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With power to add to their numbers.

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PIGMENTED TUMOR. [See Page 31.]
THE OPERATIVE TREATMENT OF MALIGNANT DISEASE IN MISSION HOSPITALS.

By JAMES L. MAXWELL, M.D., Tainan, Formosa.

To operate in malignant disease as we see it, is it worth while? Is it worth the terrible nervous strain that is thrown on the surgeon working single-handed when he must tackle a case of extensive cancerous disease, worth the time that such a case takes from his already overcrowded day, worth the patient's undergoing the discomfort and danger of a big operation—is it worth while? This question probably occurs to all of us, especially when we consider how advanced the cases usually are before they apply to us for help; it occurred to me very strongly during the last year of my first term in charge of the Tainan hospital, and I determined to try and answer it. The results have been far more encouraging than I ventured to anticipate when I commenced this enquiry, and I publish them for the encouragement of others placed as I am.

The numbers I am able to place before you are not very large. The first of my seven years was supposed to be devoted mainly to learning the language, and I have only included cases operated on two years or more ago. This paper then only covers a period of about four years. I am quite aware that freedom from recurrence for two years is not enough to claim as a cure, but at least it will be agreed that an operation which resulted in complete freedom from disease for two years or more was well worth performing even should recurrence take place after that date. And it was to solve this question of whether it was worth while, that I undertook this enquiry.

I have of course excluded from this series all cases of partial operation; in a few cases I believe even such are advisable, and I
shall refer to the matter at the close of this paper. I have also ex­cluded all tumours of doubtful malignancy, such as mixed tumours of the parotid and soft connective tissue tumours where considerable doubt exists whether to class the growth among sarcomata or soft fibromata.

The total number of cases left is 35. Unfortunately from these we must subtract 5 cases which could not be traced, leaving 30 only for consideration. There are a further 5 cases that died apparently from intercurrent diseases. I propose to make an arbitrary division of these 5 cases. Two cases which died more than a year after operation: one from plague, the other from "fever", I shall include among successful cases; the other 3 cases, which died within 6 months of the operation, stated to have died without recurrence, I shall include among the unsuccessful cases; one of these I suspect really had a recurrence and, from whatever cause they died, the result showed that an operation was not worth while.

I acknowledge that this classification is quite unscientific, but all I attempt to reach by this enquiry is whether the operation was worth while.

The figures for these thirty cases are as follows:

<table>
<thead>
<tr>
<th>Total of cases.</th>
<th>Recurrences or deaths within 6 months.</th>
<th>No recurrence or death after 1 year.</th>
<th>Percentage of successful cases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>19</td>
<td>11</td>
<td>36.7 per cent.</td>
</tr>
</tbody>
</table>

Among the recurrent cases was one which only recurred after 2½ years freedom from evident disease. I should therefore include this among cases well worth operating on, which would in that case bring the percentage of such cases to 40 per cent.

I must confess that I record these figures with great pleasure. They are not as good as they might be, or as good as they would be in more skilled hands, but they are more than sufficient to satisfy me that this class of operation is well worth performing, and it was with a view to solving that problem that I undertook this enquiry.

But now I propose to enter into more detail about the individual classes of cases and the operations to be undertaken. All the cases given here were submitted to careful microscopical examination, and it is interesting to divide them first into carcinomata and sarcomata. The figures for these two are as follows:

**Carcinomata.**

<table>
<thead>
<tr>
<th>Total of cases traced.</th>
<th>Successful.</th>
<th>Unsuccessful.</th>
<th>Percentage of successful cases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>9</td>
<td>13</td>
<td>45.5 per cent.</td>
</tr>
</tbody>
</table>

or including in successful cases one which recurred after 2½ years—45.5 per cent.
The Operative Treatment of Malignant Disease.

Sarcomata.

Total of cases traced. 8
Successful, 2
Unsuccessful, 6
Percentage of successful cases. 25 per cent.

NOTE.—From further cases not included in this investigation I incline to think that a larger series of cases would have shown an even smaller percentage of successful cases among the sarcomata.

To consider now in detail the various sites of growth and operations undertaken.

Lip.—Six operations were performed for epithelial cancer of the lip. Four of these were by an excision of a V-shaped piece of the lip. One was of the upper lip, and I was afraid at the time that a sufficient margin of healthy tissue was not removed. The disease recurred almost at once.

Of the three V excisions of the lower lip: one I failed to trace and two are well at the end of five and six years respectively.

Two were extensive excisions of the lower lip; one of these died five weeks after leaving the hospital; I fear with recurrence. The other returned five months after operation with a recurrent growth precluding further operative procedure.

