be a very uncommon one, at least in this part of China.

SOME SPIRITUAL RESULTS OF MEDICAL MISSION WORK.

By J. K. Mackenzie, M.R.C.S., L.R.C.P.

In the hope that our Journal will become truly a mirror of hospital practice, in that broader sense of the term in which we Medical Missionaries are justified in using it, reflecting not only the triumphs of Western Science in the healing of the many sicknesses flesh is heir to, but reflecting also those grander triumphs which as spiritual physicians we are privileged to witness, in undertaking that higher and holier aspect of our work wherein we bring to the sin-stricken soul the medicine which alone can cure—In this hope, I venture to submit the following instances occurring in my hospital practice.

The Christian Soldier.

Chang-te-ch'un, aged 30, a soldier. He was in hospital over two years ago, undergoing a surgical operation (amputation of penis for epithelioma). He made a good recovery and during his convalescence became much interested in the Gospel. Manifesting evidences of conversion, he was baptised in Tientsin before his departure to his camp at Lu-t'ai, some 200 odd li from here. He has paid us visits off and on as opportunity allowed, and he has ever showed a warm love for the Saviour and a desire to propagate the Gospel. On one occasion he brought a subscription to be devoted to helping poor patients. In the hospital gate-house, during one of his visits, he met a Bible colporteur, whom he invited to visit Lu-t'ai. The colporteur accepted the invitation, and our
Some Spiritual Results of Medical Mission Work.

soldier friend gave him a hearty welcome; he introduced him amongst his acquaintances, bore witness to the Truth, and in the public street urged the people to buy the Scriptures and turn to the Saviour. His aggressive Christianity brought upon him so much persecution in the camp, where the men are generally the ruffians and ne'er-do-wells who have found their own neighbourhoods too hot for them, that, after having received a severe beating from his comrades, he decided to leave the army. In China, no difficulty is thrown in the way of a soldier leaving his regiment in time of peace, as there are always more applicants for enlistment than can be accepted, and his training hitherto has not tended to make him a specially valuable article in the market. Though Chang-té-ch'ün left the camp he did not leave Lu-t'ai, but, being a man of many expedients, and having saved money, he opened a general shop in the town, and has since prospered. He continues as zealous as ever, and is a witness for Christ in his district. A missionary friend, during a tour last year, visited Lu-t'ai with the colporteur above referred to, and remained a day or two preaching in the place. He told me he met two Christians there, both of whom had been old patients, but especially spoke in warm terms of the earnestness of Mr. Chang, and of the help he had received from him. Mr. Chang brought two men forward, who had been instructed by him and who were hopeful inquirers.

It is very difficult in China for a man to be a Christian and a soldier at the same time. Quite apart from the character of his comrades, he is expected to take part in idolatrous practices. Two or three times every year the "cannon" are brought out for worship; offerings are presented, incense is burnt, and the officers and men prostrate themselves before the guns. What has been said of soldiers applies with still greater force to officers, whether civil or military. A blue-buttoned military mandarin who was an in-patient during the year, shewed much interest in the Gospel, and appeared to realize in some measure his need of a Saviour, but the consequences staring him in the face, if he became a Christian, were such that he could not encounter them. "It would mean ruin to all my prospects," said he, "and I should have no rice to eat." So with civil officials; it practically means forsaking office to become a Christian. Two men of this class were so far hopeful that they examined into the Truth with apparently open minds, and in each case were considerably influenced. One was a Chou magistrate, and the other a grain official, both scholarly men, but the difficulty felt by each was, "I cannot be a Christian and continue to hold my office." Social ruin, they thought, would be the outcome of such action; and they were not prepared to forsake all and follow Christ.

A Mandarin willing to confess Christ.

LIU-TSUNG-LIN, aged 36, is a Nankin man, and the son of a Sub-prefect. Though his rank is military, he has had a good education, and belongs to a good
family. Such a combination is by no means common. Presumably, for this reason he is not attached to the army, but is employed on the Viceroy’s staff, to fill special service appointments. Mr. Liu was an in-patient in the fourth month of the past year, suffering from a diseased elbow-joint, which rendered his left arm useless. He made a complete recovery with a useful arm. While with us he read the Scriptures and other books, and took a pleasure in conversing about Christianity. He had less pride than most men of his class, and was altogether a very lovable man. When he left the hospital, like so many more, he was undecided, and we could only leave him to God, not knowing what the result would be. It was evident that his friends would prove his great stumbling-block. Still he continued to attend Sunday services, and having become an applicant for baptism, he was received in the 10th month. Living in good style, and being an amiable man, he naturally had many friends; some of them belonged to the order styled in China “Chiu p'eng Yu,” which is, literally, wine and meat friends. In this country such men are veritable leeches, and Mr. Liu found it difficult to shake them off. The early morning would find them in his guest-room, and when he went abroad they would be ready to escort him. Before his baptism he several times started to service, or to visit us, but with his “friends” dogging his steps he was ashamed to come. Then they began to insinuate that he was going over to the foreigner. To become a Christian is, with the wealthy Chinese, equivalent to becoming a Kuei tzü i.e. a devil’s slave, devil being the polite designation applied to the foreigner by the Chinese in their own homes. It was his good old mother—all honour to the old lady—who at last came to the rescue and gave the “friends” a thorough rating, declaring that her son was doing no disgraceful act in joining the foreign religion. From this time he took a more decided stand. He threw away his ancestral tablet, and cleared his house of every trace of idolatry. His old mother, over 60 years of age, who reads well, is much interested in the Gospel, having been instructed by her son, and having studied the New Testament for herself. A man-servant in his employ is also under instruction.

Go home to thy friends and tell them how great things the Lord hath done for thee.

KENG-LIEN-CH'ÄN, aged 30, a pedlar, was converted while in the hospital two years ago under treatment for a sinus. He carried on his calling for some time in Tientsin, and was received into the Church. About seven months ago, needing a coolie in the hospital, and wishing to have a Christian man, we engaged the pedlar. He gave great satisfaction, as he devoted nearly all his spare time to teaching the patients what he himself knew, and as he had a good knowledge of characters and was well acquainted with the New Testament,
Besides being very earnest, he was a great help to us. About a month since, he asked permission to leave, as he felt it on his conscience to return to his home at Laoling, some 300 li from here, and there preach the Gospel to his relatives and friends. "Go, by all means," said I, for I wish that more of the Christians had it in their hearts to go and tell others what God has done for their souls. I trust he may be sustained and blessed in his Mission.

Going Home.

We have had the privilege of seeing what comfort Christianity brings during the last moments of life, in two cases dying in hospital within the year. One had served the Lord for some years in the capacity of a native preacher in connection with the American Methodist Episcopal Mission. He became an impatient for acute inflammation of the bowels, which led to the formation of abscess, and the cutting short of his promising career at the age of 39. Mr. Wang-ohih-ho always had a bright and happy smile to greet one upon entering his ward, and you felt, while conversing with him, that Christianity did indeed mean to him faith in a living Christ. The day before he died, though there were no special symptoms to denote that the end was immediately coming, he himself realised that death was close at hand, yet, with this presentiment God graciously sent calmness and peace of heart. On this day, after one of the dispensers had been speaking as usual to the patients in his ward, Mr. Wang addressed them, and spoke of his expectation of death, and of the certain hope he had of life eternal in Christ Jesus. His words were accompanied with spiritual power, and while speaker and listeners wept together, those who were able to knelt upon the floor, while the dying believer prayed for God's blessing upon them.

