The China Medical Journal.


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The China Medical Journal

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Photos by C. C. Elliott, M.D.

MOLLUSCUM FIBROSUM. [See page 412.]
III. TREATMENT OF THE INSANE.

(Continued from issue of July, 1909.)

By C. C. Selden, Ph.D., M.D., Canton.

Daily exercise in the open until somewhat weary, for such of these patients as are not already exhausted from psycho-motor activity, will be found to be conducive to sleep or at least it will diminish the restlessness.

As has been said before, these people do not like too much restraint. Nor are measures of this kind in themselves curative. Disturbed patients should be required to lie down much and to sit quietly when not lying down, taking them out for exercise in the open air at stated hours. But to keep them lying down or sitting, is not always an easy task. Sometimes, if laid down and simply covered with the usual coverlet and held or talked to very quietly for a few minutes, an uneasy patient will perceive the comfort of the quiet and will remain. If an attempt is made in a little while to get up, a few words of quiet but firm command will probably be sufficient to induce him to lie down again. Women who persist in getting up from their beds can sometimes be induced to remain quiet by allowing them no garment other than a short upper one. Their modesty will restrain them from getting out from under their bed covering. Men would not be restrained by so simple a method; neither would all women.

It is occasionally necessary, especially in the case of quarrelsome or over-active patients, to confine them to their rooms for a time. But they will sometimes object very much to being left alone and will follow the attendant so that it is impossible for him to withdraw and
leave the patient in the room. This end can be accomplished very easily by leading the patient to the window, where his hands are grasped by a second attendant who is standing outside. The first attendant can then withdraw and lock the door on the outside and the patient's hands may be released.

Patients who tear their clothing are very troublesome. They can, of course, be kept from doing so by the use of a straight-jacket or by other means of restraint. But it is far better to give them clothes which they cannot tear. It is surprising what strength some patients exhibit in tearing a canvas garment from top to bottom. The end may be accomplished by making the edges double or by binding with very strong braid. But canvas is very heavy, and stiff and clumsy and expensive as well. We have given up its use and employ only gunny bags, such as have been used for rice. This material is very strong, and costs almost nothing. It can be made up into garments much more easily than can the canvas. The most satisfactory form we have found is that of a long shirt reaching to the knees or even longer. It needs no sleeves during the warm weather. All the edges are bound around with a very strong braid.

If they persist in removing their clothing the coat may be put on the wrong way around and buttoned up behind, leaving the hands free. Or, if not effectual, both coat and trowsers can be tied in the back. We have sometimes for this purpose used trowsers with a seam left open in the back so as to part easily in going to stool, as such garments are worn by little Chinese children. Again, to prevent the unbuttoning of clothes, picking at things, striking their own faces, and many other habits, the long sleeves may be drawn down and tied at the ends separately or tied together in front or at the back, or each hand tucked into the other sleeve-end; or, in the sitting posture, the long ends may be tucked under the person so that he sits on them. This form of restraint is so mild as usually to give very little annoyance to the patient.

Another device to prevent the unbuttoning and removal of clothing is a little lock-button. When pressed it snaps to easily, but it can only be opened by the use of a very simple key. These buttons are made in Munich, Germany.

More effectual but more drastic and correspondingly more annoying to the patient is the use of the strait-jacket. This is a coat made of strong canvas, laced or tied in the back. The sleeves are very long and taper to a point. These sleeves—with the arms within—are brought across the chest and then passed around the body once or
twice and tied together in the back. Or the sleeves are of ordinary length and are sewed securely each to its own side of the coat, so that the arms hang straight down and are immovable. There is some danger that an active patient with hands thus confined might, in jumping around, fall and meet with severe injury. Occasionally it seems very necessary to use this device. Especially when dressings must be applied, which the patient tries continually to remove, will it be found to be very serviceable for the time being. Or as in the following case:—A very strong boat woman, exceedingly mischievous, was in the habit of snatching away everything she could from whomsoever came within her reach. Wearing one of these jackets, she could be allowed out amongst the rest of the patients for some hours each day; whereas, left alone in her room, she was very miserable. It would have been impossible without some device of this kind. A private attendant would have been worn out trying to keep her out of mischief while among the other patients; and even thus handicapped it behoved all to beware of her feet, which she managed very dextrously. But this jacket should be used as little as possible, as it is a source of annoyance to the wearer, and therefore in itself not conducive to a cure.

A device we use here, and find very efficient and at the same time humane, is one which Dr. Kerr introduced. In the daytime it is seldom used, as patients sometimes feel uncomfortable under it at that time. But for the night it has proven itself to be most satisfactory from the standpoint both of the attendant and of the patient. This is a wire netting covering made as shown in the accompanying cut and diagrams. The patient is most comfortable on his bed, can turn from side to side freely, but he cannot get up. We use it in winter for such as persist in removing their clothing at night, or when they are very active and would spend the night moving around. It secures rest for them as well as for the others, and not so many attendants are required.

III. Treatment of the Insane.

Backbone and ribs partially covered with netting.
A rope fastened to ring "a" is brought through rings "b" and "c," and then the loop at its end is fastened to the short chain at "d" by the use of a padlock after drawing the rope tightly. If the patient can be by himself the rope may be tied and the lock dispensed with. Or chains long enough to reach half way across are fastened to all the rings. These are brought together underneath and fastened by the use of two padlocks.

The wire is \( \frac{3}{8} \) inch, the ribs \( \frac{1}{8} \) inch; the meshes are \( 1\frac{1}{2} \) inches between diagonal corners. The whole netting is 2\( \frac{3}{4} \) feet broad, 5\( \frac{1}{2} \) or 6\( \frac{1}{2} \) feet long and 13 inches high.

The netting should be woven in such a manner as to avoid any wires ending at the middle line, thus:

And the twisted ends of the wires must all be on the outside so that the patient can neither reach to untwist them nor scratch himself upon them. The bed boards being of uniform size, the netting can be placed over any bed wherever needed. It is hardly necessary to call attention to the helplessness of the patient should others attempt to torture him. He must be jealously guarded from the approach of other patients and most safely in one of the little rooms.

The wet pack is a measure of restraint, but it is most useful as a sedative agent. The patient is obliged to rest and is also the whole time in a warm bath; the result being that he is usually distinctly quieter for the treatment.

For its application are needed:

- 2 sheets unbleached muslin, 6\( \frac{1}{2} \) feet by 6 ft.
- 6 or 8 sheets unbleached muslin, 6\( \frac{1}{2} \) feet by 3 ft.
- 1 large piece of rubber sheeting, or, what answers fairly well and is much cheaper, 2 layers of Chinese oiled cloth, 7\( \frac{1}{2} \) feet by 4\( \frac{1}{2} \) ft.
- 1 or 2 woolen blankets.
- 2 pails of water at 98° Fahr.
III. Treatment of the Insane.

The two layers of oiled cloth are laid over the bed and hang over both ends and sides. The narrow sheets are folded once through the middle line lengthwise and placed across the bed shingle-fashion, beginning at the feet and ending at the neck; the folded edge of each being toward the head end, thus:

```
FEET.
```

```
HEAD.
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Next, the double sheets are also folded through the middle line lengthwise and are applied to the patient while in standing position. The patient is held by the hands. But as a matter of fact it is hardly necessary to hold him, because he is almost sure to be so interested in the proceeding that he offers no resistance. A fold-corner of one of the double folded sheets is first placed on the top of one shoulder, the sheet is brought across the back over to the other side and passed between the arm and the side of the body, thus:

