# Indices

To

The China Medical Missionary Journal.

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A BENIGN TUMOR.
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THE SIEGE OF PEKING—ITS MEDICAL ASPECTS.

By LILLIE E. V. SAVILLE, M.D.

The readers of the Journal may be interested in the following details of the siege of Peking:

As there have been, and still will be, detailed accounts, I do not propose to do more than give you one that may specially interest medical men and women.

The large proportion of the medical faculty represented in the siege was truly remarkable; altogether there were of all nationalities twenty men and women with medical and surgical degrees, including Dr. Ts'ao, a Chinese worker of the Methodist Episcopal Mission, who had received his education in the States, also a retired naval surgeon now acting in another capacity.

The missionaries among them were Drs. Ingram, of Tungcho; Drs. Inglis and George Lowry, of Peking; of the ladies Dr. Terry, of Tsun-hua; Drs. Gloss, Leonard, Mackie, Martin and myself, also Mrs. Baillie, wife of Mr. Baillie, of the Peking University, formerly a missionary. Mrs. Baillie has for some months been giving her services to the London Mission Hospital. Of the remainder two had come up with the marines and four others were connected with their various Legations.

On June 21st the International Hospital was organized in the British Legation; Mr. Cordes, who was wounded at the time the German Minister was killed, and a young Russian student with a penetrating wound of the left shoulder-joint, being the first patients. Miss Lambert, a nurse connected with the S. P. G. Mission, was asked to take charge of the nursing arrangements; Dr. Poole, of the British, and Dr. Velde, of the German Legation, were the staff. The women doctors were asked to act as nurses, which we gladly did; Drs. Leonard, Mackie and Martin taking charge at night, while Dr.
Gloss and I divided the day between us, and we were fortunate in getting a good deal of the surgical work, dressings, operations, anaesthetics. There were two trained nurses and other ladies also to help.

Those of us who had had to leave our homes at an hour's notice had of course very few drugs, and no dressings. The British Legation was poorly stocked, as Dr. Poole had only just come out; fortunately Dr. Velde had a large supply, all of the German army type—iodoform gauze tied up in little packets, very compressed, to be cut into strips, white muslin gauze squares, about 5 x 5 in., folded and compressed into another very small package. He had also a steriliser, which had to be used later when muslin curtains took the place of the white gauze, and bags of peat or saw dust that of wool. Instruments were always sterilized for operation.

To most of us the experience of shot and shell wounds was new, and we had much to learn. The hospital first occupied two rooms in the Chancery bungalow, but gradually, as the number of wounded grew, we had to take over more rooms, till finally we had an operating room with two tables, five wards, three beds for five patients in the hall, and a convalescent ward for officers and civilians in Lady Macdonald's house, and another for the marines elsewhere. Three American ladies superintended the kitchen and stores; these were beyond all praise. Of course the hospital had first claim to commissariat stores, but nowhere else was there such fragrant pony soup, such really eatable mule stew; and I think the officers and men often thought it was worth while to be slightly wounded to get a few days good feeding.

Owing to the difficulties of 'diverse tongues' the men were 'warded,' wherever possible, by nationality; at any rate no man was in a room where he could not talk to some one. Italians and French were together, with a French sister in charge; Russians in another room, where they were most tenderly cared for by Madame de Giers herself,—the Minister's wife, with them Germans were often put, one room was always full of the bright interesting little Japs. English and Americans naturally went together. There was one ward for officers and civilian volunteers, and here we nursed British, American, German, French, Italian, Austrian, Dutch, Australian and Russian. It was wonderful how our stores and supplies came in; beds and bedding, shirts and all that was necessary. They represented very much self-denial on the part of others and exhibited many expedients. The under pillows were made of straw from the picking of wine bottles, eider-down quilts were cut up for soft pillows, a long piece of Chefoo silk, found in the Mongol market, made shirts, as did best damask linen and bright yellow cotton. 'Imperial' shirts these were called. There were very few bedsteads; mattresses were placed on the floor, but every man did have a mattress from somewhere, also sheets and pillows.
But I had not meant to go into domestic details; only we all felt the hospital, more perhaps than anywhere else, shewed the gracious way in which God supplied all our wants, just day by day as we needed.

Some of the marines had first aid dressings in their haversacks, but by no means all; and I believe the civilian volunteers had none, so that on admission to hospital the wound was just as it had been received. It was first examined as to entrance and exit points; the parts around washed and then a plugging of iodoform gauze lightly pushed in, or if penetrating, pushed clear through. Very rarely was there any examination of the interior, even if no wound of exit were present. The bullet was rarely hunted for at the first dressing. Over the wound were doubled up several pieces of the white muslin squares, then a pad of wool, and then a bandage. The hæmorrhage used to surprise me very much indeed; dressings were soaked in an hour or two, and packed again and again. At the second dressing, from the third to the seventh day, one saw that the thick, firm coating of congealed blood was the best air proof medium that could have been devised. Our great enemies were flies; we had a plague of flies! but more of them anon.

The character of the wounds was not that of open warfare, for the fighting was all behind barricades. Consequently the proportion of head injuries was large. Three penetrating wounds of head did well, though two had facial paralysis, and one required to have enucleation of right eye. Mr. B., an Austrian lieutenant, had a bad shell wound of the vault. About 2 x 2 in. of bone was removed, and dura mater exposed and brain. There was very severe hæmorrhage from the longitudinal sinus, but he did remarkably well, and in about a fortnight left the hospital as a convalescent patient. As a good deal of pus began to well up from the wound, it was decided to operate, and the opening was enlarged by chisel; some pieces of dead bone and of lead were removed. He came round from the anaesthetic smiling and contented as usual as if he had wakened from a nap, and in a few days was up and about again. The day of the relief he went out as a convalescent, and as the wound did not require frequent dressing, was not seen for two days. He was brought back with a temperature of 104.5°; was very restless and delirious, and next day developed a purpuric rash on the hands, which quickly spread to trunk and limbs. A diagnosis of typhus was made, which gave place later to one of meningitis. He had to leave the British Legation when the hospital was broken up, but I heard from Dr. Velde a fortnight later that he had recovered completely and left Peking. The after-history of the case will be interesting.

There were several severe wounds of shoulder, and more so of elbow joint. In one case the bullet entered the outer side of right arm, passed probably through the shoulder joint into the lung. The patient had some cough, hemoptysis and orthopnoea, and for a time was very ill, and then
began to improve rapidly, and the lung symptoms passed off. Some weeks later he complained of pain on the right side just outside the level of the seventh and eighth dorsal spines, but there was no definite tenderness, nor physical signs indicating the presence of a bullet.

Secondary operations undertaken on account of symptoms often disclosed bits of material—shirt or trouser—which had been driven into the wound, or the missing bullet or fragment of shell. But the proportion of shell wounds was small; one of face was fatal. The piece of shell had passed through the right side of face, leaving only a narrow strip of natural tissue between entrance and exit. The lower jaw was almost all gone, the upper maxilla shattered. The wounds were attended to and patient put to bed, but shortly it was found that the arch of the palate was practically gone, the fragments above pressing in the glottis and producing asphyxia. I had my fingers in the mouth holding up the palate while tracheotomy was rapidly performed; anaesthesia was not required, and the patient died two hours later.

There were three perforating wounds of larynx. One died before the tracheotomy was completed, another on the second day, the third did splendidly, recovered his voice and returned to slight duty before the siege was over.

Two cases of compound fracture of tibia developed tetanus. The first, a German, complained on the morning of the fifth day of severe occipital pain, and by noon trismus was well marked, and after two days of intense suffering for himself and for those who watched him, he died. He had large doses of chloral and bromide of potassium, and morphine hypodermically. The wound was not foul.

The second case was Mr. N. of the Japanese Legation. In his case there was no wound of exit. On the second day it was found that flies had got under the upper layers of bandage and freely laid their eggs, and this although he had had his wife's private nurse constantly with him to fan. The bandages were removed and the dressings underneath the splint found to be quite clean; the limb was carefully washed with creolin and the splint reapplied, and he was moved into another bed with fresh bedding. Odour from the wound was noticed next day, and though the dressings were frequently changed the discharge became most foul. On the ninth day it was decided to explore for the bullet. He did not take the chloroform well; breathing was irregular and peculiar in character; in fact I remarked it was as if he had diphtheritic diaphragmatic paralysis. The bullet was found, and a counteropening made for drainage. For the next two days he complained of being very tired, disinclined to talk and refused food; finally saying it was because his teeth would not bite. This was found to be the case, but there was no difficulty with swallowing. Gradually he developed slight tonic contractions; first
of hands, then trismus, but never very marked. There were one or two attacks of opisthotonos just before death, which occurred four or five days after operation. He had chloral hydrate, gr. xxx., four-hourly as long as he could swallow and hypodermic injections of morphia.

We had an exciting case of strychnine poisoning. A Russian had taken "a little" from a small bottle looted from the store, thinking it to be bicarbonate of soda. He was said to have vomited ten minutes after. When seen in the hospital, probably half an hour later, 9.30 a.m., he was comatose, breathing stertorous, opisthotonos and convulsive twitchings all over. Chloroform inhalation was commenced at once and administered continuously for two and a half hours. As soon as relaxation occurred at all efforts were made to pass the stomach tube. Though for a long time unsuccessful they provoked very free vomiting, and when the tube was at last passed the stomach was well washed out. At noon the limbs were fairly relaxed, and only trismus was marked, with occasional convulsive seizures and opisthotonos. The moment these re-commenced chloroform was started again. By three o'clock the attacks were only half-hourly, and after 4.45 they ceased, and he was able to drink. He seemed anxious to sleep and very thirsty. The next morning he got up and dressed, and the following day returned to duty.

Towards the close of the siege several were invalided with diarrhea and dysentery; there were two deaths from the latter among the Russians, but they were known to be exceedingly careless about their drinking water. We had three cases of typhoid, one of whom died after his removal to Tientsin. During the siege we had no death in hospital of any who had survived his injury twenty-four hours, except the two cases of tetanus. There have been two since—one a penetrating wound of pelvis, which became very septic with a good deal of diseased bone-ilium, and one bullet wound of head with extravasation of brain matter—the bullet not extracted.

No notes of cases were kept during the siege; this was a cause of great regret, but no one had the time; we kept the barest statistics, a summary of which I enclose. Pei-t'ang is the Roman Catholic Cathedral which was distant some four miles from us, and also in a state of siege. Explosion from mines is responsible for most of their casualties.

This is the merest sketch, and from memory; I have no data. The unity which was such a striking feature of the siege in Peking was nowhere more manifest than in the International Hospital. Differences of nationality, creed and professional status were laid aside, and all worked with much happiness together.

London Mission, Peking.
Casualties during the Siege in Peking.
June 20th to August 14th, 1900.

<table>
<thead>
<tr>
<th></th>
<th>Killed and died of wounds</th>
<th>Wounded</th>
<th>Casualties</th>
<th>Died of Disease</th>
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<td>5</td>
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</table>

Notes.—Wounded means incapacitated for duty, not simple wounds which could be dressed and the men sent back to duty.
Number of French wounded seems large, because they included all wounds, whether incapacitating for duty or not.

* Baron von Kettler.
† Mr. Cordes.
‡ Captain Ando.
§ Includes Cossacks of Legation.

HOSPITALS AND DISPENSARIES.*

By Robert Case Beebe, M.D.

I take it for granted that it is generally conceded by missionaries on the field, as well as by those at home most interested, that a physician is a necessary adjunct to mission work. Hospitals and dispensaries have demonstrated their efficiency as a missionary agency, and at this stage of the church's work in unchristianized lands, no arguments are needed to prove the desirability of their establishment in suitable localities.

Medical missions have become a part, and no small part, of the greatest movement into the regions beyond that the church has ever planned or undertaken. Their spirit came with the great head of the church and his spirit has characterized their work.

* Read before the Ecumenical Conference in New York City, April, 1900.
It is not my purpose, therefore, to argue for medical missions, but to consider some of the questions connected with their inauguration and management.

**Purpose.**

It is very important in considering medical missions to keep in mind their real purpose. All questions connected with them should be considered in the light of this purpose. One's attitude toward all features of their work will be modified by his conception of this vital point. Before such work is undertaken by a mission and before a physician enters upon such work, there should be positive and clear ideas of its real object.

When we consider that medical missions are undertaken and conducted by societies of the church whose one great purpose is the evangelization of the world, whose revenues are secured on that plea and whose life and energies are due solely to that great vitalizing idea, it is evident that medical missions have this same great purpose also, that it is embodied in the great commission given by Christ to His followers to go and disciple all nations.

On account of their character they necessarily embody more than this, for they are eminently philanthropic and benevolent in their acts and results.

Because of their character they appeal to all classes alike, because of their purpose they receive the hearty support of the church, and their continuance is made possible through the consecration of their workers.

**Hospitals or Dispensaries.**

The question naturally arises when medical work is projected as to whether it should be done through a hospital or dispensary or both. I would say that as soon as possible it should be done through both, and as a rule, from the beginning. There may be circumstances that make it wise to delay the locating of a hospital.

Where there is no previous acquaintance with the city chosen or its surrounding territory, it is well to study the ground before permanently fixing the site, and this can be done advantageously by renting a place and conducting a dispensary. However, to accomplish the most, both evangelistically and professionally, there should be a hospital. The dispensary, from a missionary standpoint, is like the street chapel. It has the advantage, however, of a more regular audience and a favor and goodwill gained by the medical work done. But, as in the case of a street chapel, its audience is constantly changing. Many come but once, and these are liable to get an inadequate idea of the gospel message presented to them. By means of a dispensary much seed sowing can be done, and it serves admirably to advertise Christian work, but a hospital is naturally required to complete the medical work begun, and it is in the wards and regular daily services of the hospital.
that the gospel is made plain and exemplified. The hospital affords time under the most favorable circumstances for leading men to Christ.

**Establishment.**

Understanding their purpose and character and not confounding the two, we come to consider their establishment. The importance of right beginnings of any kind of work on mission ground cannot be too strongly emphasized.

We come to a people whose friendship and favor we must first gain before we can present to them with any probability of success, the message of our mission. The continuance of first impressions upon the people, the continuance of the initial spirit of a mission have been so often observed that the value of right beginnings in a mission station can be properly estimated only as we remember that they are giving character to an infant church.

**When to open Medical Work.**

Given then a conception of its purpose and a proper spirit for its conduct, it is desirable that medical work be one of the first agencies used in opening a station.

**How to open Medical Work.**

It should be started by a mission with funds from the church or individuals of the church. Christianity should have all the credit and influence the inception of such work exerts, and it should be free to exert its whole influence for Christ. From this it does not follow that we should not accept help from the natives, but it is better for such help to come later when we have demonstrated the spirit and character of the work. It can be then received without any restrictions on the work, either expressed or implied. Win by good work a willing and cheerful patronage. Support given to a work with a feeling of obligation and a grateful sense of favor received, is worth far more than the same support given with a sense of conferring favor.

**Where to open Medical Work.**

As a rule, hospitals and dispensaries should be located at large centers. At a large center more people are brought under the influence of the hospital and patients will come from a wider extent of territory.

Influence over the minds of people is affected by locality. The prestige gained by a name and following in a large city is no small factor in the problem and should not be ignored.

Then it is desirable that the physician should be at a point easy of access to all other members of the mission who may be dependent upon him for medical care and attendance.

As a rule, also, hospitals should be located where no other medical mission work is conducted. Most mission fields to-day are so inadequately occupied, and there are so many large centers, now destitute of this agency, where medical work could be most advantageously conducted, that it would seem unfortunate for any hospital or dispensary to lose the least of its useful-
Hospitals and Dispensaries.

ness or its influence by a division with another hospital of the incidental benefits of its work.

It is very true that one hospital cannot do all the work of a large city and its patronizing territory. Neither can all the missionary societies do all the work of evangelizing heathen lands. We can establish only centers of influence and conduct work throughout the great mass of heathenism until there be a native church that shall continue the work and perpetuate the influences missionary societies have introduced.

Methods.

In considering methods of work here again the purpose of all our efforts should be kept in mind, and it should be remembered that we are considering hospitals and dispensaries as missionary agencies.

We might be able to do a great deal of good in **Medical Work.** advancing the gospel with inferior medical work, but we should aim at nothing less than the best professional results possible under the circumstances of our position. The best work secures the best results and results affect our influence. Careless half-hearted work affects both ourselves and our patients unfavorably. How careful is the practitioner who seeks success and a pay clientele in the cities of our home land, that every feature of his practice shall further this end and enable him to do the best for his patients. We seek nothing less than the glory of God and the salvation of souls as well as the relief of suffering. How much higher is our aim, and how much more important is the issue!

In both hospitals and dispensaries we should utilize **Religious Work.** every avenue of approach to the soul, and these will vary with the people among whom we labor, differing in different countries and with the character of the individual in charge of the work.

It is possible through the dispensary to distribute a large number of tracts and portions of Scriptures. Every patient should be required to register and pay a small fee unless he be too poor to do so, and with the ticket supplied him there can be given a copy of one of the gospels or some tract that will in a brief and clear way convey the gospel message. In this way the hospitals at Nanking circulate every year a great many thousand portions of Scripture, together with tracts, Christian calendars, etc.

In the wards various opportunities will arise for presenting the-gospel without its being done too obtrusively. In China where it is the custom to adorn the walls of the houses with select portions of their literature and pious maxims, appropriate passages of Scripture can be painted on the walls of the wards, words of hope and cheer that will meet the eyes of some poor sufferer, or words of conviction that will lead some one to think of the needs of his soul.
The wards present another place where we can make good use of reading matter. Many patients find time hanging heavily on their hands and are glad to spend a part of it in reading books and tracts.

**Native Preachers.** It is very desirable that there be in connection with each hospital a native preacher of such gifts and graces that he can spend some time each day in conversation with the patients at their bedside. He should be the right kind of a man, quiet, sympathetic and with tact and a pleasant manner so as to be able to gain the confidence of those he meets. A good native helper can do what the foreign missionary cannot do in getting in intimate acquaintance with his countrymen, but the wrong man in such a place is nothing less than a calamity to the work.

I have never made it a matter of compulsion, in the hospital under my care, for patients to attend the daily service held there. I have not thought it wise or necessary, as there has been as a rule a good part of the patients in attendance.

In the waiting room of the dispensary, while patients are waiting for the doctor to begin his work, the gospel is presented to them either in the exposition of Scripture, or a familiar talk to those assembled. All are obliged to listen, or withdraw. In China I think it is rare for anyone to object to or resent such methods, and they have been very helpful in awakening an interest and making clear the purpose of our work.

**Following up the Work.** An important feature of hospital work is to have some way for following up the interest excited there and utilizing the goodwill gained and making the most of the access obtained to patients' hearts. It would require a larger force than is usually available in a mission to have a sufficient number of workers attached to a hospital, to visit all the villages and homes of these patients and water the seed sown and care for the ripening grain. Yet this is most desirable, and it has been my observation that at this point our work is liable to be most weak.

Many hospital patients are from the country districts. They are a quiet, well disposed class of stable character, and, as a rule, frugal and thrifty. These are more accessible to gospel influences than are the dwellers in the city, and make excellent Christians. They live so far removed from the centers of work where the hospital is located that they cannot attend services and come under the influences of the means of grace. The means of grace must be taken to them. This can be done by the itinerating evangelist and should be done in harmony with a plan of co-operation whereby different sections of a field are cared for by different societies. To this end a record should be made giving the names and residences of all patients who can be classed as inquirers, the degree of interest manifested by them and any other item that may be helpful to the evangelist. These facts should then be
furnished to the missionary laboring in the district where the patient resides and the spiritual responsibility turned over to him. This plan would increase the efficiency of the hospital many-fold as an evangelizing agency, and make it helpful to all the societies working from the same center.

The question of fees, or whether our work shall be a free charity or not is, I think, a question of locality, to be determined by the resources of the people and their attitude towards us and our work. In our desire to reach a condition of self-support we should be careful not to give ground for the suspicion that our benevolence is not disinterested; and on the other hand, it is well that patients, when it is possible for them to do so, should pay something for the medicine and treatment which they receive. A person too poor to pay a fee for registering, can easily be recognized and passed on as a free patient. But most of the common people can pay something and do so willingly, provided the fee comes within their idea of value received.

Relatively high fees should be charged for visits to the homes of the wealthy. It has been my custom to send to such families, when I have been called, a neatly printed folder, setting forth the character of our work and stating my fee, making it plain that in paying this fee they add to our resources in helping the poor. I think that very few hospitals or dispensaries in this country are entirely self-supporting, and the question very naturally arises whether under the present state of society it is desirable that they should be; the same may be said of hospitals and dispensaries on foreign mission territory.

There is another matter relating to methods which I consider very important, and that is regularity. It is a good thing for the work as well as for the patients that there be no failures in having the dispensary open every day and the physician there promptly every time. Such a course will increase the number of patients, and it is due to the suffering poor who come to us for treatment that they be not disappointed. The trouble and expense of coming is no considerable matter to one whose physical and financial resources are at so low an ebb as to require the careful husbanding of every particle of strength and means. I once heard a prominent surgeon in New York remark that he had built up the largest surgical clinic in this country and that he had done so by always being there at the hour appointed.

**General Considerations.**

What classes we shall aim to reach is a question that sometimes arises. I think that most people here at home will say the upper classes by all means, as these people are most influential; their success in life indicates greater strength of character,
and in this class are found the leaders in thought, government and all public enterprises, and they are the ones who have the means to make the work self-supporting and continuous.

Others will say that the church has always had its best growth among the poor; to them the gospel has been preached with the greatest strength, and the church's strength has not come through capturing the leaders of thought in the world, but in giving to the world leaders raised up from the lowly walks of life.

Medical work has a great advantage in being able to reach both classes, and while it is true that the larger part of our patronage comes from the humbler ranks and that the church is largely recruited from the same classes, we cannot neglect the wealthy who in other lands in every age have furnished to the church notable examples of piety, influence and love to fellow-men. We go to all classes alike with love and sympathy and help, and as missionaries and physicians are able to please all, without partiality to any, and in word, deed and life commend the gospel of our Lord Jesus Christ.

Some have assumed that medical work is valuable

*Continuance.* only for the opening of a mission station and that its purpose is served when prejudice is broken down, friends gained and a church established. They claim that when the point is reached where there is no difficulty for the evangelist to get a hearing, medical work should be withdrawn.

From this view I think that all those who are well informed will dissent. It is our hope and expectation that the time will come when the home church will not be called upon to conduct hospitals and dispensaries and schools, or build churches on mission ground, but that will be when mission fields are fully evangelized. As long as hospitals and dispensaries form an efficient agency in preaching the gospel, and are crowded with people ignorant of the gospel and ready to hear it, missionary societies cannot afford to lose this strong arm of help in its operations.

*Clergymen doing Medical Work.* Our opinion is often asked in regard to the undertaking of medical work by clergymen. It is claimed that they can dispense simple remedies and do a great deal of good thereby. Replying to the inquiry in a general way I would disapprove of such a course. It is to be understood, however, that I do think every missionary should have enough knowledge of physiology, disease and simple remedies to afford ordinary care for himself and family when located at an isolated station, far from any medical practitioner, and that he should do as much for his helpers and natives connected with him. But this is far different from attempting to treat supposed simple troubles regularly. No physician is too well prepared and equipped for such work. Without proper training and experience one is not
always able to determine what are simple troubles. By a wrong diagnosis and treatment the patient may be injured and the goodwill of the people towards the mission be entirely lost.