Not lost, but gone before.

Another case was that of Wang-san, aged 28, who entered the hospital in 1886 for chronic disease of the knee-joint, which totally disabled him. As a last resource excision of the knee-joint was performed and the bones wired together with careful antiseptic precautions, and he was enabled to get about again with a straight limb. But his constitution had been shattered by his long illness, and he died in hospital eight months after the operation was performed. Upon his first coming under our care, he was very callous, and indifferent to everything but his sickness; this condition lasted for about a month, during which time it seemed well-nigh hopeless to move his heart, but he awoke at last to a sense of his sinfulness and need of a Saviour. When he got about again after the operation he was baptised, and proved himself to be a simple-minded, warm-hearted Christian. Not knowing a character when he first came in, he could at the time of his death read his New Testament fairly well, which speaks
highly of his interest and perseverance. At 10 o'clock at night, four hours before his death, I sat on the side of his k'ang; he was evidently sinking, yet his mind was quite clear, and we talked together of the hope beyond the grave. He was quite restful and happy. His was a simple faith, but, oh, you could not doubt its potency as you saw his face lit up with the radiance of hope. After prayer together, I wished him good-bye, not expecting he would live until the morning. His last words to me were, "Doctor, I shall be waiting for you in Heaven; I am going on before." This man, a year previously, had been dark and dead in heathenism; now he was a new creature in Christ Jesus. As I went to my own room, I thought to myself, "Ah, this is indeed worth coming to China for."

London Mission,
Tientsin.
February 7th, 1888.

CORRESPONDENCE.

"NEUROPATHIC PAPILLOMA," AND "ERYSIPELAS."

Sirs,

Dr. Cousland's interesting case of "Neuropathic Papilloma," narrated in the December Number of our Journal, induces me to send the following notes I have by me of a case I saw when at "The London Hospital." The patient was a married woman, age not noted. On the left side of the neck, extending upwards as high as the ear and slightly across the middle line to the opposite side, was a soft, fleshy wart-like growth, blackish in appearance. She was born with it, and it gave her no trouble for years, but after the birth of her child, at the time she began to suckle, it commenced to discharge a miliary fluid, for the relief of which she applied to the hospital. She was ordered an alum lotion locally. Unfortunately, I was not able to follow the case afterwards. My notes are not very full, as they were written, I believe, from memory, during the busy life of a large hospital. Dr. Cousland's description, however, is very minute and faithful, and I trust my brief contribution may stir up others to contribute their quota to the many cases of rare skin diseases that must from time to time be coming under observation. Such notes would be greatly enhanced in value if accompanied by a photograph. A good camera ought to be part of the equipment of every hospital out here. In the September Number, Dr. Aitken contributes a case of Erysipelas, in which he warns against the use of Iodine locally, especially in Erysipelas of Face and Neck. He says, "several cases of meningitis have followed the use of Iodine," and narrates one fatal case, of which he was a witness. I should
be grateful to Dr. Aitken if he could refer me to the records of meningitis after use of Iodine in which the diagnosis was confirmed post mortem, and I should like to ask whether the case he witnessed was so confirmed. I think this is important, for the symptoms of meningitis are so protean that one hesitates, in the absence of a post-mortem examination, to speak decidedly. Helton Fagge writes, "when there have been severe cerebral symptoms, it has often been supposed that inflammation has extended from the scalp or the face to the membrane of the brain. Post-mortem examinations, however, have very rarely verified this suspicion." I can only recollect ever having seen one case of meningitis after Erysipelas, and in that case the disease spread to the soft tissues of the orbit, producing cellulitis and so inwards through the sphenoid fissure. I have had but little experience of Iodine locally, (having used it but once, and that with good result,) but I have had considerable experience of another local remedy which is systematically written down in every textbook. I quote from one;—Marcus Beck writes: "Cold is utterly inadmissible; it aggravates the inflammation, and tends to cause suppuration or even sloughing." And yet, cold has been the regular treatment for years at the largest hospital in England,—lint soaked in evaporating lead lotion being the routine treatment. Such treatment, I can say, despite the text-books, is highly successful. Of course cases die; so they will under any treatment; but can we say cold is the cause? Because some deaths have followed when Iodine has been used, must we give it up? If so, what treatment shall we have left; for of all the numerous "infallible remedies," I doubt if any can show a clean record. Despite the numerous vaunted specifics, including T. Ferri Perchlor. I must say my experience is, Brandy and Egg is as good as any.

Yours truly,

Sydney R. Hodge.
THERAPEUTIC NOTES.

PARSON'S LOCAL ANÆSTHETIC.

Chloroform ... ... 12 parts
Tr. Aconite ... ... 12 "
" Capsicum ... ... 4 "
" Pyrethrum ... ... 2 "
Oil cloves ... ... 2 "
Camphor ... ... 2 "

Dissolve the camphor in the Chloroform, then add oil of cloves, and then the tinctures.

LABEL PASTE.

Gum tragacanth, one ounce; Gum Arabic, four ounces. Dissolve in water, one pint; strain and add thymol, fourteen grains, suspend in glycerine, four ounces, finally add water to make two pints.

This paste will keep indefinitely, and is suitable for labeling slides, glass bottles, wooden boxes, etc.

CHARCOAL AND CAMPHOR.

A mixture of equal parts of camphor and animal Charcoal is recommended by Barbocci for preventing the offensive odor and removing the pain of old excavated ulcers. The camphor is stated to act as a disinfectant, and the charcoal absorbs the offensive odors.—British Medical Journal.

THE LIME TREATMENT OF CANCER.

Dr. P. Hood, in a letter to the Lancet, October 1st, 1887, refers to a former communication by him, in which he recommended the carbonate of lime obtained from oyster-shells as a cure for cancer. He says that the pharmacopœia preparation may be used in doses of six grains in a wine-glass of milk or other fluid such as tea, two or three times a day. He also recommends the

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have not yet completed the indexes nor given it that final and careful revision which is necessary for publication. When completed I hope to publish it. Meantime, I notice that Dr. Dudgeon has translated the same work and that it is now in press. While it is unfortunate that two persons should be engaged upon the same translation at the same time without knowledge of each other, yet perhaps each may thus contribute something that will be of value in forming a complete and uniform nomenclature.

S. A. Hunter.

Am. Presbn. Mission,
Wei Hien, Jan. 16th, 1888.
following ointment as a local application:

Crete preparate ... dr. iii
Ol. amygdal ... ... fl. dr. ii

Mix the oil intimately with the lime and add two ounces Lanoline; apply twice a day. Should the smell be unpleasant, three or four drops of oil of bergamot or geranium will correct it.

RELATIVE VALUE OF ANTIPYRINE AND ANTFEBRIN.

Dr. Walter Barr, of Bridgeport, Ill., has made a most careful clinical study of the above drugs on himself whilst suffering from neurosthenia complicated with malaria. He sums up his experience thus:

**ANTIPYRINE.**

Lowers temperature in half an hour,
Effect lasts two hours,
More diaphoretic,
Depressing after-effects,
Cerebral sedative,
Dose 15 to 30 grains,
Tolerance from continued use.