```
"X" indicates corner of first sheet first applied.
```

Then the arm being held down straight, the sheet is tilted somewhat upward, and passed around the arm in such a way as that, in one revolution, it completely envelopes hand, arm, and shoulder. The lower edge must be drawn snugly so that the arm shall be just at the side and the owner not able to move it forward. Nor must it be too
far back, as its owner would be forced to lie upon it. The sheet is
next passed across the back under the other arm and around the
trunk. Care must be taken to have the folds made as flat as possible
so that the patient shall feel no discomfort and have no dread of a
repetition of the treatment if such should be necessary. The second
double sheet is then applied in the corresponding manner to the other
side, thus:

"XX" indicates corner of second sheet first applied.

The patient is now laid down on the already prepared bed. One
end of the first narrow sheet, whose folded edge should be just at the
base of the skull, is brought up around the shoulder and straight
across the chest; the upper margin having been brought over the top
of the shoulder to the front and covered in by the enveloping end.
The patient is then rolled toward the already enveloped side and the
end of the sheet passed around the second shoulder and across the
back. After allowing the man to roll back to the dorsal position the
other end of that sheet is passed in the same manner around the second
shoulder and chest, and by rolling the patient to the opposite side, it
is passed around the first shoulder and the back. The weight of the
body keeps it from being drawn out of place. It is essential that the
upper edge be wrapped over the shoulders and brought down so that
the enfolding ends of the sheet shall pass over and hold it down
tightly. Otherwise the shoulders can be raised and the arms little by
little released. The remainder of the sheet-shingles are easy to apply,
wrapping first one end around the rolled-over mummy and then the
other end. When the knees are reached, one end is used up in folds
placed between those joints, the other end being alone used to enwrap
the limbs at that point. The same precaution must be taken to separate
the ankles. The last sheet must be brought up and over the feet, not
so tightly as to make the patient uncomfortable, but so snugly that he cannot work his feet loose.

As soon as this "bemummyfying" process is completed the edges of the oiled cloth or rubber are brought up so as to form a bath tub, the head raised on a pillow and the warm water poured into the openings about the neck and between the sheets until sure that the patient is in a full bath. This can be hastened by rubbing the sheeting with the hands as it helps to wet it through. Great care must be taken that the water does not, while being poured or afterward, flow into the patient's mouth, as he is absolutely helpless, excepting that he can speak. The edges of the oiled cloth may now be brought together and the patient be covered, if necessary, with a blanket or two, according to the temperature of the air. In very hot weather it is not necessary to use a blanket. As it is sometimes difficult to wet the sheeting through and through, the procedure may be altered as follows: After laying the patient upon the prepared bed, bring up the ends of the sheets and tuck them in along the sides of the body and limbs. Then raise the oiled cloth in such a manner as to form a bath tub and pour in a portion of the warm water at once, thus more easily wetting the sheets through. When thoroughly wetted they are hastily applied as described above and the remainder of the water necessary poured in as before. If the patient tries to roll over on to the floor, a rope must be passed around him at the knees and the upper chest binding him to the bed.

A patient may remain in this pack from two hours to six hours if no untoward symptoms show themselves. The temperature of the patient will sometimes go up a little, seemingly in consequence of the struggling, in which case the blankets may be dispensed with and the pack kept up for a shorter time. Usually if there is any struggling, it will cease after a little time and the patient will rest quietly. From the time when the water is brought to the time of his release he must be watched very jealously, lest he burn or drown himself, or lest in his helpless predicament, while in the pack, he be injured by another patient. It will be found best therefore that he be in a room by himself. About the only objection to keeping one in this pack many hours is that he is likely to soil himself. It is better therefore to continue the pack but two hours at a time and thereafter, if necessary, to renew it.

The sheets must be washed directly after their removal, as otherwise they will be found to be foul-smelling from the sweat.

There must be recorded just here one unhappy experience with this form of treatment. A patient with the history of excessive use of
alcohol was brought to us in a manic condition. He was literally wild. Without waiting to make a physical examination he was put into a wet pack. After three hours he was observed to be suffering with dyspnce and was somewhat cyanotic. The temperature was not observed to be high. He was at once released, and died an hour later in convulsions. An attempt to draw a sample of urine had been unsuccessful; there being none found in the bladder, although he had been observed to urinate twice before being put into the pack. And he may have urinated while in the pack, which circumstance would account for the absence of urine in the bladder at the time of catheterization. It being impossible in this country to determine by autopsy the real cause of death, this case must remain an uncertainty. The probability is, however, that the man was suffering from acute inflammation of the kidneys following his drinking and that even the pack was inefficient in relieving the condition.

The continuous bath combines the beneficial effects of hydrotherapy and the mildest form of restraint. We use wooden bath-tubs made by the Chinese, which cost but a few dollars. They are surely inferior to the enamelled iron tubs from the homelands, but they answer the purpose fairly well. They must be made very smooth on the upper edge, otherwise the elbows of the patients will become scratched or bruised. The temperature should vary but little from the normal temperature of the body, say 96½°-99° Fahr. Those who are very active may be allowed to sit down and move around back and forth at will, expending their energy in a very harmless way, as all they can do is to splash water on the floor. This is surely better than jumping around and tearing clothes and breaking beds and heads. For those who are not so active and are to be kept in the bath a long time, a strong sheet is swung within the tub in the manner of a hammock, being secured by a small rope which passess underneath the tub back and forth. It must be arranged in such a way as to keep the shoulders just high enough to allow the head to rest comfortably on the end of the tub over which a small pillow is placed, while the body is entirely immersed. This device makes the patient most comfortable, and he can remain in for a long time. We have thus far never continued the bath longer than three or four hours at a time. But in the homelands they are often kept up continuously, day and night, for several weeks; and in Germany they are said to have been continued for several months in some cases. The only precaution to be taken is that the skin, especially of the palms of the hands and of the soles off the feet, does not become too macerated. To prevent
III. Treatment of the Insane

this an ointment is used in some hospitals to spread over hands and feet, but in others nothing is applied. The meals are taken in the bath, and there also the patient sleeps. Only once a day is he taken out and allowed to move about a little or to lie down on a bed for an hour, while the tub is being cleansed and reprepared, and for a little rest.

The bath should never begin just after a hearty meal. It is likely that it will upset the digestion.

In case the patient is too disturbed to be easily managed in the bath at first, a hypodermic of hyoscine may be administered. After he has once felt the comfort of the bath there will usually be little trouble.

The regulation of the temperature is very easy if one has running hot and cold water. We have no such facilities here; all the water must be brought in buckets, and the used water must be dipped out or be allowed to run out over the cement floor. In putting up a new hospital, ample provision should be made for these continuous baths, as they form such a satisfactory part of the treatment. Such patients as are disturbed, whether from depression or from exaltation of spirits, those who are in delirium from weakness or from alcohol,—these all are benefited by the use of the continuous bath. It is a most excellent method for the treatment of decubitus also.

As for drugs they must at times be used, but their use should be restricted as much as possible. The Ellenmeyer mixture of bromides, mentioned under the head of "Sleeplessness," or potassium bromide alone can be given several times a day. Paraldehyde is a very safe and satisfactory remedy. It is not necessary to push it until the patient is stupified. Nor is it necessary to keep the patient continually under the power of any sedative or narcotic as is sometimes practiced. When very disturbed, hyoscine in \( \frac{1}{40} \) to \( \frac{1}{10} \) grain doses given hypodermically is a most useful drug and is very powerful in its effect.

In conclusion it may be said that the less drugs are used the better, although it is hardly possible to eliminate them entirely from the treatment. There is a difference of opinion among alienists as to the relative value and disadvantage respectively in the use of mechanical restraint and of drugs. Some hold that the former is irksome to the patient, and hence more irritating than the use of drugs; while others hold that open, mechanical restraint can do no harm; whereas the use of drugs, whether administered hypodermically or by the mouth, produces in their minds the fear of being drugged and poisoned, since they know nothing of what is being given. We use here both forms of treatment, but in their mildest forms.
One reason for having a hospital for insane surrounded by large grounds and quite removed from the abodes of men, is that the patients may be allowed to make a certain amount of noise and need not be continually drugged in order to prevent them from disturbing others. Where the grounds are extensive and the cottage system of buildings is used, one cottage, or more if required, is set apart for noisy patients as far removed as is practicable from the other cottages and from the limits of the grounds.

In case of extreme depression the continuous bath will be found useful. The elastic band about the neck used so as to control the amount of blood in the head, used as around a limb in case of chronic suppuration is sometimes brought into practice. A common practise is that of the use of opium. It is administered in ever increasing doses until large quantities are taken when it is as gradually withheld. During the period of administration frequent hot baths are given and the bowels washed out daily. The result is not always satisfactory at home. And to attempt such treatment in China appears to the writer altogether out of the question. He has never tried it and has no intention of doing so.

DANGEROUS PATIENTS.

There will always be found a few patients who are homicidal, and therefore too much a source of danger to be allowed to roam at large with the others. They are best kept in a smaller compound by themselves with each his own small room for sleeping and for isolation when necessary and with sufficient attendants to prevent assaults upon one another. The most of these patients are only at certain times dangerous. There will be periods when they will be quiet and easily managed. But at any time the homicidal tendency may break out in acts of violence. It will be found that in handling these patients it is safest to keep as near to them as is possible. What would be a kick or a blow of the fist if a foot or two removed, will be nothing more than a push if one is close by. And in holding one the grasping of the hands is much more effectual than that of the arms only. If then a patient is about to do a violent act, the attendant should at once make a rush for him before he has time to strike or run, seize his hands and stand close to him. In many cases the insane man will not even struggle. But even if he does so, the attendant must show him by his fearless hold that he—the attendant—is master. If two attendants are at hand, one can divert the attention of the madman for a moment while the other approaches quietly from behind and throws his arms
III. Treatment of the Insane.

Around him, if possible also quickly catching and holding the arms in the embrace.

Strongly built rooms are not always needed for these patients. They may not be at all inclined to break down the walls, while others who are not at all violent are sometimes very troublesome in this particular. We have three chronic cases of this class who are at certain times very violent. They are in a house not built for this purpose, and their rooms are separated; two of them by a wall of one brick in thickness—four inches—and the other by upright wooden poles of four inches diameter with spaces between. Very seldom has any attempt been made to break out. However in building specially for this class of patients, we should surely build strongly. Many hospitals are provided with what are called “strong rooms.” The writer has seen such in one of the newest and best appointed hospitals in Europe built with walls two or three feet thick and with very strong double doors. We have thus far not felt here the need of anything so massive. But the walls should, nevertheless, be strong so as to guard against the making of holes.

Having the double doors for these rooms is surely a wise precaution, though we have not yet enjoyed the luxury of such. The single doors have been many times broken off, because the hinges were not large and strong enough. However had there been a second door, which must be broken down before an escape could be effected, fewer patients would have gotten away.

Filthy patients are a source of much vexation to the attendants. But something can be done to make them less troublesome. During the day, if taken up and placed upon the stool every two hours, they will seldom wet or soil themselves. The night is the most annoying time, as it is hard to carry out the day’s course of procedure. The practice prevails in some places of giving daily enemata to these patients so that the time of the stool can be controlled. We have tried also the use of the napkin. It is sometimes very satisfactory, but not so always, because some patients remove it. During the winter it is much more annoying than during the summer. Some who would, in the warm season, get up from their beds and go to stool will, in the cold weather, prefer to remain under their warm bed-covering. The kidneys, moreover, are more active in the cold weather. It would surely do no good to punish these patients as it does no good to children. Probably offering them a reward for cleanliness would be more effectual and surely more humane.

Epileptics are treated as elsewhere with bromides, though in many cases without any very great satisfaction. The writer knows of at
least one large, wisely conducted hospital for insane where its use has been largely given up. These patients should be allowed to live in rooms provided with wooden floors, and the beds should be surrounded by padded boards to prevent the patients falling off the bed boards at night or bruising their hands and feet.

ULCUS TROPICUM.

By Dr. Assmy, Staff Surgeon in the German Army, Chungking.

It may be of some interest to the members of the Association to hear that the so-called Ulcus tropicum is also found in the sub tropics.

My attention was called to the object in question by a paper by Dr. Lenz Bagamoyo in the Muenchner Medicinische Wochenschrift, 1908, No. 39, in which ulcers on the legs were described as destroying skin, subcutaneous tissue, fascia, muscles, tendons, vessels, and even bones. Dr. Lenz mentioned that spirochetæ and fusiform bacilli of the same kind as in Angina vincenti are found in smears of the above ulcers. After having examined here in Chungking quite a number of ulcers of different descriptions, I found the spirochetæ and the fusiform bacilli in ulcers of a rather well-defined nature. Round, with smooth, steep margin, the edges a little infiltrated, the ground covered with dirty looking, badly smelling sloughs; under the sloughs reddish grey granulations, which bleed on the slightest touch. The surrounding skin inflamed and slightly oedematous. In smears made with sloughs and in others made with the fluid exuding from the cleaned and dried-up surface of the ground of the ulcer, I found the following: (Films fixed in ether-alcohol, stained after the method of Giemsa with azur-eosin.)

A. Fusiform Bacilli.—Stained light blue, with dark red chromatin-nuclei. Single bacillus, i.e., bacillus with two chromatin-nuclei, in length from half to double the diameter of a red blood corpuscle. Besides these single bacilli very often longer chains of bacilli with four, six, eight, ten, and even more nuclei. The chromatin-nuclei always in pairs, or one or the other pair substituted by a big kidney or figure-of-eight-shaped nucleus. Beginning segmentation between the pairs of chromatin-nuclei not seen with certainty. Both ends of single bacilli and chains sharply pointed. Very slender shape; proportion of breadth to length in single bacilli varying from 1:8 to 1:10. Axis mostly straight, or very slightly curved.
Ulcus Tropicum.

B. Short Bacilli.—Stained deep flesh red; some bluish to violet. One or one and half diameter of a red blood corpuscle in length. Proportion of breadth to length about 1:6. Both ends shortly rounded; the breadth of the bacillus being the same for the greater part of its length. Plasma mostly homogeneous; in a number of bacilli, in both ends, more deeply stained spots, in others in the same situation unstained spots like vacuoles. These bacilli are seen lying single or in pairs, with the rounded ends very close together; sometimes they are found in a heap together, forming a star figure, like the spokes of a wheel.

C. Spirochetæ.—In abundance, forming in some places in small fragments of a slough or in fibrin casts a real network or mycelium. Single spirochetæ different in length, breadth, number and height of windings, different also in shape and staining properties. The body of the spirocheta in question seems to be very flexible, as they are seen straight, curved, forming angles or loops and spirals, etc.

Besides these microorganisms other cocci and bacilli, but no streptococci.

I found the same spirochetæ and bacilli also in a quite different case. Taoist priest, 62 years old. Four years ago ulcer on the penis, which in the course of time destroyed the pars pendula and attacked the mons veneris and the scrotum. Repeated hemorrhages. Glands in the groins not very much affected. Diagnosis: Lues or cancer. Excision of a wedge-shaped piece of the margin of the ulcer. In smears made with the fresh surface spirochetæ and both kinds of bacilli of Ulcus tropicum, as described above, were found.

In No. 5, 1909, of the Archiv fuer Schiff-und Tropen-Hygiene, Keysselitz and Mayer have described spirochetæ and bacilli of about the same kind from tropical ulcers in German East Africa. They tender the opinion that the spirochetæ belong to at least two different species, but that the blue staining and the dark red or violet staining bacilli are of the same species. Lesions infected with spirochetæ and bacilli fusiformes become ulcers, which spread by the destroying influence of the spirocheta, which attack the tissues; the bacilli are the producers of the gangrene and of the putrefaction. Sections from ulcers, stained after the method of Levaditi, show that in the exudate and in the superficial layers of the ground and of the edges of the ulcers, fusiform bacilli and spirochetæ live together. Farther off from the surface the bacilli disappear gradually, and near the still healthy tissue spirochetæ only are found.
Keysselitz and Mayer also express the opinion that Ulcus tropicum and Phagedænismus tropicus form an etiological entity. Accepting this theory I am prone to change, in the above mentioned case, the diagnosis of Lues or Cancer to Phagedænismus tropicus.

A. Fusiform Bacilli.

1a. Single bacillus, big, with two chromatin-nuclei.
1b. " " small. " " "
1c. " " curved. " " "
2. Big bacillus; chromatin-nuclei rod-shaped.
3. " " one nucleus segmented, the other kidney-shaped.
4. " " both nuclei segmented.
5. Big, double bacillus.
6. Long rod or chain of bacilli. Mark even number of nuclei; the last nucleus still kidney-shaped.

B. Short Bacilli.

1. Single bacillus, plasma not differentiated.
2. Double bacillus, " " "
3. Single bacillus, with unstained spots.
4. Double bacillus, with deeply stained spots (Nuclei?).
5. Clustering short bacilli.

C. Spirochetæ (Schaudinni-Prowaszek?).

1-4. Different forms of the thin spirocheta.
5. Thicker kind of spirocheta, probably of another species, as 1-4.
6. Two spirochetæ, one behind the other.
7. Thin spirochetæ in loops, etc. (Involution?).
8. Form of segmentation (?).

I beg to enclose two fixed but unstained films from Ulcus tropicum, which I diagnosed as such. Perhaps one or the other of the gentlemen of the Research-Committee will be so obliging as to stain them and make sure of my observations. [Specimens received.—Ed.]
CHRISTIAN HOSPITAL, SHAOHSING
FURTHER NOTES ON THE SHAOHSING FLUKE.

By F. W. Goddard, M.D.

During 1908 and the first three months of 1909 I have made microscopic diagnosis of helminthiasis in 68 patients and suspected it in about 30 others, i.e., of my dispensary patients 5½ per cent. were proven to be infected and say 2 per cent. more showed suggestive symptoms.

On analysis it appears that of these 68 patients 56 (or 4 per cent. of all patients seen) were infected with the Shaohsing fluke (Fas. rathouisi ?); in 32 cases a pure infection; 14 with As. lumb. alone, 4 with Tricoceph. disp. alone, and 6 with both of the above; 31 patients of the 68 were infected with As. lumb.; only six being pure culture, 16 with Tricoceph. disp. and one with Ankylostomum duodenale.