Where there is so much prejudice that the minister cannot secure a hearing without medical work, a physician should be there to do it, and if medical work is not needed to secure a hearing, the clergymen will have all the work his energies can compass and should not divide his powers in a questionable undertaking.

**Equipment.**

The remarks made in regard to the kind of work we ought to do, apply also to the equipment of a hospital and dispensary. We should aim to do the best work, and the appliances needed for such work should not be wanting in a mission hospital. The physician in charge may be called upon to meet any emergency, and he should not fail through lack of proper appliances. Anything that increases the usefulness and influence of a medical missionary is a good investment for a society that incurs the expense of sending him to the field and maintaining him there.

**Native Assistants.**

It is needless to say that one or two physicians are unable alone to do the work that comes every day to a mission hospital. We must have native assistants. The question of their training has been discussed in another paper presented to this conference. Thus far in the history of missions few medical helpers have been trained outside of mission hospitals, and in China their education is still an important and onerous part of the medical missionaries' duties. These assistants should be Christians and alive to the spirit and purpose of mission work. When imbued with the proper spirit and possessed of the high degree of intelligence that medical work is able to attract they are invaluable to the work and in fact are indispensable to the conduct of hospitals and dispensaries.

I consider it very desirable that there shall be at least **Trained Nurses.** one trained nurse from the home land in connection with every mission hospital. Where there are wards for both men and women, a nurse is indispensable. Her services are required in training native women as helpers in the hospital. In fact, she must do the work of a deaconess also, as she has a field unequaled for religious work. I think there is no more valuable worker to be found on the mission field than an earnest, efficient trained nurse. Then her assistance at operations and in preparation there-for and her services in looking after the many things about a hospital requiring a woman's skill and intuition are invaluable.
All other questions relating to hospitals and dispensaries are subordinate to the one relating to the physician himself, for on his character and spirit largely depends the success or failure of the work. It is he more than any other factor that determines the efficiency of a hospital or dispensary.

He should learn the language of those among whom he labors and be able to enter into their thoughts and sympathies. He should be a man of good judgment in dealing with men and problems of mission life. He should be an influence that makes for peace, as he, more than any other man in his little missionary community, comes into intimate relations with his fellow-workers.

He should have a thorough professional training and as much hospital experience as possible before going to the field, for there he cannot turn over a patient to some specialist or call in a consultant to help him in his extremity. He must have the stamina and ability to meet any emergency and do at least fairly well with his cases. I do not say the best, for in this age of special development no one man is able to afford his patient, in all cases, the best results the medical profession is able to give.

Medical missions should have in their service the very best men; for not only does the field call for the highest skill, but medical missionaries are introducing the medical profession and its system of education into the large cities and capitals of the Orient.

And finally he should undertake mission work with a definite sense of obligation and consecration and a clear conception of duty and privilege, so that he will give his life and energies in full surrender to the Lord for joyful service, and show forth in his daily walk among his patients the mind and spirit of his Master, who was the healer of Gennesaret and who went about doing good.

Conclusion.

"And the eye cannot say unto the hand, I have no need of thee, nor again the head to the feet, I have no need of you." So hospitals and dispensaries go hand in hand with the church in its divine mission of lifting up the fallen, comforting the dying and hastening the time when the nations of this earth shall become the nations of our Lord and his Christ.

The physician, whether in Christian lands or on the mission field, is one who serves. He gives of his time, his energies, his sympathies, of his very life that others may be helped into better and happier lives. Happy the man whom the church puts into a position where he can make the most of his profession, his Christian experience and the opportunities of his life for the uplifting of mankind, for man's material, physical and spiritual advancement.
A BENIGN TUMOUR, SIMULATING MALIGNANT GROWTH—OPERATION.

By G. W. Guinness, M.D., B.C.

At the beginning of October, 1900, a gentlemanly man of good physique came to the dispensary of the C. I. M. hospital, Chefoo, to consult with the doctor about his arm. He said he had a large sore that had been there for a long time, and that he wished to have it treated.

The history of the case is briefly as follows:—

The patient, Uang Tiu-t'ang, thirty-two years of age, is a well-built man somewhat anemic. He has been engaged in the sale of opium, but does not himself smoke. His home is twenty-eight li from Chefoo. He came to the hospital with a tumour in the bicipital region of the left arm, which had been growing for twenty-two years. (Since he was ten years of age.)

The growth began as a small nodule about the size of a pea, but gradually enlarged until it attained its present dimensions.

The circumference of the arm in region of the tumour is 15½ inches. The growth itself, which looks like a fungating ulcer, measures nine and a half inches from side to side and ten inches from above downwards. The patient says that it grew for nine years without involving the skin; then he had it treated by native doctors, who put on native whiskey (shiao-chiu), lime and buckwheat flour made into a paste, which caused superficial inflammation and breaking down of the skin; after this the doctor gave up the case, confessing he was helpless, could not treat it further. Since that time the patient has been applying chicken feathers to absorb the oozing of blood and serum, and when he showed us his arm, there was a sodden layer of feathers covering the growth and a sanious fluid exuding from it.

Apart from the anemia, his general condition was good, and he has full use of his arm, being incommmoded only by the size of the tumour and the constant oozing from it.

On examination there was revealed a large fungating ulcer, whose floor was elevated above the level of the surrounding skin. The edges were hard, red-raised and everted or rolled out; in their appearance suggesting malignant growth. There was no perceptible odour, no infiltration of surrounding structures; the growth was freely moveable, except when the biceps muscle was brought strongly into action, when a decided lessening of mobility was observed.

The axillary glands were not involved, and there were no growths elsewhere; in fact no evidence of systemic infection. Hence though the outward
appearance was suggestive of sarcoma, the diagnosis made was that the
tumour was a simple one, probably a lipoma.

The patient was advised to have it removed. The accompanying
photograph gives a general idea of the condition before operation. The
operation was performed by the writer and Dr. Keller on the 10th October,
1900, Dr. Neal kindly administering the anaesthetic.

The man took ether well. It was administered by the open methods, and
the patient was fully anaesthetized in about ten minutes. Soon after making
the skin incisions it was evident that an encapsuled tumour had to be dealt
with. A number of vessels ran into it, but on severing these the growth
readily separated from the surrounding structures. The enucleation was
proceeded with until nearly the whole tumour was free, when it was found
that at its base it was firmly attached to the tendon of the long head
of the biceps.

From this it was dissected away, with the exception of a very small
portion which could not be separated without injury to the tendon. This
was finally cleaned off as far as possible; the bleeding points were secured
and a few stitches put in above and below. The large raw surface left
was dressed antiseptically.

The man rallied well. There was a rise of temperature after the
operation, but it soon fell to normal, and the patient has felt perfectly well
since. The use of the arm is unimpaired.

The tumour weighed about two pounds. It was found on section to
be a lipoma which had been irritated on the surface by the applications of
the Chinese physician.

The wound is covered with healthy granulations, and the skin-grafting
recently performed proves a success; the patient will soon be able to leave
with a useful arm.

*China Inland Mission, Chefoo.*

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**THE IMPORTANCE OF THE FETAL HEART SOUNDS.**

By Miss E. M. Gough, M.D.

In the anxiety which naturally predominates in the mind of the medical
attendant for the safety of the *mother* during labour, there is, I think, a
tendency to overlook certain precautions needed to ensure the safety of the
*child*, and I am struck with the fact that one rarely hears anything in notes
of cases about the condition of the *fetal heart sounds*.

It is well in every case where the doctor is called in early, before the
membranes have ruptured, to listen to and count the *fetal heart-beats*, so as
to be able to gauge more accurately the importance of heart-counts afterwards. Up to the time when the membranes rupture, that is to-say, while the uterine pressure is conducted through a sufficiency of liquor amnii, there is likely to be little danger to the foetus, but after the membranes have ruptured we ought carefully to watch the power of endurance of the child as indicated by the rate and quality of the heart-sounds. My own rule in cases where the membranes rupture early, and where owing to this the dilatation of the os is usually slow, to listen every hour where the foetus seems strong, and every half hour or oftener where there are signs of exhaustion, or where, from the beginning, the heart rate has been high and the sounds feeble. That any sudden quickening or slowing of the foetal heart rate should lead to very carefully watching, and often, where it remains permanent, indicates the necessity for prompt instrumental interference, is evidenced by the asphyxiated condition of children delivered by forceps under such circumstances.

One other most important danger-signal is the Funie souffle.

Out of over 1,000 cases I have only heard this three times. A soft, blowing sound, synchronous with the foetal pulse, heard sometimes where the heart-rate is neither very much increased nor diminished, often difficult to hear because of the loud "uterine souffle" so often heard, and always indicating pressure on the cord and danger to the child.

In one of these three cases the souffle was not constant, labour was nearing natural termination, and it was not thought necessary to interfere. The child at birth was living, but very blue.

In the other two cases, the membranes had ruptured early, the souffle was constant and the heart-sounds quick and feeble. Forceps were applied before dilatation of the os was quite complete; the necessity for the measures adopted being proved by the collapsed condition of the children on delivery; artificial respiration being required for some time in both cases.

Both children lived, but I think it is fair to suppose that they would not have done so had any more lengthened strain been put upon them. There was nothing in the condition of either of the mothers to call for operative assistance. Might not some cases of bitterly disappointed mothers who have suffered, as it were, in vain, be prevented by our running the risk of being thought fussy and insisting on frequent listening to the little indicator which is there to guide us if we will but make use of it.

Wesleyan Mission, Hankow.
TWO CASES OF TUMOR.

By J. E. Williams, M.R.C.S.

My colleague, Dr. Cox, has requested me to send to the Journal particulars of the two following operations which I assisted him to perform during the early part of the present year, 1900:

The first case, that of Mr. Chen, a farmer from north of the Yangtze, came to us in the month of November last year, asking advice for a large parotid tumor on the left side of his face and neck, which had been growing for nine or ten years. He was advised to have it cut out and was further advised to return home and consult with his family and come again as soon as he could possibly arrange his home affairs. At the same time the dangers of the operation were pointed out to him, we declining all responsibility as to the issue. He returned to the hospital in February of this year, 1900. The tumor showed marked increase in size, diminished mobility, was more vascular, and altogether more malignant in appearance than before. We then learned that he had paid two or three visits in past years to the hospital for advice and treatment, but could not bring himself to the point of deciding to have it removed. Dr. Cox removed the tumor on February 15th, after more than an hour's tedious and careful dissection, during which we found extensive outgrowths involving the sheath of the sterno-mastoid muscle at its attachment to the mastoid process, both on the upper and under surfaces, also running up behind the auricle and imbedded in the fossa behind the ear. The tumor proved to be a fibro-chondroma. The patient rallied fairly well but slowly; there being some facial paralysis, as was unavoidable, on the same side, as well as restricted movements of the lower jaw. The patient left us with the wound almost healed over. He could not or would not be persuaded to stay longer than the second week of April, urging the needs of his farm, and we have heard nothing of him since.

During his stay in the hospital I had several conversations with him on the subject of regeneration, of original sin and of God's love as manifested in the redemptive work of our Lord Jesus Christ, to all of which he gave a respectful hearing, but never manifested any deep interest or desire to know more of these truths. I subsequently gathered from our students that he was well satisfied with the teachings of Buddhism, and he considered the merits of vegetarianism to be on a par with those of Christianity.

The second case was that of a farmer, named Ting, thirty years of age, from a market town near Yangchow who, like Mr. Chen, paid one or two visits to the hospital before he finally consented to yield to the unceasing
Two Cases of Tumor.

importunity of his increasing burden and seek surgical relief. He came into the hospital about May 31st, and was operated upon on the 2nd of June. His trouble is well illustrated in the accompanying photograph. The growth was of ten years' duration, of a considerable size, but well defined and quite free from attachment to the muscular structures beneath, apparently confined to the skin and subjacent areolar tissue, not involving the scrotum, nor extending beyond the upper limits of the left thigh, but apparently situated over "Scarpa's Triangle." The pedicle was well defined, measuring thirty inches in circumference, and therefore extended on the inner side as well as on the front of the thigh much beyond the limits of the triangle. It must have been a very great inconvenience to the man, and was very conspicuous on his person beneath his garments as he moved about. The marvel to us was how he endured this impediment to all active labor for so long. The patient had, as was natural, a somewhat worn and distressed expression, and his physical condition was manifestly lowered by the steady growth of the tumor with its attendant inconveniences.

Dr. Cox regarded the case as one of modified elephantiasis, and the subsequent naked-eye appearances on section of the tumor confirmed this diagnosis. On the day of operation we slung the tumor up by bandage, pulley and weight for a quarter of an hour as he lay on the table, with the double object of draining the tumor of blood and of discovering the best means of manipulating the tumor on its unwieldy proportions when operating. We soon found, however, that the drawbacks were greater than the advantages, for the serum (of which there must have been a large quantity) percolated down into the thigh so quickly as, if continued, to seriously obscure the field of operation and interfere with the limits for incision. We accordingly lowered it again until time for the operation, which resolved itself into simple dissection of the skin and areolar tissue from above and around "Scarpa's Triangle." The femoral artery was exposed in the center of the dissected surface, and also the "spermatic cord" at the upper and inner angle, but only to a small extent. A large quantity of serous fluid oozed away during the process. We saved sufficient healthy integument from the base of the pedicle to warrant us in suturing the wound, but it proved to be too tight and had to be loosened on the third or fourth day after the operation. The wound healed with suppuration fairly quickly.

The tumor weighed thirty pounds, and consisted of hypertrophied areolar tissue, with an enormously hypertrophied lymphatic gland embedded in the center. The patient made a good recovery.

He was in indifferent circumstances; one of that large class of patients who can afford to pay for their food only, but who, to my mind, make the best patients and are the most open to the appeals of Christian doctrine.

China Inland Mission, Chinkiang.
THE PATHOLOGY OF DIABETES MELLITUS.

By Richard Smyth, M.D.

Diabetes, which may be defined as a disturbance of nutrition characterised by polyuria and persistent glycosuria, is most frequently met with in India, Ceylon and Southern Italy. It forms only about one per cent of hospital cases in England. In this part of China it is decidedly rare; but having lately found some well-marked cases of the disease among the natives, it has occurred to me that a discussion of some points connected with its pathology might prove interesting to my colleagues in this country.

Such a discussion must necessarily involve some preliminary clinical and physiological considerations. Clinically, as is well known, diabetes is met with in two distinct forms, which, with reference to intensity of symptoms, may be termed the mild and the severe; or, with reference to prognosis, the curable and the incurable. Diabetics of the former group—usually dyspeptic and gouty subjects past middle age—may be well nourished and even corpulent with florid complexion and moist skin. They suffer in moderate degree from diuresis, anorexia, thirst, debility and wasting; but the glycosuria will cease and normal health will be restored on the adoption of the strict and appropriate dietary.

Diabetics of the second group present a striking contrast. They suffer from ravenous hunger, intense thirst and extreme polyuria. Their skin is harsh and dry, the tongue glazed, the face pale with reddish patches on the cheeks and forehead. They emaciate rapidly and suffer from great debility, mental and physical. The loss of sugar persists, in spite of the most rigid exclusion of carbohydrates from the food, and sooner or later the inevitable fatal issue supervenes.

In both classes of patients the glycosuria is increased by taking, and diminished by abstaining from starchy and saccharine food, a fact which leads us to reconsider the physiology of glycogenesis.

Only two views need be mentioned, viz., those of Bernard and Seegen. Pavy's negative hypothesis is now no longer tenable.

Claud Bernard long ago established the fact that in health the liver converts all the alimentary glucose reaching it in the blood of the portal vein, into the non-diffusible, amyloid substance "glycogen," and then, by re-converting this glycogen into sugar, provides a fixed and constant supply of sugar to the general circulation. Moreover, he maintained that the sugar
The Pathology of Diabetes Mellitus.

thus supplied is consumed in the capillaries in the processes of nutrition and force production, and is ultimately eliminated in the form of carbonic acid and water.

It may be added that glycogen, which is identical in composition with starch \( \text{C}_6 \text{H}_{12} \text{O}_6 \), and like it readily converted into sugar by animal ferments, is normally present in the liver and muscles. All observers are agreed that glycogen is laid up in store by the liver cells; and that, though mainly formed from the carbohydrates of the food, it is formed from nitrogenous matter also.

Recently another theory of sugar supply has been formulated by Seegen. While agreeing with Bernard that in health the liver is constantly forming sugar and pouring it into the blood through the hepatic veins, also that starchy and saccharine foods are transformed into liver glycogen, he maintains that the source of the sugar supply is not this glycogen, but the peptones absorbed from the alimentary canal, out of which sugar is formed by the hepatic cells.

However we may dissent from Seegen's view that such is the normal sugar-forming function of the liver, we must admit that in "severe" diabetes (when glycosuria continues, though the patient is restricted to a diet of lean meat,) this source of sugar supply, suggested by Seegen, is the only one available. But even then glycogen may first be formed from the nitrogenous matter and subsequently be transformed into the sugar found in the hepatic veins.

We are now in a position to discuss some questions with reference to the pathogenesis of diabetes. It is a well known fact that healthy blood contains sugar to the extent of .05 to .25 per cent, and that in diabetic patients the amount exceeds three parts in a thousand. Sugar appears in the urine because of this excess of sugar in the blood. The excessive quantity of sugar may obviously be attributed either to (a) excessive formation in the system, or (b) diminished destruction in the capillaries, or to (a) and (b) combined.

Pathologists are not agreed as to which of these proximate causes should be assigned to the graver form of diabetes; but all authorities refer "mild" diabetes to the former (a), as a natural inference from the clinical history would lead us to expect. Seegen maintains that the milder form of the disease is due to an inhibition of the functional activity of the liver cells devoted to the formation of glycogen, and that the severe form is due to an increase of the destructive power of the liver over proteids (which serves to explain the ravenous appetite and extreme emaciation of the sufferers). Moreover, he asserts, that in severe diabetes the whole organism, or a considerable part of its elements, has lost the faculty of destroying the sugar of the blood.
Burney Yeo suggests that mild diabetes is due to depressed hepatic function, in consequence of which some of the sugar from the portal vein fails to be converted into glycogen, and thus passes directly into the circulation. He points out that other evidences of depressed liver function are usually seen in such cases, namely, obesity and excessive excretion of uric acid. Severe diabetes, he considers, is due to a morbid ferment in the system (probably a product of faulty digestion) which causes an abnormally rapid conversion of glycogen into sugar wherever it may be formed, so that in these cases even nitrogenous matters may be converted into sugar; and, in addition to this, the normal function of sugar destruction in the blood is arrested or disturbed.

Roberts wrote in 1885: "It is impossible in the present state of science to frame a clear and comprehensive theory of diabetes. It seems highly probable that it consists proximately in some disturbance of the destination and function of the amyloid substance of the liver. But this disturbance may be due originally to diseases far away from the liver itself." Let us now see to what extent morbid anatomy and experimental pathology throw light on these original or ultimate causes.

Post mortem examination shows lesions in various parts of the body, but the lesions are provocingly inconstant. The liver is found sometimes enlarged, sometimes contracted and sometimes normal in size. It may, or may not, show signs of engorgement, cirrhosis or fatty infiltration. The kidneys may be congested, sclerotic or fatty. The brain may present a gross lesion, e.g., tumour or haemorrhage in the neighbourhood of the fourth ventricle. Spots of softening in various parts of the nervous system are not uncommon. But a large number of consecutive necropsies may be made without finding any lesion in the nervous system. Lately attention has been especially directed to the pancreas. Williamson found that in twenty-four consecutive cases the gland was normal in only eight, in four he found it very extensively diseased and in the remainder cirrhotic, fatty or atrophied patches were detected. Other observers have found equally striking pathological changes.

These facts lead us to consider the results of vivisection, and especially those obtained by Minkowski from the famous series of experiments he made ten years ago. It was found that (1) permanent glycosuria occurs in dogs, cats, pigs and rabbits after complete ligature of the lymph and blood vessels of the pancreas or after the complete extirpation of the gland. (2) Neither ligature of the pancreatic duct, nor partial excision of the gland, even to the extent of 1/4th of its substance is followed by glycosuria. Again (3) when an excised piece of the pancreas was transplanted and grafted under the skin of the abdominal wall, it was found that, provided the graft did not necrose, glycosuria fails to occur even when the whole of the remaining intra-abdominal portion of the gland is removed; but if the graft necrose, or if it
be subsequently removed, then glycosuria occurs, and with it the characteristic symptoms of severe diabetes.

Lépine infers from the above that in health the pancreas elaborates and pours into the circulation, through the lymph stream, a glycolytic ferment which causes the destruction of sugar in the blood; and that the loss of this ferment, owing to disease of the pancreas, would necessarily lead to glycosuria. Moreover, as this loss would probably coincide with the arrest of the fat-digesting functions of the pancreas, the disease would be accompanied by serious and progressive wasting. We may add that pancreatic diabetes is now a recognized entity. It occurs chiefly in youths under thirty, and is rapidly fatal; death occurring within a month.

In many cases of severe diabetes, however, the pancreas is absolutely free from disease. The above theory fails in such cases to account for defective sugar destruction. Some agent antagonistic to the pancreatic ferment must be present. This, Leo of Berlin, maintains is a certain poison in the blood which inhibits the oxidation of sugar. He describes it as "a substance which is soluble in alcohol and in water, is not precipitated by oxalic acid, and is not destroyed by the temperature of boiling water."

The limits of this paper only permit a brief reference to the connection between diabetes and lesions of the nervous system. The contractile tissues of the hepatic vessels are under the control of a distinct nerve-arrangement, with a local centre (which is probably the celiac ganglion) and upward prolongations by the sympathetic and the spinal cord into the cerebral centres. The separate threads of this communication are, in the lower part of their course, placed widely apart, but they approach in the cord; and in the floor of the fourth ventricle they are collected in a close bundle before their final dispersion into the cerebral hemispheres. Irritation or puncture of various parts of this nerve chain disturbs the innervation of the liver vessels, producing hyperæmia of the organ, so that the blood is hurried through the vessels at a rate inconsistent with the complete transformation of the alimentary glucose into glycogen, hence the excess of sugar in the blood and the consequent glycosuria. Claud Bernard's classical experiment is thus explained.

Schiff by thrusting a needle through the spinal cord opposite the second dorsal vertebra, produced permanent glycosuria in rats. The animals lived for twenty days, rapidly emaciated, and were diabetic to the end.

In conclusion, it may be remarked that the study of diabetes in brute animals and man results in the conviction that it is not a distinct pathologic entity but a group of symptoms produced by various morbid conditions of the pancreas, the liver and the nervous system.

*Church Missionary Society, Ningpo.*
AMERICAN EPISCOPAL CHURCH MISSION.

Medical Mission Work at Shanghai.

Just thirty-two years ago the Ven. Archdeacon Thomson and his wife started a small dispensary for Chinese patients. The Mission had no doctor, and Dr. Jamieson, an English doctor who practiced among the foreign residents of Shanghai, kindly supervised the native assistant in charge of the work and helped him out with difficult cases. The work grew, and finally Dr. Boone was sent out in 1880 to take charge, and also to start a medical school.

We then had a fairly good house which could hold twelve beds. We were short of funds, no drugs, few instruments and none of the many appliances needed for the work of a hospital.