**ANTIFEBRIN.**

Lowers temperature in an hour or more,
Effect lasts 6 hours,
More diuretic,
No after-effects,
Cerebral vaso-motor stimulant,
Dose 5 to 15 grains,
Tolerance from continued use.

This valuable table shows at a glance the relative value of the two drugs. When a quick acting antipyretic is necessary Antipyrine is called for; but when an hour or two is not of such vital moment, the more slowly acting drug is to be preferred. The dose of antifebrin is smaller, its effect lasts longer and there are no depressing after-effects. These are very strong recommendations for the use of the latter medicine.---

*Therapeutic Gazette, June 1887.*

Prof. Frazer, of Edinburgh, who has also been experimenting with these two useful drugs, has come to practically the same conclusion. He uses Antifebrin largely, though he prefers to give it in 4-grain doses, repeated if necessary every four hours.

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**SPASMODIC ASTHMA.**

Treatment during the paroxysm:

"When irritating matter is present in "the stomach, an emetic of 20 grains of "Ipecacuanha, or a subcutaneous injection "of $\frac{1}{10}$ grain of Apomorphia, will give "prompt relief . . . In case of Catarhal "Asthma, during the paroxysm 10 minims of "Ipecacuanha wine with 15 minims of "Ethereal tincture of lobelia, given every "half hour for two or three doses, will often "prove serviceable. The fluid extract of "Grindelia Robusto (U.S.P.) in 15-minim "doses may be substituted for the "ether . . . . A powder containing "four drachms of powdered stramonium, "two drachms of each of powdered nitre and "aniseed, and five grains of tobacco, is a "very efficacious combination, much used at "the Brompton Hospital. A teaspoonful of "this powder should be made into a conical "heap on a plate, lighted at the summit, and "the fumes inhaled through a large, inverted "funnel."

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**CATARRHAL ASTHMA.**

"One of the most valuable remedies is "Iodide of Potassium in combination with "Stramonium. The Iodide is especially "indicated in those cases in which there is "a nightly paroxysm, but in which there is "perceptible dyspnoea and wheezing through-"out the day. Three to five grains of "Iodide with $\frac{1}{4}$ grain of Extract of "Stramonium should be given every 3 or 4 "hours during the day. After an attack "of asthma it is good practice to give
"Digitalis (5 to 10 minims three times a day) to restore tone to the heart and small vessels."—Douglas Powell, Diseases of Lungs, 3rd Edition, 1886.

ANTISEPTIC TREATMENT.

"All unpurified skin teems with microorganisms, especially in a part where two surfaces of skin approximate each other, or where sweat glands are largely developed. To purify the skin thoroughly, it should be washed with warm water and soap, and after that well bathed with a 5 per cent solution of carbolic acid. The operator’s hands and the instrument should be purified, either by prolonged soaking in Carbolic, or by first washing with soap and water, and then drenched with carbolic. No instrument should be used that has been merely dipped in the carbolic solution. Sponges should be purified after use by soaking and repeated washings in soda and water, and after that well rinsed with hot water, and kept in a 5 per cent solution of carbolic until again required. During the operation a lotion of corrosive sublimate, 1 in 1000, or 1 in 2000 is very effectual, and has less tendency to irritate the skin than Carbolic . . . To purify foul sores and sinuses use a solution of Chloride of Zinc (40 grains, water 1 oz.)."
—Penny, Lancet, October 29, 1887.

STENOCARPINE: A NEW LOCAL ANÆSTHETIC.

Dr. Claiborne, of New York, has been the first to examine the physiological action of this new substance. It possesses local anæsthetic and mydriatic properties. In its effect upon the eye it seems to stand midway between Atropine and Cocaine. Its anaesthetic effect lasts about as long Cocaine; its mydriatic effect is greater than that of Atropine. Introduced into the veins it is the strongest poison.—The Medical Record, August 13, 1887.

SULPHATE OF MAGNESIA IN DYSENTERY.

We were certainly ignorant of the fact that the above drug was ever useful in dysentery, but the Editor of the American Medical Journal in a paper on the subject, after going over the ordinary treatment, says, "I believe, however, that I have had more success with magnesia sulphate than with any other remedy. The dose of this drug is so small that it really looks insignificant, but by some means it changes the dysenteric discharges to natural feces, and checks the tenismus."

He gives the following Prescription:

- Magnesia Sulph. drachms 2
- Tinct-Opii ... fl. " 2
- Glycerine ... ... oz. 1
- Aqua Pur. ... ... " 3

For an adult, a teaspoonful to be taken every one or two hours.

AFTER-TREATMENT OF CATARACT AND IRIDECTOMY OPERATIONS.

Quite a revolution has taken place in the after-treatment of these operations. The darkened room, compresses, bandaged eyes, confinement to bed, low diet,—all these things have passed away. Now the lids of the operated eye are kept together by a strip of thin, light-coloured isinglass, and the patient is allowed the full use of the sound eye. The patient is kept to his room for a week, and to the house for another week. The credit of abolishing the compresses and darkened room belongs to Dr. Charles Michel; Dr. Chisholm has added the freedom of the sound eye and the non-restraint to bed.—American Journal of Ophthalmology, June 1887.
Therapeutic Notes.

ARSENIC IN CYSTIC GOITRE.

Dr. Snow speaks highly of Arsenic in cystic affections of the thyroid gland. In one case in which he employed the drug the thyroid enlargement entirely disappeared. In two other cases the improvement was very marked in a short time, but the patients then ceased attending.—Brit. Med. Journal.

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SALOL IN ACUTE ARTICULAR RHEUMATISM.

"Dr. Birlschowsky has employed Salol in twenty-seven cases of Acute Rheumatism. The remedy was given in five-gramme doses daily. Smaller doses, two to three grammes, were given in the after-treatment to remove any slight pains that might remain. Of the twenty-seven cases, nineteen were promptly and completely cured; in two cases Salol had only a slight influence, and Salicylate of Sodium had to be resorted to. The other six cases passed into the chronic form in spite of the administration of both remedies. . . . On an average it took from four to eight days before all the morbid phenomena disappeared. In four patients slight cardiac disturbances occurred, which, however, on the discharge of the patients were no longer to be detected. It is beyond a doubt that Salol is a specific in Acute Rheumatism in the same sense as Salicylic Acid and Antipyrine. But it has the advantage over these in that its employment is entirely free from untoward effects. It was particularly to be remarked that gastric and intestinal disturbances were not noted in a single instance.—N. Y. Medical Journal, September 10, 1887.

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TRANSFUSION AND INFUSION.

To avoid the evils connected with transfusions of blood, as well as with transfusions of common salt, Landerer recommends as an infusion a solution of seven-tenths per cent. salt with three to five per cent. sugar. The latter is recommended as a nutrient, and by reason of its high endosmotic ratio, and in consequence of the quantity of sugar in the blood, the juices of the tissues strongly attract it; and, finally, the consistency of the solution is somewhat thicker and approaches more that of the blood, although it does not flow as easily as the salt solution through the capillaries, but forms more resistance in them, as is necessary for the maintenance of the normal blood pressure and circulation. The blood pressure rises upon the addition of sugar 30-40 per cent.—Centralb. f. d. med. Wissensch.—Med. and Surgical Rep., October 1, 1887.