As to the pathological importance of Ascaris lumb. my experience is of little value, but the few cases in which this worm appeared alone seemed to show nothing more than mild derangements of digestion.

The important parasite of this region is the fluke previously described (C. M. J., July, 1907) as Fas. buski vel rathouisi, but which I am now inclined to regard as a new species. I have not yet been able to study carefully its minute anatomy, but its dimensions, the size of the oral sucker and that of its eggs differ sufficiently from the description as given by Braun (Animal Parasites of Man) to justify at least a suspicion of a new species.

In my first communication two species were described, but despite eminent authority to the contrary, and pending more careful histological study of each, I am unable to convince myself that they are not variations of the same species, and for these reasons:

1. The longer fluke (Fas. buski) I have found but twice in over two years, and

2. Both times this was in patients showing the shorter kind, and both times these longer flukes had been dead some time when evacuated, as evidenced by their color and consistency being so soft as to tear with the slightest roughness in handling. Now I have observed that the flukes ordinarily seen vary considerably in size, becoming shorter and broader if left in water, and seeming to relax and lengthen if dying on a dry surface. In one instance a next door neighbor brought in 22 flukes immediately after evacuation. In many of these the cephalic half was rolled together about its long axis so as to form a nearly complete sheath or tube, and they all seemed so long and narrow (say 35 and 8
mm.) that I hoped I had procured at last the genuine Fasciolus buski. I put them in water to wash them; was interrupted, and four hours later all had taken on the regular appearance, varying in length from 18-35 mm., in breadth from 13-20 mm., extremes being 35×20, 18×16, and 28×13; the average being 28.6×16.8 mm.

3. In spite of careful search I have failed to discover but the one kind of egg even in the two patients who passed the long flukes. The second of these patients unfortunately had cleared her system by the expulsion of these long ones, for the stool afterwards showed no eggs whatever.

Clinically there is little to add to my previous description, except that two patients report the passage of blood by the anus; in one case a considerable clot coming away. The typical symptoms then would seem to be (1) moderate diarrhoea occurring intermittently or continuously over a period of months or years; (2) wasting; (3) anaemia; (4) debility, and (5), in children, protuberant abdomen. In the later stages of the disease the skin becomes harsh and dry, the diarrhoea may become almost continuous, and prostration extreme. In ordinary cases the appetite remains good, but anorexia, nausea and even vomiting may occur. Dizziness, dyspnoea on slight exertion, a gnawing sensation within the abdomen, blood from the rectum, pain in the right hypochondrium, indigestion, and sometimes constipation, are among the less common symptoms noted.

One case showed a fecal fistula in the region of the navel—a girl eleven years of age, who had been losing weight and strength for about two years. Some six months before I saw her, she had noticed a small swelling at the navel, which was treated with a plaster, and soon discharged first pus and later feces, semi-liquid and without much odor. Through this fistula she had discharged at various times some 50 flukes, alive. Shortly before they appeared each time she complained of a gnawing sensation within. She was given a vermifuge and passed several flukes: some by the fistula, which were alive and of the ordinary size and shape, and others by the anus, which were already dead and considerably elongated. This case, together with the fact that living flukes are not infrequently vomited, seems to establish as the habitat of the parasite the upper portion of the small intestine.

The number of parasites infesting any one host may reach up into the hundreds; one man reported "over a thousand," but doubtless made no actual count. The number of eggs found in an ordinary microscopic slide varies from 5 or 6 to 200 or more, with an average of about 30.
Was 1st Distomum Rathouisi?

The prevalence of this complaint is more marked in the warmer months: during the year 1908 somewhat over half of the cases presenting themselves in the four months of April, May, June, and September (dispensary was closed during July and August)—though only January to March inclusive showed no cases at all.

As to distribution Dr. Jones, of Ningpo, reports one case, but in a Shaohsing man; in Hangchow several cases have been seen, but perhaps this city is the storm centre. I have therefore ventured to call our variety the "Shaohsing fluke" until its identity with Fas. rathouisi is established or some more suitable name proposed.

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WAS IST DISTOMUM RATHOUISI?

Being an abridged translation of an article by T. Odhner in the Archives de Parasitology de Paris. May, 1909.

By JAMES L. MAXWELL, M.D.

The type specimens of J. Poirier were lately sent me by the Administration of the Paris Museum for revision, and among them was found the unique specimen of the human parasite from China—Distomum rathouisi, Poirier, which has never been discovered a second time. Unfortunately the specimen was in a miserable condition, having recently dried up. Two gaps in the worm showed the origin of the sections made by Poirier. In the second edition of his large work on parasites, Leuckart has expressed the opinion that Poirier's specimen was identical with Fasciolopsis buski, which had already been known for a long while. When, however, I later described the internal structure of this latter species, it appeared that, notwithstanding striking points of agreement, the species exhibited such marked features of difference from D. rathouisi that the making of the two species identical was not to be thought of, even though they were manifestly nearly allied. However Poirier's specimen always appeared doubtful to me, and I now consider that the following details establish beyond doubt that D. rathouisi only represents a contracted form of Fasciolopsis buski.

Loos has described afresh the peculiarities of F. buski. He finds the parasite to be about 30 mm. long by 13 to 16 mm. wide; the shape of the body is fairly regularly oval, and where contraction has taken place the cuticle is thrown into numerous transverse folds. These latter are well marked in Poirier's type, and its measurements, according to the original description (25 x 16 mm.), well accord with those stated by
As far as the suckers were concerned it was an important distinguishing feature in D. rathouisi that the oral sucker should exceed in diameter that of F. buski three-fold. (1-5 mm. compared with 5 mm.). Now, unfortunately, the anterior end of Poirier's original specimen cannot be fully analysed, as it is, however, certain that the largest organ in it is only 8 mm. in diameter. Poirier's statement as to the size of the oral sucker can never have been correct even if a certain amount of shrinkage be allowed for. Now, the organ in question of 8 mm. in diameter by reason of its position apparently represents the pharynx, and as this in F. buski measures about 7 mm. the measurements no longer stand in the way of an identification of the two worms.

The ventral sucker measures, both in length and breadth, 2.5 mm. (Poirier states that the original length was 3 mm.); both in its dimensions, as well as in its form, it wholly resembles that of F. buski. The eggs of D. rathouisi moreover exactly resemble the characteristic eggs of the other species.

The vitelline sacs, also, just as in F. buski show their anterior border on a level with the posterior margin of the ventral sucker; according to Poirier's drawing they should reach forward to the anterior border of the sucker.

The most striking difference between the two forms in question would, however, supposing Poirier's description to be correct, be seen in the position of the testes and the ovary. In F. buski, as is well known, the testes are situated medianly behind one another and the ovary is situated to the right and in front of them, and, at least for the most part in front of the transverse vitelline duct. In other words the topography of the sexual glands is wholly the same as in Fasciola hepatica and in all other forms grouped together by Brown as "opisthorchide." The testes of, the in every other respect closely allied, D. rathouisi should, on the other hand, according to Poirier, be situated adjoining one another, and, which would be very peculiar, be of unequal size; the smaller right testes would lie behind the ovary, while the left would extend in the longitudinal direction of the worm as far as the ovary and right testes. The ovary in addition would be situated wholly behind the transverse vitelline duct. It should here at once be remarked that from Poirier's original figures one is not exactly impressed with the author's having seen with any special clearness how the branches of both testes should be delimited from one another. Everyone who is acquainted with the anatomy of the Distoma will concede to me that a priori it appears very unlikely both that the testes
Was Ist Distomum Rathouisi? should be developed so unequally and that the ovary should be situated in two nearly allied forms at different positions to the vitelline duct. A closer examination of the two sections figured by Poirier unquestionably justifies this a priori doubt. The section passes directly through the shell gland and at the same time encounters immediately adjoining this organ several branches of the ovary; judging by the original figure this would by no means have been expected. Further, from the original specimen it can be determined that the gap from which the material for the section was taken, is situated immediately in front of the centre of the body, while the ovary in Poirier's figure is delineated wholly behind the centre of the body. The following seems to me to settle the matter: Immediately behind the centre of the body, in other words exactly where according to Poirier's figure the ovary would be met with, there appears in the original specimen a groove, from which the material for the second section was taken. This section has, however, no ovary, but several branches of testes are met with.

The foregoing incontestably proves that on the right side branches of testes extend close behind the level of the shell gland and that consequently Poirier's figure is incorrect in this particular.

What Poirier figures as the ovary thus belongs to the testes, and taking into consideration the other points of resemblance to F. buski, it appears to me to be the natural thing to assume that we are here regarding the right half of the anterior testes and that Poirier has incorrectly separated the two male sexual glands from one another. In fact we find that in his figure, at the point where according to him the border between the two bodies is to be delimited, branches of testes from both sides stretch out towards one another.

In the length of the cirrhus pouch relatively to the oral sucker no difference is found between the two forms; only that in D. rathouisi, the anterior half of the organ in question lies compressed in a S shaped coil, which is a further testimony to the contracted condition of the worm.

According to the foregoing statements identification with Fasciolopsis buski no longer presents any difficulty, and from now Poirier's form is to be regarded as a mythical creation that need never again encumber our text-books.
A CASE OF POPLITEAL ANEURISM CURED BY ENDOANEURISMMORRHAPHY (MATAS).

By H. B. Taylor, M.D., Anking.

The patient, a cook, 40 years old, was admitted January 28th, 1909, with the following history:

About nine months before, without apparent cause, a small painful lump appeared just behind right knee. There was coincident swelling of leg. Patient applied Chinese medicine and the lump disappeared after two or three days. Leg remained well until about twenty days before, when lump appeared back of knee again, grew rapidly larger and became very painful, preventing walking.

Previous History.—Denies venereal; no rheumatism, no cough or hæmoptysis. Malaria one and five years ago; no traumatism. Ulcer of left leg, beginning over a year ago, healed and again ulcerated about a month before. Favus as child.

Examination.—A medium sized, poorly nourished man, slightly anæmic, almost completely bald from favus. Pulse full and somewhat arteriosclerotic. Heart, lungs, and abdomen negative. Left leg shows at middle and lower thirds an ulcer the size of a dollar. In right popliteal space is a fusiform swelling, four and one-half by two and one-half inches, pulsating with beat of heart and giving a loud bruit on auscultation. Skin over tumor shows three small suppurating ulcers from the application of red hot needles. No oedema of leg.

Operation.—February 1st, under chloroform anæsthesia, tumor was freely incised, after applying tourniquet to thigh, and all clots turned out. This exposed aneurism in its entire extent and showed it to be a true fusiform, with recent rupture of posterior surface. Besides upper and lower openings of main artery, several smaller vessels were seen communicating with sac. Part of sac, anterior to openings of main vessel, was first obliterated with running Lembert suture of chromic gut, then mouths of vessel were sutured, next another layer of running Lembert sutures was put in posterior to openings, and the tourniquet relaxed. There was immediate free oozing through line of sutures at several places, but this was easily checked, contrary to our expectations, by single sutures put in at bleeding points. This was one of the surprising things about the operation; the ease with which free bleeding was stopped by a few additional sutures. Part of sac posterior to line of sutures was then approximated on each side of original incision, by
An Unusually Large Inguinal Hernia.

By J. E. Gossard, M.D., and Jesse H. Baldwin, M.D.

The following case of hernia is interesting principally from its large size. The patient came to the hospital April 23, 1909; he is a man of 55 years, married, and has three children, all of whom are healthy. No relative ever had hernia.

He had never had any sickness except that due to injuries. Twenty-eight years ago he was injured in the scrotum by a fall. At that time his right testicle swelled and never regained its normal size, being larger than a hen's egg. Fourteen years ago hernia began on the right side, but was not bad for some years. Six years ago he had buboes for forty days. Two years ago he had another fall, injuring his penis and scrotum again, from the effects of which his penis bled for two days and the scrotum and testicle were very painful. After that had healed he had a stricture of the urethra, which has given him some trouble ever since. Since that time the hernia has been irreducible and has become gradually larger till the present time, but there is no history of strangulation and no serious pain. He tires easily, and the tumor mass is very inconvenient to carry about. He has had a cough for seven or eight days.

The patient is a healthy looking man of about five feet six inches in height and of probably one hundred and thirty pounds weight. Physical examination was negative except for a slight bronchitis and a very large tumor of the scrotum; the mass being larger than the patient's head and hanging nearly to his knees. The mass was opaque.
to transmitted light. The lower part was tympanitic. The lower part was dull on percussion and gave water fluctuation. The left testicle was normal and in normal position. The right testicle could not be palpated. The patient could sometimes hear the gurgling of the bowel contents in the scrotum. The right inguinal canal was large, and at the external opening an impulse was felt when the patient coughed. Diagnosis of inguinal hernia was made.

Soon after his arrival we tapped the lower part of the tumor and drew off about 700 c.c. of water, which reduced the size of the tumor slightly, but the effect was ephemeral.

We waited a few days while we treated his cough, but it had not entirely disappeared when we operated on May 3. At the operation the anesthetic used was chloroform, and it was administered for three hours. We withdrew about 1,000 c.c. of clear, yellowish fluid from the lower part of the tumor by trocar and cannula before making the incision for the reduction of the hernia. The incision was about three inches long, parallel to and a little above Poupart’s ligament. Subcutaneously, on the lower border of the incision, there was much scar tissue, due to the old bubo. The hernial sac was very much thickened. The intestine, which first came into view, was the transverse colon covered by the great omentum. It was necessary to enlarge the inguinal opening to replace the viscera. The great omentum, the ascending colon with the cæcum and appendix, and the entire ileum with its mesentery were found in the hernial sac. The appendix was long, thickened, and contained a hard substance, which was easily forced into the cæcum. Because of lack of time the appendix was not removed. No strictures or other signs of strangulation were to be found in the intestines.

The right testicle was about six inches in circumference, and seemed to be cysto-fibrous, so it was removed with the scrotum and hernial sac, thus simplifying the operation by allowing the complete closure of the inguinal opening. Closure was made by the imbrication method with No. 2 chromatized catgut. The scrotum was amputated after running a line of sutures through and through, just above the line of amputation, to hold the deeper tissues in place. The small vessels were ligated with No. 0 catgut. The skin sutures were silk.

After the operation it was difficult to make the patient understand the necessity of lying quietly in bed. The pain was so severe that he tossed about a good deal and got out of bed once or twice, but the pain was eased for the first few days by doses of morphine. His cough also persisted for a few days, but it was not serious. On the third day there was a slight rise of temperature and a small accumulation of pus.
Photo by Dr. E. D. Follwell.

ENORMOUS UMBILICAL HERNIA.

[See Fig. 328.]
beneath the skin incision in the groin. This was drained off and the wound healed without further trouble. The infection appeared to be due to colon bacillus. Although he frequently displaced his dressings, there was no further infection. The urethral stricture gave a little trouble, but it was not necessary to catheterize him at any time. The patient convalesced rapidly and left the hospital in about three weeks after the operation, with the wounds practically all healed, rejoicing in the relief from his former trouble.

ENORMOUS UMBILICAL HERNIA.

By J. H. Wells, M.D., Pyengyang, Korea.

As the text-books on surgery I have, illustrate an umbilical hernia about the size of one's fist as "enormous umbilical hernia," I thought this one, picture herewith—big as two hats, not Merry Widow—might perhaps be interesting as a picture, so send it on to you for reproduction if you see fit. Hope my phiz in it won't interfere. It is a pronounced plain umbilical hernia of long standing. Nothing done, but told the woman to wear an abdominal supporter.

Work here goes on apace. Our local branches continue to meet and help along the good work, inspired by the excellence of the Journal and the esprit de corps you so well engender. Our general meeting of all Korea takes place in September in Seoul, and promises to be good.

LARGE WARTS.

By O. L. Kilborn, Chentu.

The accompanying photographs show a wart, or rather a pair of warts, which were remarkable perhaps for their size and location. The patient was a male of about eighteen years. He was one of three cases presenting themselves in the dispensary for treatment within a few days of each other. This one not only did not need to be coaxed, but insisted upon being taken in for operation. He complained of great pain, especially on defecation, with slight bleeding. On examination the mass, which was foul and discharging somewhat from its fungating surface, was found to be about six inches long, three and a half wide, and two inches high. It was divided completely from before backwards into two lateral halves, attached one on the right and the other on the left side of the anus. The pedicles were considerably shorter and narrower than the fungating mass.
Under chloroform the two masses were excised and the skin drawn together as much as possible with stitches. Healing took place readily, and he went out happy in a few days' time.

There were evidences of an old gonorrhoea of the anus and rectum, which pointed doubtless to the origin of the warts.

VULVAR ELEPHANTIASIS,

By W. H. JEFFEYRS, A.M., M.D., Shanghai.

Shanghai is not much on elephantiasis, and most of what we have, comes from the country districts. In nine years we have not operated on a single scrotal case, though we see elephant legs and other manifestations fairly frequently on the streets and in the clinic. A year ago Dr. A. M. Myers, of St. Elizabeth's Hospital, Shanghai, gave for our museum two excellent specimens—right and left labia majora—one being an inch longer than the other, both almost pedunculated and with ease removed by operation. We remember the Doctor stated that they were almost cystic at their base, and the wounds were slow in healing. This is, we believe, the commonest of the three vulvar conditions. Elephantiasis of the clitoris I have not seen, and doubt its existence, as also that of true elephantiasis of the penis. It must at any rate be very carefully distinguished from simple hypertrophy.

The case in the photograph is that of elephantiasis nymphae as can easily be seen in No. 1, where the tumour is raised, showing the development from the lesser lips and its origin internal to the greater. This condition corresponds to the prepucial disease. The second photograph shows the condition in its more normal position, which the patient described as "closed;" it being necessary to raise the tumour for each act of micturition. There was an ulcerated groove through its centre and union anteriorly between the two parts. The clitoris was not involved. There were considerable scar tissue and other signs of old ulcers, due probably to the dribbling of urine and to poor drainage. The utmost relief and satisfaction to the patient was experienced from the simple operation of removal. The wound healed promptly and left a remarkably normal looking vulva. The tumour weighed about half a pound; was not so large as the combined weight of Dr. Myers' tumours and somewhat softer in consistency, though this was possibly due to post-operative change in the case of Dr. Myers' specimens.