A short time after the doctor began his work a poor man, who was very ill indeed, was admitted for treatment. The man was ill for some time, and he finally recovered. This poor man had wealthy relations. One of them, a Mr. Lee Chu-bing, was worth some millions. Mr. Lee sent and asked the doctor to call at his house. Dr. Boone got the Rev. Mr. Woo to go with him. After the usual ceremonies Mr. Lee said: "When my cousin was ill I visited the hospital, and I was struck with the order and cleanliness and also the fact that the poorest received the same kind care as the rich. I think that the hospital is a worthy institution, and I wish to help it." Dr. Boone asked Mr. Lee to buy a small city block with ten houses on it, so that there could be a suitable hospital. Mr. Lee bought the lot; he then called and said that these houses would not make a good hospital, that he wished to pull them down and that he and his friends would pay for a new and a suitable building. Dr. Boone prepared the plans, and a good modern hospital was put up on the site of the former houses. Since that time the Chinese officials and merchants and the foreign merchants have supported the work by yearly subscriptions, and we have not needed any money from the United States. We now have a fine stock of medical and surgical appliances, surgical instruments and apparatus, microscopes, etc., and a store room well stocked with drugs and surgical dressings of the best quality. The work grew slowly until we needed more room, and in 1888 we had saved up enough money to buy the corner lots in front of the hospital and to put up a building for the women and children. This work was then put under the care of Dr. Marie Haslep, who carried it on for some years. When Dr. Haslep retired, Dr. Mary Jamieson Gates took it up, and it is now quite a large work. Last year there were treated in the
Of the above number 10,718 were new cases seen for the first time. 180 visits were made to patients in their homes.

From small beginnings a large work has grown up. The numbers given here only represent the patients. Twice as many persons, friends and relatives of these patients come to the hospital as visitors, and to all these people the gospel is preached. Thousands who come sick and suffering go away cured of their bodily ills, and they also carry away with them some knowledge of the saving truths of the gospel. It also bears fruit in many ways. As Dr. Gates says: “We believe that the sphere of a medical mission hospital lies not only in relieving disease but that its influence extends into other departments of life; that apart from a mere remedial agent the ultimate bearing which it, in common with all similar institutions, must have upon the women of this land, must not be undervalued.” “In teaching these women anything which shall bear on the comfort or health of their homes, in giving them even the simplest rules of hygiene, in giving them practical illustrations of the value of personal cleanliness, in mitigating heathen superstition and prejudice, no less than in relieving suffering, we believe we are helping this people along philanthropic, moral, yes, political lines. How slow the task, how full of discouraging features, none but a physician engaged in the work can know; but the course is no less true, and only those who have been privileged to see the dark side, can really appreciate the bright side which lies in the relief given to suffering bodies, the sympathy afforded to many a sad and darkened life and the remembrance that in doing for “one of the least of these” we are obeying the commands of the Great Physician Himself.”

The Ven. Archdeacon Thomson in his “Report of the Chaplain,” says: “The Rev. Mr. Lo was called to take part of the hospital duties in connection with Mr. Wong. The work in a hospital might be spoken of as unvaried and dull in many respects, yet with constant change. The general outlines are much the same each day, only that every new case has some new interest, either in the exhibition of disease in some changed aspect or in the personality of the patient.

There was an instance of this in the person of an elderly Cantonese gentleman, who was a peculiarly interesting person. His case was a very difficult one, requiring many operations of a more or less serious nature. There was much pain and many weary days, and even months of suffering. He had one of those kind and gentle faces one sometimes sees. He was so patient under all the trial. He would smile, and seem so pleased to see us. It was
difficult to communicate freely with him, as our dialects were so different. Still with a little English we got on quite well. We felt of him as was said to another, "Thou art not far from the kingdom of heaven." He was finally restored to a fair measure of health and left for his home. He read quite well, and took, I believe, quite a number of our books with him. We can hope he will come to accept the salvation which is so freely offered him in Christ.

It is so with much of our hospital work. It is a school where they learn much, but it must remain for them to put what they learn in practice after they leave, and for the Holy Spirit to work upon their hearts with the knowledge which they have acquired. One of our attendants at the hospital services has been baptized, and another of the old patients is preparing for it. In far the greater number of cases the patients are willing to listen to religious instruction. Many are much impressed by the truths they hear. They also take much interest in the special services held for them in the wards twice a week. When they can read they take part in them.

The work in both of the institutions (the minute details of which cannot be given) is one of great interest and one in which it is a privilege to be engaged. As to the surgical and medical work done in both institutions one cannot speak too highly in praise of the comfort and help to poor suffering humanity; to see these poor patients come in with hands torn or crushed, legs broken, others with all kinds of wounds and with dreadful diseases,—all so tenderly cared for. A very large majority of these are restored to health. These facts may well cause everyone who can do so to be glad to aid in carrying forward this work. I can certainly commend the work from its humanitarian side, as well as assure all of the great opportunity there is for imparting religious truth."

Some time ago a leading missionary in an English mission said to me:

"One of our missionaries was visiting a city at the other end of this province. As he was the first foreigner seen there he received the hospitalities of the mob in the shape of cabbage stalks, faded eggs and brick bats. As he was fleeing before the crowd a well-dressed native gentleman called to him to enter his house; the main gate was closed and bolted, and the guest was told that the mob would disperse, as they had no serious ill-will towards him. It was only their little way with the stranger. After partaking of light refreshments, the host said that he would like to call in some of his friends if the guest would tell them of the kingdom of heaven. Soon a number of respectable men came in; they listened attentively to an address, and then asked many questions about the Christian religion. The missionary asked his host what had induced him to desire a knowledge of the gospel. The reply was, "Some twelve years ago I went to Shanghai, was taken very ill at an inn, and when my money was gone, as I was a stranger, the innkeeper was going to
American Episcopal Church Mission.

put me out upon the street to die, when some one said, "Send him to the hospital; they will care for him." He was taken and kindly treated and cured of his disease. He was astonished to find that there were any people in the world (especially strangers) who would care for persons who had no claim upon them and no money to repay for the outlay. He then learned that our religion taught the love of our neighbor, and that everyone was our neighbor. He received some religious instruction, and he had longed to learn more of this strange religion. The missionary stayed some time, and before he left he baptized this man and some of his friends, and since then the work has grown from this little centre. This is only one of a number of cases where the blessed work of healing the sick has helped to make a way for the gospel of salvation.

**Medical School Work.**

In the year 1880 a few graduates of St. John's College began the study of medicine under Dr. Boone. They studied translations of foreign medical works, and they assisted at the hospital clinics. The doctor was single-handed, and he felt the need of having several workers to form a proper medical school. Five years ago the bishop and Rev. Dr. Pott, the President of St. John's College, conferred with the doctor, and (as the graduates of St. John's had a good English education) it was decided to form new classes and to give the medical studies in the English language. For two years the students live at St. John's College, where Professor Cooper teaches them chemistry and physics and materia medica, and where the well-equipped laboratories of the College can be utilized for experimental work. Dr. Lincoln, the professor of anatomy and physiology, gives instruction in those branches. After two years of study the students pass their examinations, and they then come to St. Luke's Hospital, where they reside as clinical clerks and dressers. They then study the practice of medicine and obstetrics under Dr. Lincoln; the diseases of children and diseases of the skin under Dr. Glenton, who has succeeded Dr. Mary J. Gates as professor of the above studies. Surgery and the study of diseases of the eye are taught by Dr. Boone, the dean of the faculty. The large number of patients treated in the wards and at the out-patient clinics, afford plenty of material for clerical instruction. After four years of study the students come up for their final examination. In order that this shall be as public as possible, some of the foreign doctors residing and practicing among the European community of Shanghai, and some of the doctors on the American men-of-war in port, are asked to assist at the examinations and to put the questions to the graduating class. The students are examined orally, by a series of written questions requiring answers in writing, and also by the bedsides of the patients, where they are required to examine and diagnose cases and to prescribe for the patients. A class of
four graduated last February. These students gained a high percentage of marks. The examiners, who were in no way connected with the school, expressed themselves as satisfied with their proficiency in their studies. One of the examiners, an English doctor, said that they made a better average at their examinations than the average young English students did in England. These students were allowed during their senior year to have the charge of some cases and to perform some minor operations. One student was very successful in restoring (by skin grafting) the entire scalp of a boy which had been torn off by machinery.

When these students graduate (they are all Christian men) some of them are employed in our hospitals as resident house physicians and surgeons here in Shanghai, at Wuchang and where they are needed. Some of the graduates set up in practice for themselves; one is doing well in the native city of Shanghai, one at Pootung, one at Kia-ding, one was at Nanking for a time. Some, tired of the work, get into business. These young Christian doctors have the power to do much good among their fellow-countrymen in dispelling the ignorant prejudices of the superstitious natives. We have four students at St. John’s, who expect to move into St. Luke’s Hospital and be the senior class this winter. Miss Wong, who studied under Dr. Haslep, is the very able and efficient house physician of St. Luke’s Hospital for the women and children, and she renders valuable services to that institution. My house surgeon, Mr. Wo Qun-zie, has shown considerable skill and dexterity in operating, and several of the former graduates have become good surgeons.

NURSES.

We have a small training-school for nurses, started by the liberal help of Mr. Lemuel Coffin of Philadelphia, and the church of the Holy Trinity of that city. These nurses learn their duties in the wards and in the out-patient department, and they are a great help to our work.

VISITING COUNTRY STATIONS.

There are a number of mission stations in the district around Shanghai where the mission has established churches and schools for boys and girls. From time to time, at my request, the clergyman in charge of this branch of the work, sends out notices stating that the doctor will visit certain stations at a stated time. We start on a house-boat, carrying a liberal supply of medicines put up ready for dispensing. The house-boat has a small cabin with a dining table and a couple of chairs, also two beds to sleep on at night. The crew consists of two men, a woman and one or two half grown boys. When the wind is fair we sail; at other times the boat is propelled by a large oar or skull worked by three persons. Often a tow rope is put on shore, and three people
walk along the path towing the boat. When we arrive at a town we find numbers of sick folk waiting for us in the chapel, where they have been gathered by the native clergyman. Mrs. Boone visits the women and the schools, and she often takes photographs of groups of children and of older persons. Some are very anxious to be photographed, others fear that they will die within the year if their pictures are taken. Nothing will induce them to tamper with the foreign magic. After some hours spent in caring for the sick we return to the boat, take our meals and go to rest. When the next station is reached we attend to the sick folk and then start for the next station; the trip lasts five or six days, and from 450 to 750 sick persons are examined and prescribed for. Many people are in need of regular treatment or of a surgical operation. These sufferers are advised to go to Shanghai and stay in the hospital.

The country people are always very friendly, and they seem to be grateful for the aid which they receive. We make many friends for the work, and as the people come from far and near for treatment an opportunity is afforded to give them some instruction in religious matters.

The country around Shanghai is part of the valley of the great Yang-tsze river; it is a low-lying alluvial of great fertility, and is the garden of China. The land produces two and even three crops a year of wheat, rye, barley, maize, beans, peas, potatoes, rice, cotton, silk and all sorts and kinds of fruits and vegetables. It also produces a large crop of malarial fever, diarrhoea, dysentery, liver diseases, beri-beri and other diseases. Indigestion, skin diseases and eye troubles are very common. The Chinese have no knowledge of surgery, and troubles requiring surgical operation go on to serious proportions from lack of skilled treatment in their earlier stages.

Although the land is low, there are so many large and small streams coursing through it that it always has the beauty of running water; every hamlet has its clusters of trees and graceful bamboo groves; the rivers are full of craft dotted with sails of many colors. Beautiful bridges with granite arches span the streams. Old temples and walled cities stand beside the water's edge. One sails through many villages and cannot but admire the varying forms of Chinese architecture; here a lovely gateway, there an ornamental wall, an ancestral hall or a temple, where the curved roof copies out the tent of nomad ancestors. The prevailing soft greys of the old walls lend a pleasing harmony to the scene. Everything is old; all the works of any magnitude, great stone bridges and sea walls, show what a former age could do. It is only the modern that is mean or cheap. The Chinese seem to be a race that culminated ages ago, and they live in the past in their literature. The literati and gentry revere the maxims of Confucius and Mencius, and they despise all things that do not come down from the hoary past.
There is, however, a new China growing up. It is the irrepressible conflict between the old and the new which has rent China to her very foundations during the past year. We have had storm and stress, trial and trouble. Our hearts have been torn with grief at the loss of our missionary friends and of native converts, who have undergone martyrdom for the sake of their faith. These have died, but not in vain. A new China is destined to spring from the old, and the day is not far distant when the Christian religion shall prevail throughout the length and breadth of the land.

H. W. Boone, M.D.
HEROIN.

In the Therapeutic Gazette Drs. Brown and Tompkins publish an interesting account of their experiments with heroin in the Howard Hospital, Philadelphia, as an analgesic and hypnotic after gynecological operations. Their endeavor was to find a substitute for morphine, which, owing to its producing nausea and vomiting, is often unsuitable for use in these cases. From their experience of its administration in fifty cases, in thirty-four of which it was used for the relief of pain, and in sixteen as a hypnotic, they report the following results: "In all but seven cases sleep was produced and pain was relieved. The action of the drug took place in fifteen minutes from the time of administration in twenty-five cases; in twenty minutes in eighteen cases; in the other seven cases no effect was produced. The dose in thirty-four cases was one-twelfth of a grain of the hydrochlorate; in sixteen cases one-sixth grain was given. In thirty cases the duration of the action of the drug was four hours; in thirteen cases from six to eight hours, and in seven cases no appreciable effect was noted. Thirty-one administrations of the drug were given by hypodermic injection, the remaining nineteen by mouth. Vomiting was absent in all but four cases, and as these administrations were made before the patients had fully recovered from the effects of ether, it would be difficult to say which was the cause of the vomiting. Contraction of the pupils and subsequent constipation were absent in all cases. We did not find any idiosyncrasy for the drug, such as has been reported by other observers.

From the foregoing it would appear that heroin is a safe, reliable analgesic, one which can be repeated if necessary without producing habit or doing harm in any way. At least this has been our observation and the conclusion which we have drawn. We think that such data as we have collected would at least justify the use of heroin as a hypnotic and as an analgesic."

In the Philadelphia Medical Journal of September 8th, Dr. Loewenthal reports his experience in the use of heroin in the treatment of whooping cough, giving the histories of ten cases in which he prescribed it in doses of 1/125 to 1/75 of a grain to children varying in age between two months and eight years. In all but two cases he noticed marked improvement in the vomiting paroxysms of coughing, and in the matter of sleeping and eating. He sums up as follows: "These histories will do to show what the virtues of heroin are, especially in the treatment of whooping-cough. It is superior to anything we have for this trouble, and I am sure that it will prove a valuable addition to our materia medica; and in conclusion, when you have a case of pertussis, and you desire results, use heroin."

QUININE IN MALARIA.

At the meeting of the British Medical Association in Ipswich last August an interesting discussion was held on the treatment of malaria by quinine. From the report in the British Medical Journal of September 1st, the following notes are taken:

Prophylactic use of Quinine.—The general consensus of opinion in regard to the prophylactic action of quinine was favorable to its employment, though there were one or two dissenting voices, and in some of the experiments which were reported no benefit whatever could be attributed to its use.
Dr. Andrew Duncan reported favorable results in his own experience in India among soldiers whom he had in charge, and also gave the following note as to inquiries in other quarters:

"In the Malay war no benefit was observed, or only a very slight one. As regards the West Regions of Africa, Harvey found that the blue-jackets who took quinine had just as much fever as the men who did not. In the Ashanti wars of 1893 and 1896 it proved of no benefit.

Last year the results of an inquiry promoted by Mr. Chamberlain and Dr. Patrick Manson came to hand—133 answers were obtained, proving beyond a doubt that quinine does exert a prophylactic action. Amongst the items that come out are the following:

Of 42 persons who took it regularly 5 had no benefit, and 37 had.
Of 16 persons who took it irregularly 1 had no benefit, and 15 had.
2 recommend it for newcomers,' 2 do not recommend it,
2 recommend it before the rains,
1 recommend it when feeling depressed,
1 preferred arsenic.
Of the whole number it was efficacious in 87.7 per cent.; there was no result in 12.3 per cent."

Dr. Buchanan, reporting on the results of an experiment on a large scale in the gaols of India, concludes as follows:

"In conclusion, an examination of the above reports of an experiment on a very large scale is, on the whole, strongly in favour of the prophylactic issue of the drug as a preventive of malarial fevers. If Captain Farnside's opinion that the prophylactic issue of this drug prevents the formation of crescents be further confirmed, an important argument in favour of such issue will be established. In the nature of things control experiments are more difficult to carry out over considerable periods than might at first be thought. Another point our Indian gaol experience has certainly settled, that is, that it is possible to daily administer preparations of quinine for many months at a time without the slightest mischief result-

ing. I have for the past five years been daily administering quinine or cinchonidine to, on the average, over 1,600 prisoners for the four months of the rainy season, and I have never met with a single bad result, even severe cases of quininism are conspicuous only by their rarity. It is needless to say that in spite of Professor Koch's alarmist views on the subject of quinine and haemoglobinuria there has not been a single case in my experience, nor have I, after inquiry, ever been able to even hear of such a case since the practice was introduced into the prisons of India."

Mode of Administration of Quinine.
—While naturally the drug is usually administered by the mouth, there were several who advocated giving it by the rectum, especially in cases where it disagreed with the stomach or the effects on the disease were nil. Dr. Duncan said he had found that in cases where he was not able to control the disease by administering quinine by the mouth, rectal doses of twenty grains were almost invariably successful.

Dr. Fielding-Ould said:
"I would draw attention to the great value of rectal administration. In West Africa this is not frequently employed, but in some cases it is most efficacious. After an enema thirty or forty grs. may be injected with a little water or mucilage of starch, when it is rapidly absorbed, appearing in the blood in ten or twelve minutes. It is a pity, I think, further use is not made of this simple method."

In the general discussion Dr. Henderson, of Shanghai, said:
"In the European population of Shanghai the benign forms of malarial poisoning are almost solely represented. No experiments in prophylaxis by the administration of quinine can be quoted, as the cases are not sufficiently numerous. A dose of fifteen gr. of quinine given in the sweating stage after the temperature had fallen, if followed by a few smaller (five gr.) doses, is usually sufficient to put an
end to an attack. With these small doses cinchonism is rarely troublesome. I have never seen any degree of permanent deafness, nor any amblyopia follow the administration of quinine. Children suffer from cinchonism much as adults do if equivalent doses are given, but the effect may easily pass unnoticed from the child's inability to describe sensations. I think quinine decidedly a dangerous drug to give to pregnant women. In the old days I can recall two miscarriages which were produced, apparently directly from large doses of quinine. Neither of the patients—they were both multiparae—had ever had an accident of the kind before, and in neither case was any tendency shown before the drug was given. I think the effect of quinine can be prevented, or at least lessened, by guarding it with some preparation of opium, or, better still, chlorodyne. Chlorodyne possibly owes part of its value to the Indian hemp it contains besides the morphine. The effect of Indian hemp in checking uterine hemorrhage is, of course, well known. Hydrobromic acid or one of the bromides might be tried. If, as some believe, these drugs prevent tinnitus, supposed to be due to congestion of the labyrinth, they may conceivably exercise some influence over the circulation in the uterus. Personally I should not care to trust to them alone; they would need to be given in large doses."

Dr. Ringer, of Canton, reported the following interesting case of blindness following the use of quinine:

"A Spanish Roman Catholic priest, living amongst the Chinese up the country, near Amoy in the Fokien province, had suffered from a severe and prolonged attack of malarial fever, for which he had taken large and frequent, but indefinite, doses of quinine. On arrival in Amoy he found him suffering from dimness of sight, and on the second visit he found him to be quite blind. The fever had, however, disappeared. Ten-grain doses of potassium iodide were then administered, and the sight gradually returned, and was eventually quite restored."

**THE MOSQUITO IN THE ETIOLOGY OF MALARIAL DISEASE.**

So much of what has been published of late concerning the part played by the mosquito in spreading malarial infection is founded on insufficient or even fanciful data, that it is reassuring to meet with such a well-digested presentation of our present knowledge of the subject as was made by Dr. William Sydney Thayer, of Baltimore, before the Philadelphia County Medical Society early in May and published in the June number of the Society's *Proceedings.*

Dr. Thayer thinks it may be considered as proved that mosquitoes of the genus *Anopheles* are capable of transmitting the malarial organism from person to person, and he discusses the question of whether it is through the agency of the mosquito only that the infection is acquired by man. It is the only proved agency, he declares, and, reasoning from what we know of other infectious diseases, he says, it is rather unlikely that there is more than one method of infection, and the exclusive mosquito theory explains most of the conditions associated with malarial infection; reports showing the protective efficacy of mosquito nets, even in the most malarious districts, are rapidly accumulating, and there is no serious evidence in favor of any other theory of malarial infection.

The evidence now in our possession, Dr. Thayer thinks, favors the view that the removal of all malarial persons from a given region would put an end to every source of infection. He intimates that man is a necessary intermediate host of the malarial organism, difficult as it may be at first to believe such a proposition, and he asks if we have any positive proof that uninhabited tropical regions containing mosquitoes of the genus *Anopheles* are dangerous to persons.
who are free from the infection on their arrival. The author refers to statements that in tropical Africa, for example, exploring parties may spend considerable periods of time in the uninhabited interior without illness, even though the region may appear most unwholesome, but that outbreaks of malarial disease occur among them when they return to the seacoast. This hitherto inexplicable fact becomes clear, he says, if we assume that in the interior, though all the conditions are present for a spread of the disease, the mosquitoes are not infected and consequently are harmless.

There is reason to believe, Dr. Thayer thinks, that if in any given region proper measures were adopted for treating the early relapses of malarial disease, and efficient means were employed for destroying dangerous mosquitoes in their larval stage, the prevalence of malarial disease might be materially controlled. An infected patient in a malarious district, he says, is a source of danger to those about him, and the importance of insisting upon the proper treatment of all cases of such disease cannot be too strongly emphasized. He adds that, before we can make an intelligent attempt to exterminate dangerous mosquitoes, we must ascertain definitely what species in this country are dangerous and what are their distribution, their habits and their breeding places.—New York Medical Journal, August 11th, 1900.

OLIVE-OIL FOR GASTRIC CASES.

Personal experience with large doses of olive-oil in cases of severe gastric distress noted. In the first case the young man had suffered from an injury in the gastric region, and it seemed probable that a traumatic ulcer had resulted. The pain on eating was so great as to make the patient avoid food. A wine-glass of olive-oil taken before meals gave complete relief. The same remedy was then tried on other cases in which stomach discomfort was a prominent symptom. Even in cases of gastric cancer relief was afforded to many symptoms. In cases of pyloric stenosis most satisfactory results were secured as far as the alleviation of symptoms was concerned. Besides, the dilatation of the stomach that existed began to diminish and in some cases eventually disappeared completely. These were evidently cases of functional or spastic pyloric stenosis, and the result was most satisfactory. In some of the cases lavage had been tried for a long time without benefit, and in one or two cases with increase of the symptoms. Twelve cases of gastric catarrh were treated by this method with uniformly good results whenever the patients bore the oil well. A certain number of patients, about 1 in 20, cannot take the oil in the doses required; that is, up to about 7 1/2 to 9 1/2 ounces per day. In one or two cases this method of treatment was tried as an absolutely last resort before operation, and it proved successful. Patients who had lost so much in weight as to appear almost cachectic, began immediately to gain in weight, and within a couple of months gained from 15 to 30 pounds.