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THE DRAINAGE OF PELVIC ABSCESSES BY TREPHING THE PUBE BONE.

Rinne, Fischer, König, Madelung, and Helferich have made an opening through the bone for drainage in cases where the pus would not empty through simple incision of the soft tissue. Fischer trephined the pubic bone in 1880. No similar case has been published, but Rinne is informed that König and Madelung have repeatedly done it. Rinne has twice trephined the bone. In the case reported (Med. Chron., August 1887, Med. and Surg. Rep., October 1, 1887,) he cut through the soft parts close above the great trochanter; the periosteum was peeled off and a hole the size of a shilling made with a chisel in the pubic bone; the abscess cavity was cleaned with a sharp spoon and the bare inner surface of bone scraped. The cavity was washed out well with salicylic acid solution and a drainage-tube inserted through the perforation. The course was satisfactory, and in three months there was complete cure with firm, contracted cicatrices.
DR. MANSON'S ADDRESS.

In the able address given by Dr. Manson, as Dean of the Faculty, at the opening of the "Hongkong Medical College for Chinese," he reviews the unsatisfactory condition of native medical practice, and presents an outline of the difficulties which attend the introduction of the system of Western practice to be taught at the College. He looks hopefully, however, to the gradual change for the better, and anticipates the time when Western science and learning shall supplant the long established notions of the Chinese. In the introduction of modern science and civilization he regards medicine as the leaders—the chief agency which is to introduce a new era into this great Empire. He says, "Medicine might be called, the mother of sciences,—from her sprung Anatomy, Physiology, and Botany. As these followed her in Europe so they will follow her in China." He adds, "Religion does not despise her aid."

Here Dr. Manson, in his admiration of his own profession, has forgotten the connection of the facts which he states with other facts which he ignores. It was not Medicine, but Religion which took the lead in the mental awakening in Europe which has given us a new world to live in. Our ancestors were Chinese in the arts, sciences and, in a measure, in religion, until Luther gave the Bible to the people, and he and his followers, by promulgating its precepts and doctrines, shook the thrones of despotism, and shattered the shackles of superstition which bound all classes of men in Europe precisely as they bind all classes of men to-day in China. Medicine, in common with all the sciences, has cast off the old and become new in all its departments, but instead of taking the lead it has been kept back by the hold which old theories and superstitions had upon the public mind.

We are now importing our Western ideas and modern improvements into China, and there are several agencies at work, the influence and results of which must be considered. These may be stated to be: 1st, Commercial; 2nd, Political; 3rd, Religious; 4th, Medical; 5th Educational. The commercial agency was the first to reach China, and then diplomatic relations were established; both of these have done much to awaken China to a sense of her inferiority, but of necessity the influence exerted by them has reached a limited number of persons. But it is to be stated that the results accomplished by these two agencies are far
reaching, and not to be measured by the apparent effects upon the small number who are brought into business and official relations with foreigners.

The religious, medical and educational agencies may all be classed together, because the two latter have been essentially the outgrowth of the former. Religious work began more than forty years before political relations were established. Hospitals and schools have followed because they are the legitimate fruits of Christianity, and Medicine, instead of leading, has followed where the former has prepared the way, and it is among the converts to Christianity that are to be found the large majority of those who favor Western medicine. It was not until the hospitals and publications of medical missionaries had to a certain extent formed a public opinion in favor of Western Medicine and Surgery that it became possible for Dr. Manson and his colleagues to establish a medical college in Hongkong.

The medical profession claims to be a benevolent one, and it is so inasmuch as it ministers to all classes alike, whether rewarded or not. In China and other mission fields medical missionaries have placed the profession on a higher plane than it had ever occupied before. They have given up the enjoyments of home life, and the honors and emoluments of a professional career in civilized lands, not merely for the purpose of giving relief to multitudes who must continue to suffer without their aid, but to make their professional skill auxiliary to the great work of evangelizing heathen nations. To relieve human suffering is an object worthy of the highest efforts of the human mind, and commands the respect of all men, but to do this with the object of leading men to the knowledge of that truth which is necessary for the eternal welfare of their souls, gives to the profession thus employed a position of honor, which cannot come from the most brilliant success of its most gifted members in any other sphere. The Savior of men, when on earth, by healing diseases manifested his power and the benevolent nature of the religion he came to establish. In our endeavors to relieve human suffering among the heathen we can only imitate him in the latter, and in no other way can our profession be devoted to so noble a purpose.

J. G. K.
THE CHINESE LANGUAGE AS A MEDIUM OF SCIENTIFIC INSTRUCTION.

It may be found interesting to put together the Symposium on “The Advisability, or the Reverse, of Endeavoring to Convey Western Knowledge to the Chinese through the Medium of their own Language,” (Journal China Br. R.A. Soc., xxi, Nos 1 and 2, p. 1-21); the list of not far from 200 volumes of translations of Western medical books into Chinese (China Med. Mis. Journal, Sept. 1887); and the circumstances of the founding of the Hongkong College of Medicine for Chinese, in October, with many lectureships in English,—the Dean in his Inaugural (not over complimentary to medical missionaries) declaring the medical translations in Chinese “miserably insufficient in number and extent.”

The symposium of fourteen papers by Drs. Martin, Mateer, Muirhead, Williamson, Moule, Fryer, Macgowan and others, evidently deem it advisable to communicate Western knowledge by means of the Chinese language rather than English, and their verdict, we take it, would be in favor of the slow but surer method of medical missionaries as against the, it is to be feared, rather premature Hongkong movement. Since Dr. Parker, in 1837, began Hospital-class instruction many Chinese have passed under the training of medical missionaries and proven a blessing to their fellow-countrymen, though few have won riches and fame; and if “Medicine and its allied sciences form but a thirtieth part of the whole of literature,” the medical book translators have done comparatively well, since Rev. Mr. Yen declares in that symposium, “I believe over 600 volumes of foreign secular works have been translated, as also the Bible and religious books.”

In the line of suggestions already given in our Journal, pointing out a great desideratum of medical missionaries, we quote two further remarks. Says Mr. S. von Fries: “Therefore translations of foreign books cannot convey accurately knowledge to the Chinese before a vocabulary is compiled by learned foreigners in concert with reliable natives, which will furnish appropriate translations of scientific terms. If such a work were really what it ought to be, a standard, the attainment of uniformity would become a mere question of time, and then, but not sooner, we may speak of conveying Western knowledge to the Chinese through the medium of their own tongue;” and Dr. R. A. Jamieson, of Shanghai, (in translation), “the first step should be to compile a dictionary of terminology, the preparation of which should be the work of much time and of many hands. It should gain the universal approval of scholars and then be religiously stuck to by every translator. There ought to be an understanding that no new term should be introduced before it had been subjected to criticism by a permanent dictionary committee and if possible by outsiders.”

T.
THE DOUBLE CURE.

The medical missionary has this great advantage over his clerical brother, that the people seek him, he has not to trouble about seeking them; and yet they come only for the material benefits he can confer upon them in the healing of the diseases of the body.