Tumor closing vulva.

Elephantiasis numphé.
Dr. W. H. Jefferys' case

Tumor elevated.
ELEPHANTIASIS.
Right and left labia major. Dr. A. M. Myers' case.

[See Page, 396.]
A VISIT TO THE MAYO'S CLINIC.

By J. H. McCartney, Chungking.

The clinic known as the Mayo's, which is held in St. Mary's Hospital, Rochester, Minnesota, a city of about 8,000 inhabitants, is fast becoming the mecca to surgical pilgrims from all over the world.

The city itself has nothing to recommend it to the multitudes seeking its hospitality either for healing or learning other than Will and Charlie Mayo (as they are familiarly called), who conduct a daily surgical clinic within the city limits. The only life of the city is that which is produced by the 1,500 or 2,000 guests that are always there seeking to see the Mayo brothers for some purpose or other. The city is full of hotels and private boarding houses, and the price of board ranges anywhere from $1.00 to any price you wish to pay a day. The Mayos have made the city; take them away and there would be nothing left. The only way to locate their offices (because there is no sign to indicate where they may be) is to follow the crowd and you will pull up at the Mayo suit of offices. Here we meet with the first reason for the wonderful success which has attended their work in the past. As you enter the spacious hallway, which runs through the centre of the building, you would think, if you did not know differently, that you were entering one of the large free dispensaries like New York or Chicago; both sides of the hall are lined with patients, who are waiting their turn to be seen. You find among them patients from all parts of the United States, Canada, and Mexico.

The offices of the several surgeons and physicians, together with their assistants who constitute the Co., are located along either side. Each patient passes under a thorough examination of specialists and his real condition understood as well as it is possible before he is ever sent to the operating room. Space forbids any farther description of their office work, which is well worth any man's study. The first thing that impresses the visitor is the simplicity of their technique. The doctors have no official connection with the hospital management, but of course their advice is always given when requested.

The patients are generally operated upon the day after or the very morning they enter the hospital. The only preparation given is a bath, but somehow or other we get the impression that if the patient objects to this, or it was thought that it might in any way disarrange the patient's equilibrium, this also was omitted. I once heard Dr. Will Mayo say "that if a patient was accustomed to sleep with his clothes
He did not believe in unduly exciting or disturbing a patient before an operation, as more was lost than gained. Nearly all the patients walk into the operating room and mount the table without any assistance, and judging from the outer appearances you would think the patient thought he was going to a picnic rather than to a serious operation. There is nothing noticeable among the patients to indicate that they have the fear that is all too common in most hospitals, and no doubt this is one of the contributing factors in their success.

The hospital has three operating rooms. Drs. Will and Charlie one each, while Dr. Judd presides in the third. Three operations are going on at the same time, six days a week, from 8 in the morning until 1 or 2 in the afternoon. Dr. Will confines his operating almost entirely to the abdomen, while Drs. Charlie and Judd take the rest of the body. Dr. Charlie operates on anything from the eye down, but his one speciality seems to be goiter, in which he excels and in which he has marked success. In my opinion Dr. Will has far surpassed the late Dr. Sen in his operative technique on the different parts of the alimentary canal. He always uses side to side anastomosis. Dr. Will's principal assistant is one of the sisters. She has assisted him for many years and seems to be as familiar with his various operations and instruments as the doctor himself. His gastroenterostomy and gall stome operations are beauties and in themselves worth all the expense and time it takes to go there to see.

Their drop method of giving ether, which has been described in the JOURNAL before, is an eye opener to those who have always deemed it necessary to drown their patient as well as saturate the atmosphere, making it uncomfortable for those who are looking on. They never put their patient dead under and never pay any attention to the condition of the patient, leaving this entirely to the nurse, who gives the anaesthetic. Dr. Will stated he much preferred a nurse to a doctor or student, who was inclined to want to see the operation; sometimes to the detriment of the patient. The customary gas tanks, tongue forceps, hypodermic syringe, and the ordinary paraphernalia we have always been accustomed to see in the operating room are all absent. They take the stand that if the patient is a fit subject to stand the anaesthetic at all, that there is no danger when given in the way they give it. If we are to judge by the record they have made (over 6,000 anaesthetics last year without a single death) they have a right to their opinion. Their patients are nearly always out from under the anaesthetic as soon as the operation is finished, they very seldom have any vomiting, and when you visit the twenty-odd patients who
have just been operated upon, they invariably answer they feel fine—quite a rare thing in any other hospital. No skin preparation is made until the patient is on the table and the anaesthetic begun. They never use a nail brush; nothing harder than cotton or gauze, and, if the skin is suspicious, their favorite skin disinfectant is dilute tinct. iodine painted over the field of operation.

Their favorite suture material is dyed linen for stomach and intestinal work, while their catgut is prepared in iodine. They always use rubber gloves. In summing up the work done in the Mayo clinic and looking for the factors which contribute to their great success we would say: The thoroughness of their diagnosis; the conservativeness of their operating (when they find that the chances are against the patient they never proceed, but stop at once); the simplicity of their preparation for operation; the rapidity of their pathological findings (if there is any question as to the malignancy of a growth, they stop the operation until the pathologist returns his findings, which is not longer than half or two minutes); their sensible method of giving ether (drop method); operators and assistants work like clock work; lack of excitement in the operating room (never the least mark of impatience, everyone knows what is expected of him or her and not a word spoken—a perfect marvel in this regard).

Over 16,000 patients passed through their hands in 1908, and this year indicates over 19,000 will be treated. Over 6,000 anaesthetic were given and over 5,000 operations were performed.

**Tuesday, May 18, 1909.**

**Operations.**

**Room 1.**
- Rt. Ing. Hernia.
- Ex. Goiter. Thyroidectomy or Ligation.
- Goiter.
- G. B.
- Fibroid Multiple.
- Perineal Prostatectomy.
- Epith. Lid (Cautery).
- Pierce Tongue for Diagnosis.

**Room 2.**
- Hysterectomy. (Fibroids.)
- Pyloric Obstruction.
- Secondary Resection Sigmoid.

**Room 3.**
- Rt. Ing. Hernia.
- Varicose Veins, both legs.
- Fract. Skull Temp. Region.
- Currettement and Perineorrhaphy.
- Abscess App.
- Hemorrhoids.
Order of Business.

1. Call to order at 3.30 p.m. (a) On Mondays election of President, Vice-President and Recorder.
2. Reading of Minutes.
3. Applications for Membership.
5. Election of New Members.
7. Unfinished Business.
8. General Business : (a) Appointment of Committees. (b) Appointment of Reporters. (c) Appointment of House Reporter on Tuesdays and Thursdays.
9. Scientific Program : (a) Report from W. J.'s room. (b) Report from C. H.'s room. (c) Special Address, if any. (d) House Report on Wednesday and Friday.
10. Discussion on Subject of Day : (a) Etiology. (b) Pathology. (c) Differential Diagnosis. (d) Treatment.
11. Appointment of four leaders to discussion for following day.

First Week.
Monday—Appendicitis.
Tuesday—Uterus and Appendage.
Wednesday—Gall Bladder.
Thursday—Varicose Veins and Varicocele.
Friday—Tumors.
Saturday—Surgical Tuberculosis.

Second Week.
Monday—Hernia.
Tuesday—Prostate Gland, Hydrocele, etc.
Wednesday—Stomach.
Thursday—Goiter.
Friday—Kidney, Urter.
Saturday—Disease of Rectum.

For the Information and Guidance of the Chairman.

1. The program above outlined is ordinarily to be followed, and it covers a period of two weeks, at the end of which time it is repeated.
2. When the subject outlined consists of the disease of an organ or part of the body, the chairman will select one disease, e.g. Tuesday—Disease of the Uterus and Appendage. The chairman may select Fibroids of Uterus, or Displacement, etc., as the subject for discussion.
3. The chairman will appoint four men as leaders in the discussion, assigning to one the Etiology, to a second the Pathology, to a third the Differential Diagnosis, and to the fourth the Treatment. These gentlemen will open the discussion of the part assigned, limiting their talk to ten minutes. The subject is then open to general discussion.
4. One part is taken at a time in the following order:—1. Etiology; 2. Pathology; 3. Differential Diagnosis; 4. Treatment.
5. If it is the desire of the majority of the members to make a transfer of the subjects from one day to another it may be done.

Reporters.—Appointed each day to report operations at the clinic. They shall be designated by wearing a red ribbon. They shall keep order and quiet at the hospital, keeping all visiting physicians out of the corridors between operation. They shall lead to the operating rooms when ready and shall be accorded the best seat in the amphitheatre. They shall report the operations as performed, at the next Club meeting. The House Reporter shall visit the hospital and report upon the progress of patients operated upon during the week. He will be able to do this by asking for one of the House Surgeons, who will show him through the hospital.
Some Simple Pharmacy.

SOME SIMPLE PHARMACY.

By C. K. Roys, M.D., Weilsien, Shantung.

Since we in China are generally short of funds for our work, and are obliged to train our own assistants, dispensers, and pharmacists, it behooves us to give the subject of pharmacy far more time and study than would be necessary for physicians at home. It is much easier, of course, where funds and shipping facilities will permit, to buy everything from the manufacturer, but for most of us, whose annual estimate for medicines is a source of much anxious thought, the only way to meet the demands upon us is to use every device that suggests itself in the line of cheap and convenient pharmacy. And even where funds are ample, the gauntlet of sampans, carts or pack-mules, through which most of our packing-cases must come, makes it well to have a few handy formulas and devices ready when broken glass and saturated packing are all we have to show for some daily-needed remedy.

The writer has been so much helped by previous articles along this line (as that of Dr. Wilson on The Use of Native Drugs, C. M. J., September, 1908) that he has determined to describe a few simple methods which have been found to save time and money here, in the hope that they may do as much elsewhere. A friendly hospital chemist at home 'posted' the writer on several of these devices, and a gift of several recent books on pharmacy have supplied most of the remainder. A few are original.

THE MAKING OF TABLET TRITURATES.

The little device shown in Fig. 1 is a great favorite with my assistants, for with it they can make a thousand pills of calomel, santonin, or strychnine in one quarter of the time it would take with the ordinary pill-machine. Nearly all powdered drugs not volatile, oxidizable, or deliquescent, given in doses of a fraction of a grain; nearly any concentrated tincture or alcoholic solution given in small doses, like liquor trinitrini, may be dispensed most conveniently and accurately in this form; the only additional expense being for sugar of milk and a few cm. of alcohol. The use of this little machine may be familiar to many, but some practical points will bear emphasis. No two of the plates are exactly alike; so each must be 'standardized.' Each hole in the vertical plate shown in Figure 1 is supposed to contain gr. 1 ½ of milk sugar when moistened with the proper mixture of alcohol and
water and the mass pressed into the holes with a horn spatula; the plate meanwhile resting on a pill-tile or other smooth surface. This would mean 70 grains for 50 holes, but it is necessary to measure exactly, especially when large batches of tablets are being made, or when heavy powders like calomel, or bulky powders like ext. opii are to be incorporated. These naturally have a marked influence on the amount of diluent milk sugar needed.

Caspari recommends this plan. Weigh off enough of the active ingredients to make a given number of tablets (say 50) with a quantity of the diluent known to be insufficient. Moisten with the necessary excipient and press the mass into as many holes as it will fill. Then moisten measured small amounts of the diluent till all the holes are filled; smooth off both sides of the tablets, place on the ejecting pegs and force the tablets out. The amount of sugar used may be also obtained by drying the 50 tablets and subtracting the weight of the active ingredients from the total weight of the tablets. When the amount of sugar used for 50 is known, the formula for 1,000 is easily established. For example, the formula for my own plate, to make 1,000 tablets containing calomel gr. 1-4 each, is as follows:

Calomel, gr. 250; milk sugar, gr. 1,400; carmine, gr. 2.

The last ingredient is added to secure thorough trituration, which process is best done as follows: Rub the active ingredients in a mortar; at first adding only about 1 grm. of milk sugar, later adding the sugar, two grm. at a time, till all is incorporated. After triturating a minute or so, add the carmine and triturate till a uniform pink color results. If no white specks can be seen, and the carmine is thoroughly distributed, it is safe to assume that the medication is also. This cannot always be said of pills made with the ordinary gummy excipients. At the outset it is best to use carmine with all formulae till the assistants are quite familiar with the amount of trituration needed. Later it may be omitted from all except the tablets containing very powerful drugs. The red color does no harm in Chinese eyes, and especially in children the small size and sweetish taste is a strong recommendation.

The amount and proportions of alcohol and water used to moisten the mass determine the rapidity of drying and the resultant hardness of the tablets. Excess of water makes harder tablets, but prolongs the drying process. Here we generally use, per 1,000 tablets, about 7 cc. of alcohol and 1.5 cc. of water. When the tablets are pressed out, and are resting on top of the pegs, they can be partly dried with a few
Fig. 2. Molds for Capsules, Bougies, or Suppositories.

Fig. 1. Device for Tablet Triturates.
Fig. 4. Churning Device for Emulsions.
Some Simple Pharmacy.

strokes of a fan, and then gently tipped off into a shallow pasteboard box to finish drying, while the plate is lifted off the pegs and its holes refilled on the pill-tile. The mortar in which the mass is kept should be covered to prevent too rapid evaporation and a little more fluid added if the mass becomes too stiff. After filling, the reverse side of the plate should always be inspected to see that all holes are full. Plates should be cleaned with a brush and cold water; never scraped with a hard implement.

It is unnecessary to detail the numerous and varied formulae which can be dispensed in tablet-triturate form. Any manufacturer's catalogue teems with them. A judicious selection from such a list, with formulae worked out from your own plate as indicated above, and a little practice with your assistants, will furnish an accurate, convenient, palatable, and cheap method of administering a considerable number of remedies very frequently used.

MAKING CAPSULES, SUPPOSITORIES AND BOUGIES.

Gelatin capsules are among the cheapest of supplies, and it does not pay to make them except in emergency, if the stock is out. To meet such an emergency a mold can be extemporized out of test-tubes, as shown in Fig. 2, by simply boring holes in a piece of wood, passing in the tubes till checked by the rims and wedging them in place with small bits of wood. The smaller size, 1-4 inch in diameter, dipped in the gelatin solution, make a convenient size for powders. Round-bottom, empty vials like those containing hypodermic tablets, can also be used. The larger size, 1-2 inch in diameter, may be used in the same way to make soft capsules for liquids, or the inside may be used as a mold for suppositories. The smaller tubes may be used for nasal or urethral bougies in the same manner. When the outside is used, the tubes should be filled with cold water and corked, to cause the gelatin to cool rapidly on their surface. When the inside is used the tubes may be dipped in cold water to hasten the hardening of their contents, then if placed for a second in hot water the suppository or bougie will slide out at once.

Formulae and methods for gelatin solutions and suppositories can be found in any book on pharmacy. The best mass for the latter is made of cocoa-butter, 5 pts., castor oil, 1 pt., and yellow wax, 1 pt. This will not crumble in molding or inserting. When removed from the mold it may be given the "welcame" or cigar-shape by the finger dusted with flour. If used in hot weather, these are best left in the molds, standing in cold water, until used.
A cheap and convenient water-bath, widely obtainable, is shown in Fig. 3. It consists of two common Austrian enamel vessels of the same size; one fitting into the other with a space of about an inch between the bottoms. The handles make it easy to lift one or both. This one, easily holding a pint, costs about $0.60 Mex. in a Chinese shop. The wickless spirit-lamp shown, costs about the same price, and gives a hot flame even with low-grade native spirit, for the lamp distills as it burns, and can be had wherever there is a shop in touch with German supplies.

EMULSIONS.

The official process of emulsification, using a mortar and pestle, is a tedious one at best, and especially so for large amounts. As the emulsion we use most here (cod-liver oil) is generally prescribed in large amounts, a simple process of making it has been a great boon to us and has saved us a tidy sum; our emulsion costing about 1-4 the wholesale price at home. A modified Forbes process of emulsification is the one referred to, using dry powdered tragacanth instead of the mucilage. This process will make a 16-oz. emulsion in ten minutes time and make it complete and permanent, particularly if a little churning device (Fig. 4) like the "Hamilton eggbeater" be used to complete the emulsion. The quart size of this is most convenient for 16-oz. emulsions. It consists of a tin cylinder, 3 by 9 inches, with a perforated conical piston and a conical bottom (see dotted line.) As the piston descends, any fluid contained is forced laterally through the numerous small holes and is thoroughly agitated in its entire bulk at once; an ideal process for completing emulsification. The curved handle allows the cover to be slipped off for cleaning. If this is not easily obtained, a Chinese tinner, given a paper model, can make one out of an empty oil-tin and a bit of wire in a very short time. A "Dover" egg-beater can also be used, but is slower and less convenient.

The full process for a 50 per cent. emulsion is as follows: First put the oil into a clean, dry, wide-mouth bottle, about twice the size
necessary to hold the completed emulsion. Then add finely powdered tragacanth (40 grains to 8 oz. of oil) and shake. Now add all at once, exactly the same amount of water as of oil used and shake till incorporated. Finally transfer to the cylinder of the egg-beater, where churning is kept up 5 to 10 minutes, or till oil-droplets fail to show in a light-reflection on the surface of a little of the fluid held on the finger.

If flavoring is desired, it should be added after emulsification is complete and should be well churned in. It is a mistake to flavor too strongly. A very palatable taste is imparted by a solution of methyl salicylate in alcohol, m. 80 to the oz., 1-2 oz. of which is added to each 16 oz. of emulsion. If hypophosphites are also desired, the calcium and sodium salts, gr. 96 of each, may be dissolved in the water used before it is added, but emulsification will be slower and the churning must be prolonged to secure a good result.

TWO VERY USEFUL FORMULAS

Two very useful formulas have appeared in the U. S. P., 1907, one of which is "Cataplasma Kaolini" and the other "Liquor Antisepticus." The first of these is easily made, and is practically identical with the much-advertized "Antiphlogistine." The second is also easily made, and appears in commerce as "Listerine;" both at fancy prices. To make a kilogram, a convenient amount of the cataplasm, the directions are: Kaolin (China clay), 577 grm.; boric acid, 45 grm.; thymol, .5 grm.; methyl salicylate, 2 grm.; oil of peppermint, .5 grm.; glycerin, 375 grm. Heat the kaolin (or the powdered soap-stone common in this province does equally well) on a water-bath for one hour, mix with the boric acid, then incorporate thoroughly with the glycerin and finally add the thymol dissolved in the methyl salicylate and oil of peppermint, making a homogeneous mass, which should be kept in air-tight containers. An empty Cadbury chocolate-tin does very nicely. "Apply hot and thick" after setting the tin in boiling water for half an hour, spreading directly on the skin as hot as can be borne and covering with cotton-wool and a bandage. The ingredients for this very cleanly and effective poultice are carried in stock by most of us, and can be put together at a fraction of the cost of the patented article.