In cases of early cancer of the free edge of the lip, as was the case in three of the cases here recorded, I favour a wide V-shaped incision and should not follow this by clearing out the lymphatic glands of both anterior triangles as has been recently recommended. Such a procedure converts a very simple into a serious operation, and as far as I can see at present without sufficient compensatory advantages. In all cases of more extensive disease a very free excision of the lip should be performed and the glands of both anterior triangles should certainly be removed.

Scalp.—Two cases of epithelial cancer. One case was an early cancer implanted on an old syphilitic ulcer of the scalp. The growth was excised and the patient remains well three years after operation.

The other case was one of a crateriform ulcer of the scalp. It was freely excised and further packed with strong solution of chloride of zinc. The patient returned in two months with the bone completely destroyed by further growth; the probe passing directly into the brain.

Penis.—Eight cases of epithelial cancer. Four of these were complete (Pearce-Gould) operations, four were partial amputations. One of each class could not be traced. Of the three complete amputations all recurred after period of 6, 8 and 10 months. Two recurred in the scrotum, and one, without local recurrence, infected too extensively for operation the right inguinal glands.
Of the three partial amputations, one died some months later, stated to have been without a recurrence; two remain well after periods of twenty months and two years.

Of course these figures give a wholly wrong idea of the value of the two operations; the partial operation being employed in early cases only, the complete in cases already very advanced. From the experience of these and other cases I am very favourably impressed with the partial amputation where a good margin of healthy tissue can be left on the part amputated, but I now always remove the first set of lymphatic gland (superficial inguinal) with the fatty tissue in which they are imbedded. The addition to the simple operation is very slight, as the glands are removed with great ease.

_Scar._—Epithelial cancer of a scar: one case of a lad who had been run over by a native buffalo cart some years before, tearing off his hand just above the wrist. Amputation was performed below the elbow. No recurrence after five years.

_Breast._—Five cases of glandular carcinoma and one of sarcoma. This latter case was in a woman six months' pregnant; the axillary glands were also widely involved. A very extensive and complete operation was performed, but the disease recurred at once and the patient died undelivered a few weeks after leaving hospital.

Of the 5 cases of carcinoma one could not be traced, two recurred and died a few months after operation, two are alive and well 2 years and 7 months and 2 years and 1 month after operation.

In all these cases a complete operation was performed, the breast, with the great pectoral muscle, being removed and the axilla cleared out after division of the lesser pectoral muscle. In regard to this operation I believe that my failure has usually been in not removing sufficient skin. In all cases there has been an ulcerated tumour with considerable involvement of skin, and I think a freer removal of the superficial tissues might have given a better chance of success in the cases which recurred. I find that a long incision from the middle of the breast incision down the mid-axillary line loosens a flap of skin which materially assists in covering the denuded area. It is interesting to note that the prognosis is not necessarily the best in the comparatively early cases or necessarily worst in the late cases. Of the cases remaining well, one was a comparatively early case with moderate lymphatic infection; the axilla being easily cleared out. The other was a case only just within the limit of reasonable operation—a very extensive and foul skin ulcer and very large axillary glands. The glands were very adherent to the
The axillary vein, which was wounded three times in attempts to dissect it clean, and eventually had to be ligatured and divided. My own rule is to operate on all cases where the original tumour or the mass of glands is not absolutely fixed.

Jaw.—One case of excision of the lower jaw on both sides for carcinoma. Recurred almost at once.

One case of excision of upper jaw for round-celled sarcoma. Recurred before patient left hospital. This was a very disappointing case, as at the operation it appeared as if all the growth had been cleared away.

One case of excision of upper jaw for endothelioma. This case was described at the 1905 meeting of the Association. The patient remained apparently free from disease for 2½ years. A recurrence then took place in the orbit and temporal fossa. A second operation was performed, but left a large area of brain exposed and the patient died shortly after, whether from the operation or from further spread of growth into the brain it was difficult to say.

Tongue.—Two cases of epithelial cancer. Excision by Whitehead’s method after ligature of the lingual artery in neck. One case recurred at once and one died of plague a year after operation without any recurrence. Since these operations were recorded I have had other unsuccessful cases, but attribute this entirely to insufficient surgical measures. There are probably few operations where experience is so important as in operations on the tongue.

Sarcomata of face, neck, etc.—Seven cases, of which one could not be traced.

One mixed-celled sarcoma of the sternomastoid muscle.—Growth with whole muscle excised. Recurred.


Small spindle-celled sarcoma of eyelid.—Excised. Died a few months later, probably with recurrence.

Spindle-celled sarcoma below mastoid process.—Excised. Recurred a few months later and died after a second operation in a Japanese hospital.

Large spindle-celled sarcoma of sheath of pectoralis major.—This was a very small tumour, arising from the sheath at the free edge of the pectoralis major. It was excised very freely with a piece of the underlying muscle. Patient well three years later.
Round-celled sarcoma springing from the periosteum of the posterior surface of the tibia.—Amputation above knee. Died from "fever" one year after operation without recurrence.