It was the same in our Lord's day; the great majority of those who sought to see Jesus came only for bodily healing, very few indeed sought Him, in the first place, for spiritual aid. And so we find Him, while daily surrounded by a multitude of people, exclaiming, "Ye will not come to me that ye might have life." Our Lord was one day on the way to the house of Jairus, with a thronging crowd surging about Him, when into the midst crept a frail woman, who had suffered for twelve years from a painful disorder. Timidly she pushed her way through the crowd to get near Jesus, and then stretching forth her hand she touched His garment. There was much pushing and squeezing around him, but he felt only one touch, and that was the hand of the poor helpless woman in her extremity. This touch of faith delighted and cheered the Saviour's heart.

Let us not be satisfied with mere crowds flocking to us for medical treatment. We have a higher vocation to fulfil. Let us wait expectingly for this touch of faith, and with the Master may this alone satisfy our hearts.

Our waiting-room may be full of patients, and all our beds be occupied, and yet these men and women will pass from under our care, pretty much as they came to us, so far as higher things are concerned, unless we directly bestir ourselves for their spiritual good. They seek us, it is true, but for their bodies only; if we would win their souls, we must seek them. The command to us, as to all disciples, is "Go ye"—"Compel them to come in." Deliver us from thinking that we are obeying this command when we employ an evangelist and say to him, "You go and preach to the patients, while I attend to their bodies." This is not being a medical missionary.

Let us look at our great ideal medical missionary—the Lord Jesus Christ. What were His methods? When Nicodemus, the man of position, of unblemished moral character in the eyes of the world, sought the Lord for some friendly conversation one evening, Jesus takes up the theme, "Ye must be born again." When the respectable man, the official perhaps, visits us to return thanks for medical help, or to see some of the wonders from Western lands which we may have to show him, the Lord help us to be faithful to our commission. We may by so doing offend him,—and no doubt Nicodemus was offended at first by the direct personal dealing of our Lord. Yet what of that; it is ours to obey, it is His to provide. We have in mind a rich patient, an official, who when
spoken to concerning Jesus, uttered some very bitter things against our Saviour's name, and was even inclined to argue against Christianity, but who later on sent five hundred taels for our hospital; and when, a year after, he called bringing with him a friend to see the wards, he challenged his friend that if he, the friend, would give five hundred taels, he himself would repeat his former donation. The challenge was accepted, and a thousand taels was added to our fund that day. Again he brought another friend to see the Hospital, and persuaded him to give a donation of three hundred taels. Having been under treatment some two or three years later, he sent a third donation of Tls. 500. Thus the Lord, through the agency of this former opponent of Christianity, provided us with Taels 2,300. Depend upon it, we never injure our cause by our faithfulness; it is just the other way.

So, too, when they brought to Him the palsied man lying on his bed, it is of his spiritual state Jesus thinks first, and thus He says, "Thy sins are forgiven thee."

Should we not seek to imitate the Lord's method? Even though the result be but a very feeble copy of the great original. What is it that we have to impart? Let us be definite with ourselves. Is it some new dogma? a system of doctrine from the West? if so, by all means leave the religious element in the hands of the evangelist; he will expound your doctrines better than you can. But we reject such an idea. The Chinese have already more than enough of mere empty doctrine. What we bring them is no lifeless form, but a living personal Saviour whom it is our privilege to present to the Chinese; and this glorious privilege of representing our Saviour King, and witnessing for HIM, we dare not commit to any second party.

When we go our rounds in the wards, we examine into the cases before us, and prescribe the remedies according to the best of our ability. We omit nothing within our reach which can help our patients. We are lavish with costly restoratives if they are necessary to the saving of the man's life. But herein are we different from hundreds of medical men in other parts of the world who owe no allegiance to Jesus, and yet who spare neither strength, time nor money in the enthusiasm of hospital work. The difference should lie in the fact that we are as thorough, as definite in seeking the cure of the soul's malady, as they and we alike are in succouring the bodies of men.

Our remedies frequently fail, but Christ, as the remedy for sin, never fails. It is true it often seems to fail, but the reason is that the remedy is not properly applied. It is our great lamentation that the Chinese are so negligent in regularly following up treatment. A man takes one or two doses of medicine, and because he is not distinctly better as a consequence, he declares the foreign doctor cannot cure him, and ceases to attend. Have our medicines failed in this case? Certainly not. And so, though sometimes discouraged, we yet persevere,
Death of Dr. Peter Parker.

having faith that we can accomplish good, and that our work must tell in time.

Now let us act in the same way with this spiritual malady sin.

The first essential is that the patient recognises the fact that he is sick, else he certainly will not take the medicine. We must press home this truth with all our might. Then too we need to pray more for and with our patients, and to labour on with thankful and restful hearts, knowing that as surely as the rain comes down from heaven to moisten and fertilize the earth so certainly will the Holy Spirit be poured out upon our patients, causing the Word to take root in their hearts and to bring forth fruit in their lives.

But some will say, It is impossible to find time for this double work. We beg leave to differ from them. The Medical Missionary who is at the head of a large Hospital should be like a master-workman, overseeing everything, setting each his task, while reserving to himself the delicate and important workmanship. We would have him do less work perhaps, but work of a higher quality. Do not let him spend his strength in seeing vast crowds of out-patients, when the statistics of many hospitals combine to show that scarcely more than two visits are paid by each individual, and therefore from a medical standpoint alone the results are most unsatisfactory. This department must be kept up, but let him leave it largely in the hands of trained assistants, he himself doing well that which is best worth the doing.

J. K. M.

DEATH OF DR. PETER PARKER.

The veteran Medical Missionary has at last been called to his reward, or his full reward. To have witnessed the growth of Medical Missions, during more than half a century, from probably less than a score of Medical Missionaries to some three hundred; and further, to have been so largely used as the means of bringing about such a result was of itself a great reward.

But the full rest and reward lie beyond the river, and the veteran of fourscore and four years has entered into these.

The Doctor died at Washington, where he had resided for many years, on January 10. His wife and one son survive him.—The Medical Missionary Record.
The China Medical Missionary Journal.

HOSPITAL REPORTS.

The Tungchow Fu Dispensary.

The Third Annual Report of the Dispensary under Dr. Jas. B. Neal, of the American Presbyterian Mission, touches first upon that subject which is of the deepest interest to the Medical Missionary,—the manner in which the native responds to the foreigner's effort at his spiritual uplifting: "The attitude of the people is much the same as it has been for years, one of sleepy indifference to either the claims of religion or of foreign medical practice. They manifest no hostility to us, but on the contrary are inclined to be friendly, showing little disposition to insult us, and reciprocating a kindly word. They are in fact not an unpleasant people to live among, but when it comes to the things we are most anxious to talk to them about and have them become interested in, they are most willing to change the subject. It is very rare to find one who takes any intelligent interest in the higher things of life. Their thoughts seem to be entirely engrossed with the all-absorbing subject of how to "go over the days," that is, how to get enough to eat and to wear.

"More than once I have been disappointed, in talking to in-patients, to find how quickly their attention flagged and they lost interest in the subject of the Gospel, though perhaps at first they had seemed to listen with some intelligence and to grasp the matter in hand.