While on this topic of pharmacy the writer would like to suggest its bearing upon the flood of patent medicines pouring into China through nearly every port town. Undoubtedly this evil is on the increase. China presents an ideal field for the sale of nostrums, with an ignorant population steeped for ages in the superstition of cure-all§
and specifics for all the ills which flesh is heir to, a superstition not
wholly gone from more enlightened lands. As Pure Food and Drug
Laws drive out the masquerading alcohol and opium from the home
market, they are certain to come here as fast as Chinese labels can be
printed for the bottles. To overcome this evil education of the masses
is too slow a process, for the inertia of these masses is too great.
Legal restriction, unsupported by public opinion, may also prove a
vain hope. The great argument which will appeal to the Chinese is
an economic one. We must be prepared to supply convenient and
palatable preparations and teach our students to supply such at lower
rates than the foreign vendor can meet. To do this we must practice
and teach cheap and simple compounding and dispensing, and as far
as possible keep up with the many devices of modern pharmacy, by
which time and money can be saved and a good efficient product placed
on the market. The problem is largely a commercial one to be met
by the men we train more than by ourselves and must be solved by
them on business principles, if solved at all.

Note.—The tablet triturate machine shown in Fig. 1, was bought from Whitall, Tatum & Co.,
48 Barclay St., New York, for $1.75 Gold. The egg-beater shown in Fig. 4 was obtained from M.

THE UNIVERSITY MEDICAL SCHOOL, CANTON.

The University Medical School in Canton has every reason to be
couraged. Two foreign-trained doctors and a nurse have been added
to its working force this year. Hospital plans are being drawn and
construction will soon be begun. Permanent residences are also to be
built this coming year.

In September, 1909, a preparatory medical course, in connection
with the Canton Christian College, was opened, to extend over three
semesters. Unless some union of all Christian forces in South China
comes to pass to prevent, the University Medical School expects in
1911 to open its doors for medical students to be taught through the
medium of the English language.

The entrance requirements will be the same as those required by
the Canton Christian College for entrance to the sophomore class.

The working force at present are:—

Dr. Josiah C. McCracken, U. P. ... ... ... 1901
Dr. William W. Cadbury, U. P. ... ... ... 1902
Dr. Tsing-meu Li, U. P. ... ... ... 1909
Miss Mary C. Soles, nurse Penn. Hosp. ... ... ... 1905
UNIVERSITY MEDICAL SCHOOL FORCE (EXCEPT DR. LI).

Miss Soles, nurse; Dr. McCracken; Dr. Cadbury.

Mr. Chun, scribe; Mr. Mok, nurse; Mr. Chung, nurse; Mr. Leung, chemist.
Main Entrance.
S. AGATHA'S HOSPITAL, PINGYIN, SHANTUNG.
S. W. Leung, chemist, locally trained ....................................
S. W. Chung, nurse, ,, ,, ..............
Ah Mok " ,, ,, ....................................

Another graduate of the university is now in New York Hospital preparing to come out with his wife, a trained nurse, in 1910.

[The Editors regret that the above arrived too late for insertion in the September educational issue.]

THE OPENING OF THE PINGYIN HOSPITAL.

S. Agatha's Hospital, Pingyin, the first S. P. G. hospital in the province of Shantung, was formally dedicated by the Right Reverend Bishop Iliff on S. Philip and S. James' Day, May 1st, 1909.

The new hospital compound is a long piece of land running due east and west and situated on the outskirts of the east suburbs of Pingyin on rising ground well above the city and its stagnant moat and filthy hovels. The whole compound is surrounded by a high wall and divided into three sections by two inner walls which run due north and south. The outer sections contain the houses (in the eastern division) and the out-patient buildings (in the western division and nearest the city) respectively, whilst the middle compound contains the in-patient accommodation, that is, the hospital proper, which is for women and children only. The hospital compound can only be approached through either of the other sections and has no direct entrance itself from the outside.

The buildings are constructed of blocks of native grey granite, cut from the hillside above the hospital and roughly hewn into shape by hand with the very simplest of tools. The house is a two-storeyed
one and the rooms are light and airy. The massive stone masonry gives the house a more imposing effect than it deserves, though in construction it has been made as sanitary and comfortable as possible, so that the foreign workers may live under the very best conditions obtainable. As the church is over a mile away, a small room in the house has been furnished as an oratory for the use of the members of the household.

There is a private entrance (with its gate house) to the doctors' quarters, and on the other side of the house a small gateway, for the doctors' use only, leads into the hospital compound. The hospital is 80 feet long and 53 feet wide. The whole of the front faces south, and is occupied by the three wards; a large central one to hold about fourteen beds or cots and two smaller ones to accommodate seven patients each. All three wards open on to a side verandah. Behind and to the side of the three wards are the two private wards, the dining room, chapel, nurse's room, operating theatre, ante-room, and sterilising room. The kitchen and bathroom are in a separate block behind the hospital. The hospital is constructed upon foreign lines, having a plentiful supply of foreign doors and windows, board floors, plastered whitewashed walls, and plaster ceilings, which are all new to the Chinese here.

Two gateways connect the hospital compound with the outpatients' buildings. At the southwest corner of this courtyard is the main entrance to the whole compound, a large archway approached by a flight of ten broad stone steps. This gateway was designed entirely by a Chinese workman. Over the archway the builders have carved
The Opening of the Pingyin Hospital.

a dragon in the stone, and above it, on a large stone tablet, the name of the hospital in Chinese characters, Kuangten I Yuan, the Hospital of Wide Benevolence. Above this tablet is carved an eagle, and the gateway is surmounted by a cross. On either side of the gateway are two stone pillars and carved upon them in Chinese characters a couplet expressing the Gospel motive, "Glory to God in the highest and on earth peace, goodwill towards men." The gateway itself is roofed, and so affords shelter for waiting patients or their friends, and is a favourite rendezvous for the compound servants. Just inside the gateway, to the right, is the gate house, and to the left is the waiting room proper. Here the out-patients congregate every day, and the Chinese catechist or some of the elder school boys preach to them for an hour before the dispensary hours begin. Two doors in the waiting room lead into the consulting room and accident room respectively, and these again communicate with the dispensary itself. In the out-patients' compound are two guest rooms for the use of cases not suitable for admission to the hospital, such as those for instance who must be accompanied by their friends, or for occasional men patients, as there is no other dispensary for them in the district. Here are also a drug storeroom, large enough, it is hoped, to be used as a dark room as well, a manager's room and a small kitchen. The one well which supplies the whole compound is situated to the north of the dispensary. This well has been cut at much expense for a considerable depth through the solid rock.

The opening ceremonies began at 7.30 a.m. with an English celebration and short address from the Bishop in the private oratory. The Bishop preached from the text (in the Gospel for the day), "He that believeth on Me, the works that I do shall he do also; and greater works than these shall he do; because I go unto My Father," and explained what to many of us must have often seemed a hard saying that we may indeed do greater things than Christ Himself did, and that no difficulties need be too great for us to overcome, even in this perhaps most difficult of lands, if we believe in Him.

At ten o'clock the Chinese ceremonies opened with a short service in the dispensary waiting room, with an address from the Bishop. There was a very good attendance of the native Christians. Only Christians had been invited to attend the function, partly because it was felt that a very large attendance would make an unwieldy procession, for curiosity runs high in the district and our visitors might have been inconveniently numerous. The foreigners present were, besides the Bishop, the Rev. and Mrs. Mawson, Rev. I. Stocker, Miss
Bearder (of S. Faith's, Peking), Miss Gay, Dr. Frances Cunningham, and Dr. Margaret Phillips.

In the course of his address the Bishop said that he hoped that the new buildings would be the means of bringing spiritual and bodily relief to many in the district, and he reminded his audience that they were gathered together to the glory of God for the English people at home who had collected and given the money for the work and were unable to be present themselves.

After the singing of the hymn "Come, Holy Spirit, Come" and prayer for dedication of the dispensary, the congregation formed into procession and filed out of the dispensary. In the big gateway all stopped for the reading of a prayer and the 147th psalm and then proceeded to the hospital, reciting psalms on the way. The procession paused in each of the three principal wards and in the operating theatre for the reading of psalms and prayers or the singing of hymns, ending with the dedication prayer in the hospital chapel.

Leaving the hospital the procession passed into the third courtyard, and prayers (still in Chinese) were read on the verandah of the doctors' house and also in the dining room, hall, and upper landing, where all sang together "Peace, Perfect Peace," and the Bishop prayed for blessings on all who might sleep and rest there and concluded the services with a dedication prayer in the oratory, the hymn "O God, our help in ages past" and the blessing. After the company dispersed the foreigners met together for lunch, whilst a feast was served in the dispensary waiting room to the Christian women guests, the occasion of opening the first women's hospital in the district being one of special importance to them. The buildings are still not quite finished, but it is hoped to begin to occupy the hospital in about a month's time. The dispensary itself has been in use since S. Agatha's day. The attendances, so far, have been very promising, but it will necessarily be some time before the people become accustomed to the change of locality; the old dispensary having been carried on for years in the church compound.
Sua-bue, 3rd April, 1909.

DEAR DOCTOR: I am sending under separate cover a couple of photos which I think are not devoid of interest, as one of them represents a case of "iodism" due to a somewhat unusual cause.

The patient was suffering from a hydrocele, which was tapped by a native who had received an incomplete course of instruction in Western medicine. The "doctor" injected about two drachms of a weak spirituous solution of iodine (strength not stated), and when I saw the patient the following day he was in the condition represented in the first photograph. The other shows his condition five days later after he had been treated with rest, milk diet, and liq. ammon. acetatis.

Apropos of Dr. J. L. Maxwell's second interim report of the Research Committee, it may be interesting to mention that the worms obtained from the two cases of infection which I reported as "dist. crassum" (C. M. J., July, 1908) differed in many particulars from the published description of this parasite, but Dr. Leiper (the helminthologist of the London Tropical School) maintains that the published description is inaccurate and that my specimens, including several obtained from pigs locally, are undoubtedly dist. crassum.

Although the presence of this parasite has been noted in pigs in Hongkong, I do not think cases have been published previously of its occurrence as a human parasite so far south in China as the Canton province.

Enquiries in various centres as to the discovery of this parasite in the pig-slaughter-houses might produce some useful information as to its geographical distribution and the different varieties of this parasite.

Have you had your attention directed to an article by Dr. Heanley in the J. T. M. of last year? His figures, based on post-mortem findings, indicate that opisth. sinensis is almost as frequent in Hongkong as I found it near Swatow.

I am sure far more cases of infection with this parasite would be described were it not for the fact that the eggs are so relatively small that in a thick film it is very difficult to recognise them with a low power.

Excuse my rambling remarks, and believe me,

Yours very sincerely,

G. DUNCAN WHYTE.
The Editor, CHINA MEDICAL JOURNAL.

DEAR SIR: Dr. Wolfendale's report of a case diagnosed elephantiasis emboldens me to send you photo of what may have been a similar condition. Sir Patrick Manson, who kindly reviewed my notes, said the diagnosis lay between "elephantiasis of a limited skin area" and molluscum fibrosum with extensive dermatolysis. The case was published in the Journal of Tropical Medicine. There has been no recurrence after two years, and the man has free use of his arm.

Might not lymphangioplasty be useful in Dr. Wolfendale's patient? A case is reported by Mr. Sampson Handley (Brit. Medical Journal, December 12th, 1908, p. 1,748).

May I add my testimony as to the value of intramuscular injections of hydrarg. salicyl. in the treatment of syphilis? Since your editorial appeared in the Journal of September, 1907, I have treated most of our severe secondary cases in this way. Apart from stomatitis there have been no ill effects. The good effects are marvellous, and the patients, far from dreading the injections, praise them far and wide. Until I could get a hypodermic needle of sufficiently large bore I used one of those belonging to a Potain's aspirator. By cutting ¼ inch off the end of a No. 7 soft rubber catheter and thrusting the nose of a hypodermic syringe into this, the aspirator needle can be made to fit snugly, and injections given without leakage.

A word about ankylostomiasis. Among the country people here this disease is extremely common, being recognized as an entity under the name of p'a huang ping (the weak and yellow disease). As a mischief-maker, it may almost be said to rank with syphilis and tubercle.

Since a review of Castellyi's paper (advocating B-naphtol) appeared in Brit. Medical Journal of January 4th, 1908, I have used this drug in about forty cases. There is no doubt about its efficacy, as shown both by the microscope and by the speedy return of the patient to health.

I should very much like to know whether stricture of the oesophagus (ken shih ping 咀食病) is as common in other parts of China as it is here in N. E. Szech'uan. It occurs, as a rule, in men past middle age. One usually sees the cases only when too far advanced to admit a bougie, but they seem clearly not due to carcinoma or to pressure of aneurysm or enlarged glands. Signs of former syphilis are, as a rule, wanting, and iodides are of no use.

Yours faithfully,

C. C. ELLIOTT, M.D.
Mt. Omei, July 13th, 1909.

My dear doctor: Will you tell me any of the men in China who have complete electrical outfits for therapeutic use? I want to fully equip my hospital and will have to manufacture the electricity to do so and will be grateful for suggestions.

I have been trying to keep away from too much medical work since coming out, in order to get a hold on the language. Have treated three cases of opium poisoning with recovery in all. In the last two cases I used apomorphine hydrochlorate gr. 1/10 hypodermically and large amounts of mustard water to help emesis. The following scheme worked well: Application of the two poles of a faradic battery strong enough to cause good muscular contractions. These were applied at different parts of the body, when the patients were not expecting it and kept them awake at little effort on the part of the physician. Some of the more violent methods of procedure, as fast walking, were contraindicated on account of advanced pregnancy and very small feet in one patient. Have you ever used the scheme?

With best wishes, I am, cordially,

Edgar Thomson Shields.

Yachow, Sze.

S. Agatha's Hospital, Pingvin, September 4th, 1909.

Dear editor: On June 29th last a boy of 13, the subject of advanced pseudo hypertrophic muscular paralysis, was brought to the dispensary here. A history of nearly three years' duration was given, and all the symptoms were well marked. The most noteworthy feature of so typical a case was the age of the child. I add this note as a supplement to the one published by Dr. Wills in the July number, as it is the first instance of the complaint that I have come across myself in China during a practice of nearly four years.

Believe me, yours sincerely,

Margaret Phillips.

Liang-an Hospital, Foochow, September 12th, 1909.

To the nurses of China:

Since the editor of the China Medical Journal said he would be pleased to assign space in the Journal for a Nursing Department I have been waiting eagerly for it to open, but thus far have been disappointed. I hope in the near future it may be a reality. A place where we may discuss our work and methods, our successes and failures, ways and means of helping the medical work, relieving suffering, uplifting the nursing profession, and advancing the Master's kingdom in China.
I, for one, feel the need of coming in contact with the other nurses of China. In the past the nurses have many of them been engaged in other lines of work, but now, as in many places, plans are being made to open nurses' training schools; is not the time ripe for us to have a more united work? In the home lands we feel our state and national conventions are great sources of help and inspiration. Perhaps here we would not be able to meet so often on account of the long distances, expense of travelling, and being unable to leave our work for any length of time, but I wonder if we, the nurses of China, could not plan to meet at Hankow next China New Year time, when the physicians have their meeting and talk over our work together. I know there are nurses' training schools in Peking and Nanking. I would like to meet the ladies who have them in charge, and hear of the work already accomplished and of the plans for the future. If we could plan to meet at the same time and place as the physicians, we would have the opportunity of meeting them and the inspiration of their meetings and presence, and of gaining valuable information from their years of experience and work in China. After such a meeting we certainly would go back to our work with fresh courage, new ideas, and a deeper feeling of helpful fellowship than we ever had before. Dr. Hatfield and I, from our Mission, expect to go. I would like to meet many more of China's missionary nurses there. Let us hear what the other nurses think about it. Can't you plan to go?

The nurses of South China were the guests of the Fukkien Medical Association at Kuliang this summer, and greatly enjoyed the papers and discussions. Later in the season, the nurses met one afternoon at Rest Cottage and spent a pleasant and profitable time together. We have chosen Friday of each week as our day of prayer, because on this day the great Physician suffered for us all. We want it to be a special day for prayer for physicians, nurses, hospitals, and all medical work in China. We hope to have more meetings next summer.

I would like to ask what the proper characters are for "Trained Nurse" in Chinese.

I, for one, want to thank the editor for his kind offer to give us a place in the CHINA MEDICAL JOURNAL for a Nursing Department. Shall we show our gratitude by having something ready for every number? News, original articles, things you have found helpful in your work, or anything that might be a help to the rest of us either in the hospital work, dispensing, or visiting work.

I hope that we may have a good representation at Hankow at China New Year time.

Yours, in loving service,

CORA E. SIMPSON.

M. E. Mission.
REPORT ON THE HEALTH OF ICHANG FOR THE SIX MONTHS ENDED THE 31ST MARCH, 1909.

By Dr. Andrew Graham.

These months, following as they did on a particularly trying summer, have been characterized by a great amount of sickness.

The foreign community did not participate in this to the same extent as the native. During the summer Ichang was visited by a very severe epidemic of Asiatic cholera, and there were two deaths in the foreign community. In the native there are said to have been many hundreds. This too was accompanied by a rather worse malarial season than usual, and many who have come to the Ichang hospital recently have complained only of general weakness and anaemia following on these diseases. Malaria seems to have come and determined to stay, as during the coldest months we have had cases coming for treatment; whereas a few years ago it was a rare thing to meet a case of malaria during the winter months. This has been a particularly mild winter, and mosquitoes have been much in evidence, and this doubtless accounts for the cases seen. The type of malaria seen has, during the last few years, undergone a change, and the proportion of malignant and quartan to simple tertian is more than formerly.

We are greatly delighted with the accuracy of diagnosis obtained in the staining of blood films by the Lieshman's modification of Romanowsky's method. The tabloids of these stains, supplied by Burroughs and Wellcome, are very satisfactory.

During the months of December to March we have had epidemics of small-pox and diphtheria. It is said that nearly 2,000 children have been carried off by one or other of these diseases. The Chinese in these parts have not many "conscientious objectors" in their ranks, and so we have many coming to avail themselves of the protection afforded by vaccination. This too is being carried out on a large scale at the Pei Yun Tang (培元堂) in the city, and there it is carried on from person to person; the one who gives the vaccine receiving the fee of 100 cash charged. The Chinese, living as they do in such an overcrowded condition, form a very congenial soil for the growth of this bacillus. Phthisis is very common, and in our hospital much of the bone and joint disease is tubercular. The various forms of tuberculosis seem to be on the increase.