I should like now to add a few words about partial operations. It is generally agreed that operation for malignant disease should not be attempted unless it seems probable that the whole of the growth can be removed. While agreeing with this rule, I believe that there are some important exceptions.

In the case of foul ulcerated tumour of the breast I make it a rule where possible to perform a local removal even where a complete operation cannot be performed. The patient is thus relieved of a stinking mass which is a constant horror to herself and makes her an object of loathing to others. The operation, I believe, neither shortens nor prolongs life.

Many cases of cancer of the cervix come to us for treatment. I have not yet seen one case where a radical operation was practicable. Great good may, however, be done to some of these cases by a partial operation. Take the case of a woman with a large fungating mass on the cervix, bleeding very freely. The patient is greatly reduced by the anæmia and by the stinking discharge which is present when there is no actual bleeding. Such a case may be enormously benefited by the following operation: Under anæsthetic the cervix is seized by a strong pair of volsellum forceps as high up as possible at any point where the tissue is still sufficiently strong to give a good hold. The cervix is pulled down as far as possible, and with a pair of strong curved scissors a number of snips are made, cutting away all the diseased tissue that can be reached; the pieces removed are wedge-shaped, thin towards the edge and thickest towards the central canal of the cervix. As much of the cervix as can be reached safely is thus cut away. The assistant holds a wool sponge firmly against the bleeding wound, thus controlling the hæmorrhage, while the operator very carefully arranges a number of swabs of wool soaked in a solution of bicarbonate of soda all round the remnants of the cervix. A swab soaked in strong solution of chloride of zinc is now rapidly made to replace the one that controls the hæmorrhage and the vagina filled up as quickly as possible with more bicarbonate of soda swabs. The soda swabs are removed the next day; the chloride of zinc one left till it sloughs away, when a healthy looking granulating ulcer is left.

I am satisfied that this treatment is of more value than simply to make life more comfortable. The last patient on whom I performed
SARCOMA OF SHOULDER.
the operation was almost bedridden from anaemia and weakness from profuse haemorrhages. A few weeks later she was able to walk about and sit with comfort through a hospital service. Of course the disease still runs its fatal course, but I believe more slowly as a result of this treatment and without any renewal of the profuse vaginal haemorrhages. The operation itself, if rapidly performed, takes a very few minutes only and the risk of it is quite negligible.

One other palliative operation I have performed—once only. I propose to try it again next time I get a suitable case. It consists of ligature of the external carotid arteries for cases of irremovable growths in the neck. The artery is tied first on the diseased side and then a few days later on the opposite side. In the case on which I performed the operation I could not get at the bifurcation of the carotids on account of the size of the growth, so I tied the common carotid on that side and the external carotid on the other side. The result of the operation was that the terrible pain in the growth of which the patient complained, stopped at once and the stony hardness was replaced by a soft oedema, followed by a profuse discharge of pus, greatly reducing the size of the mass. But for the fact that I had removed and microscoped a piece of the carcinomatous growth at the first operation I should have been inclined to doubt my diagnosis. The patient returned home shortly after, and I was unable to get any further history of the case.

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**CASE OF SARCOMA OF SHOULDER.**

By R. T. Booth, M.B., B.Ch.

Patient a Hunanese, sent to me by Dr. Hume, of the Yale Mission, Chang-sha. The illustration gives an excellent idea of his condition on admission. The dangerous nature of the operation needed was explained to the patient, who readily consented. He was carefully prepared for some days before operation, and the whole area of proposed operation was rendered as sterile as possible under the circumstances. This was by no means easy, as there was considerable discharge of pus from the ulcerated part of the tumour. The entire area thus affected was sealed with cotton wool and collodion, and by this means we were able to prevent the fouling of the site of operation. The patient, being anaesthetised, the middle third of the clavicle was removed, and the subclavian artery ligated. Some difficulty was ex-
perceived in getting the vein, so to avoid loss of time, and at the same time to render ligature of the vein more easy, the anterior incision was commenced and carried through the pectorals. The axillary vein was thus exposed, seized, traced up, and ligated at the same level as the artery.

The incisions for the flaps could not be made in the academic fashion owing to the tumour encroaching so far forward. (See photo.) The anterior flap was then dissected up with the involved muscles and the anterior and lateral chest wall laid bare. The posterior flap was then marked out. Owing to the anterior flap being so far in front the shape of the posterior one had to be altered from the orthodox pattern. It was made in a curved direction, coming well down on the back of the arm. This step was taken with a fear that owing to the blood supply being cut off through ligature of the subclavian and the cutting of the supra-scapular and posterior-scapular in making the posterior flap, this flap might slough. However as subsequent events showed our fears were groundless. The posterior flap being dissected up, the muscles uniting the scapular to the trunk were severed and the arm thus completely removed. All haemorrhage being rapidly controlled, the posterior flap was drawn and united to the anterior one by means of Michel’s clips. To this rapid method of uniting flaps in large measure is due the recovery of the patient. The shock of the operation was so great that any delay, such as in uniting the flaps by ordinary sutures would, in all probability, have resulted in death on the table. Even as it was, hot water enemata and other methods had to be employed to sustain him.