"I remember particularly one old man who was carried to the Dispensary with a tremendous carbuncle, which had so reduced him that he was very thin, could eat nothing, and seemed in great danger of succumbing to the effects of the disease. He was quite able to talk, however, was very docile, and apparently took great interest in what Dr. Mills and I had to say to him about religious matters, until he became quite convalescent and was again able to go about, when his attention began to wander and he seemed to lose all his liking for talking about the subject. Such cases of men who receive while in the hospital some considerable instruction without apparently profiting by it are, I hope, not so discouraging as they seem. Perhaps they carry back to their homes and farms thoughts which sometime may come up to their minds with much more force than they have seemed to have while here."

The records of the Dispensary show the total number of visits during the year to have been 3,500, of which 1,620 were new cases, as follows:—General Diseases 197, Surgical Diseases 206, Throat and Lungs 79, Alimentary Tract 588, Eye and Ear 139, Skin 320, Miscellaneous 91.
Hospital Reports.

In reference to the work itself, Dr. Neal says:—"The class of diseases treated in the out-patient department has been much the same as in previous years, the only notable feature of the year being the unusual prevalence of the common summer complaints, there having been a much larger number of diarrhoeas and dysenteries than in other seasons. The extreme heat of the summer unmitigated by the usual summer rains, and afterwards the late rainy season coming on in August and September, seemed to produce a condition of things most favorable to the development of bowel complaints. As a consequence, such a prevalence of severe diarrhoea and dysentery has not been experienced for years, and many among the natives died."

"The Dysentery of this past year has been more than ordinarily severe and particularly rebellious to treatment, the disease persisting for weeks, and sometimes, resisting all remedies, steadily pursuing its course to the fatal end.

"By comparison with the report for 1886 it appears that the total number of gastro-intestinal complaints has been largely increased, being larger by more than one-third during the past year than in 1886. Troubles in the respiratory tract have been considerably decreased in number, while general and surgical diseases remain about the same. Cases of skin disease have been somewhat less frequent though still plentiful.

"I have many times wished it were possible to move into close proximity with the Dispensary one of the many hot sulphur springs which are found in the Shantung Promontory, for use in treating the prevalent skin diseases and rheumatic troubles. I have visited several of the hot springs within twenty-five or thirty miles of Tungchowfu, and have been gratified at every place to find the people making good use of the public bathing-places, apparently enjoying the luxury of a good bath, even though the water was so hot as to be unbearable to a foreigner's skin without the addition of considerable cold water. Samples of the waters from three of the springs have been secured for analysis in the chemical laboratory, and I hope in time to be able to report on the constituents of the waters and their medicinal uses. Suffice it to say, at present, that they all seem to be pretty strongly impregnated with hydrogen sulphide gas—H₂S—and are esteemed by the natives as good in affections of the skin and in rheumatic complaints."

"It has been somewhat of a disappointment also to find how much the ordinary Chinaman dreads the knife. I had been led to suppose before coming to China that multitudes were eager and anxious to submit themselves to the tender mercies of the foreign surgeon, to be cut up in any manner which might seem to him best. But, as a matter of fact, it is usually only after long consultation with friends and neighbors, and much palaver, that a man can be induced to submit to a serious surgical operation, and the chances are that if not
seized upon at the first opportunity, but allowed to delay a few days, the patient will leave, never to return."

Some items taken from the article on Medical Teaching will be of interest. The medical class consists of five permanent members. "By far the most interesting and pleasant part of the medical work in Tungchowfu consists in the instruction of the medical class."

"As stated in last year's report, each student is guaranteed 1,500 cash from the mission, and with the help of this sum he is expected to provide his own food, clothing, fuel, and all books needed in his studies.

"Each student is required to sign a paper pledging himself to complete the full course of study of three years, and promising not to practise medicine until after the course is finished, unless given special permission."

"The study of Anatomy has been made possible by the possession of a good skeleton articulated, together with extra skulls and loose bones, and by the arrival in June of an excellent life-size model of the human body from Anzoux in Paris."

"As to the interest taken by the class in their studies, and their progress in the same, I cannot help expressing my satisfaction at the way they take hold of their work, and their evident wish to make progress."

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**Chinan Fu Dispensary.**

This report, by Dr. Coltman, of the American Presbyterian Mission, Shantung, covers a period of only ten months, from March 1st to the close of 1886. Of the disadvantages of having no Hospital, and the trials in endeavoring to obtain one, he feelingly says:

"Dispensary practice in the U. S. is fairly satisfactory, as most of the patients return as directed until cured or discharged, but dispensary practice in China is certainly trying to the physician who likes to see the result of his treatment. We all feel that a hospital is needed here very badly, and although we have sufficient money to build and furnish a moderate hospital, yet the prejudice and hostility of the people is such that they will neither mortgage, sell, or even rent to us, and it is with great difficulty we rent houses for residences.

"This city is the centre of the wealth and arrogance of the province, and the literati instigate the common people to abuse and revile us. Quite a number of times we have found parties willing to sell to us, but as soon as it was known, their neighbors would abuse and terrify them until they would back out and drop the bargain. We still hope however 'some day' to either secure ground or buildings in either the city or suburbs, the latter being preferable for the hospital. There is undoubtedly, in the minds of some at least, a faith in the foreign medicine, though I believe the greater number after receiving our medicine supplement it with their own. One thing is certain, and that is, that they all have
faith in our 'itch cure.' Some who have been treated here afterwards bring relatives from a great distance to be examined and treated, and if we had a hospital I have no doubt the wards would constantly be full. I have been obliged to refuse operation in all except trivial cases, as I fear very much to operate and then let a man be taken home and treated by his friends and the native doctors."

"The class of patients who visit our dispensary are mostly poverty-stricken people who cannot afford to buy medicines and employ a native doctor. But although these form the majority we still have a sprinkling of sub-officials and merchants, and I believe the attendance is steadily increasing in respectability. To prevent, as far as possible, imposition, we make each patient who is able buy his own bottle or vessel of whatever sort is needed, and where we know a man is comfortably situated we make him pay full value for his medicine."

The total number of visits paid to the dispensary during the ten months ending December 31st, 1886, was 5,714.

Opening of Dr. Christie's New Hospital, Moukden.

On November 8th, new and commodious hospital buildings were opened in connection with the United Presbyterian Church of Scotland Mission at Moukden. Dr. Christie, who is the medical missionary in charge, has for several years been labouring successfully in this field, and we heartily congratulate him upon the completion of his new hospital. Mr. Webster, writing to the Chinese Times, describes the new buildings thus:

"The hospital externally is entirely after the Chinese plan of architecture. The front building, or Out-door patient department, is somewhat after the native temple style, and consists of nine apartments. Passing through a handsome door-way, the patient is led through a short corridor into a spacious waiting-room with a neat platform at the further end. Through a door on the left he enters the consulting-room, from which he passes into a commodious dispensary.

"The In-door Patient Department is situated behind this front building, and consists of a large double compound after the usual native style. In the outer compound, a long building with k'ang accommodation for fifteen patients is entirely set apart as an opium-refuge. On the other side, an almost dead wall is pointed out as the back part of the women's wards, which are thus as completely isolated as if they formed an entirely separate compound. These wards have accommodation for fifteen patients. In the inner compound three separate buildings are fitted up as surgical, medical, and eye wards."