Cohnheim (Med. News, August 18th.) Sajous' Monthly Cyclo.

RECRUDESCENCE OF EPIDEMICS OF INFECTIOUS DISEASES.

It is now well recognized that diphtheria may persist in latent form for many months, and that persons may carry virulent diphtheria-bacilli in their throats or elsewhere for a long time, and be a constant menace to those with whom they come in contact so long as the bacilli persist. It is also well known that typhoid bacilli may persist in some of the tissues for more than a decade, and that consequent persons who have had typhoid fever may be capable for a long series of years of infecting their surroundings. Such observations have thrown a new and strong light upon the mode of infection in many cases.
which previously seemed in this regard to be absolutely inexplicable. The fact that diphtheria and typhoid bacilli, as well as certain other organisms which are readily recognizable, may persist in virulent form in a person who has had these diseases has been demonstrated with relative ease, because the organisms causing the diseases are well known. Some important observations bearing upon the question of the spread of infectious diseases of more obscure etiology are described by Lippmann (Deutsche med. Woch., June 7, 1900), and they are of much importance in leading to an understanding of the frequent recurrence of epidemics of infectious diseases, particularly in institutions. The most striking case was that of a boy who had a typical attack of scarlet fever in which the tonsils and glands of the neck were much enlarged. The glands remained large after the attack had passed, but he apparently recovered entirely after normal desquamation. Some weeks afterward hot applications were made over the glands in the attempt to reduce the swelling. The glands did decrease in size, but there was at once another outbreak of scarlet fever with typical symptoms, course, and desquamation. One could scarcely escape the impression that the glands had contained the organisms which cause the disease, and that with their rapid reduction in size these organisms reached the circulation again and caused a new attack. Lippmann describes a number of other cases in which there was apparently a persistence for years of latent scarlet fever associated with enlargement of the glands; attacks more or less closely resembling scarlet fever appearing repeatedly after a typical attack of this disease and persistently recurring for years until the glands were removed, or until the swelling of the glands had disappeared. He also mentions analogous occurrences in other diseases, particularly directing attention to similar recurrences of erysipelas, and states very properly that we must always suspect that recurrences of infectious diseases may be seen or that the disease may be transmitted to others so long as there are evident remnants of the disease in the form of glandular enlargements or other microscopic changes. Probably there is often the same danger even when microscopic changes are not apparent. While the observations do not contain an essentially new idea they do furnish new evidence that the danger of transference of infection is by no means past when the ordinary evidences of the disease have disappeared, and that we must strive to discover more satisfactory methods of getting rid of the remnants of infections and of learning when danger is past.—Phila. Med. Journal, August 4th, 1900.

THE BONE MARROW IN INFECTIVE DISEASE.

The British Medical Journal of September 29th, 1900, contains an editorial commenting upon the researches of Messrs. Roger and Josué upon bone marrow and its action in infective processes. The following extract gives the most important part of the article in question:

"The most interesting part of the research relates to the reaction of the marrow under the influence of various poisons. This is so marked and so constant that they consider the marrow to be the centre of defence of the organism against infections. Subcutaneous inoculations of staphylococcus aureus, of streptococci, of tubercle bacilli and of other microbes were made, and also of antidiphtherial serum and other antitoxins and of normal serum; certain inorganic poisons also were administered, such as arsenic, phosphorus, carbonic oxide and others. Invariably the marrow showed strong reaction, though with distinctive differences according to the poison employed.

After a subcutaneous injection of staphylococcus of moderate virulence,
local suppuration and a high degree of general leucocytosis occurred in forty-eight hours. At this time the marrow had become much more red, and an enormous proliferation of cells had taken place. This went on increasing for some days, till the normal marrow structure was lost, and the whole, or nearly the whole, of the fat had disappeared; the disappearance of the fat was confirmed by chemical analyses. The giant cells participated in this increase, but, contrary to expectation, only a few karyokinetic figures were to be seen during the proliferation. About the fifteenth day the marrow began to revert to its normal structure, and the fat to reappear. Streptococci produced practically the same result, but in all cases the marrow remained sterile and yielded no cultures. This fact seems to accord with another, namely, that various toxins free from living bacteria brought about the same result as the living bacilli. Cultures sterilised by heat, and extracts of cultures, that is, alcohol precipitates or alcohol solutions of cultures, behaved in the same way.

Normal serum and antitoxins set up considerable reaction, but of a different kind; for whereas toxins and bacilli stimulated the special marrow cells into enormous proliferation, antitoxins and serum acted principally upon the cells producing red corpuscles. In man changes in the marrow have been observed in tuberculosis, and especially in small-pox, in which the changes go so far that Chiari has applied the term "osteomyelitis variolesa" to them. In diphtheria, however, the reaction, though distinct, is far less marked.

It will be noticed that these alterations in the marrow are not unlike those which have been observed in moderate cases of osteomyelitis; and it has long been known that osteomyelitis may be induced by subcutaneous infection in an animal with an injured bone, and that it has occurred in man without bone injury as a result of general infection from a wound elsewhere.

If, as Roger and Josué hold, the marrow is stimulated by some selective action in infections, it may be that the reaction, should it become excessive, passes beyond the stage of a defensive pouring in the blood of new cells, and the marrow may itself succumb to the violence of the process. But it is a little difficult to reconcile these observations upon cell increase during infection with such facts as those cited by Dr. McCrae in the British Medical Journal of March 31st, where septic infections occurring in cases of leukæmia appear to have had the effect of immensely reducing the number of white corpuscles in the blood. Still the experiments appear to have been both numerous and careful, and seem to prove that, under the influence of infections, there was always immense cell proliferation in the marrow, and also that the cells which had increased in the marrow were, in histological character and in staining reactions, identical with those found in increased numbers in the blood of the animal. The observations and arguments of the authors have an important bearing upon the pathology of myelogenous leukæmia and other forms of leucocytosis, and will well repay perusal both by pathologists and physiologists, whether they are disposed to accept or reject the contention that the activity of the marrow is protective.

CHLORETONE AS AN HYPNOTIC.

Chloretone is, perhaps, the safest of all hypnotics. One case is recorded of the administration of 120 grains within twenty-four hours without any more serious result than the production of five days’ sleep, barring a few slight interruptions.

The remedy should be given freely and fearlessly from 15 to 20 grains at a dose in severe cases, and repeated often enough to produce the desired effect. Less than 10-grain doses seem to be useless when pain is present.
The ordinary aqueous solution is not strong enough to produce marked local anesthesia, except under the most favorable circumstances. For hypodermic use, a saturated solution of chloretone in a mixture containing 15 per cent. of alcohol and 85 per cent. of water is sufficiently strong to produce local anesthesia for minor operations. A still more powerful local anesthetic may be produced by mixing equal parts of chloretone and ether. This is particularly useful to dentists as an application to the nerve-pulps when it is advisable to remove them. W. B. Hill (N. Y. Med. Jour., August 18th, 1900).—Sajous' *Monthly Cyclo*.

**CARCINOMA OF THE STOMACH WITH INCREASED HYDROCHLORIC ACID.**

In a series of 16 cases of carcinoma of the stomach hydrochloric acid was present, although the absence of this acid is ordinarily considered the most characteristic symptom of this disease. In 12 of the cases the diagnosis was confirmed by operation or post-mortem examination, and 6 have clinical histories highly suggestive of a preceding ulcer. Hydrochloric acid was continuously present in 13 cases, and for a time was found in the other 3, where it was later replaced by lactic acid. The pylorus was involved in 7 cases, the pylorus and lesser curvature in 2, the lesser curvature alone in 1, and the growth was diffuse in 1 case. Lactic acid was present late in 4 patients; in 3 replacing the hydrochloric acid and in 1 associated with it. All suffered greatly from vomiting; retention determined by the presence of souring or food was well marked; emaciation and loss of strength were striking in every case, and the appetite was poor in most of the cases. A. MacFarland (Albany Med. Annals, July, 1900).—Sajous' *Monthly Cyclo*.

**A METHOD OF GIVING CASTOR OIL.**

The method Washburn gives in the *Journal of the American Medical Association* of May 12, 1900, is as follows: Fill the mouth with milk and hold it there; dip up a tablespoonful of milk and pour into this spoon—already full of milk—about a teaspoonful of oil; whether cod-liver oil or castor-oil, you will see that it displaces milk to the extent of its bulk, as any other liquid would do, but the globules of either of these oils, being different from the globules in milk, do not mix with the latter, and the oil will be in a round ball, not touching the spoon. As you swallow the milk that has been held in the mouth, take the spoonful of milk in the mouth, and at once begin to drink milk from a cup at hand. Washburn has never yet found the person who, if the procedure was carried through in this matter, could tell whether he had taken cod-liver oil or castor-oil, or taken none at all. There is absolutely no contact with the mouth or throat of any particle of the oil, nor can it be smelled on the spoon. All this implies taking immediately, but not with undue haste.

The oils as well as the milk must be cold, and the colder the better. The quantity can be increased by degrees as the stomach will stand the oil desired, but if a large dose of castor-oil is desired, it can be better given by repeating the procedure than by attempting to swallow too much at one time.

This procedure has given Washburn and so many of his patients, especially parents when administering oils to children, so much comfort that he repeats what he wrote of it over fifteen years ago, hoping others, who do not seem to have heard of it in detail, may also find relief from the nauseous taste that so many dread.—*Therapeutic Gazette*.

**MOUTH-WASHES TO PREVENT DENTAL CARIES.**

The *Journal des Praticiens* of March 31, 1900, states that for the purpose of preventing caries of the
teeth we must be careful to maintain perfect asepsis of the mouth, particularly during the sleeping hours; otherwise fermentation may take place in the organic material left between the teeth or against the buccal mucous membrane. For this reason Huchard employs the following antiseptic solution with good results:

Crystallized carbolic acid, 1 drachm; Eucalyptol, 15 minims; Menthol, 7 grains; Thymol, 2 grains; Alcohol (90-per-cent), 3 ounces; Enough cochineal to add proper coloring.

This is to be employed as a mouth wash after it has been diluted with three or four parts of hot water. Instead of this the following solution may be employed:

Crystallized carbolic acid, 1 drachm; Eucalyptol, 15 minims; Salol, 30 grains; Menthol, 4 grains; Thymol, 2 grains; Alcohol (90-per-cent), 3 ounces; Tincture of cochineal, enough to make a proper color.

This is to be employed in the same way with hot water.—Therapeutic Gazette.

Surgical.

Under the charge of Sydney R. Hodge, M.R.S.G., L.R.C.P.

TREATMENT OF FRACTURES.

Hitherto the amount of practice that medical missionaries have had in the treatment of fractures in China has been distinctly limited and somewhat unsatisfactory, but the increase of arsenals and the introduction of foreign machinery of all kinds into even inland places, has already increased and will in the future, much more largely, increase the number of accidents involving the breaking of a limb. This being so it is well for us to bear in mind that a Chinaman is very impatient of any delay in getting him well, and that to leave him crippled for his work, is little better than doing nothing. For some time there has been a growing dissatisfaction with the old methods of lengthy immobilisation with splints, which not infrequently left a man with anything but a useful limb. An interesting paper by W. H. Bennett, F.R.C.S., in the Lancet of June 2nd, is epitomised in the Review of Reviews for July. It is an article which ought to be read and cannot usefully be curtailed, but we may indicate briefly its general position for the purpose of instigating a reference to the original paper. The author insists that massage and passive movements are the secret of both hortening treatment and avoiding many of its serious consequences. Pain, frequently due to effusion, pressure, neuritis, and stiffness, secondary to adhesions following exudation, are both most successfully removed by massage, whilst muscle spasm "is more efficiently controlled by massage than by any other plan, excepting perhaps prolonged anaesthesia or narcotism by opium-alternatives which are generally undesirable." "Gentle massage over the fracture, merely a smooth upward movement of the hand which grasps as much as possible of the circumference of the limb, will usually practically relieve all spasm in a very few minutes. The massage must be performed with the hand grasping the limb very smoothly and uniformly... The same smooth movement applied very gently over the swollen parts immediately about the fracture will also rapidly bring about absorption of the effused blood." Splints used in the treatment of fractures should be simple in construction and secured by straps and buckles so as to be easily loosened; they should of course be adapted to the part treated and with a view to facilitating and not hindering passive motion. For instance, in Colies's fracture, "the kind of splint is immaterial so long as the anterior splint is placed well
behind the bases of the fingers," so as to leave them free for movement. Immediate spasm having been allayed at the end of two or three days massage is performed; at first mainly to get rid of the effused blood round about the fracture. At the end of the third day, after practising this smooth massage for ten minutes, passive movement is commenced. These movements will vary with the particular joint affected, and reference must be made to the original paper for detailed instructions, which are fully given. One important rule the writer insists on is the following: "Passive movement should always be preceded by smooth massage which soothes the irritable muscles so completely that movements of the most complete kind are readily carried out without exciting muscular contraction of a harmful kind." In most cases of fracture at the end of three weeks complete ordinary muscle massage may be thoroughly carried out in order to develop the muscles throughout the whole limb. In fracture of the patella Mr. Bennett points out that the most important thing to remember is, "from the outset to secure free movement of the patella upon the femur."

This article was followed the following week by one advocating the application of the same principles to the treatment of dislocations, sprains and bruises. "After a dislocation, if massage and passive movement be employed at once, wasting can be entirely prevented; prolonged fixation produces muscular atrophy, which may lead later to recurrent dislocation." The only method by which muscular atrophy can be avoided after dislocations is by massage, commencing immediately after reduction—smooth rubbing only for the first two days, after which passive movement follows the massage. This passive movement may be very free in all directions, save that which is in the direction of the muscles which tend to waste. The same principles apply to sprains, etc., where "the objects are the restoration to the normal state by the rapid removal of effused products, the prevention of adhesions and the avoidance of muscle waste." The following points are important in carrying out passive movements in cases of sprain: "The first movements used should be those of the simplest kind; for example, flexion and extension in the hip or knee, antero-posterior movement in the shoulder; abduction and adduction should then follow, and finally rotation and circumduction in joints permitting of those movement. This sequence, however, is always interrupted, for the following reason, which is of paramount importance: The last movement to be practised should be that which, so far as can be ascertained, was concerned in the production of the injury." 

Surgical sequelæ of typhoid.

Last month I gave some particulars of a condition named typhoid spine; among other uncommon surgical sequelæ are acute orchitis and affections of the joints, especially ankylosis. The former of these two affections is by no means common, but one or two cases have been reported. They occur mostly in the stage of convalescence; are liable to go on to suppuration and the pus contains characteristic colonies of Eberth's bacillus. "Affections of the joints after typhoid fever are not very frequent. Cases of rheumatic typhoid, septic typhoid arthritis and typhoid arthritis proper of the polyarticular and monarticular varieties have been described; the larger joints, such as the elbow, shoulder ankle and knee, and especially the hip, are more commonly affected. In more than one-half of all the cases of typhoid arthritis spontaneous dislocation of the hip joint has followed. Usually during convalescence there arises sub-acute synovitis with gradual distension which may slowly subside without
In further trouble. The apathetic condition of the patient and the mildness of the symptoms often cause such joint affections to be overlooked. Prof. Keen has collected 84 cases of joint affection after typhoid fever; in only six was ankylosis found, so that this condition is one of the rarest sequels. The treatment consists in breaking down adhesions and straightening the limb under anaesthesia, and failing this in correcting the condition by tenotomy and applying a splint. In some extreme cases osteotomy might be indicated"—(Philadelphia Med. Jour., M. B. Tinker, M. D.)

GANGRENE FOLLOWING USE OF DILUTE SOLUTION OF CARBOLIC.

In the July number of the American Journal of Medical Science is an interesting article by F. B. Harrington on gangrene following the use of dilute solutions of carbolic acid. In all 132 such cases have been reported, in a large proportion of which amputation has been necessary. In his own case, which was that of a young girl who dressed her cut finger for over twelve hours with a weak solution of carbolic acid, the process was a total superficial necrosis with deeper purulent inflammation and haemorrhage. "Numerous cases have been reported in which three and two per cent solutions have caused gangrene which has resulted in amputation." In most cases the dressings have been kept on from twelve to twenty-four hours; "probably the strength of the solution has less to do with the result than the length of time of application and thickness of the epithelium." It is seldom that strong solutions do much mischief, as they are caustic in action and form a scab which protects the deeper tissues, but the injury produced by weak solutions is favoured by the painlessness of the process which serves to divert attention. "In 1896 Josef Lovai showed by a series of careful experiments that gangrene from the use of carbolic acid is due to a direct chemical action on the tissues, and that other dilute chemicals have the same effect. Five per cent solutions of muriatic, nitric, sulphuric and acetic acids and of caustic potash produce gangrene when applied to an extremity by a moistened compress for twenty to twenty-four hours. The histological examination shows that in the beginning each of the diluted chemicals applied in the form of a moist dressing produces the same effect; the epithelial layer becomes cedematous and loosened; as soon as a way has been made to the deeper layers each agent produces necrosis, which takes place in layers downward. Maceration of the skin having taken place, as a result of prolonged action of the watery solution, the penetration of the chemical becomes very easy and rapid." If the case is seen early, and the process has not gone beyond a superficial lesion, a bland alkaline application, such as lime water, is recommended, but the lesson to learn is, NEVER TO USE CARBOLIC SOLUTION IN ANY STRENGTH AS A MOIST DRESSING.

CONTROL OF EPISTAXIS.

Epistaxis is not uncommon in China, and occasionally is very profuse. I have never had occasion to plug the posterior nares and have generally succeeded in stopping it by Mr. Hutchinson's suggestion of plunging the patient's feet into a tub of hot water and gradually raising the temperature. I have also found a solution of antipyrine useful, to which, in severe cases, may be added tannin, dissolved in it. Now a new suggestion comes from Germany, and consists in the injection into the nostril, by means of a syringe, of from two-thirds to one ounce of a warm liquid gelatine solution. The nose must of course be compressed so as to prevent the liquid escaping. The gelatine sets into a firm mass, and
so mechanically arrests the hæmorrhage. This is the way in which the antipyrine tannine solution acts, but this latter has the disadvantage of being difficult to extract, so firmly does it set into the tissues. The gelatine solution is prepared by dis-solving six ordinary strips of white gelatine in a cup of boiling water. The detection of the bleeding point with a good light, and the application of the electric cauters is another good method of treatment.

**Gynecology and Obstetrics.**

Under the charge of R. Gifford Kilborn, M.D.

**THE EFFECT OF MALARIAL DISEASE UPON PREGNANCY.**

The effect of malarial disease upon pregnancy has been carefully studied by Mr. F. H. Edmonds, F.R.C.S., of Georgetown, Demerara, in a paper which appears in the Journal of Tropical Medicine for May. The author considers the effect of malarial conditions—intermittent, remittent, and cachectic—on (1) the period from conception to the sixth month and (2) that from the sixth month to the end of the puerperal period.

Simple intermittent fever, he considers, has no effect upon conception, and, if the attack is mild, no influence on either the mother's life or that of the child. If, however, the temperature rises over, say, 104° F., he finds that abortion is very apt to take place. When acute intermittent fever attacks a pregnant woman in this first period, contractions of the uterus are set up which cause abdominal pain, and the womb can be felt hard and firm. Should the temperature, however, remain moderate, i.e., below 104° F., the administration of quinine causes a gradual cessation of the effect upon the uterus, and danger to both mother and child may pass off.

Abortion has been attributed to the use of quinine in pregnancy. An instance was reported by Assistant Surgeon Balajapal, of the Indian medical service, in the Indian Medical Record for October 1, 1898, and cited in the New York Medical Journal for December 3rd of that year. In this case the abortion set in after the fourth dose of a mixture prescribed for remittent fever had been taken. It is fairly safe to conjecture that quinine administered in any quantity during pregnancy is probably prescribed in consequence of malarial disease, whence, if Mr. Edmonds's view is correct that abortion is prone to occur in pregnancy whenever the temperature is high, it may be that the quinine gets credit for effects which are really due to the malarial disease itself.

According to the author, remittent fever has the same effect on pregnancy as simple intermittent fever, differing only in degree; the fever being usually higher. Abortion is much more common in remittent fever, and is often followed by severe hæmorrhage. A malarial cachexia, however, does not seem to be any bar to conception or to interfere with the course of pregnancy, probably in consequence of the usual absence of high temperature.

It is in the later period of pregnancy, however, that the greatest danger arises. With the onset of the paroxysms, whether of intermittent or of remittent fever, the fetal movements become very strong and are accompanied by severe pain. Playfair, in his Science and Practice of Midwifery, notes the fact that intermittent fever is prone to affect the fetus in utero, causing convulsive movements, sometimes synchronous with those of the mother, at other
times dissociated therefrom, but in any case periodic. Further, after the birth of the child attacks synchronous with those of the mother may occasionally be observed, and malarial enlargement of the spleen is often present. But if not infrequently happens that after one or two paroxysms uterine cramp ensues, which limits the fetal movements till they finally cease, and after a while a further paroxysm results in the expulsion of a fetus bearing evidence of intra-uterine death. This is almost sure to be the case if the temperature rises much over 104° F.

The appearance of bilious remittent fever during or just after parturition is the most dangerous condition for the mother. The author says: "I have seen young and healthy women pass to the last week of pregnancy in good condition, then fall off, become sallow-looking, owing to low remittent fever; during labor the temperature rises, the tongue gets thickly coated with a yellow fur, the patient becomes very restless, the pains weak and long drawn; after delivery there has usually been gushing of dark fluid blood; then an improvement for—usually—forty-eight hours, when a relapse (another paroxysm?) comes on with higher temperature, deeper jaundice, greater weakness and constipation, which, on relief being given by an enema, results in the passage of a large, black, stinking stool. After five or nine days' alternations—each marked by increasing weakness—the patient dies quietly, with many appearances of puerperal fever, but having had her lochia of good color, quantity and odor; and having had no uterine pain or tenderness. In these cases the child is frequently strong and healthy, but there is not a more dangerous condition for a woman than to be seized by a malarial remittent during her puerperium."

The author strongly urges the early use of quinine (five grains every four hours in his own prescription) in pregnant patients afflicted by malarial disease, especially during the second period of pregnancy. It seems to us that any supposed danger of abortion from the quinine is most probably based upon a fallacy, and that in cases in which abortion has followed its use when administered for malarial disease, the malaria and not the quinine has been responsible. In that case, it is likely that an examination of the fetus would have shown indications of intra-uterine death some few days, possibly, prior to the expulsion. This point is well worthy of the attention of practitioners in malarious districts.—N. Y. Med. Journal.

THE USE OF INTRA-UTERINE INJECTIONS IN Puerperal Fever.

Dr. George Rowland (Obstetrics, August) asks: "Finally, what shall we do when confronted with puerperal fever?" We find the patient, he says, in a grave condition, intensely intoxicated with the poison-producing agent, and delirious. There is no specific for this fever. The septic infection is now beyond the reach of the physician. We must prevent any more poison entering the system. Neutralize the poison at the point of production and assist the patient to eliminate the poison from her system through all emunctories.