CASE OF INFANTILE SCURVY IN A CHILD OF SIX MONTHS.

I was called to see this baby because of a swollen and painful knee, which on examination was found to be only slightly swollen, but very painful on movement; the baby crying on the slightest movement. There was no rise in the general temperature, but the affected joint felt hotter than the other. There was some tenderness of the gums present. The baby had, for several months, been fed entirely on proprietary foods, both tinned milk and dry foods. The diagnosis of scurvy was confirmed by the rapid improvement on the following treatment:

- Potato pulp beaten up with milk given every three hours.
- Orange juice several times a day.
- Cow's milk only, instead of the tinned foods he had been having.

In eight days the swelling had gone down and there was no tenderness on movement.

RAPPORT MEDICAL POUR LE PORT DE PAKHOI,
DECEMBRE, 1908—MARS, 1909.

PAR LE DR. POUTHION.

Pathologie Européenne.

Pendant le mois de Décembre trois consultations ont été données à un employé européen pour conjunctivite et corps étranger de l'œil (grain de poudre), L'extirpation de ce corps étranger a guéri de son affection qui revenait périodiquement, ce fonctionnaire européen.

Durant le mois de Janvier un enfant atteint d'embarras gastrique et un fonctionnaire atteint de fièvre et ciphalagie ont été soignés.

Durant le mois de Février un enfant a présenté du fait de l'évolution de ses dents de très légers troubles qui ont motivé deux visites.

Pendant le mois de Mars la femme d'un employé européen a eu une fausse couche de trois mois avec expulsion d'un œuf gros comme une orange ; cette affection a motivé quatre visites et une semaine de repos au lit.

Un fonctionnaire atteint d'embarras gastrique et fièvre a été pendant 4 jours indisponible.

Enfin un fonctionnaire atteint d'hypertrophie de la prostate avec incontinence d'urine et d'une hydroule qui a été ponctionnée et traitée par une injection modificatrice iodo-iodurée a reçu 11 visites à domicile.

Pathologie Indigène.
Il n'y a pas à signaler pendant ce semestre d'épidémies, ni parmi le personnel des douanes ni parmi l'élément indigène de la population.

Un lettré de la douane, fumeur d'opium, atteint de cachexie paludéenne se manifestant par de l'ascite, une insuffisance rénale et de l'oedème des membres inférieurs, après un mieux relatif dieurese, diminution de l'oedème, cœur plus régulier et pouls mieux frappé a été atteint de diarrhée profuse et est mort le 30 Décembre.

Un autre lettré a été atteint d'une fracture de la phalange de l'annulaire droit et un autre a été atteint de conjunctivite double.

Un charpentier a été atteint d'arthrite traumatique du poignet gauche et a été soigné par massage et l'inguiponcture.

Un Matelot a été traité pour contusion des reins après une chute faite dans une jonque en surveillant le débarquement des marchandises d'un vapeur en rade.

2 autres matelots ont été soignés l'un pour bronchite l'autre pour pneumonie, un autre a été traité pour embarras gastrique.

Enfin la femme d'un lettré nous a fait appeler à 6 heures du soir le 8 Février a la suite d'une absorption par les voies digestives dans un but de suicide d'une certaine quantité d'opium. Nous sommes arrivés dès l'appel de son mari auprès d'elle et avons constaté les symptômes ordinaires de l'empoisonnement par cette substance : les pupilles étaient contractées, la peau froide, les lèvres cyanosées, la respiration lente irrégulière, le pouls petit et lent faible et depressible. Les mâchoires étaient contractées. Nous avons dû les ouvrir avec un écarteur, enfoncer la soude stomacale et procéder à un lavage de l'estomac, administrer un vomitif, pratiquer une injection sous cutanée de sulfate d'atropine. Nous avons fait de la révulsion sur les membres inférieurs et fait respirer de lammoniaque. La malade a été au bout d'un quart d'heure sortie de son coma et a pu une demie heure après notre arrivée reposer sans crainte de complication. Une decoction de tannin et de café très fort a rétabli complètement la malade.

Nous n'avons rien autre à signaler d'intéressant les femmes et les enfants des employés de la douane viennent en effet à la consultation de l'hôpital français recevoir des soins et nous les avons pas inscrits à part : ils viennent assez souvent et fournirent un certain nombre de consultants parmi les 14,025 indigènes qui durant l'année 1908 sont venus à l'hôpital Français.

Un rapport annuel fourni à notre gouvernement général d'Indo Chine a longuement étudié les questions diverses qui intéressent le post medical de Pakhoi et le fonctionnement de l'Hopital Français dans cette localité.
On and after the 1st January, 1909, the manufacture in China by Chinese and foreigners of morphia and of syringes, needles, and such-like instruments for its use, is absolutely prohibited, and the importation of the same into China by Chinese and foreigners is likewise prohibited, except in the case of duly qualified foreign medical practitioners and foreign chemists and druggists complying with the following conditions:

1°. Duly qualified foreign medical practitioners desiring to import morphia and/or instruments for its use must sign a bond before their Consul stating the quantities to be imported and their values, the place whence arriving and the method of importation, whether by steamer (the name of which must be given), rail or post, and guaranteeing that these articles will be employed for medicinal purposes only, either in their private practice or in some specified hospital. Upon the Consul forwarding the bond to the Custom House a special landing permit will be issued after payment of duty.

2°. Foreign chemists and druggists desiring to import morphia and/or instruments for its use must sign a bond before their Consul stating the quantities to be imported and their value, the place whence arriving and the method of importation, whether by steamer (the name of which must be given), rail or post, and guaranteeing that these articles will be used exclusively in the compounding of prescriptions or sold in small quantities only on the requisition of a duly qualified foreign medical practitioner. Upon the Consul forwarding the bond to the Custom House a special landing permit will be issued after payment of duty.

3°. Any such importer of morphia and/or instruments for its use found dealing with—or selling—such, otherwise than in accordance with the terms of his bond, will not be permitted to make any further importation.

4°. All morphia and/or instruments for its use, landed without Customs special permit, will be confiscated.

5°. Duty on morphia and instruments for its use, imported under the above provisions, will be levied at the reduced rate of 5 per cent. ad valorem.

6°. Morphia and/or instruments for its use, shipped to China by foreign merchants from foreign ports before 1st January, 1909, may be landed under the old regulations during a period after that date, the limit of which will be fixed in every instance by the Custom House concerned according to the date of shipment and the distance of the port whence shipped. Any morphia so landed under the old rules must pay duty at the present tariff rate without reduction.

The necessary blank bond forms will be issued by the Customs on application, free of charge.

By order received through the Inspector-General of Customs,

H. G. HOBSON, Commissioner of Customs.

CUSTOM HOUSE, SHANGHAI, 14th December, 1908.
SOUTH CHINA MEDICAL COLLEGE, CANTON.
SOUTH CHINA MEDICAL COLLEGE DORMITORY.
The China Medical Missionary Association is $1 Mex., payable in January of each year. This includes the Journal and postage on the same, whether local or foreign.

All changes of address, departures on and arrivals from furlough should be notified to the Secretary and to the Presbyterian Press. Members are requested to invite new comers to join the Association.

The Editors will be obliged if all those who are building hospitals will send copy of plans and detailed description (in duplicate if possible). These will be loaned, on application, to members who are proposing to build.

ORGANIC.—"Going up to hear that lecture on appendicitis to-day?"

"Naw, I'm tired of these organ recitals."—Cornell Widow.

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Editorials.

AN OUNCE OF PREVENTION.

There is not a man engaged in medical and surgical work in China who has not felt at some time an overwhelming sense of his own limitations in the struggle with the forces of disease arrayed against him; time and again does he see his best efforts for his patients thwarted by the unwillingness to cooperate with him and to give him their unreserved confidence, and in sorrow if not in bitterness he has to

Watch sloth and heathen folly
Bring all his hopes to nought.

In our constant fight for health in the individual, are we not neglecting the greater duty of educating the masses? You will smile at the idea; of course we are not, you say. Doubtless not a day goes by that you do not preach into unwilling ears the merits of soap and water, and kindly but firmly point out to incredulous parents and friends that a general diet, including fruit and sugar cane, with the patient trying to work or running about, is not conducive to a rapid recovery in dysentery.

We are the pioneers in a new field and we must be leaders. In this day of education, of unions and mergers, let us merge a little more effort along this all-important line. It will be uphill work and full of as many discouragements as that in which we are now engaged, but they must both go on.
At home, in these days, more and more effort is being put forth to educate the public to the dangers of many of the common and insidious foes which constantly menace us. Is it too soon to begin such a campaign in China because public opinion is against us?

Many of us live in larger centres and have institutions within our sphere of influence. Begin with the boys and girls under you. Much might be done in the way of public lectures or talks, illustrated, if possible, by lantern slides. Dr. Wilson, of Hsiiting, has been a pioneer in this sort of thing, and there are probably others, and all of us who have had the privilege of teaching medical students have done something, but we should do more to get the public ear. We are getting their confidence, as the hospital and dispensary statistics prove.

While some of us are spreading the Gospel of the Ten Commandments and the Sermon on the Mount, others must spread the Gospel of clean bodies, clothes, food, water, and surroundings; of wire netting and screens for food, and the eternal warfare against the fly and the mosquito, as well as against Satan. Even the product of such a godless monopoly as The Standard Oil may prove indeed a light unto the Gentiles in more than the literal sense, when they can be taught that an occasional distribution on stagnant pools is better than weeks of suffering with malaria. Are the ravages of the opium pipe any greater in the community than that of the great "white plague" or syphilis?

In the great centres like Shanghai, Hongkong, and Tientsin, the influence of the Health Office is very potent and far reaching. The native is appreciative, even if slow to adopt new ideas, and one can see the reflex influence of the Health Office regulations beyond the bounds of the foreign settlements. The Health Office has given us a cue which we should not be slow to follow, and that is in the publication and distribution of tracts on sanitation, hygiene, and preventive measures in general. It is true that these things are done in times of epidemic and may even be issued by the native authorities, but as leaders of thought and action in our particular line it is our move.

This humble effort is not offered as anything new or original. It has probably been discussed before in this magazine and in a
better style; if not, the more's the pity. These few suggestions are offered solely to stir up, it may be, some dormant resolution which will incite you to renewed effort in this ever new and ever useful field.

C. S. F. L.

A PURE DRUG SUPPLY—FINAL STATUS.

LIST OF CHEMISTS.

♦British Drug Co., London.
♦E. Merck, Darmstadt.
♦C. J. Hewlett & Son, London.
♦The Shanghai Dispensary.
♦Parke, Davis & Co., Detroit.
♦Ferris & Co., Bristol.
♦Burgoyne, Burbidges & Co., London.
♦Johnson & Johnson, New Brunswick, N. Y.

Charles Yarrow & Co., London.
Knoll & Co., Ludwigshafen.

♦Dakin Brothers, Ltd., London.
*Kihoi Konishi, Osaka.
♦C. Berthel, Shanghai.
♦Davis & Lawrence, New York.
♦Frederick Stearns, Detroit.
♦Allen & Hanburys, London.
♦Fred Bayer & Co., Eberfeld, Germany.

* Answered.

QUESTIONS.

1. Do you publish unqualifiedly the full and accurate formula of every product of your manufacture?
2. Do you believe in product patents and make use of the same?
3. Are your laboratories open to inspection by both the medical and pharmaceutical professions?

We should be glad also to have your answer to the question:

4. Is it your practice to manufacture what is commonly known as "patent medicine" to be sold either under your own name or under that of other firms?

No answers have been received from the following to our letter:

Charles Yarrow & Co., London.
Knoll & Co., Ludwigshafen.

PUBLICATION COMMITTEE.

Owing to absence on sick-leave of the translator, the second volume of Osier will not be ready till early in November. It is hoped that the remaining three volumes will follow during the winter.

Rose and Carter's Surgery will also be issued in volumes in the course of the winter. It is expected the first will be ready in November.

A Military Hygiene and a condensed Gray's Anatomy are now in the press and should soon be ready.

Books in preparation are:—Heath's Practical Anatomy, Therapeutics (second edition), Physiology (fourth edition), Medical Jurisprudence and Public Health, Parasitology, Pathology, Materia Medica, Clinical Methods, Pharmacy, First Aid.
ASSOCIATION NOTES.

BRANCHES OF THE C. M. M. A.

Central China Branch:—Dr. J. G. Cormack, Hankow, Secretary.

Kiangsi Branch:—Dr. C. W. Somerville, Wuchang, Secretary.

Manchurian Branch:—Dr. W. Phillips, Newchwang, Secretary.

Korean Branch:—Dr. H. H. Wei, Chemulpo, Korea, Secretary.

Shanghai Branch:—Dr. A. W. Tucker, St. Luke's Hospital, Secretary.

Mokanshan Branch:—Dr. J. C. A. Beatty, Hangchow, Secretary.

West River Branch:—Dr. Ida M. Scott, Takhing, Secretary.

Han River Branch:—Dr. F. K. Dilley, Peking, Secretary.

Canton Branch:—Dr. J. Allen Hofmann, Secretary.

Fukien Branch:—Dr. Lena Hatfield, Foochow, Secretary.

Doubtless many of those of us who go on furlough in the coming year are planning to attend the World Missionary Conference to be held in Edinburgh in June. No one need be deterred from going by the fact of his not being a delegate. Special privileges will be shown all visiting missionaries.

CONFERENCE NOTICE.

SHANGHAI, October 15th,

DEAR MR. EDITOR: I would like to take advantage of the JOURNAL to ask the help of those members of the Association who can contribute to the educational exhibit we propose to have at the Hankow meeting. We would be glad to have pictures of buildings, etc., charts, manikins, or any such aids to teaching that have been found useful, with directions as to where they can be obtained and the price. There will be a full exhibit of all the publications of the Association, but we would like to have any English books or journal specially useful, either because of the text or illustrations. Let every one see what he can do along this line and prepare to take, or send his contribution to Hankow. It will be well to write to me soon what each one proposes to send, so that I can save members the trouble of sending duplicate exhibits.

Yours sincerely,

R. T. SHIELDS,

Section on Education, Program Committee.

THE CHINA MEDICAL MISSIONARY COÖPERATIVE BOOK AGENCY.

The above agency has been formed for the purpose of enabling its members to purchase their medical books at discount. Arrangements have been made with five of the leading medical publishers in the United States, who have offered very liberal terms. It is confidently expected that equally favorable arrangements may soon be announced in the case of the English and other American medical publishers.

There will be a general agent in Shanghai and a provincial agent in each province and in Manchuria and in Korea. A list of the agents will be found below. Several of these have already agreed to act, and it is sincerely hoped that all of the others will do so or provide a substitute.

The agents will have catalogues of the publishers with whom arrangements have been made. They will give all information that is
Coöperative Book Agency.

asked of them, and any book may be directed to them, if sent by mail, and they will forward to the purchaser. As the agents are all busy men and are serving for nothing, the following rules shall be observed in ordering books.

The requirements for membership in this agency are:

(a). Membership in the China Medical Missionary Association.
(b). Payment of an annual fee of one dollar Mexican ($1.00 Mex.) to the general agent.

The rules for ordering are:

(a). All orders, after being filled in, shall be sent to the provincial agent, who will sign it and then send to the publisher.
(b). All orders must be accompanied by money order, bill of exchange, or order on Mission treasurer in homeland. The amount must cover the full cost of books and the cost of delivery where necessary. The purchaser shall in all cases arrange about buying money order, bill of exchange, etc.
(c). Books may be ordered sent direct to the general agent or to a provincial agent. But if to an agent, whether to the general or provincial, it must be sent by mail. When ordered to be sent by freight, purchaser must make his own arrangements.
(d). If ordered to be mailed to an agent the agent, before forwarding, must receive the cost of forwarding.
(e). No agent shall contract a debt (under any circumstances).

POSTAL REGULATIONS.

(a). U. S. A.—To Shanghai only. No limit of weight for a single volume. Rates one cent gold for each two ounces. Registration, if desired, ten cents gold extra. (Postal Information, Sections 2 and 25.)
(b). English.—To any British post office in China only by parcel post at the following rates:

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Eleven lbs. being the limit of weight.
(c). Customs.—There are no custom duties on books.

AGENTS.

Dr. A. W. Tucker, General Agent, 6b Seward Road, Shanghai, China.
Dr. J. R. Wilkinson, Provincial Agent,

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Soochow.
Hankow.
Kuling.
Nganking.
Changteh, Hunan.
Chefoo.
Peking.
Canton.
Changteho, Honan.
Foochow.
Kashing.
Chungking.
Mukden, Manch.
Seoul, Korea.
Reports of Local Branches.

KOREA BRANCH.

Our northern section of the Korea Branch of the China Medical Missionary Association held a meeting last May at Syen-chyen. We have our regular annual meeting in Seoul the early part of September, at which time every member in Korea who possibly can, attends, but in addition to this we plan to have in the north about three meetings a year, with Pyeng-yang as a centre, and monthly meetings in Seoul for our northern colleagues. All of these gatherings are very helpful to us all. I am very sorry I have not sent you long ago an account of our May meeting, but work has piled up on me and all my correspondence is behind. If I am too late you can just put this letter in your waste paper basket.

The meeting was called to order by Dr. Wells, and after prayer the secretary read the minutes of last meeting. Election of new officers resulted in: chairman, Dr. Sharrocks, and E. D. Follwell secretary. It was decided to hold our next meeting in July at Chai-pyong, and that papers be read at that time on "The Management of the In-patients' Boarding Department," "Glandular Enlargement," "Ascites," and "Anal Fissure."

Dr. Sharrocks then read a paper on "Malaria and Its Treatment." Several interesting points were brought out. The patient often comes to you, having already made his own diagnosis, and the physician is apt to give quinine too hastily, and makes the error, not in failing to recognize malaria but in calling other things malaria which were not. We have three methods of diagnosis—periodicity, microscope, and quinine. If you have a daily rise of temperature do not think necessarily of malaria, but also of tuberculosis and liver abscess. Two-thirds of all malarial temperature occur between midnight and noon, but pus and infectious temperatures in the afternoon. As to the treatment, quinine will cure in ninety-nine cases out of a hundred when properly administered. You will often have a malarial diarrhoea, bronchitis, or neuralgia, that is cured by quinine. Think of another diagnosis if quinine does not speedily control.

Quinine fails to absorb if the stomach is disturbed. Capsules and pills often unabsorbed. Our rule is to give in solution or powder. Mulford's chil-cedine is excellent. It is really Warburg's with the addition of Fowler's and iron. Warburg's Tine is excellent.

Always attend to the liver and bowels before commencing treatment.

In pregnant women don't hesitate to give quinine, for if the fever is allowed to go on the woman will abort.

Some patients cannot take quinine. One of our missionary ladies broke out with a general erythema every time she took quinine. In her case Fowler's and uuc. vom. controlled the fever.

We have no use for small doses. Give ten to twenty or twenty-five grains in one dose, or 15 grains, followed in three hours by 10 grains; more in severe cases. I had a child whom I treated once, a child three years of age; 10 grains daily did not control the fever, which had been running for several days, but 12 grains promptly dropped the fever never to return.
WARREN MEMORIAL HOSPITAL, HWANGHIREN.

Main building, 26 x 110 feet, with l. 19 x 35 feet.
Reports of Local Branches.—Korea.

An interesting point in the etiology was brought out in the following fact. Several of us had noticed that mosquito infection is not the only cause of malaria. We have malaria in the winter and in spring and fall, especially in the spring before mosquitoes are around, and while no one doubts the mosquito is an important etiological factor it is not the only one. May be you will think this heresy.