"On the afternoon of the opening day a large and enthusiastic meeting of the native church was held in the waiting-room, when the missionaries and native Christians united in congratulating Dr. Christie on the inauguration of this most useful and philanthropic institution, and in the expression of the hope that
he may have great success in his laudable endeavour, by pure goodness, to bridge the gulf between the Chinese and the ideal life. We unite in this congratulation and hope.”

**The Fiftieth Anniversary of the Medical Missionary Society in China.**

We call from a newspaper report of the meeting which was held in Canton on the 21st of February several items of interest:—

The receipts for the year were, with a balance from 1886, $5,564.51; of which $300.00 were from the Whampoa Bethel Fund, Subscriptions from Europeans $742.00, from Chinese officials and others $1,119.00, and from Fees, Medicines, Books, etc. $1,889.46.

The work reported is done at six different points;—At Yuenkong by Dr. J. C. Thomson, at Kiung Chow (Hainan) by Dr. McCandliss, at Nodoa (Hainan) by Mr. Jeremiaksen, and at three places in Canton, making a Grand Total of Out-patients of 39,143, of In-patients of 3,196, and of Surgical operations of 3,085.

The instruction of the medical class has been continued; the number in attendance being twelve, four being females. Religious services have been conducted regularly by Rev. Kwan Loi, assisted twice a week by Rev. B. C. Henry.

The Rev. B. C. Henry offered resolutions which were adopted regarding the death of Dr. Gideon Nye, prefaced by a few appropriate words. “In recording the events which have transpired in connection with this Society during the past year, we note with sincere sorrow and regret the death of Gideon Nye, Esquire, which occurred in our midst on the 25th of January 1888. Mr. Nye was one of the oldest friends of this Society, and for a long period of years was its constant patron, contributing generously to its support in the days of his prosperity, and, in later years, identifying himself with its interests in manifold ways. Ever active in devising means for extending its sphere of benevolence; ever enthusiastic in his appreciation of its high purpose and the great work continuously done; cheerfully giving his time and services whenever required; his judicious and zealous advocacy of the claims of this Society and its Hospital upon the foreign community in China and others in Europe and America, deserve special and and grateful recognition on the part of this Society. I therefore ask leave to present the following resolution:—

“Whereas, in the Providence of God, Gideon Nye, Esq., one of the oldest friends of this Society, and its Senior Vice-President, has been removed by death; Resolved—

“1.—That we express our high appreciation of the many estimable qualities Mr. Nye possessed as a man; of his public spirit conspicuously shown in his intercourse with representatives of all nationalities during his residence of fifty-
five years in China; of his deep interest in, and generous support of, all forms of benevolent work, and of his superior social and literary accomplishments.

"2.—That in this particular manner we place on record our cordial recognition of his long continued services as a friend of the Society and for many years its patron and adviser.

"3.—That a copy of these resolutions and the foregoing preamble, be forwarded by the Secretary to the relatives of the deceased in America."

Dr. Kerr presented a paper setting forth the urgent need of an insane asylum showing that China, like all other heathen countries, makes no provision for the care of that most unfortunate class. This semi-centennial meeting was an auspicious occasion for making a beginning in a work of such great importance, and a resolution was introduced that the fiftieth anniversary of the formation of the Society be commemorated by inaugurating plans for the establishment of an insane asylum in the City of Canton or its vicinity under the auspices of this Society.

The whole matter was left in the hands of a Committee consisting of the officers resident in Canton.

Dr. Thomson presented a paper consisting of a sketch of the Society from the time of its formation, which was to be read on a future occasion.

ITEMS AND NOTES.

This first number of the second volume of the China Medical Missionary Journal, must bear date of March, and not January, as we had hoped it might, sufficient "copy" not having reached us in time to accomplish what we announced in our last number as our wish.

The Editors present their best wishes to their readers, hoping that this volume will be even better, and more satisfactory, than the last. But they earnestly request assistance in making it what it may so easily be. We trust that the many who have not yet made any contributions to the pages of the Journal will be encouraged to do so. Let your satisfaction in the contributions of others be an incentive to do like-

wise. A little from each of the eighty missionary physicians in China, will be all that is necessary.

We send this number to all the subscribers of last year, save where we have been otherwise instructed. We will be obliged to the Officers of the Medical Association if they will kindly act as agents for the Journal, forwarding names, and money, as received.

As announced in our last, the China Medical Missionary Journal will be sent free to all members paying their yearly dues of $2.00; and we can but repeat that we trust this will serve as a stimulus both to secure membership and to meet the very moderate Yearly Dues.
ERRATA.

We must draw the special attention of practitioners to the fact, which we deeply regret, that on pages 164 and 165 of Volume I of The China Medical Missionary Journal all the minim doses are wrongly given as drachms.

We clip the following from Nature for November 17, 1887: "Several years ago, three Russian 'lady doctors' started at Tashkend a consulting hospital for Musulman women. From the beginning the experiment proved a success, and the popularity of the hospital has been increasing ever since. During the last twelve months no fewer than 15,000 consultations have been given."

The Soochow Hospital Medical School has just received from Mr. WM. H. S. Wood, of the firm of William Wood and Co., of New York, a splendid present in books. Among them was an almost complete set of Ziemssen's Cyclopædia in leather, and nine extra volumes of the same work in cloth. The whole lot of books catalogued at something over $200.

Dr. Howard reached Seoul, Corea, November 5th, after a pleasant journey, stopping a week in Japan.

Dr. Robt. C. Beebe, of Nankin, writes:—"Nearly every physician is training students, but these students cannot engage in independent practice and buy their drugs from England or America. More attention it seems to me should be given to developing a native Materia Medica. There ought to be one on the Editorial Staff of the Journal, having charge of that department, who would gather from the physicians and other missionaries, throughout the Empire, information concerning drugs and remedies. He should collect and direct the making of experiments and be the representative of our Society's bureau of information on this subject. I am reading the articles on this subject in the China Review. They are good, and should be in the hands of all our members, but we ought to do more and better."

Dr. Thomson reports from Yueng Koon:—A professional brother (Chinese) here ordered horses' brains for his wealthy patient, which was duly served up to him à la Francaise! In the case reported last year when a woman pierced a man with a pitchfork, I understand that $200.00 made everything peaceful. At the Kun's yamen near by, yesterday, a woman received some 300 slaps over the mouth and cheeks with a strap, for beating, or pushing, another woman so roughly some time since that she was prematurely delivered.

The question was asked in our September number, "Is Rheumatic Fever common in any part of China?" One physician, of over twenty years' experience in the South of China, says, he has never seen a case; and adds, further, that he has only met with two cases of Gout, one hereditary and the other acquired. A medical man, in the North of China, after twelve years' residence, has seen no case of Acute Rheumatism, and one only of Gout.

Would some kind friend in the South inform us, through the pages of this Journal, what kind of disease "Kap Shik" is? It is said by the Chinese to be a disease well known in Canton, and often proving fatal in seven days. It is mentioned in Dr. Thompson's Vocabulary of Diseases.

The Cologne Gazette speaks of the recent discovery of a microbe that feeds upon iron. It is said to be 2 centimeters long and as large round as the prong of a silver fork. It is of a light gray color and has two glands on the head filled with a corrosive secretion which corrodes the iron and renders it soft and spongy and of a rust color. It then devours the iron with great rapidity, 36 kilogrammes of nail-iron were said to be destroyed in a fortnight. It is therefore to be classed in Natural History with the name "Railonerous."