The external genitals should be cleansed with soft warm water and green soap, followed by thorough application of bichloride solution, 1 to 1,000. The vaginal tract should be cleansed with hot water, followed by bichloride solution, 1 to 3,000, and continued until it escapes clear. The uterus should be completely evacuated of any foreign substance. Hot water should be thoroughly used, followed by hot bichloride solutions, 1 to 5,000, injected into the uterus continuously until the solution escapes clear. When this is done the body of the patient should be placed in such a position as to secure rapid drainage. This should be continued every six hours for the first day and night, after which the iodoform gauze, 10 per cent., should
be packed into the uterine cavity, when thorough disinfection ensues. It promotes contraction of the uterus, removes fluids, and is a source of great comfort to the patient. This procedure should be repeated daily, while a large pad of bichloride gauze should be constantly and repeatedly applied to the external genitals.

Probably objections will be offered to the intra-uterine injection of any fluid. These objections are based upon the probability of fluids being forced through the Fallopian tubes into the peritoneal cavity.

When we remember that the Fallopian tube of an adult woman is four inches long, and that the orifice at the uterine extremity is extremely minute, scarcely admitting a fine bristle, the bare possibility, when the patient is placed in a semi-erect position at the time of injection, is exceedingly remote of any fluid passing into the peritoneal cavity. In all the author's experience of years past he has had no evil results.—N. Y. Med. Journal.

HEMORRHAGE AFTER CONFINEMENT.

Hayd (Journal of the American Medical Association, June 30, 1900) states that the usual early causes of postpartum hemorrhage are uterine inertia, irregular uterine contractions, placental adhesions, and hemophilia. Later it may be due to rolling in bed before the binder is applied, and the too early assumption of the sitting posture for the functions of micturition and defecation. The treatment when the hemorrhage occurs early is to adopt such means as will rapidly produce strong uterine contractions. The placenta, if not already expelled, should be expressed at once by the Crédé method. The uterine contractions should be stimulated by manual pressure; ergot alone or in combination with belladonna or atropine, and the stimulants ordinarily employed for the relief of shock, should be given in full doses. Occasionally a hypodermic injection of a drachm of sulphuric ether acts very well. Large subcutaneous saline injections should be freely administered. Sometimes the intra-uterine injection of very hot water or the copious application of hot vinegar will speedily excite contractions. The abdominal aorta should be firmly compressed if the hemorrhage is alarming. If these means fail the uterus should be packed with large, broad strips of five-per-cent iodoform gauze and the vagina tamponed with the same material. Hemorrhage as the result of laceration of the soft parts or cervix is easily controlled by appropriate suturing with catgut. Hemorrhages occurring some days after labor are often due to retained pieces of placenta or secundines, submucous and intramural fibroids, retroversion of the uterus, endometritis either septic or gonorrheal in origin, hematoma of the labia, and subinvolution of the uterus as the result of an old un repaired laceration of the cervix.—Therapeutic Gazette.

PRIMARY TUBERCULOSIS OF THE GENITAL ORGANS IN WOMEN.

M. Samuel Bernheim, of Paris, had collected eighty cases of primary tuberculosis of the female genitalia, from which he drew the following conclusions: 1. This localization of the bacillus was not rare, and it would be more frequently diagnosed if a systematic search for Koch's bacillus was made in the genital secretions of every woman suffering from a uterine affection. 2. Primary tuberculosis of the genital organs was frequent, especially in women in full sexual activity, that was to say from fifteen to thirty years of age. It had, however, been observed in young children and in aged women. 3. The causes of the contagion were many; sexual relations, prior infections such as chancre, syphilitic ulcerations, blenorragia, and contact with or introduction of improper foreign bodies. Certain individual conditions favored contagion. 4. The
bacillus showed a preference for certain parts of the genitalia. This primary tuberculosis was most frequently met with in the region of the tubes and ovaries, and more rarely in the uterus and vulvovaginal canal. The author gave anatomic and bacteriologic reasons for these facts. 5. When a uterine affection presented no clearly inflammatory characters, it was necessary to think of tuberculosis in order to arrive at a diagnosis by an ensemble of special symptoms, or by the tuberculin test or serum reaction. — Thirteenth International Congress, New York Med. Jour.

"STUMP PREGNANCY."

Dr. John C. Morfit (Journal of the Alumni Association of the College of Physicians and Surgeons, Baltimore, July) records a very interesting case. In August, 1897, the patient, a young working girl in a department store, had produced on herself an instrumental abortion, and was suffering from serious symptoms which called for laparotomy. This was done, and the right ovary and tube were removed. Recovery was uneventful.

December 17, 1899, two years and four months later, Dr. Morfit was called to see this same patient. She had a weak, thready pulse that he could not count; she seemed worried; the lips were pale, the hands and feet cold, the respiration quick and shallow with nostrils dilating at each respiratory excursion; she stated in slowly spoken words, that she had been two weeks overdue in her period and believed she was pregnant. She complained of the most intense pain in the right side from the shoulder to the hip, with especial reference to the right iliac region. She was so weak, nervous and excited, that Dr. Morfit did not attempt to make a thorough examination. There was no mistaking hemorrhage, however, with such symptoms. He gave three-eighths of a grain of morphine and one-thirtieth of a grain of strychnine hypodermal-ly, and in half an hour injected a quart of salt solution into the rectum. This was retained and the pulse soon became steady at 120; the temperature was below normal. As she was quiet and calm, Dr. Morfit left her and returned early in the morning. At this time he was able with less difficulty, but not without causing the patient considerable pain, to examine the abdomen, which was much dis tended and tympanitic except low down posteriorly at the sides, where there was bulging and dullness. The pulse was now 110 and much stronger than on the previous evening, but the patient was too weak to stand anything, and was kept at absolute rest. He repeated the salt solution per rectum and encouraged the patient to drink all the liquid possible. The symptoms continuing, however, and profound collapse setting in, Dr. Morfit succeeded in getting her into hospital thirty-six hours after his first visit, and decided to risk an operation, although he had but little hope of bringing the patient off the table alive. He made the incision in approximately the same line as the first operation of two years previously, and encountered several embedded silkworm gut sutures. There was a band of adhesion running backward to the fundus of the cecum, just to where the vermiform appendix is given off. This two-inch adhesion resembled a thread of catgut. The belly was full of black, but sweet-smelling clots, and there was quite a quantity of fluid red blood. Knowing that he had removed the right appendages, he sought the left adnexa, felt his way through the clots and applied a forceps to the proximate portion of the left broad ligament. With this pressure he felt at ease to proceed to the toilet of the belly, and must have removed more than a gallon of clots and fluid blood. What was his surprise on getting a clear field to see that the oozing was from the stump of the old operation. There it was, about three-fourths of an inch long, and ruptured, presenting a fuzzy
placenta to view. Another forceps was applied to the right side, both tubes lighted close to the womb, and the distal portions removed. The abdomen was then filled with normal saline solution and sewed up with several layers of buried catgut sutures. The patient was returned to bed, and everything done to sustain strength and lesson the shock. Artificial respiration was kept up for over two hours, salt solution was injected per rectum, under the breasts and into the cellular tissue of the thighs. Twenty hypodermic syringeloads of brandy, besides strychnine and nitroglycerin, were administered. For many hours the patient seemed to be only artificially alive, but persistent efforts were finally rewarded by a gradual return of consciousness, and more emphatic evidences of real life. In four weeks the patient walked to her carriage and was driven home. To day, he says, she is a picture of perfect health and suffers nothing. In the ovary removed there was a large ruptured Graafian follicle.

This, Dr. Morfit believes, is a variety of extrauterine pregnancy which has never before been met with, and for that reason he has named it *stump pregnancy*, it having occurred in the remains of a tube, the proximal end of which had not been entirely removed. The absence of the ovary and most of the tube on the right side, the occlusion by ligature of the stump, the presence of a normal ovary and tube on the left side, and a large corpus luteum being present in the only ovary, lead to but one possible conclusion. The fertilized ovum came from the left side, passed through the left tube and the uterine cavity up into the remains of the tube on the right side, where it began to develop and finally ruptured the tube into the abdomen.

This, says Dr. Morfit, upsets the heretofore generally accepted view, that ectopic pregnancy is due to some mechanical or inflammatory hindrance to the normal downward passage of the fertilized ovum. He believes that this case proves quite clearly that the ovum may travel either up or down; and that wherever an ovum may be fertilized, in the ovary, tube, or uterus, it seems certain that it can come from either side and go everywhere and anywhere before anchoring itself preparatory to development.—*New York Med. Jour.*

**OBSTETRICAL "DON'T FAILS."**

By Charles I. Page, M.D., in *New York Medical Journal*.

Don't fail, when engaged to attend a confinement, to ascertain the character and number of previous labors, abortions, etc. Don't fail to remark that you cannot predict with certainty when delivery will take place. Don't fail to impress upon the patient the difficulty of preventing and curing the vomiting of pregnancy. Don't fail to examine the patient's heart. Don't fail to examine the urine at regular intervals. Don't fail to examine the generative organs. Don't fail to refuse to "help your patients out of trouble." Don't fail to respond at once when a pregnant woman sends word that she is flowing. Don't fail to determine the presentation by the seventh month. Don't fail to give instructions in the hygiene of pregnancy. Don't fail to inspect the lying-in room and the articles needed during parturition. Don't fail to carry out asepticism; you may save yourself a guilty conscience and perhaps a patient. Don't fail to learn the condition of the bowels; it sometimes saves time and disagreeable features during the second stage. Don't fail to forbid the patient to use the water-closet during labor; puerperal fever is occasionally caused in this way. Don't fail to carry a perfectly equipped obstetrical bag. Don't fail to have boiling water at hand. Don't fail to see that the patient has a new fountain syringe; the family heirloom is dangerous. Don't fail to forget to use the syringe after a normal labor; it is not in-
Diseases of the Skin.

PARASITIC ORIGIN OF ECZEMA.

The New York Medical Journal, in its issue of September 29th, 1900, gives the following résumé of some papers on the above subject presented to the Thirteenth International Medical Congress:

"Dr. Unna, of Hamburg, said that:
1. The uncertainty attaching to the pathogenic agents of eczema was, in part, the consequence of the absence of any satisfactory classification of cocci in general.
2. The classification so far adopted for cocci, other than streptococci and sarcinae, was entirely artificial, and insufficient to determine exactly and to distinguish species analogous but fundamentally different from a pathological point of view.
3. One of the means of arriving at a better definition and classification of cocci consisted in a more exact microscopic study by means of certain special color methods.
4. To establish definitely the causative rôle of a parasite of eczema, it was above all necessary to prove that the histobacteriologic lesions produced by inoculation with these parasites corresponded exactly to the histobacteriologic lesions of eczema.
5. Among the numerous microorganisms found in eczema there were many which on inoculation reproduced eczema.
6. The work of the future, in so far as eczema was concerned, must consist in the first place in recognizing the different forms of eczema as in part due to the action of different microorganisms.
7. Eczema was a contagious disease and, under certain circumstances, an epidemic one."

Dr. James Galloway, of London, after detailing his experiments in the cultivation of bacteria from the lesions of papulo-vesicular eczema, said:

"The conclusions which seemed to be indicated by the considerations above outlined were:
1. Cocci producing white cultures are present in early and uncomplicated lesions of papulo-vesicular eczema, but these cocci, though varying in minute particulars in different strains, are not sufficiently differential to distinguish them from the Staphylococcus pyogenes albus. The morococcus described by Unna falls into this category. The descriptions given by him are not sufficient to distinguish it as a separate species. There is still less evidence to consider this organism as the specific organism causing eczema.

"In later stages of eczema other organisms make their appearance, so that the cocccus yielding white cultures may even be crowded out of existence. The most important of these organisms is no doubt the Staphylococcus pyogenes aureus.

"2. It appears that in the production of eczema more than one factor is at work, though the presence of such organisms as those mentioned, which are well known to have pyogenic
powers, must be an important factor in every case. These organisms do not grow in such enormous numbers on injured surfaces without producing some result. From our knowledge of their effects in other situations the result must be noxious. The local infectivity and chronicity of eczema are probably mainly due to the presence of the organisms mentioned.

"3. Other factors, however, are probably concerned in the production of any attack of eczema, and of these, two appear to be of much importance:

"First, the predisposition of the skin, usually associated with the seborrhœic state, to the free growth of many varieties of vegetable parasites. This is probably the most effective of all the conditions of susceptibility or of lowered resistance in the causation of eczema.

"Secondly, the clinical evidence seems to be conclusive that certain conditions of imperfect metabolism predispose to the onset of eczema or at any rate to its recurrence; and of these, the most common are those associated with improper digestion and assimilation of food."

THE TREATMENT OF RINGWORM ON THE SCALP.

Jamieson writes in the Edinburgh Medical Journal for June, 1900, on this subject. He believes that in treatment the following are the rules to be observed: (1). The hair must not only be cut or shaved off, but the entire scalp must be kept bare of hair, by razor or curved surgical scissors, till the cure is complete. In this there can be no compromise. Those in care of the child are apt to evade this injunction, on the ground that to them the disease seemed cured; but the doctor, aided by the microscope, ought alone to be the judge as to when the hair may be allowed to grow. (2). Again, the scalp must be kept rigorously clean. It must be washed twice daily with a fluid superflated potash soap and warm water, the soap being poured on a piece of wet flannel and moderate friction employed. Such a soap only will keep the surface soft, polished, and adapted for the reception of remedies. The affected areas usually show a pinkish tint, as compared with the healthy, while diseased hairs do not all grow in the proper direction. The application which has proven most efficacious in his hands is one modified from an old formula of the late Sir William Jenner. It consists of precipitated sulphur, 1 drachm; salicylic acid, beta-naphthol and ammoniated mercury, each 10 grains; and lanolin, 1 ounce. For lanolin we may perhaps substitute vasogen, an oxidized vaselin, which is credited with enhanced absorptive powers; but his experience of it is yet too small to enable him to speak with confidence. One point of great consequence is that the ointment be rubbed in for ten minutes slowly and carefully twice a day. In this way the epidermis becomes charged with the antiseptics, the sulphur, mercury, and naphthol; while the salicylic acid favors the moulting of the diseased hairs while increasing the porosity of the skin. In compounding we may replace the naphthol by thymol, or we may use in exchange a salve of oleate of copper in the proportion of 25 to 50 grains to the ounce. Whatever we use the principle is the same—the steady saturation of the permeable epidermis with substances hostile to the fungus. In this way, and in this way only, in the present state of our knowledge, by patient insistence, we can cure the most refractory instances of ringworm of the scalp.—Therapeutic Gazette.
Editorial.

All communications concerning the Editorial Department of the China Medical Missionary Journal, should be addressed to Dr. James Boyd Neal, Chefoo. All business communications and subscriptions should be sent to Presbyterian Mission Press, 18 Peking Road, Shanghai.

OUR MEDICAL MARTYRS.

The fears which were entertained when the October number of the Journal went to press that at least four of our medical missionaries had been massacred, have been confirmed during the past weeks. There seems absolutely no hope that any of those mentioned in our last issue have survived.

Of these the first, in order of seniority, is Dr. George Yardley Taylor, of the American Presbyterian Mission in Pao-ting-fu, who came to China in 1887, and who for a number of years was associated with Dr. Atterbury in the care of the Presbyterian hospital in Peking. When the new station of Pao-ting-fu was opened a few years ago Dr. Taylor went there as the medical member of the Presbyterian force, and remained at his post until brutally murdered on the 30th of June. It is said that the doctor went out to remonstrate with the crowd when they came to attack the compound, in which all of his Mission were gathered, but instead of obtaining a hearing he was hacked to pieces in front of the gate. Dr. Taylor was universally respected not only for his surgical skill, which was very marked, but also for his lovely Christian character and for his modesty. He was very fond of music, and delighted in the singing of hymns; one of his favorites being that familiar one which has comforted the hearts of many of God's children, "Jesus, Saviour, pilot me." Dr. Taylor was never married, but lived during his later years with Mr. Lowrie and his mother, who were tenderly attached to him.
Dr. Millar Wilson, of the China Inland Mission in Ping-yang, Shansi, came to China in 1891. All that is known of his movements is what was reported in the October number of the Journal, namely that he left his station on the 19th June to join Mrs. Wilson in Tai-yuan-fu, where he arrived on the 26th. His last letter was dated from that city July 6th, so it is supposed that he perished with the other victims of Yu Hsien's ferocity a few days later. Dr. A. E. Lovitt, of the China Inland Mission in Tai-yuan-fu, came to China in 1897, and at the time of his death was supplying the place of Dr. Edwards, who was at home on furlough. Dr. Edwards himself said to the writer: "I feel that Dr. and Mrs. Lovitt have taken the place of Mrs. Edwards and myself in their martyrdom in Tai-yuan-fu. We should certainly have been the victims but for the fact of our being temporarily away from our station." The case of Dr. and Mrs. Lovitt is especially touching from the fact of Mrs. Lovitt's father, the Rev. Dr. Grant, who for a number of years worked among the Chinese in Singapore, having only recently returned from a visit to his daughter and son in Tai-yuan-fu. His anxiety for his dear ones, whom he had so recently seen, and his sorrow over the terrible news of their murder, was most affecting.

The youngest member of the martyred group, Dr. C. V. R. Hodge, of the Presbyterian Mission in Pao-ting-fu, came to China in 1899. He had just been appointed to remove from Pao-ting-fu (where he had gone to be with Dr. Taylor during his first year of study of the language) to Peking to take charge of the hospital there, and had returned to Pao-ting, from a short trip to Peking, to make his preparations for moving, when he was caught in the storm which broke out so suddenly, and was murdered with the rest of the members of his Mission, June 30th. Both Dr. and Mrs. Hodge were greatly liked by those who had met them, and their life in China seemed to be opening up with great promise.

Beside the above four, who met their death in such a tragic and affecting manner, we have in this issue to record the death of another of our number, who may be said to have as truly given her life for the Chinese. Dr. Mary Brown, of the American Presbyterian Mission in Wei-hsien, Shantung, died in Canada, August 14th, 1900. A very appreciative notice of her life and work by Dr. Johnson will be found in another column, and also some notes among the "Personals." Dr. Brown was privileged to leave deep marks of her influence behind her in the field in which she worked.
MEDICAL MISSIONARIES IN GOVERNMENT POSITIONS.

In the "Correspondence" columns will be found a letter from "Curious" on the subject of the duty of medical missionaries to offer their services to their respective governments during their enforced absence from duty at their various stations. Following this letter will be found the reply of Dr. Wolfendale, both published originally in the China Gazette.

In addition to the case of Dr. Wolfendale, who is now and has been for some months in H. B. M. service as surgeon on board the S. S. Pioneer, which is stationed at Chungking, we may mention the following who have rendered good service during the present troubles in various government positions. Dr. Mary L. Burnham and Miss Dr. Wallace volunteered for work as nurses in the military hospital at Wei-hai-wei and served at that post for a number of months until their help was no longer needed.

Dr. James A. Greig, of Manchuria, accompanied the Russians from Vladivostock toward the west, to engage in Red Cross work and to be as near as possible to his old station of Kirin. So far as known he is still engaged in this government work.

Dr. Chas. Lewis served for three weeks as surgeon on board the U. S. S. Yorktown, after which he secured a position in the American army in Tientsin, and is now regularly employed in military work.

Dr. Learmonth was for some time engaged in hospital work among the British wounded in Tientsin.

Drs. Peill and Young have both been engaged for months in military work in Wei-hai-wei, in connection with the British government.

Dr. E. C. Smyth served for more than a month in the British navy as an assistant surgeon, and would still be in that position but for the fact that his services were no longer needed, either in the navy or the army, to which he applied for appointment.

Those mentioned above are all who have been reported to the Journal as engaged in military work; there may be others, of whom the editor has not heard. They by no means, however, represent all the medical missionaries, who would have been glad to make use of their medical skill in helping their fellow-countrymen, either in the army or navy. So far as the writer is aware no call was ever issued by any army for volunteer surgeons, and when applications were made by individuals the positions had to be sought for, and the impression was made of conferring a favor upon the applicant rather than the reverse. Such a
state of affairs was rather discouraging to those who would have been only too glad not only to have been of service to their fellow-countrymen, but to have had an opportunity for some experience in military surgery.

In two cases which have come to the writer's knowledge (there may be many more) two fully qualified surgeons failed to secure any appointment whatever, though they were most anxious to be allowed to serve. The fact seems to be that there was no serious need of outside help beyond what was available in the regular forces of the armies and navies.

LESSONS FROM A YEAR'S EDITING.

As the present number marks the beginning of a new year in the life of the JOURNAL, and the commencement of the second year of the present editor's tenure of office, it seems a fitting time to gather up the lessons of the past year in so far as they concern the conduct of the JOURNAL.

When the writer entered upon his duties he addressed letters to all the members of the Association, so far as he could learn their names, and also to others, asking them to send contributions to the JOURNAL, either in the line of regular medical articles or evangelistic notes or personal notes. The answers to these letters have been painfully few; the majority of them having been ignored by the recipients altogether; others eliciting a polite refusal, while a very small proportion have been successful in extracting articles from those to whom they were addressed. For the measure of interest which has been taken in the JOURNAL, the editor feels very grateful indeed, but he cannot but feel that there is room for a great increase in that interest, especially by those who have never contributed to the JOURNAL in any way. If only half the members of the Association would make it a rule to send only one article a year to the editor's office there would be no difficulty whatsoever in getting the magazine out in time every quarter, but as it is, every time the JOURNAL is due there is great anxiety as to the various departments which go to make it up, and a large amount of correspondence is necessary to insure the requisite amount of copy.

So far it has been easier to secure sufficient material for the department of "Original Communications" than for "Evangelistic," which it seems very desirable to maintain if possible at a high degree of efficiency.
The editor would therefore make a special plea for a more general interest in this particular part of the Journal and for more frequent articles for this department.

In the line of "Personal Notes and News Items" and "Correspondence" it would be a great pleasure to hear more frequently from the various members of the Association of their doings and plans and of the movements of friends who are too modest to write themselves. A more lively discussion in the pages of the Journal of the various questions which meet us all in our work, would seem to be very desirable. Just at this particular juncture, when in so many regions the medical work has been so rudely interrupted or completely destroyed, and when questions of reconstruction and of plans for renewed work in the future are before us, it would seem most desirable that we should all be free and frank in our public discussion of the pending questions. During the coming months, when so many are away from their regular work and so many have left the country, we would beg that those who remain would take an especial interest in keeping the Journal up to a fairly good standard, one which will do us credit in the eyes of the world and which will show everybody that we are accomplishing a grand work here in China.

In conclusion, the editor would like to say that criticisms and suggestions in regard to the conduct of the Journal will be most welcome; indeed will be most deeply appreciated. Let it be remembered that this is not the Journal of one man, but of the Medical Missionary Association of China, and we are all responsible for what we make of it. Let us all work together to make it worth reading and to put it into the hands of as many of our medical friends as possible.

THE NOMENCLATURE COMMITTEE; ITS NEED OF FUNDS.

Plans are being made for a meeting of the Committee on Medical Nomenclature in Shanghai during the winter, and it is hoped that much good work may be accomplished during the two months or more of its prospective session.