Dr. Morton gave us a short paper on "First Impression of Medical Work in Korea." He, as all of us are, was impressed by the cordiality of the people and their belief in the ability of the foreign physician, by the unsanitary conditions prevailing everywhere, by the high mortality of infants, the large number of cases of otitis media, rhinites, and the terrible white plague, by the freedom with which the male physician can enter the homes of even conservative Koreans, and finally that after all the great function of our physicians, as at home, is preventative.

Dr. Rosetta Hall read a paper upon "The Most Common Gynecological Cases among Korean Women and Their Treatment." About one-seventh of all new cases, in Dr. Hall's experience, are gynecological. She believes this class of cases is growing because Korean women are beginning to learn they can be helped. There is quite a variety of cases seen—amenorrhea, menorrhagia, metrorrhagia, dysmenorrhea, sub-involution, cervical laceration, perineal laceration, displacements and polypi of uterus, fibroids and carcinoma uteri, arrested development even to complete absence of uterus and vagina, pruritis vulva, urethritis and cystitis, vesico-vaginal fistula and rectal affections. Prolapsus uteri is quite common, due not to their mode of dress, but to the Korean women getting up too soon after parturition. Dr. Hall has met with some terrible results (as we all have too) of native treatment; the protruding membrane being literally burned off, and in several cases complete stricture of vagina following. Others in which the burning or sloughing afterwards had gone on till vesico-vaginal fistula resulted, or a recto vag. fistula.

The best treatment is preventative, every physician trying to spread the information that parturient women should not be on their feet while they can feel a tumor above the pelvic brim, and not resort to native treatment if prolapsus has already taken place.

Dr. Hall has operated successfully on a few cases of atresia vaginae, obtaining union in one case with but one operation.

For the prolapsus cases the doctor's routine treatment, in cases that have not been treated by the native physicians, is to apply nitrate silver or, better still, argyrol to the dreadful ulcerations and then reduce. This to be followed by massage after thoroughly applying a depleting ointment. The patient is placed in the knee chest position, thus ballooning vagina for fifteen minutes. The patient is taught some exercises to take a.m. and p.m. upon her hands and knees to strengthen the abdominal muscles and uterine supports, and is instructed to return once or twice a week for treatment as long as necessary. In a number of cases the uterus has not protruded again after the first treatment. Dr. Hall does not use pessaries and seldom tampons, though Korean cotton makes the best kind of tampon. She depends largely on the depleting which reduces the inflammation, size, and weight, and, with the knee chest position and exercises, good Dame Nature does the rest.
As to the most common of all, our record shows 50 per cent, to be sterility. About half of these are cases in which, under circumstances favorable to conception, it has never occurred. This is due in some cases to the sterility of the husband and to under development of ovaries, etc.; some to concealed cervix with pin hole os, and others to flexions.

My routine treatment is cleansing douches, argyrol for ulceration, depleting for inflammation and congested uterus and vaginitis, with massage, posture and exercises for displacement. Tonic and constitutional treatment when needed.

Much has been done in studying the fertility of plants, its general laws, phynology, influences affecting the union and vitality of the male and female elements, but little is known upon the same subject in animal and almost nothing in human species. A great field is open for investigation right along this line in Korea, that might be of world-wide benefit if we could but devote the needed time for collecting and studying the necessary data.

Yours fraternal,

E. D. Follwell,
Secretary.

PYENG-YANG, July 2.

PEITAIHO BRANCH.

For several years physicians gathered at this sea side resort, by one called "Paradise on the Sea," have enjoyed informal meetings on verandahs or at picnics, and which grew so helpful that it was decided last year to hold a more formal meeting in the Assembly Hall. Two morning sessions were held, and the papers and discussions were of such mutual benefit that a committee was appointed to prepare a programme for the summer 1909.

**PROGRAMME.**

**Tuesday, August 3rd.**
1. Opening exercises by the committee.
2. Appointment of officers for the conference pro tem.
3. Obstetrics (paper). Modern methods as contrasted with those of the Chinese. How can conditions be improved? (Discussion invited.) By Dr. Melissa Manderson, Woman's Hospital, Methodist Episcopal Mission, Peking.
4. Trachoma (paper). Its complications and treatment. (Discussion invited.) By Dr. Wm. McClure, Wei-hui-fu, Honan.
5. Discussion (if time permit). Short reports of any notable cases.

**Wednesday, August 4th.**

**Thursday, August 5th.**
10. Bubonic Plague (paper). Diagnosis, microscopic, treatment, prophylaxis. By Dr. Moorehead, Tang-shan. (Discussion invited.)
11. Some Recent Contributions of Bacteriology to Diagnosis and Treatment. By Dr. Charles Young, Union Med. College, Peking.
13. Incidence of Cancer. Reports of various hospitals of North China as to age, sex, organs most affected, treatment, etc. By Dr. Charles Lewis, Pao-ting-fu.

**Friday, August 6th.**
14. Review of the Opium Question (paper) and any notable results of the International Conference, Shanghai. By Dr. A. F. Peck, Tientsin. (Discussion.)
15. Hydatids (paper). By Dr. E. J. Stuckey, Siao-chang (via Peking), Chihli.
16. Short reports of any notable cases during the last year (if time permit).
17. Discussion as to the organization of a summer medical association. Appointment of officers and any unfinished business.

Subjects of special interest to the public were the paper on "Bubonic Plague," by Dr. Moorehead, of Tangshan, and "Review of the Opium Question," by Dr. Peck, Tientsin. Both of these subjects have, however, received so much attention during the last year that a report later, if opportunity, will appear.

Among the things of special interest growing out of the medical organization is the opening of a dispensary at Rocky Point.
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to before the sick went anywhere through the community looking for a doctor to prescribe for them, but in many cases he either had no medicines at all or a few for his own family use. You can easily see how in such circumstances diseases grew and spread over the whole community. This year a three-room building was rented near Liu-chuang, where we had accommodation for some ten patients, a dispensary room and a room for the Chinese assistant. Drs. Ingram (Tungchou), Young (Peking), Keeler (Ch’ang-li), the Committee on Management, provided a working outfit of drugs and instruments, and were in attendance at the dispensary every day from 2-5. If numbers count for anything, the dispensary is a great success, as an average of about forty-five patients were treated daily, large numbers of whom were the foreigners’ personal servants. And the fact that there was less sickness this year at Peitaiho than any year previous, is good proof of the utility of such an institution, to say nothing of the peace of mind of the doctors heretofore haunted by the sick at their back doors and nothing to give them. But a still greater proof is the liberality with which the people subscribed to a fund looking toward the purchase of a lot and the erection of suitable buildings. Paid subscriptions amount already to tiao 30, taels 35, and $656.20, making in all, when the unpaid subscriptions are collected, over $700.00. The committee are now looking for a suitable lot and hope by next summer to be able to present to the community a building worthy of their liberality and cooperation. The Medical Association desire also to gratefully acknowledge your help in the matter.

The following is the “Constitution of the Peitaiho Branch of the China Medical Missionary Association”:—

1. This society shall be called “THE PEI-TAI-HO BRANCH OF THE CHINA MEDICAL MISSIONARY ASSOCIATION.

2. The object of the society shall be the cultivation of medical work in its aspects and the establishment of a brotherly bond of union between its members.

3. That the meetings shall be reported in the CHINA MEDICAL JOURNAL.

4. The officers of the society shall consist of a president, vice-president, secretary, treasurer, and librarian, who shall form a council and manage the affairs of the society. The outgoing president shall become the vice-president for the ensuing year, and the remaining officers shall be elected by ballot at each annual meeting of the Association.

5. Meetings shall be held annually, beginning the first Wednesday in August, and if additional meetings are arranged for by the council, due notice of the same will be sent to all members.

6. At the last annual meeting of the Association the president, secretary, and treasurer shall present reports in writing, which shall be put on file in the records of the Association.

7. That a copy of all papers and an outline of all important discussions be placed on file in the annals of the Association.

8. That all qualified physicians, dentists, chemists, trained nurses, medical students, and any others who may be introduced by a member, may attend the open meetings of the Association.

9. All qualified physicians in good standing are eligible as members, and many be proposed and elected at any meeting or by correspondence. All members of the C. M. M. A., in good standing, or any of its branches may become members of the Pei-tai-ho branch by registering their names with the secretary and paying the annual fee of one dollar Mexican.

DUTY OF OFFICERS.

10. The president shall regulate all the meetings of the society and council; shall state and put questions; interpret the application of rules and decide any doubtful points. He shall check all irregularities and enforce the observance of the constitution. He shall preside at all the meetings of the society and council and sign all minutes; but such presiding shall not prevent him from taking part in debate and voting like any ordinary member. In the absence
of the president, the vice president, or secretary, or some member chosen by the meeting shall perform his duties.

11. The secretary shall manage all correspondence, attend all meetings of the society and council, take minutes and keep a record of the same. He shall notify new members of their election and send out notice of all meetings, and keep a list of members, which shall be revised annually.

12. The treasurer shall receive all the monies due the society and make only such payments as are approved by the council, keeping the account in a book provided for the purpose, and the receipts for all monies paid. The accounts shall be audited by the council and presented to the members at the last annual meeting of the Association.

13. The librarian shall have charge of all reading matter, such as medical books, magazines, hospital reports, statistics of hospitals round the world on any subject of interest to the profession. He shall also take charge of any slides or specimens that the members may bring down for the summer, which shall be properly labelled and listed for the use of members, or those introduced by a member and returned to the owner on demand.

14. The council shall form a standing committee, to which all matters shall be referred. All vacancies in the offices of the society shall be filled by the council.

APPENDAGES.

15. Alterations may be made in this constitution at any annual meeting by a three-fourths vote of all the members present; due notice of said alteration having been given.

16. That a copy of the constitution be sent to each member.

17. That on all points not provided for by the rules of this constitution "Robert's Rules of Order" shall be followed.


Officers for the ensuing year—1909-10—are as follows:

President—Charles Lewis, M.D., Pao-ting-fu, Chihli, China.
Vice-President—Walter Phillips, M.D., Newchwang, Manchuria.
Secretary—J. L. Keeler, M.D., Ch'ang-hi Hsien, North China.
Treasurer—Ida Stevenson, M.D., M.E. Mission, Taku Road, Tientsin.
Librarian—T. J. N. Gatrell, M.D., Gordon Road, Tientsin, China.

Inquiries addressed to any of the above officers on any questions not clear will be promptly attended to. The council hope to interest all the doctors in North China in the work of this Association, and shall be grateful to all who may have attended the conference this year if they will speak to their fellow-physicians of the advantages to be gained by joining the Association.

Please note the difference between paragraphs "(8)" and "(9)". Right refers only to those who are eligible to attend the "open meetings." Nine to those eligible as members. Without distinction of creed or color or nationality, "all qualified physicians in good standing" in the profession are welcome as members.

Again, all approved members of the Pei-tai-ho branch are also members of the "C. M. M. A." (China Medical Missionary Association), which has an association for all China and meets every three years for conference and discussion. The next meeting of the C. M. M. A. will be held in Hankow about the time of the Chinese New Year, February, 1910. Full particulars of date and programme will be furnished members later, and it is probable that a large delegation from the Pei-tai-ho branch and the north will attend.

Following are some of the "resolutions" passed at the last meeting of the "Pei-tai-ho Branch of the China Medical Missionary Association":

1. That we urge the Hankow Conference of the C. M. M. A. to take some united action to bring before the Chinese government the appalling danger to the empire of the unrestricted sale of proprietary medicines.

2. Resolved, That in our opinion the unrestricted sale of cigarettes to all classes, and the increasing use of the same by small children, will do untold injury to the health and proper development of the people of the country. We would therefore urge that restrictive measures be taken against the importation, sale, and manufacture of cigarettes.

3. Resolved, That we put on record our disapproval of the so-called "Town's Cure" and all such treatments by un-
professional men. We would also impress upon the public the dangers of using such cures.

4. **Resolved**, That in the opinion of this Association furloughs for medical missionaries should be at more frequent intervals and for shorter periods. We feel that a term of five or six years, with a furlough of from six to twelve months, would greatly conduce to the efficiency of our work and obviate many of the breakdowns in health, which occur all too often under the present regulations. We would also urge that the C. M. M. A. in conference at Hankow, take some steps to bring the matter before the respective Mission Boards, and possibly before the World Missionary Conference at Edinburgh next June.

5. **Resolved**, That since many doctors come to Pei-tai-ho for rest and study of the Chinese language, that the frequent requests for professional service cause inconvenience and often impose serious responsibility. We would therefore recommend that in the future, to all patients needing our service, other than those of our own Mission, that a fee be charged, and that in our relations with each other and the community doctors, the strictest professional etiquette be invariably observed.

6. **Resolved**, That a vote of thanks be tendered the Rocky Point Association for the use of the Assembly Hall.

7. **Resolved**, That a vote of thanks be accorded the programme committee.

8. **Resolved**, That the Pei-tai-ho Branch of the C. M. M. A. take the responsibility of the Pei-tai-ho Dispensary.

J. L. KEELER, M.D.,
Secretary.

CH'ANG-LI HSIN, September 19, 1909.

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**FUKIEN BRANCH.**

Dear Doctor: We have at last effected the change of joining the National Medical Association as a branch, and as retiring president I have been delegated to make the transfer.

At our meeting August 5th, 1909, it was voted that the Fukien Medical Missionary Association become a branch of the Medical Missionary Association of China, and that the necessary changes in the constitution and by-laws be made.

This has been done, and I enclose a copy of each and a list of our members who were already members of the National Association and a list of those who will probably join it. And, also, a list of doubtful ones. You will know later about these two latter classes.

The officers of the Fukien branch for 1909-10 are:

- President—Dr. G. Wilkinson, Foochow.
- Vice-President—Dr. J. H. Montgomery, Chang-poo, via Amoy.
- Secretary and Treasurer—Dr. Lena Hatfield, Foochow.
- Executive Committee—Dr. Ellen M. Lyon, Dr. M. MacKenzie, Foochow; Dr. Lucy P. Bement, Sha-owu, via Foochow.

I am glad this step has at last been taken. It has been thought of by some of the members for some time but there has been a good deal of delay in bringing things to a head. I trust the change will prove of mutual benefit.

We first organized as a Provincial Association, in 1904, with 12 members. Since then the number has increased to 49. Eight of these have left for other parts of China or returned home, 35 are now reported as active members to the National Association, and 2 others whom I expect will become active members, and 4 others that are somewhat doubtful.

It seemed to fall to me to work up the organization and help keep it going, and finally to get it to join the National Association. This last step I trust will secure its long life and usefulness.

Very sincerely yours,

H. T. WHITNEY.

KULIANG, September 17th.

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**The Constitution and By-laws of the Fukien Branch Medical Missionary Association.**

- Article I. This Association shall be called the Fukien Branch of the Medical Missionary Association of China.
- Article II. The objects of the Association shall be:
1. The promotion of the science of medicine among the Chinese and mutual assistance derived from the varied experiences of medical missionaries.
2. The cultivation and advancement of mission work and the science of medicine in general.
3. The promotion of the character, interest, and honor of the fraternity by maintaining a union and harmony of the profession in this country.

Article III. The members shall be graduates of a recognized medical college, with proper testimonials. They shall be proposed at a regular meeting by a member of the Association, and may be elected by a two-thirds vote of those voting at the regular meeting. They shall be considered members after signing the constitution. Persons of every nationality shall be eligible for membership.

Article IV. There shall be three classes of members:
1. Active members, who shall be those engaged in medical missionary work in the province.
2. Corresponding members, who shall be those engaged in private practice in the province, not connected with any missionary board.
3. Honorary members, who shall be non-resident medical missionaries throughout the world, and such others as may be duly elected by vote of the Association. These and corresponding members shall not be entitled to vote.

Article V. The officers of the Association shall consist of a president, vice-president, secretary, and treasurer, and an executive committee of three, all of whom shall be elected annually by a majority of the members voting. These officers shall have power to fill all vacancies.

Article VI. The election of new members shall be duly reported to the secretary of the parent association and an annual statement of progress and membership sent for publication in the Journal.

By-Laws.

1. Meetings.—The stated meetings shall be held at the call of the president. A special meeting may be called by the consent of the president, secretary, and executive committee, by giving ten days' previous notice. This latter clause shall not apply to Kuling.
2. The president, or in his absence the vice-president, shall preside at the meetings and enforce the rules of order, appoint all committees not otherwise provided for, give the casting vote in case of a tie, and perform such duties as his position requires.
3. A quorum shall consist of six members.
4. The secretary shall keep the minutes, notify absentees of their appointments, furnish the chairman of each committee, which may be appointed, with the list of its members, receive the signatures to the constitution, and conduct such correspondence as may from time to time be necessary.
5. The treasurer shall receive and have charge of all monies of the Association and pay all bills approved by the Executive Committee. He shall report the condition of the treasury to the president on the 31st of December of each year.
6. The following shall be the order of business for each meeting:—
   (1). Reading the minutes of the last meeting.
   (2). Election of new members and propositions for membership.
   (3). Reports of committees and officers.
   (4). Written or verbal communications and discussions thereon.
   (5). Unfinished business.
   (6). New business.
   (7). Adjournment.
7. In the event of any important subject coming up calling for the immediate action of the Association, the president and secretary can issue circulars calling for the votes of the members on the question at issue. The result of this vote, when counted by the president and secretary and announced to the members of the society, to be binding on all members of the Association.
8. The yearly dues, to the parent Association, shall be $4 Mexican in advance, including subscription for the Journal and postage on the same.
9. These By-laws, or the Constitution, may be altered or amended by a three-fourths vote at a regular meeting, provided notice of the same shall have been given in writing two months previously.

Members of the Fukien Branch and National Association.
Beath, Miss Nina H.
Bement, Miss Lucy P.
Betow, Miss Emma J.
Bliss, Dr. E. L.
Bryson, Miss Margaret E.
Carleton, Miss Mary E.
Churchill, Dr. H. M.
Coole, Dr. T. H.
Cooper, Miss Florence M.
Draper, Miss Frances L.
Gossard, Dr. G. E.
Hanington, Miss Mabel H.
Hatfield, Miss Lena.
Kinnear, Dr. H. N.
Manila Medical Society.

PROCEEDINGS OF JULY MEETING.