H. T. W.
We find in the second edition of *A Missionary Band*, by B. BROOMHALL, Secretary of the China Inland Mission, a very good portrait of Dr. SCHOFIELD, which recalls vividly his appearance and goodness.

We are obliged to Dr. A. FAHMY, of Amoy, for sending the following item:

"It may perhaps be interesting to you to know that the Chiang-chin Hospital of the L.M.S., was opened on the 20th January, and that the number of out-patients on that day was such as to give hopes that the Hospital has met with the people's favour, and not opposition or implacability, as sometimes happens in the Celestial Empire. With the exception of a message from an under Mandarin, and which was met with disregards and rebuffs, demanding cessation of 'worship' in the Hospital, but expressing high pleasure with the Hospital as such, I am glad to say we have experienced no annoyance and no discouragement. The premises were formerly an old Chinese house, quite dilapidated and hygienically—as almost all Chinese houses—unfit for ordinary human residence, far less as a healing place. It has been called "Hok-im-l-koon" (the Gospel Healing House). Will you please remember this place at the Throne of Grace."

In Vol. I, No. 3, p. 109, we reported three cases of excision of the upper jaw. Case No. 3 was one of Melanosis. This patient returned to the hospital in December with the tumor growing again, showing the difficulty of eradicating this form of disease. The free use of the actual cautery after the operation might have given the man a better chance while he was in the hospital. An old patient happened in from whom we had removed the left half of the upper jaw eighteen years ago. He was in good health and spirits, and came to bring another patient.

J. G. K.

In hospital and dispensary practice, blank forms facilitate the work, and it may be a help to new Medical Missionaries to see the forms already in use. In Canton we have blank forms for almost every purpose required, and we will furnish specimens to any one desiring to see them. Among these is a form for taking cases, translated by Dr. COUSLAND, of Swatow, from one used in Edinburgh. These are all in Chinese. We have also a collection of medical sentences in Chinese.

J. G. K.

In the *N. Y. Medical Journal* of October 22nd, 1887, there is a contribution from Dr. CORNING on the subject of the Rapid and Safe Induction of General Anesthesia. He draws attention to the difficulty of etherizing individuals of large and robust constitution, and proposes that an elastic tourniquet be secured around each of the patient's thighs, so as to arrest the arterial and venous blood-flow in the lower extremities. The idea is that cutting off in this way a large portion of the blood mass, a much shorter time will be required to saturate the remainder. He gives an instance where a patient, anesthetized in the ordinary way, required from six to seven minutes for the purpose; later on, needing to undergo a second operation, Dr. CORNING's plan was carried out and only three minutes was taken up in etherization.

Faith is a wonderful faculty, and common enough in the world. Would that it were always wisely directed. Instances of mis-directed faith are plentiful in China and are constantly coming under the notice of the Medical Missionary. Here is a specimen,—One day there came into our Dispensary a young man of twenty, with a large excavated wound of the left arm, evidently caused by some cutting instrument. In reply to our queries he gave the following history:—He had a sick father, ill for many months with dropsy, "who had suffered many things of many physicians, and was nothing better, but rather grew worse." Finally, the relatives, assembled in solemn conclave, decided that the faculty having failed, the only hope for the father lay in the filial
instincts of the son. He, the son, must sacrifice his own flesh to save his father's life. It is delightfully easy to prompt others to acts of self-sacrifice. In this case the youth, whether he liked it or not, was immolated upon the altar of filial piety, and had to endure while a piece of flesh was cut out of his left arm; this was afterwards cooked into a savoury meal with pork accompaniments and administered to the patient as the infallible remedy. Either in spite of the treatment, or in consequence thereof, the unfortunate patient succumbed. Yet even now the faith of the relatives was not disturbed, the principle was sound, therefore the instrument must be faulty;—the lad was surely lacking in purity of motive,—his filial piety must be deficient. And so the poor boy had not only his father's death and a bad arm to grieve over, but was looked askance at by uncles and cousins as a sad instance of filial disobedience. Truly he merit our sympathy.

A friend, recently returned from Peking, tells us that he saw a method of cure which may be new to some of our readers. In a temple outside one of the city gates is to be found a brass mule of life size, supposed to have wonderful healing properties. Patients suffering from every imaginable disease seek this temple to obtain a cure. The method pursued is as follows:—Supposing you suffer from sciatica you go with all speed to this famous temple, and having discovered the particular part of the brass mule corresponding to the painful region of your own body, you first rub the animal a certain number of times, and then with the same hand shampoo your own disabled member, and then—well, then the pain goes.

The special feature of this method of cure is its delightful simplicity. Is your tooth aching?—just scrub the mule's teeth, and afterwards your own, and voila! the cure is complete. Have you an ulcer of the cornea? pass the tips of your fingers, to and fro, over the particular eyeball of the mule, and then with well regulated pressure rub repeatedly the afflicted eye. But don't forgetting; the mule has unhappily lost his sight during the many years he has been engaged in this benevolent work—the eyeballs, we are told, having been gradually worn away as the result of constant friction, until now you have only the empty orbits to operate upon. Yet don't be distressed, dear reader, the success is guaranteed to be as real as it was formerly. Is the cure always certain? some would-be applicant may enquire. Well, the temple is covered with laudatory tablets in honour of the mule. Isn't this testimony enough? and if you want more, the animal is patched in all directions with fresh pieces of brass, put on to cover holes produced by the constant friction of eager patients; and a new, perfectly whole mule stands ready at hand, awaiting the day when his old colleague, having fallen to pieces, shall give him an opportunity of likewise benefiting posterity.

Dr. Beebe, of the Methodist Mission, Nanking, writes to the Gospel in All Lands, under date of October 17: "The Viceroy residing here has given our hospital eighty KuPing taels, equal to one hundred and twenty Mexican dollars. This from one of the most prominent men in China, and who, a few years ago was trying to keep us out of Nanking! I have been admitted by his Excellency to the inner apartments of the Viceroy's Yamen, prescribed for his own daughter, and now he makes his gift to this hospital. 'This is the Lord's doing, and it is marvellous in our eyes.'"

We call attention with pleasure to the Wholesale and Export Price Current of Ferris, Beebe, Townsend & Boucher, Chemists, Druggists, and Surgical Instrument Makers, Bristol, England. Their appliances seem to be very complete, their assortment very large, and their terms reasonable.

BIRTHS.
At Amoy, November 15th, 1887, the wife of P. Anderson, M.D., Taiwanfoo, Formosa, of a son.
At Chentu, November 27th, 1887, the wife of Herbert Parry, M.R.C.S., China Inland Mission, of a son.

MARRIAGE.
At Chefoo, February 1st, Dr. Jas. Cameron and Mrs. Mary Rendall, both of the China Inland Mission.

ARRIVALS.
At Canton, December 29th, 1887, Rev. A. P. Happer, M.D., D.D., and wife, of American Presbyterian Mission.
At Shanghai, February 9th, 1888, W. H. Boone, M.D., and family, of the American Episcopal Mission, Shanghai.