The work in several departments is fairly well advanced, and there seems no reason to doubt that at least the lists of terms in chemistry, anatomy, and physiology will be finally determined upon, and those in other lines be gone over to some extent and possibly in some particular departments settled. The committee, however, is confronted with the question how to meet its necessary expenses. The members of the committee, who go to Shanghai, are more than willing to pay a large
Editorial.

share of the extra expense involved in the journey and in staying so long in Shanghai, but it will be a considerable tax to have to meet the whole of this expenditure out of private funds, and if compelled to do so the committee will certainly not feel it can meet very soon again. Now it is very desirable that after this coming meeting in Shanghai, there should be another meeting, say in the summer or autumn, to finish up the terms, so that the making of necessary text books and the revision of old ones may be proceeded with. Again, the lists must be published when completed and distributed to members of the Association, a matter involving a considerable outlay. Now how shall these various expenses be met? The Association has in Shanghai a fund of some four hundred Mexicans, which stands to the credit of the Medical Journal, but which is undoubtedly the property of the members of the Association. Shall the secretary of the committee be authorised to draw on this fund for absolutely necessary expense connected with work of the Nomenclature Committee, or shall a subscription list be opened for this purpose? The members of the committee would be glad to have an expression of opinion from those interested in the matter to guide them in their actions. The Journal will be open for correspondence on the subject. It will of course be remembered that $400 will not be sufficient in all probability to meet the expenses of the meetings and to also publish the lists. There will certainly be a chance for any one to contribute who feels so disposed. If any one does wish so to do, Dr. Cousland, of Chao-chow-fu, Swatow, who is secretary of the committee, will be happy to take charge of the contributions and acknowledge them in the Journal. An account of all expenses paid for out of such contributions or from the funds of the Association will also be published in due time in the Journal.

P. S.—Since the above was written a letter from Dr. Cousland has been received, adverting to the matter. His letter will be found under "Correspondence."

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It will be good news to all who are acquainted with the book to learn that Smith's Chinese Materia Medica is being revised by Dr. Stuart for publication by the Presbyterian Mission Press in Shanghai. It is a book which has been most useful, but has been so long out of print that few of the younger members of the Association are probably acquainted with it. The superintendent of the Press writes that there are still many inquiries for it, so that no doubt when the new edition is
The China Medical Missionary Journal.

issued there will be a considerable demand for it. It is a book which gives much information about the drugs procurable in the Chinese shops. It is to be hoped that Dr. Stuart may be able to go right along with his revision, so that the new edition may soon be on the market.

* * * * * * * *

In this first issue of the new year, the editor wishes to make a special plea to those issuing hospital reports to allow the Journal the use of any plates they may have made for use in illustrating their publications. It will add greatly to the interest of the notes on hospital reports, if they can be accompanied by pictures of the hospitals referred to, and if the medical men and women responsible for these reports will simply send their plates to Mr. C. W. Douglass, 18 Peking Road, Shanghai, with a brief note telling him what they are, they will be carefully preserved and returned to their owners after being used in the Journal. The Journal will be glad to pay any charges for postage on such plates. The editor has to thank Mr. Douglass for this most practical suggestion. It is hoped that all members of the Association, and others, will act upon it and thus add to the interest of the Journal.

* * * * * * * *

The editor has received a note from Dr. Hodge taking exception to the criticism in the last number of the Journal of his rule never to undertake the treatment of trachoma unless the patient could come into hospital for six weeks. The editor would be very sorry if anything he has written should be construed as a personal criticism of Dr. Hodge, for whose medical knowledge and skill he has a profound respect. The criticism was meant to be merely a protest against the adoption of such a rule for all hospitals, or for general use in China. No doubt in Hankow there may be abundant reason for such a rule, and it was of practice in Hankow that Dr. Hodge was writing, but here in the north such a rule would work great hardship and entail unnecessary suffering. The mistake was made, in the criticism referred to, of not noting that Dr. Hodge was detailing merely the practice in Hankow, not laying down general rules for the guidance of others.

* * * * * * * *

The readers of the Journal will, we are sure, be grateful to Dr. Saville for the interesting article she has given them in this number on the siege in Peking, and for the statistics of the casualties in that remarkable siege with which her article closes. It was a most memor-
able occasion, and we are glad Dr. Saville has thus put on record the medical aspects of the siege from the point of view of one who took an active part in it.

The editor is most happy to be able to announce that Dr. Booth, of Hankow, has consented to act as an associate editor of the Journal, taking charge of the medical part of "Progress," and Mrs. Kilborn, M.D., has undertaken to do the same for the department of "Gynecology and Obstetrics." Dr. Booth's duties will begin with the April number.

Alcohol and Infection.

Whether alcohol increases our susceptibility to infection or not is a question of great importance, but one on which comparatively little work has been done. So far as experiments which have been made on animals go, it would seem that alcohol, like certain other substances such as chloral, carbonic acid, etc., does render the consumer more liable to fall a victim to the germs of infectious diseases, and this view is supported by clinical experience in the tropics and elsewhere. Seeing that brandy and other alcoholic stimulants are frequently given to patients suffering from infectious diseases the question presents itself whether we are helping the disease or the patient most by their exhibition. Dr. Laitinen has recently experimented on no fewer than 342 animals—dogs, rabbits, guinea-pigs, fowls, and pigeons—with a view to settling the question. As infecting agents cultivations of the anthrax, tubercle, and diphtheria bacilli were employed. These were chosen as types of acute infection, chronic infection, and a pure intoxication. The alcohol employed was, as a rule, a 25 per cent solution of ethylic alcohol in water. In greater strength the alimentary mucous membrane of the birds became inflamed. Some of the dogs had 50 per cent solutions. It was given either by oesophageal catheter or by dropping it into the mouth from a pipette. The dose varied with the animal and its weight from 1½ c.c.m. in the case of the pigeon to 60 c.c.m. in that of some of the dogs. It was administered in several ways and for varying times; sometimes in single large doses, at others in gradually-increasing doses for months at a time in order to produce here an acute and there a chronic poisoning. A full account of these experiments is given in an elaborate series of tables to which we must refer the reader for details. Briefly, Dr. Laitinen found that in all these cases without exception the effect of the administration of alcohol, in any form whatever, was to render the animal distinctly, sometimes markedly, more susceptible to infection than were the controls.—British Med. Journal.
Hospital Reports.

Only three hospitals have been heard from in addition to those reported on in the July and October issues of the Journal. This makes a total of forty-three in all which have sent in statistics of their work during 1899.

One report for 1900 has reached us—that of St. Luke's Hospital in Shanghai—which is not included in the following table, but will be noticed later on.

**Hospital Statistics for 1899.**

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<td>Reported in July and Oct.—40 hospitals.</td>
<td></td>
<td>400,264</td>
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<td>7,024</td>
<td>6,906</td>
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<td>Chingchow E. B. M.</td>
<td>Watson</td>
<td>7,294</td>
<td>2,556</td>
<td>9,850</td>
<td>283</td>
<td>211</td>
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<td>Foochow A.B.C.F.M.</td>
<td>Kinnear</td>
<td>20,044</td>
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<td>4,376</td>
<td>547</td>
<td>190</td>
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<td>Foochow A.B.C.F.M.</td>
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<td>Total of 43 hospitals and dispensaries...434,534</td>
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<td>7,024</td>
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**Ponasang Hospital, A. B. C. F. M., Foochow.**

Dr. Kinnear's report is unusually long and interesting, designed to awaken interest in, and secure support for, his work, among friends in America. The doctor in the early part of his report refers to what doubtless has struck every one who has practiced in China as one of the peculiar trials of medical missionary life, namely the strain of attendance upon one's associates, with whom he is thrown into such very intimate contact. He says:

"An unusual amount of sickness among the missionaries has demanded much time and strength, especially during the hot summer months. No work that we do is important as this, and it seems to take a much greater amount of strength than the ordinary routine work. On the mission field where we are all as brothers and sisters, in the oneness of our interest and our mutual dependence, there is something akin to the feeling which comes to a physician when obliged to minister to the ailments of his own family, making one feel the burdens of another more keenly, perhaps, than under any other circumstances. So it is that the care of one's fellow-missionaries or their families during sickness, brings a stress of its own on account of the sympathy and anxiety that the physician cannot but feel, and means more of care here than in a general practice in the home-lands. This is aside from the fact that illnesses that would usually be quite tractable if we had our foreign patients in the temperate climates in which they were born, become much more intractable here, where the anaemia incident to the climate, a substratum of malarial infection, and the tendency to serious digestive disturbances, make otherwise simple diseases the starting points for dangerous break-downs."

Again the doctor touches on another little trial of our daily work which, as put in the following extract will, no doubt, awaken a responsive echo in the hearts of many of us who have experienced the same difficulties in dealing with out-patients.

"The Foochow people are garrulous
to an extreme. Anything of importance is repeated in ten or a dozen different forms; each time with an increased volume of voice, until the speaker might be presumed to be addressing deaf people, whose intelligence was below par. So accustomed are they to these vigorous and crude methods of receiving and imparting ideas, that a quietly spoken sentence from the student, giving directions about the use of medicines, makes no apparent impression the first few times it is repeated, perhaps not at all until it is fired at the hearer as from a Krupp gun, then the patient sometimes concludes that the speaker meant just what he said. Then again the ill-mannered insistence of some who want more medicine because they come from a distance, because the affected area is large, because their sickness is severe and they want to take larger doses, or because they are Christians, or want medicines, on their own hazy diagnosis, for cases which we have not seen; people, to whom "No" is an encouragement, to whom "Impossible" means only hesitancy, to whom the rules of the hospital are of no account,—all this is not easy to deal with in a quiet way, especially when a heavy day's work is pressing."

In regard to the difficulties and successes in the way of aseptic surgery the report says:

"The quality of the surgical work done during the year has been better than ever before; successful aseptic operating having been done more frequently than ever. The difficulty of making the field of operation clean in skins with thickened epidermis seldom removed by washing, the dirty habits of the patients, their persistence in meddling with dressings, the ubiquitous vermin, the difficulty of making the students and assistants careful in carrying out the details of aseptic surgical technique,—all combine to make perfect cleanliness almost unattainable. But we have been successful often enough to make the extra effort well worth while. Some of the cases in which aseptic methods were used, are given in the remarks."

The report closes with a number of interesting notes on surgical cases, which lack of space forbids our quoting.

**St. Luke's Hospital, Shanghai.**

This hospital, under the care of Drs. Boone and Gates, of the American Church Mission, reports the usual amount of good work done during the year ending the 15th September, 1900. Dr Gates is now at home for a much-needed rest and change, and in her absence Dr. Boone reports for both departments of the hospital—men's and women's. The statistics of the men's department show that there were in all 21,087 attendances at the out-patient dispensary and 657 in-patients; while in the women's department there were 9,831 out-patient attendances, and 249 in-patients, beside 180 visits paid to patients in their homes. Venerable Archdeacon Thomson has had charge of the religious work of the hospital during the year.
Refugee Experiences.

ESCAPE OF IRISH PRESBYTERIANS FROM MANCHURIA.

By Dr. J. R. Gillespie.

Last June the following missionaries of the Irish Presbyterian Church were living in Kw'an-ch'eng-tzu, a city of about 90,000 inhabitants, situated about 300 miles north of Newchwang and 80 miles west of Kirin: R. J. Gordon, M.A., M.B., Mrs. Gordon and five children; Rev. A. Weir; and J. R. Gillespie, M.A., M.B., and Mrs. Gillespie.

In the latter part of the month "Boxer" agents began practising on the street; and even, it was said, in the yamen. Placards also were posted in the streets urging the expulsion of the foreigners—a thing unprecedented in Kw'an-ch'eng-tzu.

Dr. Gordon, who on account of medical services rendered to his wife and his brother, was on friendly terms with the mandarin, sent him a copy of an anti-foreign placard.

The mandarin responded by issuing a proclamation threatening imprisonment to those who should speak ill of foreigners or circulate placards hostile to them. The placards ceased, but there were still unpleasant rumours going about, to which weight was given by the daily rise in the price of silver and a steady diminution in the number of hospital patients. On 29th June two letters arrived: one from Newchwang telling us that the Chin-chow and Kwang-ning missionaries had had to leave their stations, and were already in the port; the other from K'ai-yüan—400 li south of us—saying that the missionaries there were on the point of leaving for Newchwang. Next day a telegraph office was newly opened in our city, and we took advantage of it to send messages to Newchwang and Kirin asking for information.

The Kirin reply came in the following evening—in German as a precaution. It said that the missionaries there were going that night under cover of darkness to the Russian settlement and were to leave next day on a river steamer, en route for Harpin.

We decided to follow them, and were busy next day packing when the Newchwang reply arrived. It said: "Moukden houses, churches, hospitals burnt; go north."

The Russians kindly promised us an escort of two Cossacks to Lao-sha-kou, a newly-arisen town on the river Sungari, from which we could get by rail to Harpin.
Refugee Experiences.

We informed the civil and the military magistrates of our intended departure and entrusted our property to their care. They promised to send soldiers twice a day to see that our property was not molested, and sent a guard of six soldiers with us to Lao-cha-kou.

We set out in carts at 7 a.m. on Tuesday, 3rd July. Quite a number of the Christians came to see us off, and a good many of them accompanied us as far as the Russian settlement, about 10 li. After a little delay there we set out with our curious guard of two Cossacks and six Chinese soldiers.

At first we kept along close by the railway bank, at which work was going on as usual. At midday we stopped at a Russian settlement and took our midday meal in the open air in a little grove of fruit trees.

The Chinese soldiers and carters did not like this, however, as their wants are more readily supplied at a Chinese inn. Accordingly at the first opportunity they insisted on going off on to the Chinese road; and the Cossacks, who had orders not to leave the railway route, left us, and we saw them no more.

From this point we kept to the Chinese road and stayed at Chinese inns at night, but without meeting with any incivility. Our Chinese escort was polite and obliging, helping to carry things into the inns for us, etc. Our first day's journey was so uneventful that Dr. Gordon was disposed to go back to Kw'an-ch'eng-tzu next day. Had he done so he would have arrived on the eve of a battle between the Russians and the Chinese.

On the evening of our third day out we arrived at Lao-sha-kou, where we were made comfortable by a Russian captain, whose child had been treated medically by Dr. Gordon some months before. Here we found that our Kirin friends had only arrived the same day, having been delayed by their steamer getting on sandbanks; the river being low at the time.

The missionary contingent from Kirin consisted of J. A. Greig, F.R.C.S.E., and Mrs. Greig; Revs. A. R. Crawford, M.A., and W. Miskelly, M.A.; D. L. Fisher, M.B., Mrs. Fisher, and baby, all of the Irish Presbyterian Mission; and Mr. and Mrs. Drysdale, of the British and Foreign Bible Society with their two children. Besides these all the Russian women and children had been sent off from Kirin, so that the little steamer was crowded, and each passenger had been limited to twenty pounds of luggage.

Next morning we were taken across the Sungari in a steamer and got on board a train, which started about 1.30 p.m. We shared with Mrs. Daniels, wife of the chief engineer at Kirin, the only passenger carriage there was, a third class one. The rest of the Russians were in covered waggons, and there were in addition large numbers of Chinese on open waggons. We reached Harpin about 8.30 p.m., and were allowed to sleep in the train all night.

Next morning we went and established ourselves in a Chinese inn close to the station, but the Russians did not consider this a safe place, as it was
outside their settlement. They put their school at our disposal, as the school had broken up. Here the ladies and children occupied one large room and the gentlemen another. We had meals in a hall between the two rooms; two meals a day were sent gratis from a neighbouring hotel; the rest we were easily able to provide for ourselves. We were just about settled in the school on Saturday afternoon, 7th July, when some of our party met Dr. Muir, of the U. P. Mission, who had just come in from Ashiho, his station, to get news; having received a warning letter from Kai-yüan. Ashiho was within easy reach of Harpin, being a station on the railway. We had arranged that two of our number should go out and bring the missionaries in, but when Dr. Muir turned up this was unnecessary. Rev. Mr. Miskelly, however, accompanied Dr. Muir next morning to render assistance.

Large numbers of Chinese soldiers had assembled at Ashiho, and it was felt that the greatest expedition should be used.

On arrival they found Rev. Mr. Robertson preaching. They went into the chapel and sat till the service was over, but managed to slip a note to the preacher, with the news that they must all leave at once. As soon as the congregation was dismissed, a hurried consultation was held, carts were procured, and a few things hastily packed. The whole party, consisting of Rev. D. and Mrs. Robertson, Rev. Mr. M'Intyre and Dr., Mrs., and baby Muir, reached Harpin safe that night. Meanwhile things began to appear threatening in Harpin. We were told that the Chinese had attacked the Russian settlement at Kw'au-ch'eng-tzu, two days after our departure, and that the Mission houses there were burned. The Russians decided to send their own women and children all away, down the Sungari. They very kindly allowed us to travel in one of the four barges. We got on a train on Tuesday morning, 10th July, and went down in open trucks to the river bank, considerably more than an hour's ride on a slow train. Here we were discharged with our luggage on to the wharf about 12.30 p.m., and had to wait in a broiling sun till about 5.30 p.m. while a load of barrels containing what looked like plaster of Paris, was being discharged. As soon as the cargo was off we had to get on board.

Ours was a large barge built of iron plates. The hold was divided into six sections, of which our party, twenty-seven persons, had one to sleep in. We were lashed alongside another barge, and towed by a stern paddle steamer, the Blagovesensk.

We had a very uneventful voyage, lasting a little over four days. It was feared we might be fired on at the San-shing (Chinese) forts, but we were allowed to pass. There were a few cases of sickness on board, but not of an alarming nature.

On Saturday afternoon, 14th July, we passed fifteen steamers, mostly towing two or three barges each, going up with soldiers, guns, and horses to
Refugee Experiences.

the relief of Harpin, which was besieged a few days after we left. The same evening we arrived at Habarowks, at the junction of the Amur with the Usuri. We were now out of Chinese territory, and thankful to have escaped without seeing any fighting or other horrors.

ESCAPE FROM HONAN.

By Dr. G. W. Guinness.

At the beginning of July reports of the disturbed condition of the country began to arrive at our station. Prolonged drought had destroyed the prospects of a good harvest, and the people were in a restless condition, ready for anything in the way of uprising and excitement. They were incensed at the failure of all their prayers and rain processions; no rain had fallen. "It must be the foreigners' fault," they said, "let us get rid of them." Wild rumours were current everywhere, and finally we heard very definite threats of violence; no notice was taken, however, as wild talk is very common in China, and we did not want to be disturbed by it.

On Saturday, July 7th, a large party (Canadian Presbyterian) of foreigners, fleeing from the north, passed our station and sent a messenger to warn us of the danger and bid us make good our escape. The same evening two officials came to discuss the situation; they were evidently desirous of getting money, but not willing to do much to help. We wrote to the mandarin at Nan-jiang-fu, and determined to wait for an escort.

The services next day were very well attended; in the afternoon crowds assembled to see the church members go home; a riot seemed imminent, but an influential man dispersed the people, and we locked the doors and packed a few things and prepared to leave. That night a few soldiers were stationed in front of the door, and we were left in peace, but dawn revealed the fact that the guard had gone. It was impossible to get away, because a vast crowd had assembled, evidently intent on riots. The packed boxes, together with a case of instruments and drugs and a camera were conveyed across a wall in the garden and placed in an out house in our neighbour's courtyard. By means of a ladder my companions (Mr. and Mrs. C. and Miss W. and a baby) and myself scaled the same wall and stood in this yard, not knowing which way to turn; our teacher was pale and nervous, and could offer no suggestion. The yells of the people and battering at our front door sounded ominous. He said: "You must hide; they are coming; it does not matter if you are killed, but I fear worse things may happen to you," "Come!" The landlord of the house appeared and led the way through his house to his guest hall. In one corner of the room was a ladder leading up to a loft overhead. "Hush, go up quickly and stay still."
It was a long room with five windows on one side; dust and lumber plentifully scattered about, and there we lay hid, listening to the terrible shouts and yelling of the mob, the crash and falling of timber and masonry; they had begun to riot in earnest. Two of the party were ladies, and one of these, Mrs. C., had been seriously ill and was very weak. The month-old baby required food. The mother had tasted nothing since the previous day, and it was quite impossible to get anything then. Should the child cry our whereabouts would be revealed, so it was all important to keep her quiet. We prayed in silence, and the Lord heard and kept the child still from dawn till dark.

It was very hot. The noise of the rioters increased as they neared us. Our house was in flames; we could hear the crackling of the fire and see the smoke. Suddenly there was a rush; the mob had traced us over the wall and across the court-yard, and into the room beneath they came. Every word was so distinct: "Kill the foreigners, smash up the house; they must be here up this ladder. I will go up and see; we have searched everywhere else and have not found them. I believe they are here; let me go up." A brisk altercation ensued; our friends trying to dissuade the searchers from ascending the ladder; others urging them on.

Time after time they were driven off and as often returned to search. They clambered on to the roof and stared in at the windows. We stood flat against the wall between two windows, thus attempting to screen ourselves from sight. At last two boys saw us and spread the news. Back came the rioters.

"They are here; they have been seen; we will go up." It was an anxious moment, but God gave peace amid the anxiety. The landlord managed to bluff them off again, and after a long time of stamping and raging they went away; so passed the hours of the day from 7 a.m. till 8 p.m. Darkness at length brought relief from strain; the mob had gone, and we breathed more freely. A pot of Chinese tea was passed up through the floor, and the wearied mother could quench her thirst. Presently the landlord appeared white and trembling. "Don't delay," he said, "follow me; they know you are here." His voice was almost gone. We quickly descended the ladder and again crossed the yard and passed into a granary situated on one side of it, immediately opposite the room where the boxes had been hidden in the morning.

At one side of the room stood an enormous basket of grain; a stool was placed on this, and by its aid we clambered up through a trap-door into a loft above; the stool was removed, the door shut down and all trace of our whereabouts was gone.

We were in a long room, dirty and quite devoid of furniture; the rotting boards of the floor were covered plentifully with dirt and rubbish. The earth walls were cracked and split, a number of windows with bars of wood across
them, served to let in the light, and at one end an open but broken doorway, partly filled with earth bricks, afforded a splendid view of the whole room, with the exception of one corner. It was this corner that gave us a hiding place for the succeeding four days of riot. Thankful to have escaped thus far, we lay still on the floor and partook of a piece of bread and some native tea that Mr. Li (the landlord) had provided. The child still kept quiet. It was quite dark by now, and presently the trap-door lifted and Mr. Li emerged from below. He had come to tell us his plans for escape. We were to be disguised as far as possible and to leave at midnight and go to the house of a man named Uang, from whence a start could be made early in the morning by carts. This was agreed to, and about 11.45 p.m. we passed down through the trap door on to the grain and thence regained the ground floor, little knowing the danger that lay ahead had this plan succeeded.

Just at that moment a noise at the front caused us all to stand still; a few minutes later the landlord came running back and said: “Quick, back to the loft; the Pao-kia-kü has come to search the place.” There was no time to be lost; up on to the basket of grain we climbed, and once again, by aid of the stool, managed to ascend into the room above. The trap door was quietly let down, and I took my seat on it; fortunately the child did not cry.

With short, sharp orders the Pao-kia-kü official ordered his soldiers to search the place. It was not long before the boxes, camera, etc., hidden in the morning, were discovered; these were promptly removed.

Having cleared them away they returned to thoroughly investigate the whole place. “What is here?” “My grain,” answered Mr. Li. “The door is locked; I must get in.” Here (to his soldiers), “break open the door.” A blow from a heavy pole followed, and we heard the official enter the granary beneath us. “What does this mean; a stool on a pile of grain just beneath a trap door. Who is up there? Search and see!”

Silently we prayed, and God heard; a voice said: “Only women up there.” Already the trap door had begun to lift. “Only women” oh! the door was dropped, and we heard them departing; three times they returned to the search and as often left again; we realized in a new way that God is a hearer and answerer of prayer.