Presentation of Cases.

A case of aneurism of the transverse aorta was presented by Dr. N. M. Saleeby. The patient was a man aged 19. Venereal history was negative, but the patient did give a history of neuritis. Tonics and medicines did no good.

Three months ago Dr. Saleeby presented a case of aneurism of the transverse aorta, and since then he has had five cases in his private practice. Dr. Saleeby thinks aneurism is quite common and that among foreigners syphilis is the cause, among the natives neuritis.

Dr. Sison gave the clinical history and presented the pathological specimen from a case of perforating ulcer of the duodenum. There were three perforating ulcers on the posterior wall of the duodenum just below the pyloric ring of the stomach.

PAPERS.

Dr. Roxas.—Un caso de embriotomia.

Author's abstract.—The tetanic contraction of the uterus, especially that of the lower segment towards the ring of Bandl, by hindering the spontaneous evolution of the fœtus in a transverse presentation of the left shoulder, had been the cause of the death of the fœtus by doubling it on itself and by pressing the fœtus to the pelvic cavity in the above described position. This condition makes the labor impossible on account of the marked increase of the diameter of the fœtus in proportion to those of the pelvic canal. As the embryotomy was clearly indicated in this case it was easily performed by making a cut through the vertebral column of the fœtus and also evisceration.

The contraction of the ring of Bandl as a cause of constrictions over the presenting part has been the object of considerable attention of late years. Dr. Roxas believes with the others about the persistent and strong contraction of the ring in certain cases, especially so as in this case, where ergotin had been administered to the patient. The tetanic contraction had made impossible any attempt of version.

Dr. Ruediger.—Serum therapy.

Ever since the important work of Roux and Yersin, and Behring and Kitasato, in demonstrating the presence of a toxin produced by the diphtheria bacillus, the subject of serum therapy has been an active one with laboratory workers.

There are two classes of curative serums: one antagonizing the bacterial toxins, such as diphtheria antitoxin, and tetanus antitoxin;
the other class antagonizing the bacteria, killing them or otherwise assisting in disposing of them. This latter class may be termed bactericidal serums or antibacterial serums; such are: antistreptococcus serum, antityphoid serum, etc.

In the therapeutic use of diphtheria antitoxin the dose will vary according to the age of the patient, the severity of the infection and the length of time elapsing between the time of infection and the giving of the antitoxin. Usually 2,000-4,000 units may be given at a dose. The prophylactic dose for an adult is usually 500 units.

The technic for the production of tetanus antitoxin is very similar to that of diphtheria. The antitoxin is used more as a prophylactic than a curative agent. A dose of 2,000-4,000 units should be given shortly after a wound likely to be followed by tetanus has been received. After symptoms of tetanus have declared themselves 2,000-4,000 units may be given daily.

Dr. Heiser.—The Louisiana Leper Colony.

Dr. Heiser's talk on the Leper Colony in Louisiana was interesting, and because leprosy is a live question with us in the Philippines the secretary is giving quite a full report of his paper.

Professor Dyer, who had charge of the home at one time and under whom the chaulmoogra oil treatment was successfully carried out, described the treatment fully to Dr. Heiser.

1. Full diet, restricting only indigestible foods, is indicated. The disease seems in no wise to be affected by fish or any other particular article of diet.

2. Baths are essential in the treatment. Hot baths twice a day, with or without soda, are effective.

3. The patient needs tonics, febrifuges, and should be watched for intercurrent or complicating diseases, such as malarial infection, pleurisy, pneumonia, grippe and the like.

4. Strychnine is a sine qua non in the treatment of leprosy. My assistants and I lay down the rule that a leper should always take strychnine; the sort and size of dose to be regulated by the patient himself.

5. When chaulmoogra oil is given it is better endured before meals than after. It is best taken in capsules in hot milk, or in milk of magnesia. The dosage should be begun small, say 3 drops, and increased every second or third day until as much as 120 to 150 drops of the oil are taken at the dose.

At times it is advisable to give the oil in pill form. This can be done either combining it with extract nux vomica and ordinary excipients, or a very effective way is with tragacanth and common soda.

6. Above all things individualize the patient. Watch for improvement, and if it does not show in three months, wait six months; if it does not show in six months, wait a year, or longer. But keep on driving at the treatment until the patient dies or gets well. I have on record one patient who did not show any signs of improvement for two years, but who is now well.

7. When all evidences of the disease are gone, insist on a continuance of treatment. It may not be necessary, but it makes sure.

PROCEEDINGS OF AUGUST MEETING.

Presentation of Cases.

Dr. Charles S. Banks described what he calls a "polyscopic cell for microscopical preparations." The object being to temporarily or permanently mount an object like the genitalia of culicidae, for instance, so that it may be viewed from all sides. A description of the cell, with illustrations, will appear in an early number of the Journal of Science.

PAPERS.

Capt. Whitmore and Dr. Christensen.—Specific treatment in a comparative series of tuberculous cases.

The paper dealt with a comparative series of tuberculous cases which the authors have been run-
ning in Bilibid prison during the past six months. The authors chose one hundred cases (as nearly alike as possible) among the tubercular patients of the prison hospital. These were subdivided into five groups of twenty each.

The first group was given tuberculin; the second, succinimide of mercury; the third, atoxyl or the similar compounds (soamin and arsacetin) intramuscularly; the fourth series was given cinnamate of mercury intramuscularly. Series five was the control series and the men were given ordinary hospital treatment.

Dr. Christensen's name should have appeared on the program last month with Capt. Whitmore's, as they did the work together and are joint authors of the paper. The secretary is sorry this mistake occurred.

Medical and Surgical Progress.

Gynecological Notes.

Under the charge of Kate C. Woodhall, M.D.

UTERINE HEMORRHAGES.

By Frank E. Taylor, M.D. Read before the West Kent Medico-Chirurgical Society.

From whatever source derived hemorrhage always attracts attention. In some cases it excites alarm, and it may occasionally even prove of fatal import. In the whole range of medicine, however, there is no variety of hemorrhage which is possessed of characters so unique as those shown by hemorrhage from the uterus. In the first place, uterine hemorrhage may be either physiological or pathological, whereas bleeding from any other source, and under all other conditions, must of necessity be a pathological occurrence.

Again the practitioner, no matter what branch of medicine he may profess, cannot, in dealing with his female patients, either ignore or neglect to take account of the physiological variety of uterine hemorrhage, namely menstruation, along with any departure from the normal which it may exhibit. Further, the specialist in women's diseases is fully aware that both in obstetrics and gynecology there is no single symptom possessed of such importance and of such significance as hemorrhage, which in the vast majority of cases, both obstetric and gynecological, is provided by the uterus.

In health the menstrual blood is said to be prevented from clotting by the admixture of alkaline mucus. When examined microscopically, red and white blood corpuscles are seen in it, together with columnar and cubical epithelial cells from the uterine mucosa and squamous epithelial cells from the vagina. When we attempt to discover the source of hemorrhage, as revealed by histological examination of the mucosa of menstruating uteri, we find that only recent observations can be trusted to give us reliable information. Previous observations were at fault in the technique of preparing the sections, in the use of materials that had undergone post-mortem changes, and which showed the degenerative changes produced by infectious and chronic wasting diseases. More recent observers, avoiding these sources of error, have clearly dem-
onstrated, that it is not accompanied by shedding of the endometrium, either complete or partial, and that the loss of epithelium is purely accidental and strictly limited.

Gebhard classifies the anatomical changes into three stages:—

1. The stage of premenstrual congestion, in which the capillaries of the endometrium are congested; serous or sero-sanguineous exudate infiltrates the stroma, widening the intercellular spaces; later the blood leaves the capillaries and infiltrates the stroma, gravitating in the direction of least resistance, i.e., toward the uterine cavity, and forming a collection of blood beneath the surface epithelium, which is, in places, lifted off its bed; such collections being termed sub-epithelial hematomata.

2. The stage of active hemorrhage, in which the blood in the sub-epithelial hematomata is forced between the epithelial cells into the uterine cavity. Here and there the continuity of the surface is broken, and bits of epithelium are accidentally broken off and carried away in the menstrual discharge. Blood may also find its way into the gland lumina.

3. The stage of post-menstrual involution, in which the blood-vessels become less engorged; blood is no longer extravasated into the connective tissue spaces; the blood left in the stroma is slowly absorbed; the surface epithelium, lifted from its bed, resumes its attachment to the parts beneath, and the lost epithelial fragments are rapidly regenerated from the adjacent epithelium.

It will be seen that the hemorrhage in menstruation is produced by a diapedesis of the red corpuscles through the walls of unruptured capillaries.

Uterine hemorrhage possesses further interest when considered according to the age at which it occurs and its relation to those great epochs in a woman's life—puberty and the meno-pause.

Precocious Menstruation.—The average age for the commencement in temperate climates is the fifteenth year, while in India it is the ninth year and in Iceland the sixteenth year. When menstruation occurs earlier than the normal age for its onset, it is spoken of as precocious, or premature menstruation.

De Beau reports a wonderful case, to which he considered it advisable to append the signatures of four physicians, a mayor, and a British Consul. (The place of the child's birth is not given.) The history of the case reads thus: "Matilda H. was born on 31st December, 1829. She came into the world with her mammae perfectly formed and the mons veneris covered with hair. When precisely three years old the catamenia appeared and have continued to appear regularly every month and as copious as any woman might have them, each period taking four days.

Precocious conception may also occur in cases of precocious puberty as early as the ninth year.

The Hemorrhages of Adult Sexual Life.—Menstruation, having been once thoroughly established in the normal manner, may then become a pathological phenomenon by reason of the flow becoming excessive in duration or amount; such a condition is known as menorrhagia. Again, uterine hemorrhage may occur during menstrual life independent of menstruation, when it is known as metrorrhagia. Often, however, hemorrhage from the uterus may become so irregular that
all count of the menstrual period is lost, and it is then impossible to distinguish between these two conditions, and the term metrostaxis may then be applied to the hemorrhage. Still for clinical purposes it is useful to distinguish between menorrhagia and metrorrhagia, for, as Dr. A. E. Giles points out, "we must emphasise one highly important distinction between the two, and it is this: while menorrhagia may be due merely to functional congestion, metrorrhagia is invariably due to some kind of new growth, ranging from a simple polypus to an advanced carcinoma." From this generalization we deduce an equally important rule of practice, namely: it is permissible, under certain conditions, to postpone a local examination in a case of menorrhagia, but, in a case of metrorrhagia an examination must invariably be made at the earliest possible moment. This rule admits of no exception, and any failure to carry it out throws a very serious responsibility on the medical attendant, unless the patient takes on the whole responsibility by refusing permission for an examination.

As to the causes of uterine hemorrhage in the adult, one must not forget that it may be brought about by certain general diseases, which produce pelvic congestion, such as heart disease, hepatic cirrhosis, etc., and that a general medical examination of the patient should always be made in investigating such cases.

General diseases being excluded, we have now to look to the pelvic organs, and especially to the uterus itself for the cause, and in this category we have two great groups, namely: (1) Puerperal hemorrhage, including all hemorrhages which occur in connection with pregnancy; and (2) non-puerperal, from which pregnancy can be excluded.

Climacteric and Post-Climacteric Hemorrhages.—I will first discuss the significance of these hemorrhages as an indication of malignant disease.

It is a pernicious and widespread doctrine, especially among the laity, that the menopause is naturally associated with irregular and excessive hemorrhage. Nothing could be further from the truth, for excessive and irregular losses of blood from the vagina about the time of the change of life, and any, even the slightest, post climacteric hemorrhage is exceedingly suggestive of malignant disease, of which it is the earliest and most constant symptom.

To give any chance of curing cases of cancer, whether it is in the uterus or elsewhere, early and wide removal is absolutely essential, and in order to ensure removal, early diagnosis must be made. At present, however, a sufficiently early diagnosis of cancer of the uterus is seldom arrived at, with the result that 4,000 women die annually of this disease in England alone. If this sad state of affairs is to be remedied, the early diagnosis of cancer of the uterus made must be. Women must be taught that irregular bleeding is not a natural phenomenon of the climacteric, and that any post-climacteric hemorrhage is a danger signal. The practitioner, too, must have this condition constantly before his mind when dealing with elderly women. He must more thoroughly realize the significance of these hemorrhages and insist on the examination of patients who suffer from them. If no sign of carcinoma is discovered, and the hemorrhages still continue after appropriate treatment, namely the administration of hemostatics: ergot, quinine, and styptol has been undertaken for a short time, then the aid of the microscope and a
competent pathologist must be invoked. For this purpose the uterus should be curetted, or a small piece chipped out; and the curettings, or snips, should be submitted to microscopic examination. The majority of practitioners are not yet sufficiently alive to the value of a microscopic examination in the early diagnosis of cancer of the uterus.

When early cases in which the diagnosis has been made in this way are submitted to operation, we shall hope for better results than are at present obtained. Where, however, uterine hemorrages are ignored and other symptoms are awaited, such as profuse purulent discharge, loss of flesh and strength, pain, and cachexia, and an obviously malignant mass or ulcer is present, the prospect of radical extirpation of the disease is hopeless, palliative measures only can be undertaken, we can only utter those woeful words, "too late."—The Practitioner, London, March, 1909.

Correspondence.

DEAR DOCTOR: Ever since I wrote you about the Nurses' Association or unified work, Excellent Signs of the Times, last fall, I have had the matter very much on my heart. It seems to me we ought to do something now and not talk or think or wait any longer. Since you so kindly sent out the sheet, speaking of the matter through the CHINA MEDICAL JOURNAL, I have been hoping that some one would take up the work, but it seems not. I, as a young nurse in China, have hesitated, but as I want to start the training school in our hospital very soon, I do feel I would like to come in closer contact with the nurses, work in China. So as just a means of starting things and getting the older nurses interested and started, I have written a letter to the nurses of China which, if you think best, might be published. I have the matter so much at heart I am determined to take a trip to Shanghai, Peking, and Central China this winter and see what is being accomplished and what we may expect in the future.

If you have any suggestions along this line, I shall be glad to hear from you, or if you know of any nurses who are interested in the subject, I would be glad to hear from them.

Thanking you for your kindness and trouble and praying that we may soon be in a way of being more helpful to the medical work and suffering ones of China, I am,

Yours sincerely,
CORA E. SIMPSON.

DEAR DOCTOR: Will you kindly receive the following colleague announcement for the JOURNAL?

Dr. Ernst Witt, M.D., Rostork, C. I. M., Hannover, Henriettensift, Germany.

Dr. Witt intends to go to China in a year or two in connection with the C. I. M. (Liebenfell).

With kind regards, I am,
Yours truly,
D. G. OLPP.

TUNGKUN, August 31st.
Hospital Report.

HOPE HOSPITAL, HWAI-YUEN.

The past year is the last in our old rented buildings. We are soon to move into the spacious new hospital, now ready for occupancy. There will be ample room for fifty in-patients in light, airy wards, in which it will be practicable to make use of the methods of modern medicine. There is a suitable operating room where aseptic surgery will be possible, a commodious consulting and dispensing room, and, in short, every means to further and encourage good and efficient work in the treatment of disease and to make possible the caring for far greater numbers. For the first time there will be provision for receiving women patients.

Statistics.

Out-patients:

<table>
<thead>
<tr>
<th>Service</th>
<th>New Patients</th>
<th>Old Patients</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hwai-yuen</td>
<td>2,560</td>
<td>7,179</td>
<td>9,739</td>
</tr>
<tr>
<td>Meng cheng</td>
<td>554</td>
<td>627</td>
<td>1,181</td>
</tr>
<tr>
<td>Total</td>
<td>9,739</td>
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</table>

Operations:

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<tr>
<th>Anesthesia</th>
<th>Ether</th>
<th>Chloroform</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>General</td>
<td>71</td>
<td>20</td>
<td>91</td>
</tr>
<tr>
<td>Local</td>
<td>237</td>
<td></td>
<td>237</td>
</tr>
<tr>
<td>Total</td>
<td>328</td>
<td></td>
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</tr>
</tbody>
</table>

The most striking feature of our work is the astonishing number of patients who apply for treatment for vesical calculus. This year we have operated on 60, and they are the most satisfactory cases with which we deal. They come with stories of years of suffering, often of the most unbearable severity. Some of them have faces on which pain has set its stamp in an unmistakable way. Many are children less than ten years old, accompanied by a father or mother and one or two uncles perhaps, or it may be by an older brother.

"That a man stand and speak of spiritual things to men. It is beautiful; even in its great obscuration and decadence; it is among the beautifullest, most touching objects one sees on the earth. . . . A man even professing and never so languidly making still some endeavour to save the souls of men: contrast him with a man professing to do little but shoot the partridges of men." (Past and Present.)—Carlyle.

"We have in preparation a Five-Mile Shelf of Medical Books designed for careful perusal by the laity, in order that they may be able to converse with professional men on purely medical subjects without giving rise to pain or nausea. Such perusal will, to a limited extent, show the truly medical point of view and explain the politely concealed impatience of a busy doctor when expected to listen to accounts of marvelous cures effected by patent or domestic remedies. Few men would venture to occupy the time of an astronomer with their ideas on some geocentric theory, but still fewer seem to be able to refrain from distributing their therapeutic vagaries. Try our Five-Mile Shelf."—N. Y. Medical Journal, August 21st, 1909.
Personal Record.

**BIRTHS.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Event</th>
<th>Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hankow</td>
<td>Birth</td>
<td>Rev. Dr. R. T. and Mrs. Booth, Wesleyan Mission, a son (Robert Sydney).</td>
</tr>
<tr>
<td>Peking</td>
<td>Birth</td>
<td>Dr. and Mrs. Francis J. Hall, A. P. M., a daughter (Frances Jenks).</td>
</tr>
<tr>
<td>Kiating</td>
<td>Birth</td>
<td>Dr. and Mrs. Wallace Crawford, a son (Leonard Wallace).</td>
</tr>
</tbody>
</table>

**WANT DEPARTMENT.**

[It is hoped this new departure will approve itself to the Association. Subscribers are invited to send short notices of personal, missionary and professional "wants," free of charge. Such notices will be kept in for a reasonable time or until withdrawn.—Editor.]

**Snakes.**—Dr. A. Stanley, Health Officer, Shanghai, wants snakes of China. 70% spirits. Will pay transportation.

**Paragoniums Westermanni.**—Dr. H. B. Ward, University of Ill., U. S. A., desires specimens of this living fluke.

**Opium Information.**—Dr. E. H. Hume, Changsha, Hunan, wants his circular answered promptly.

**Worms.**—Dr. W. H. Jefferys, Shanghai, any metazoal parasites of animals and man, especially Schistosomum Japonicum and Paragoniums Westermanni.

**Old Journal.**—The College of Physicians, Philadelphia, lacks one issue, Vol. XIII, 1899, No. 4, to complete its files of the China Medical Journal. It is out of print. Will any one give it?