They stationed two soldiers below, so that all escape for that night was impossible. Subsequently we found out that had the plan of going to Uang’s house succeeded, none of us might ever have got away alive, so that what seemed to us disaster was really our salvation.

All too quickly the remaining hours of darkness passed; brief snatches of sleep were seized by some, others listened to the conversation of the soldiers below; morning dawned and revealed us to each other covered with dust from the floor and cobwebs from the wall; the month old baby lay asleep by her mother; little sleep and lack of food was an ill-preparation for
The day of riot that was to follow, but "as thy day so shall thy strength be" was not to fail. Very early in the morning the rioters came back to their work to finally demolish the remaining portions of the gospel hall. A very thorough search was made for the foreigner. Yells and blows resounded on all sides; time after time we could only lie hiding our faces in the dust and praying as the sounds of the rioters overhead made the room shake. They smashed the tiles and danced on the roof and tried to look in at the windows and broken door. "Where are the foreign devils; kill them, kill them." Towards evening the sound of rioting diminished; they were going to their homes. I looked through a window into the court below and saw two men piling wood and straw and dried grass round the house. "We will burn them out and kill them as they run;" the voice was low, and I could not be quite sure what was said; was this then to be the end? The ladies knew nothing of this, and we did not tell them.

The house was not burned, however, and another night came on, and with it a chance to get a little food through the trap door.

Wednesday and Thursday were thus passed in the loft. Every night fresh plans of escape were devised, but could not be carried out; one evening the ladies were to have been conveyed away from the city in water butts, and we, disguised, were to walk with them. The butts proved too small, and could not be used. The attempt to let us down over the city-wall with ropes they said would prove futile; the wall was too carefully guarded. The city gates were closed, with the exception of two, which were jealously watched. "Would we dress up as soldiers and escort the ladies on horse-back?" "No! the risk was too great. Travellers were being continually robbed and killed." At last hope of an escort of soldiers cheered our hearts; 100 or 200 Taels was to be given, and for this sum an escort provided to Fan-ch'eng. The time of starting was settled, and we fully expected to get away. But all hopes were doomed to disappointment; the escort refused to go for less than Ts. 500, and even then would accompany us for only a distance of 90 li. So hope alternated with disappointment, and every day fear of discovery was added to the strain and trial of imprisonment; bands of searchers kept coming and trying to see into the room. At midday on Thursday Mr. Li suddenly appeared and said: "Fly! the Pao-kia-kü has come with swords to kill you." In two minutes all had dropped through the trap-door, crossed the yard, and scaled the wall and were back in the devastated remains of our old garden. The sun was blazing hot, and no one had protection for the head. The infant began to cry, and we thought that all was-over. Apart from God we were helpless.

Not many minutes later a man followed across the wall; it was impossible to avoid discovery; we lay still!

"Come back," he said, "they have gone." "It is all right!" The revulsion of feeling can be better imagined than expressed.
On the evening of the fifth day after 'the riot rain fell, and afforded the opportunity required to escape to another house. An excited crowd of servants and assistants waited below to disguise us all and lead us forth one by one in the darkness and rain. After a ten minutes’ walk we reached a large business firm, and were conducted to the back of the building and hidden in a strong room at the top of the house.

The room was small and dark with one window in it eighteen inches high and a door-way without door. A bed on one side afforded a resting place for the ladies, and we managed to put up a portion of curtain, and C. and myself lay on a rug on the stone floor.

Every day hope of escape seemed farther off. The city was in ferment. Rioters, robbers, and a society similar to that of the Boxers were continually fighting, and the chief man of the firm protecting us went out night by night to guard the city. Besides a gun and sword he carried two short heavy-pointed iron pins rather like a cold chisel in shape. These were inserted into his belt. He said he could throw these weapons with accuracy for ten or twenty yards and strike a man in the eye and kill him. A silent, taciturn man, he rarely spoke, but evidently a man of power, and as such feared and respected by others. Twelve days were spent under his protection, and none of us suffered any violence, but the intense heat and confinement was proving very trying. Two out of the party became ill. One evening the chief partner in the firm appeared and said: “To-morrow morning carts will be in readiness at dawn; prepare to leave.” Before daylight we crossed the court-yard in silence, careful not to wake the many men who were sleeping there.

Then an awkward delay of forty minutes waiting for the cart, proved trying, because every minute it was getting lighter. Eventually two carts arrived, and we started just before the sun was up. Ten minutes more were spent at the city gate. A bribe of 1,000 cash per cart had to be given, and we got through without being seen; our landlord sitting in front and screening us from view.

Eight li from the city a small boat was waiting, into which we crept, and with an escort of four men, started down stream. Passing the customs proved difficult and anxious work. The officials came on board and thoroughly searched our cabin, but never once of the twelve or more times we were examined did they discover the foreigner. Had they found us our lives would not have been worth much.

The escort and ourselves lived in the one cabin for thirteen days until Hankow was reached in safety.

Here it was their turn to be frightened; they had never seen such large vessels as lay in the Yang-tse, and were only too glad so start back with the Tls. 300 (taels) which was the reward for bringing us through in safety.
Thus thirty days after our station was destroyed we reached Hankow, ragged and dirty with clothing that had been lived in day and night for a month, but very thankful to have been brought through in safety by "one who never leaves and never forsakes those who put their trust in Him."

China Inland Mission, Chefoo.

ACCOUNT OF THE TSAO-SHIH RIOT, JUNE 14, 1900.

By Edward F. Wills, M.R.C.M.

Thursday morning, June 14, was to be the occasion of an idol procession (t'en-fu-huei) (符). Some days previously theatricals had been going on, but we were all quiet and feared nothing; in fact, Mr. Robertson (my colleague) left for a country round, feeling that we were all as normal as could be.

Patients came as usual, and the previous day I saw sixty out-patients and had three operations waiting for this Thursday. On Thursday morning I went to hospital prayers, and found the streets crammed, but the remarks didn't seem worse than usual.

I found out that the procession had been advertised all over the country for days, and as a result thousands of country people came in to see it. Then for three days the gong beater went round announcing 'foreign fireworks' for Thursday evening (no one dreamt of house burning).

Thursday morning the crowd wanted to see the foreign house; when I refused because of the crowd, they knocked the door in and threw stones.

The nearest yamen was sixty li away; messengers to the "pao-chia-chü," etc., had no effect; evidently the plan was, to get up a huge crowd and under cover of it pull down the house; hence all the advertising. The instigators were very few and the secret was well kept, so that many were very surprised. From nine o'clock the battering and stoning got worse. Official help was refused. Then as the cordon got drawn closer and closer I had simply to sit and wait, and to pass the time did some Mencius.

There was nothing to do, and if I appeared at a window, stones simply poured in and yelling became very emphatic. Finally I concluded that this was not mere horse-play but a dead set on us. Having come to that conclusion, what next?

I felt that I had not come there on my own accord or on my own business and wondered how God would open the way. A thunderstorm might have done it, but no rain was near. So the text on my wall, which has been my guide for two years, still seemed the only one. "It is good that a man both hope and quietly wait for the salvation of the Lord." So I waited and got through more Mencius, because the great danger was getting in front
of God's plan. As for the Christians and servants they stuck to their posts like heroes, and not one failed; they were in terror, but never budged, and a non-baptised cook was as good as anyone. One—a poor ignorant water carrier—who once told me that Jesus never had a flesh body as He was a spirit, was outside begging the rioters not to burst in the door, and got his nose smashed and scalp cut for his trouble. So his lack of a clear theology didn't prevent his being ready to make a living sacrifice. Finally the rioters burst in a door and came into the garden; and when I appeared stones and yells went like anything. Taking my hat and umbrella I left by the front gate into the street, being led by the cook and hospital (senior) assistant. As the rioters entered the south gate of the garden I left by the north gate; here the crowd were mere spectators and somehow never saw us. Where I was going I had no idea, but a next door neighbour's (an old rectal abscess friend) door was open, and in the doorway an altar and idols in honour of the 天符; we went in, and for some time sat in their study; then that got too hot, as people were looking for me. I was led next door through a back way, and then we all separated, each for himself, as we had come to land's end; crowds being on every side.

I got up into an attic, got a basket big enough for a man to curl up into, put it in as prominent a place as possible, got in and covered it over with a basket tray. I sat there three hours listening to the Mission house coming down in big thuds and hearing searchers below being led on wrong tracks by the women of the house, and being kept out by every imaginable lie and threats of all kinds. Then the crowd threatened to pull down and burn the house I was in, but were restrained by the presence of a God they didn't know. Then the crowd dispersed, Christians crept up to my hiding place and the host sent up dinner and tea.

We made a funny circle up there in the twilight; very drawn and shy pale faces the Christians had, as, while I was in peace in my basket—veritably in a hole in a rock—they were being threatened and chased and had to watch the house being torn down, and burnt the hospital and chapel and everyone of our adopted native houses torn to pieces.

However we all prayed for their forgiveness and thanked God for our lives. By night time it was all quiet, so I left dressed in native clothes by boat to Hankow.

I had sent a special messenger early in the day to warn Mr. Robertson, who was some fifteen miles off; and also Hsiao-kau, our next station, in case the trouble spread.

As the broken-nosed Christian said, "Thanks to the grace of God the door is now open in Tsao-shih," and we all think there are great times awaiting us.

We are daily (and have been for some weeks) expecting yamen men down to escort us officially back.

London Mission, Hankow.
MY ESCAPE FROM HUNAN.

By Dr. Frank A. Keller.

In the spring of 1899 some of the gentry engaged the men of a large neighboring village to loot our landlord's premises, hoping in this indirect way to force us out of his shop and prevent others from renting to us. The Cheo had given them permission to do this, under the condition that they would not loot the foreigners.

Once started, the mob took things in their own hands, and in spite of promises, after looting our landlord's shop, came to us and gave us a "house warming," from which we barely escaped with our lives. By order of the Fu, the Cheo promised to compensate us for our losses, which were $1,850, but said that it would be utterly impossible to settle the $3,000 claim of our landlord.

Finally we told him that if he would settle in full with our landlord that we would release him from all claims and sign papers to that effect. To this he agreed at once and faithfully fulfilled his contract. This action on our part was blessed by God to the breaking down of prejudice, and a warm friendship sprang up between the Cheo's eldest son, Han Shao-ie, and myself. A few months later I was summoned to the Yamên early one Sabbath morning, and Han Shao-ie took me to the bedside of his wife, who was lying exhausted after three days of fruitless labor, while about her stood the native midwives in helpless despair. Labor was speedily terminated, and the lives of both mother and child were saved. Deep gratitude intensified the friendship, and thus God was raising up a man to protect us and help us escape from a place from which, humanly speaking, escape would have been impossible.

My last month in Hunan was made up of a series of deliverances. In most instances I did not even know of the danger until it was past, but God saw the danger and provided the way of escape.

On June 7th, I left Ch'â-ling-cheo for a long itineration; the following Sabbath preached at the L. M. S. chapel at Heng-shan-hsien. I had hoped to go overland to visit some missionaries thirty li distant, but a heavy storm prevented, and I went on by boat to Siang-t'an. A few days later both stations at Heng-shan were rioted; my friends were in great peril, and barely escaped, without saving anything. While asking God about going on to Heng-cheo-fu I became convinced that it was not His will; by yielding to Him a strong desire to take this trip I escaped from the awful riot in Heng-cheo, in which both L. M. S. and Catholic stations were destroyed and three Italian priests were killed, horribly mutilated and finally burned.

I was at Siang-t'an several days; everything seemed quiet and the people very courteous.
The day before I left, the city was placarded, and on the following morning it seemed like another place; great crowds followed me as I walked down the broad street about five li to the ferry. Shouts of "beat" and "kill" filled the air, and some of the mob began to strike me. God raised up a friend for me; a man of evident power sprang to my side, shouted to the mob, "Don't strike him; he is leaving; isn't that enough for you? Let him go." This man staid by me all the way to the ferry, constantly holding back the crowd. The boatman promptly pushed off when I had jumped into the boat, and we got away under a shower of mud and stones. The next day the hall at which I had been staying was rioted and my friends escaped with serious injuries.

On my return to Cha-ling I found the city full of rumors. A prominent man named Tuan was circulating the report that a decree was coming from the Emperor ordering the killing of all foreigners, and that as soon as it came we were to be killed and all Christians with us.

The Cheo was in the country, so Han Shao-ie was in charge at the Yamen. As soon as he heard of these rumors he summoned Mr. Tuan and several of the gentry to the Yamen, told them of the stories, and said that they would be held personally responsible in case of a riot.

For a few days it was more quiet, but soon news came of the Heng-cheo-fu, Heng-shan, and Siang-t'an riots, as well as hazy reports of trouble at Peking, and the people were all inflamed with excitement. Han Shao-ie came over to us and said that if we had important papers or other valuables he would like us to pack them up as quickly as possible, send them to the Yamen and then come ourselves, as he feared trouble. Soldiers patrolled the streets and guarded our hall. After two nights at the Yamen the excitement subsided somewhat, and we returned to our hall for a few days. On July 9th, a Yamen secretary was in an opium den and overheard two men talking over the details of a fully matured plan to burn our premises and kill us on that or the following night. The news was at once communicated to Han Shao-ie, and as soon as it was dusk he came to our hall, told us of the plot, and asked us to pack up all we wanted to save, send it to the Yamen and come ourselves by a different route. The military mandarin was out on horseback with a band of soldiers most of the night to disperse any crowds, and one man was given a severe beating on the public street as a warning to others.

Han Shao-ie and I had our meals together in a pretty little room which he had recently fitted up for himself and now generously gave up to me. Many of those engaged in the Heng-cheo-fu riot and massacre enlisted as soldiers. On the morning before we went to the Yamen they came through Cha-ling on their way to the coast "to kill the foreign devils," they said.
They asked, "Have you any here?" "Yes," the people said. "Well, why don't you kill them? We have killed them all at Heng-cheo-fu; they are being killed all over China, and you are silly enough to let them live; give us a leader to take us to their hall and we will do the job for you."

God kept them from finding any one bold enough to lead the party, and they went on with the words, "There will be another party of a couple hundred men along in a day or two; get all your plans made and they will help you." When Han Shao-ie heard this he promptly sent messengers with letters to the commanders of the approaching braves, exhorting them to pass the city as rapidly as possible and not to allow this inflammatory talk. The second day at the Yamên, Han Shao-ie could not eat; he looked pale and worn; he would come in and sit for a few moments, say very little and then go out. In the evening he came to me and said, "I am in sore perplexity; what shall I do?" In response to inquiries he finally told me of the Empress-Dowager's decree for the destruction of foreigners, and said that the recently deposed Viceroy T'an, of Kuang-tung and Kuang-si, then at Chang-sha, capital of Hunan, had sent the text of the decree by a relative to the large school at Cha-ling, where there were about 200 students, and the head of the school bitterly anti-foreign. He feared a general uprising, and that having only a mere handful of soldiers, the Yamên would be pulled down, and his aged father, together with himself and family as well as ourselves would be killed. After a long talk I told him it did not matter to me where I died, but that I wanted to save the lives of his father and himself and so would go. A few days before he had shrewdly taken into the Yamên employ the head of the Kao-lao-huei in Cha-ling, and detailed him with a little band of soldiers in citizens' dress to watch our hall and keep a general outlook for suspicious characters in the city. This man Han Shao-ie put in command of the soldiers sent to escort us to Kih-an-fu in Kiangsi, and a more faithful, courteous, efficient escort one could not have desired.

We packed up a few things, and a little after midnight started. The first day was an almost uninterrupted tirade of threats and curses; several times my chair bearers almost sank to the ground out of fright, as mobs gathered and threatened to kill them with me. The third night we were followed by a band of robbers, who tried to make a detour and hold us up at a certain place in the road where we would have been at their mercy; a terrific thunderstorm came on, and we passed the place before they reached it. Two weeks later we arrived at Kih-an. On August 18th, we started from Kih-an by boat via Kiukiang for Shanghai, where we arrived safely August 31st. A few days later word came to us of a riot at Kih-an and the destruction of the Catholic buildings there. Once more God had led us away just in time; to Him be all the praise and glory.

*China Inland Mission, Chefoo.*
In Memoriam.

DR. MARY BROWN.

By CHARLES F. JOHNSON, M.D.

The subject of this sketch, Dr. Mary Brown was born January 14th, 1864, at Esquesing, Ont. She received her early education in the public schools of Ontario, and later graduated from the Farrand Training School for Nurses at Detroit and in medicine from the University of Michigan at Ann Arbor.

She was appointed a medical missionary by the Presbyterian Board of Foreign Missions December 3rd, 1888, and sailed from San Francisco October 17th, 1889, to join the Shantung Mission, North China.

The writer's acquaintance with Dr. Brown began just previous to the date of her sailing for China. We have been travelling companions by sea and land, by rail, by cart, and by wheelbarrow; we have been associated together professionally and socially—she being a member of our family the first year of our life in China—and always and under all circumstances she was the same attractive, loving, and lovable Christian woman and earnest faithful physician.

Coming to China in the prime of youth, with good health, energetic and ambitious, with a strong love of, and pride in, her profession, and with a most earnest longing to bring healing also to the sin sick souls, and a knowledge of the higher life to the ignorant and downtrodden among whom she was to work, it seemed that her's would be a long and useful life spent in and for China.

A life work, however, is not always measured by years and perhaps in the records above her life work is as complete as many another of much longer duration. Of this much at least all those who knew her will testify that so much as she was permitted to do was well done. Painstaking and conscientious in the extreme her main thought seemed to be how best to do the work put into her hand to do. Every opportunity which offered of ministering either to the physical or spiritual needs of those who came to her for help was eagerly seized and most faithfully used. The words of the Master to John Baptist are as applicable to her work are they were to that of the Great Physician Himself: "The blind receive their sight, the lame walk, the deaf hear, and the poor have the gospel preached to them."

Immediately on her arrival in China she was appointed to the Wei-hsien station, where she arrived December 20th, 1889. She with her colleague, Dr. Madge Dickson, now Mrs. R. M. Mateer, were the first lady physicians to do regular medical work in Shantung province.

A new hospital and dispensary had just been built at Wei-hsien, and before she had spent nearly her allotted time in study the patients were
crowding upon her. She very soon had a wide reputation both as physician and surgeon, and hundreds of women to-day owe their lives to her skillful use of the knife or to her prompt response to a medical call.

In addition to a large dispensary and hospital practice, she had frequent calls into the country to see patients in their homes. These numbered some years as many as 160, or an average of over three a week. When we remember that these calls often came from 60, 100, and even 150 li away and frequently involved an all night's ride in a Chinese cart over Chinese roads, we get an idea of what a tax they must have been on her strength.

No thought of refusing on account of the hardship involved ever seemed to occur to her. Many a time has she been known to start in the evening ride fifty or sixty li in a cart work two or three hours over a difficult obstetric case and return in the early morning to—after a few hours' rest—take up the regular dispensary and hospital work of the day. Wherever she went she was known and loved. She had a sunny smile and a pleasant word for all, and was always ready by word and deed to point her patients to the One "who healeth all thy diseases and who redeemeth thy life from destruction."

Dr. Brown believed in giving a medical education to Chinese girls where those were found who were willing and capable. She believed, however, that such students should support themselves, and she has the honor of having had the first entirely self-supporting medical class in her Mission in Shantung, if not in the province itself. Three bright, intelligent Christian Chinese women, her pupils, are now practising medicine; two in this province and one in Shansi.

For seven years, with but one or two short vacations, Dr. Brown continued her work in Wei-hsien, where in the autumn of 1896 she went home to America for a well-earned furlough.

While in America she spent several months in the University of Michigan, taking special work in obstetrics, in surgery, and in biology. She also responded cheerfully to the many calls made upon her for missionary addresses.

In December, 1897, she returned to China full of enthusiasm and courage. The writer saw her in San Francisco just before she sailed, and she spoke especially of how well she was and how much she looked forward to doing on her return.

It was not so to be however. In a letter received a few months after her return she said: "I find it much harder to become acclimatized this time than I did before."

She developed a chronic affection of the whole alimentary canal which baffled her own skill as well as that of the other physicians who were consulted. This so reduced her strength that in February, 1899, it was decided that her only chance for recovery lay in an immediate return to the United States.
There a year of rest and change, together with skillful treatment and careful nursing, had so far restored her health that she was appointed to return to China in August. In the early summer, however, a change for the worse again occurred, and she died at the hospital in Sarnia, Ont., August 14th, 1900.

That some one will be found to ably continue the work she began here in China, is undoubtedly true; but it will be hard indeed to find one who will fill the place she has occupied in the hearts of her friends, both foreign and Chinese.

It is the unanimous testimony of her colleagues that both as a physician and as a faithful Christian worker she had few equals and no superior.

*American Presbyterian Mission, Tsing-tau.*

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**WILLIAM MILLAR WILSON, M.B., C.M., GLASGOW.**


During my furlough in 1889-91 I was speaking to a well-known evangelist in Scotland as to the need of the late Mr. T. W. Pigott of a medical colleague. Mr. Scroggie (the evangelist) at once said: "I think I know just the man that would do. There is a Dr. Wilson now studying in Vienna who wishes to go to China as a medical missionary, but is in doubt as to which mission to join." The result was that Mr. Pigott and Dr. Wilson were put in communication with each other, and it was decided that Dr. Wilson should join Mr. Pigott in his work in China. I first met Dr. Wilson at Vancouver, B. C., on my way back to my field of labour in 1891. We crossed the Pacific together, and from Shanghai went on to Tientsin. Thence I had the pleasure of escorting him and his wife to T'ai-yuen-fu, where for some time they were our guests. From the first they both shewed themselves admirably fitted for work in China. The discomforts of travel (especially to new comers) they regarded very lightly. Both set to work at the language with a will, and were soon at home with the people. In 1892, while I was superintending the building of new premises and attending to the hospital and general work of the station, Dr. Wilson kindly came to my help and took over the whole charge of hospital and dispensary. Meanwhile he and Mr. Pigott had been looking about for a place to settle, and finally fixed upon Sheo-yang-hsien—about seventy miles to the east of T'ai-yuen-fu—as their field of labour. There for two or three years he worked with Mr. Pigott, but eventually joined the China Inland Mission and was stationed at Ping-yang-fu in the south of Shansi. Early this summer he sent his wife and little one, who was sick, to T'ai-yuen-fu to be with their old friends, Mr. and Mrs. Farthing. Not long after they had left he himself developed
symptoms of dysentery, which gradually grew worse, and about June 19th, he left P'ing-yang-fu to join his wife at T'ai-yuen-fu. From P'ing-yao-hsien he wrote a letter to his colleague, Mr. Dryer, in which he says: "It's all a fog, but I think we are on the edge of a volcano," from which it will be seen that though everything was outwardly quiet he anticipated trouble. He left P'ing-yao on Monday, 25th, and as he neared T'ai-yuen-fu the rumours became more alarming. He, however, pushed on, and must have reached there on the 26th. The next day (27th) the hospital and premises belonging to what was known as the Sheo-yang Mission, were burnt, and Miss Coombs, one of the workers, killed. All the missionaries on that compound took refuge in the house of Mr. Farthing, of the English Baptist Mission, and the last word so far to hand from the little band is a letter written by Dr. Wilson on July 6th. From that it will be seen that the missionaries evidently did not expect the worst, but we know now that on July 9th, the Governor Yü Hsien had them all brought to the front of his Yamên and there massacred. Among those who fell at the same time was Mr. Pigott, his former colleague, together with Mrs. Pigott and their little son Wellesley; so that, united for a time in their work for God, they were not separated in death. Under such circumstances as above eulogies seem quite out of place. Those who have fallen have already received their "well done" and entered into the joy of their Lord. In August last it was my privilege to visit Dr. Wilson's native place (Airdrie) in Scotland. There I heard much about him, for his memory was still fragrant. He had been converted as a lad in connection with a local evangelisation association, and at once took his stand as a Christian, helping in the open-air meetings, at which he often spoke. When pursuing his medical studies in Glasgow University he kept up his connection with his old associates in Christian work, and after his arrival in China he still communicated with them. On my visit in August last to Airdrie I had the privilege of speaking at the annual missionary meeting of the Association, and found a very true missionary spirit permeating all its members. At that time we only knew that all missionaries in Shansi were in danger. Little did we think that they had already won the martyr's crown. Dr. and Mrs. Wilson leave two bonnie boys in Scotland, but their youngest was "folded" with them. It should be mentioned that Dr. Wilson was in China at his own charges. May many more be raised up to take his place.

[Following is a copy of the last letter written by Dr. Wilson, so far as known. Dr. Edwards kindly furnished it to the Journal.—Ed.]

Letter translated from the German, written by Dr. W. Millar Wilson to Mr. Dryer. Dated T'ai-yuen-fu, July 6th, 1900:—

Mr. Lundgren's servant has arrived here, and we thought that it would be better to write a German rather than an English letter. On June 27th, the Schofield Memorial Hospital was burned down with all the other mission buildings. Dr. Lovitt, Messrs. Stokes and Simpson, with their wives and one foreign child and ten native school girls,
In Memoriam.

just escaped with their lives, but our dear Miss Coombs has gone home. The Christians who saw her say that she fell on the street while trying to escape. The people surrounded her and stoned her to death. The others reached Mr. Farthing's house and are all here. My wife and child are here also. Mrs. Saunders and his family we heard had reached Siao-tien-tai, but when they received the news of the fire they were afraid to proceed and went instead to Lu-chêng-hsien. Mr. Pigott and his family we hope and think are staying in a village. Their house at Sheo-yang was destroyed but not burnt. The friends at Hsin-cheo (English Baptists) have left their houses and are hiding in the hills. To-day we heard that several were seen on their way south. We are not sure whether this refers to Mr. Saunders and party or not. (Note. Dr. Wilson then asks for certain medicines and instruments to be sent by the messenger, as two of the ladies were expecting an early confinement. These could not be sent.) I pray you send a verbal answer and not a written one, and forgive my many mistakes, as I have forgotten much of my German. I hope, however, you will be able to understand this letter."

With best wishes,

(Signed) W. MILLAR WILSON.

ARNOLD E. LOVITT, M.R.C.S., ENG.; L.R.C.P., LONDON.

By E. H. EDWARDS, M.B., Edin.

A very peculiar interest attaches to my recollection of Dr. Lovitt, as in a sense he died in my place. He received his medical education at the medical college connected with the London Hospital. After taking his diplomas he acted for a year or so as resident physician to the Mildmay Hospital, London. It was while there that he became acquainted with Mr. Pigott, who was on furlough and whom I had asked to look out for a young medical man who would be willing to come out and take my place when I took my second furlough, which I hoped to do in 1900 or 1901. Dr. Lovitt joined us in T'ai-yuen-fu in the autumn of 1897. His wife was the daughter of Mr. Alexander Grant, who for many years was a missionary at Singapore and who spent only last winter with his daughter and her husband, leaving Shansi just before the great trouble began. Dr. and Mrs. Lovitt applied themselves to the language directly on arrival, and Dr. Lovitt was always ready to help in all the more serious operations. In fact the help which he so willingly gave greatly lightened my burdens. While very keen on good "cases" he never lost sight of the great object of the work of a medical missionary and took great interest in the evangelistic part of the work. Owing to failure in health I was reluctantly obliged to leave him sooner than I had intended. He had been in China only about eighteen months when I handed over to him all the medical work in the early spring of 1899. The evangelistic part was in the hands of Mr. Geo. W. Stokes, who, with his wife, was among those whom we so deeply lament. Mrs. Lovitt having been fully trained as a nurse at the London hospital was well able to second her husband's efforts and took charge of the routine work among the women. From the letters received from them
after we left, it was easy to see that they at once threw themselves heartily into the work and were alive to the responsibility resting upon them. It was a great joy to know that the work was carried on so efficiently.

One of his last letters to me contained an order for medical and surgical stores which were to carry him over the present winter, and he was looking forward to further useful and happy service when the storm burst upon them suddenly and unexpectedly; our hospital and compound was probably the first to be attacked, because though within the city walls it was on the outskirts of the houses and could be burnt without endangering the rest of the city. On the hospital and surrounding buildings being attacked, Dr. and Mrs. Lovitt escaped with the others, except Miss Coombs, to the house of Mr. Farthing. With all the others who had there taken refuge they with their little one were called to lay down their lives for His sake on that sad July 9th; though their term of service was short, we know that they have obtained the reward of the "faithful servant" and entered into the "joy of their Lord." Our hearts are still sore, and we mourn the loss of dearly loved friends and fellow-workers. Yet we are assured that He doeth all things well, and what we know not now we shall know hereafter.

May the sudden home call of our beloved brethren, Drs. Wilson and Lovitt, be God's voice to many young medical men at home, who shall be led to consecrate their lives to Him for work in China.

By A. Grant.

Arnold E. Lovitt was born in or near London on 4th February, 1869; and so was in his 32nd year at the time of his unexpected death at the hands of the Governor of Shansi, understood to be 9th July.

His father is partner in the firm of Warren, Hall & Lovitt of Camden Town; and Arnold was not unnaturally drawn to a studious life; and finally the career of a medical missionary.

Having finished his course at London Hospital, and taken his qualification, he was for a time in charge of the Mildmay Hospital in Bethnal Green, under the superintendence of Dr. Gauld, formerly of China.

His desire was toward foreign missionary service, to which eventually he gave himself in connexion with the lamented Thos. W. Pigott, of the Sheoyang mission.

On the essential question of his conversion to God, so far as the time and circumstances are concerned, the writer cannot speak definitely further than to state with joyfulness his conviction that Arnold had passed from death to life, and during the short period of our acquaintance lived a godly life in Christ Jesus.

During part of his preparatory course he may have been perhaps more or less influenced by what has been called the new theology, but after some
exercise of soul he was able to take his stand on the uncompromising truth of God, clear of the teachings of human wisdom.

Later on he enjoyed the clear gospel ministry of Mr. Archibald J. Brown, of the East London Tabernacle, with which he united himself, and from which he may be said to have gone forth to China. The commendatory prayer meeting previous to his departure was held in that building, where fervent effectual prayer had long been made.

In the autumn of 1897 he with his wife, the beloved daughter of the writer, left Southampton by the North German steamer Preussen, arriving in due course at Shanghai; thence to Tientsin by local steamer and from that to T'ai-yuen-fu by boat as far as Pao-ting-fu, now noted for blood of saints shed there, and then by road to their destination, a journey of six or eight days.

He commenced hospital work earlier than would have been in other circumstances desirable, as Dr. Edwards, who was conducting the work of the Schofield Memorial Hospital, was on the eve of returning to England in the spring of 1898. For a young worker to give the first six or twelve months of his time in China to the language, and especially to the study of the word of God in view of work in a heathen land, so as to adjust himself to his new position and learn all he can learn of the mind of God in reference to such service among idolators, would be advisable in ordinary circumstances. As events have turned out it is doubtless well that work was commenced at once.

Of his self-denying and painstaking labour in the trying and often repulsive work of the hospital, and also outside it, the writer had the privilege of being witness during over ten weeks in the dwelling of Dr. and Mrs. Lovitt last winter.

To his readiness to meet the frequent and sometimes unseasonable calls of patients, as well as to the assiduity and conscientious service of his beloved partner, also trained as a nurse at London Hospital, and to the faithful service in the gospel, whether his in the gatherings of the T'ai-yuen-fu English community, or hers among native women, thankful testimony is due.

The favourable impression produced by the long continued medical work in the city and region cannot be doubted, nor can it be questioned, but the massacre of the workers is regarded by the best of the inhabitants with sorrow and abhorrence.

The advent of a governor willing to carry out the exterminating edicts of the Empress-Dowager, issued, it is believed, on the taking of the Taku forts, led to the extinction of the band of workers in T'ai-yuen and elsewhere in Shansi.

What is done cannot be undone, but if the true gospel of the grace of God is more than ever declared in China in connection with these events, it will be well. Resurrection glory will finally crown all.
Correspondence.

The following correspondence has been handed the Journal by Dr. Wolfendale for publication:

A Fine Field for Medical Missionaries.

To the Editor of the China Gazette.

SIR,—A considerable number of medical men and trained nurses, connected with Protestant Missions in China have left the interior and have gone to Shanghai and from there to Japan to spend the summer. It would be interesting to know if any of these doctors or nurses have offered their services to the American and British forces in the field in the north, where their services, no doubt, would be invaluable.

Of course the missionaries' contention is that they came out to China to work amongst the Chinese, but as they were partly to blame for the present uprising, in a time like the present they would be doing their duty to God and man were they to go in North China, instead of spending the summer at various seaside and mountain resorts in Japan.

Truly yours,

CURIOUS.

HANKOW, 27th July, 1900.

REPLY.

S. S. Pioneer, Fort of Chunching, September 21st, 1900.

To the Editor of the China Gazette.

DEAR SIR,—Our mail arrived at this distant port on the Upper Yangtse only yesterday, and I find a query-note in "Correspondence" column, of the August 6th, 1900, issue by "Curious," which ought to be answered by one or more of our medical missionaries. I would tell Curious that there is no fear lest we be wanting in our duty in this present crisis in China. I know of several of my colleagues who have, through their various port Consuls (and with their recommendations), applied for posts at the seat of war. I beg to quote my own instance. When I had to close up my hospital and dispensary here at a few days' notice I thought of my lovely instruments in the operating room, and at once gave directions to my native hospital assistants to polish them up and refit them in their original home cases to go with me down river. I then repaired to our British Consul for his help to enable me to get to the front with the least possible delay. This he granted most willingly, but as events have turned out his letter has not yet been used, but is still in my pocket. It has remained there because, as you all know, our S. S. Pioneer, now H. M. S. Pioneer, has made a most successful voyage to Ichang with nearly a hundred West China refugees on board. She has now a naval guard of ten blue-jackets on board and has returned to this port to patrol the Upper River and await further refugees. At Ichang I was asked to accompany the naval guard as surgeon and physician to it and to all on board, and needless to say the request was not refused. I could quote other instances of "helping" by the medical missionaries in this China's crisis, but the above is personal.

I beg to remain, yours very sincerely,

RICHARD WOLFENDALE.

L. R. C. P. and S., Edin.

London Mission Hospital.

Nomenclature Committee. Its Need of Funds.

The following letter was received after the Editorial on the above subject had been written. We would commend it to the careful consideration of those who have any money to spare:

CHA-CHOW-FU, SWATOW, October 5th, 1900.

To the Editor of the C. M. M. J.

DEAR DR. NEAL,—So far as I know the funds of the Association have not yet been drawn upon for the expenses incurred in connection with the work of the Association's committee on Medical Nomenclature. These expenses have, up till now, been extremely small, but the proposed meeting of that committee this winter in Shanghai to finally decide on a vocabulary of standard terms and the publication of this vocabulary will involve the spending of a considerable sum of money. I should think it extremely doubtful if the treasurer has any amount of surplus funds, and if this surmise is correct I beg to propose that the president and secretary shall raise a fund for the payment of expenses connected with the work of the Nomenclature Committee.

Yours very sincerely,

PHILIP B. COUSLAND.
Dr. Williams writes from Chinkiang: "You will be glad to hear that we have never had any cause to apprehend any disquiet here during the past summer, unless it was on one occasion of a midnight brawl caused by some soldiers passing through quarreling with the landlord of an opium den and withholding their payment. This was speedily suppressed by the local patrol. Of course there have been numerous threats and much wild talk among natives, as well as groundless panic on one occasion among the foreigners, but our Heavenly Father has graciously kept us in peace throughout, so that Dr. Cox has been able to continue building operations all along in Yangchow, going up and down to help us as need required. I have been able to remain here without the loss of a single night's sleep, and the hospital has been available throughout, except for the usual month's rest in the hottest period. Confidence in us has remained good all along, but for a time the numbers coming to us fell off somewhat, but not to any great extent. We now have from seventy to eighty a day on the out-patient days, which is quite up to our standard number. We see out-patients only twice a week; our native work being really an offshoot to this station, which is mainly worked as a sanatorium and local forwarding center."

Dr. Wills writes from Hankow of a novel method of treating prolapse of the rectum in a child. The prolapse had been troubling the child for a week or more, the gut protruding about six inches. The doctor writes: "When I replaced it, it kept coming down, so I got a board which reached from the child's neck to its toes and tied this on behind to prevent the child bending its back, and as long as it kept in that position the gut didn't appear. It had a dose of castor oil and passed a copious motion on to a pad put between the board and the buttocks; and the gut seemed all right. Haven't heard from it since leaving the hospital."

Dr. E. C. Smyth writes, after reading Dr. McClure's suggestion about treating scorpion stings by means of hypodermic injections of four per cent solution of cocain: "Scorpion, wasp, and other stings are immediately relieved by painting the affected part with chloral hydrate and camphor equal parts, which, when triturated together, form a clear liquid."
Dr. Mary Brown, of the American Presbyterian Mission, who for eight or nine years did such good work in Wei-hsien, Shantung, but who was compelled to return to America soon after getting back from her first furlough, died in Canada on August 14th, 1900. Her nephew writes as follows: "She died in the hospital at Sarnia, Ontario. She was conscious until the last, and suffered no pain. Her heart was in her work in China, and she was constantly looking forward to the time when she could return. She never regained her strength after she came home. Her health varied—sometimes better, sometimes worse. When she left here before going to Sarnia to visit her friend, Dr. Marian Headland, she seemed in good spirits. On leaving here that day her last words were full of hope and anticipation, as she felt she could go back to China quite safely. But we knew better. She fought hard for a renewal of her strength, and up to the last she expressed hope and would not give up. While in Sarnia she heard of a doctor who had been successful in treating a case like hers. He advised her to go to the hospital and take a course of treatment. She did not, however, improve; kidney disease and other complications being the source of her trouble."

Dr. Brown will be greatly missed in Shantung, especially in the region of Wei-hsien, where she did such eminently successful work, not only in the way of treating patients but also in the training of women medical students. A fellow-missionary who lived with Dr. Brown writes: "I can testify to the noble, beautiful consecration of her life to the work in China. Three Chinese girls are doing a grand work in China, because they learned medicine through Dr. Brown's teaching; they have performed difficult operations and have been sent for all around the country, so great is their reputation as skillful physicians. Dr. Brown also led many souls to Christ in her visitations among the sick in the hospital, and wherever I have visited in the country on my itinerating journeys the poor people have always asked me about Dr. Brown, and when she would come back, and tell me how good she was to them."

I remember stopping once at a village for a noon rest, and finding the inn crowded with heathen I told them the story of God's love for them. After talking a long while to them and finding very satisfactory results—the people believing my words and asking for more—I asked them if they had ever heard of the gospel before. A woman pushed her way through the crowd and said: 'I have heard of it at the hospital through Dr. Mary Brown,' and she said: 'I still pray the prayer she taught me,' and she repeated the simple prayer learned from our dear friend, who is now in heaven, wearing her richly deserved crown, which surely contains many bright stars won by her patient self-denying life for the women in China.'"

An interesting notice of Dr. Brown's life and work, by her warm friend, Dr. Johnson, will be found elsewhere.

From the Honan Refuge, an interesting paper which appears in Chefoo at irregular intervals, we learn that a native messenger, who was sent to Honan to gather news of the Canadian Presbyterian Mission stations in that province, brought back the following information:—
“Ch’u-wang station has been pretty thoroughly destroyed. MacKenzie’s and McClure’s houses have been gutted of every vestige of timber, except the roof. Even the cross-pieces which support the wall above the windows and doors have been dug out. The iron roof still covers the former house, but the walls of the latter are falling down. The women’s and men’s dispensaries and chapels are in much the same dilapidated condition as the two residences. All the other buildings were more or less wrecked. No doubt the materials of all these buildings would have been carried away had it not been for the faithful guard kept over the yard by Captain Yang. But, when the messenger left, Yang was at the point of death from paralysis, and probably the town vandals will carry off all they want this winter. Our next neighbor was already driving a thriving business in brick, etc. Drugs and valuable instruments are of course scattered to the four winds or destroy-
ed.

Until an official came from Yü Ch’ang, the governor, the loot was only sold secretly, but when he told the people it was quite right to loot the foreigners, our stuff became a regular article of commerce on the open market. Organ keys and reeds, sewing machine fixtures, etc., are sold as curios and play-things. Three reeds sell for one cent!

At Chang-tê some military officers occupy the foreign houses, but the buildings do not appear to have been much injured. The yard, however, has had a trench dug outside the wall, and on the inside the earth has been raised so as to make it a convenient height for a soldier to shoot out over the wall. Embrasures have been made in the wall, opposite which cannon have been planted. Mines have also been laid. Evidently they don’t mean to give the place up without a strug-
gle.

Dr. Hewett, of the China Inland Mission in Shansi, was one of the few who escaped from that ill-fated province. For a long time it was feared that he had been murdered, but he at last turned up in Hankow, after a series of adventures of thrilling interest. Compelled to flee from his station, he hid for a month in the homes of the Christians near-by within thirty li of his house, but never spending more than three nights in one place. He went from place to place in the night, sometimes spending the whole night in thus tramping from one hiding place to another, until worn out by this continual wandering, and finding the Christians were tired of harboring him, he at last delivered himself up to the local official of his district and was incarcerated in the prison. Here he was confined for two months, being apparently fairly well treated, though constantly harassed with anxiety as to the outcome of the matter. Finally, early in October at his own urgent request he was furnished with a cart and started off toward Hankow. He was sent off, however, with a transport convict’s certificate which subjected him to treatment as a convict and necessitated his lodging from place to place in the yamên prisons, and at times having for his travelling companions criminals of the lowest class. After twenty-six days of such uncomfortable travel he finally reached Hankow in safety.

A local branch of the China Medical Missionary Association has been organised in Chefoo; there being now nearly a dozen physicians in that port for the winter. The first regular meeting for the discussion of medical topics is planned for December 17th, at which Dr. McClure is appointed to read a paper on cataract, and others to collect various items of news of general interest to the members.

Dr. King, of the China Inland Mission in Chefoo, has gone to Japan for his health; his place in Chefoo being temporarily supplied by Drs. Keller and Guinness. Dr. Keller, in addition to his duties in connection with the native medical work, is
kindly giving clinical instruction to the class of eight medical students connected with the Presbyterian Mission.

We are very glad to report that the announcement in our last issue that Dr. Morley’s hospital had been burned was a mistake. Dr. Morley, writing from Arima, Japan, November 19th says: “I am glad to be able to say that the report (of the destruction of the hospital) has been exaggerated. Before I left Teh-ngan some Hunan soldiers passed through the city on their way northwards. They behaved exceedingly well; many of them coming to look over the buildings. I was in the city until they had passed through, but shortly after I left another detachment arrived. They also wished to see the inside of the rather imposing structure, and for some time were quiet enough, but gradually got more rowdyish and began stealing and then fell to breaking windows. Although they were in the hospital for some three or four hours, nothing seems to have been damaged except glass and some articles of furniture, for as soon as they passed beyond control of the custodians the officials interfered, and I cannot but think that had a foreigner been there the whole thing would not have happened. We have a great deal to be thankful for that the officials Teh-ngan—and I may say throughout Hupeh—have done what they could to keep order. I am on the eve of returning to Teh-ngan, and expect almost at once to recommence work.”

Dr. Edwards, to whom we owe the interesting notices of Drs. Wilson and Lovitt, which are found elsewhere, passed through Chefoo in November on his way to Tientsin and Peking. He was hoping to get a chance to accompany an expedition to Tai-yuan-fu, if such should be sent to that city by the Allies, so as to make inquiries on the spot about his friends who were murdered in that city. At last accounts Dr. Edwards was still in Tientsin pursuing his inquiries through natives and awaiting the completion of the repairs on the railway to Peking.

Dr. J. A. Creasy Smith accompanied Dr. Edwards to the north.

Dr. Porter, of the American Board Mission in Shantung, passed through Chefoo early in December on his way home to America by way of Hong-kong, Singapore, and the southern route to Europe. The doctor has been out this term for some eleven or twelve years, and is somewhat broken in health, owing to the strain of the past months. He expects to visit the Philippine Islands on his way. Dr. Porter will be greatly missed in the coming meeting of the Committee on Medical Nomenclature, as he is one of the members of that committee who has done a large share of the work so far accomplished.

Dr. Cousland writes of his return to his station at Chao-chow-fu, near Swatow: “I came up last week. Called on the Tao, the Fu, and the Hsien, and they all paid return visits. This is a new departure for us. Formerly it is doubtful if our calls would have been returned. All is so quiet that my family may come up next week. This congregation has united with two others to call a minister, and yesterday he was inducted. He should prove a great help, as heretofore much of the congregational work has fallen on my assistant or myself, and the country work has not been looked after properly.”

Dr. MacFarlane has opened a dispensary in the native city of Tientsin in a temple.

Dr. Inglis has returned home to America, after passing through the siege of Peking. His little girl died during their time of captivity.

Dr. Hodge has returned from Shang-hai to his station at Hankow.

Since the editorial was written, in which Dr. Peill was referred to as
being still in government employ in Wei-hai-wei, it has been learned that he has resigned his position and has gone home to England.

Dr. J. Tilsley, notice of whose death has just reached us, was building a dwelling house adjoining a plot of ground on which he intended to build a hospital for medical missionary work at Nan-chang-fu, when the trouble broke out.

OFFICIAL NOTICE.
The following persons were elected officers of the Association for the ensuing term:

For President—Sidney R. Hodge, M.R.C.S., L.R.C.P., of Hankow.

For Vice-President—J. A. Otte, M.D., of Amoy.

For Secretary and Treasurer—Geo. A. Stuart, M.D., of Nanking.

For Curator of Museum—C. F. S. Lincoln, M.D., of Shanghai.

Geo. A. Stuart, Secretary.

DEATH.

At Bath, October 28th, Dr. John Tilsley (Nan-chang-fu), from dysentery, the day after landing at Southampton, aged thirty-one years.

ARRIVAL.

September 29th, Dr. H. Lowry, M. E. M., for Peking.

DEPARTURES.

September 1st, Dr. A. Rennison, C. I. M., for U. S. A.

8th, Dr. J. Ingram, A. B. C. F. M., for U. S. A.

14th, Dr. W. Wilson, C. I. M., for England.

20th, Dr. A. Peill, L. M. S., for England.

29th, Dr. W. Venable, S. P. M., for U. S. A.

November 19th, Dr. Lawson, C. I. M., for England.

21st, Dr. M. A. Gloss, M. E. M., for U. S. A.

28th, Dr. Rose Palmborg, S. D. B., for U. S. A.