The second photo, taken six weeks later, shows the result. Up to the time of writing this, six months have elapsed, and there has been no sign of recurrence either in the scar or elsewhere. Dr. Hume is keeping the patient under observation and has promised to report from time to time what his condition is.

**Tubercular Hand after Treatment by Chinese Surgeon.**

History, as far as it could be obtained, pointed to tubercular disease of tarso-metatarsal joint. A Chinese doctor ‘needled’ it, and it rapidly got worse. The skar extended so far up on external aspect that amputation had to be done just above the elbow. The flap (a long internal one) was taken from sound skin on the ulnar aspect. At the Kuling Medical Missionary Association, when showing the photo, a Dr. from the south of China was surprised when I mentioned ‘‘needling’’ or
SHOULDER AFTER OPERATION.
TUBERCULAR HAND AFTER "NEEDLING"
acupuncture as a method of Chinese surgeons. He told us that in the part from which he came such a method was not employed.

It would be interesting at some future date if we could get a comparison of Chinese medical methods in the various parts of this vast empire.

SHORT SKETCH OF WORK IN THE HANGCHOW MEDICAL MISSION.*

By D. DUNCAN MAIN, F.R.C.P., L.R.C.S., Ed.

Having been asked to "describe a day in the Hangchow Medical Mission" and finding it rather difficult to do, we will give a sketch of the work as a whole. Twelve years ago we wrote a paper for a missionary magazine called "A Walk through the Hospitals of the Hangchow Medical Mission" and described to some extent the outward and inward arrangement of the work as it was then; but the work has grown so much, and various branches added, that the paper would not be suitable for the present subject.

To give some idea of what goes on and how it is accomplished, may we first mention the different branches of work connected with the Mission hospital which was erected in 1884.

First of all there is the men's hospital with over 100 beds, including emergency and infectious wards; the latter being separated from the main building. There is a dispensary, consulting rooms and surgery for out-patients, and waiting-hall, in which the patients assemble to hear the Gospel which is being proclaimed by evangelist and Bible-woman while they wait for consultation. At the entrance of the compound there is a Registrar's Office, where patients are registered, fees paid, and all business connected with "middlemen", etc., is transacted; and for convenience there is also here a medicine shop and book store.

Next comes the opium refuge which, owing latterly to the decrease in opium-smokers applying for treatment, and therefore not being in demand, has been turned into a medical college and hostel to meet the largely increased applications from students to be taught Western medicine. At present there are 60 students, Christian and non-Christian, in training, and a house master and one of the five native teachers live with them; the headmaster residing at hand. To meet the rush of opium smokers wanting to be cured, caused by the Imperial Edict ordering all opium dens to be closed, another refuge was temporarily

* NOTE.—This paper was written by special request.
erected and for some time fully occupied. The women’s hospital has accommodation for 60 patients and rooms for assistants, pupils and nurses, etc. From time to time extra wards have been added to meet the needs of the work. A maternity hospital and training school; the former has beds for 10 patients and the latter has had over 25 pupils in residence, besides matron and servants. To complete the list we must still mention the refuge for leper women with at present three inmates and a caretaker; also a home for the untainted children of lepers, which has enlarged its usefulness by adding to these children others who have needed help and protection from time to time, and who now number 13 all told. This outline gives our readers some idea of the work to be superintended inside of the city. But at the West Lake there is the leper refuge for men, with at present 40 inmates, and convalescent and fresh air homes for men and women, occupied fully in the summer months.

With this preliminary sketch of the nature and use of the various departments of work, I will now try and describe as briefly as possible the way in which the work has to be “got through”.

The “work-day” is commenced by a service at 8.30 a.m. in the chapel (this does not mean, however, that work is not going on before then, such as emergency cases, attention to in-patients, etc., as may be necessary), and all from the different hospitals, medical and maternity schools, men, women and children are, when possible, expected to be present. This service and evening prayers (at the latter only men attend) are conducted by the foreign doctors and native evangelists and assistants in turn on each day in the week. At 9 o’clock Drs. Main and Kember begin their work with the in-patients; Mr. Morgan goes to the dispensary to attend to medicines and help the dispensers and pupils learning this work. Dr. Kember visits the men’s wards with house-physician and students, who have already been seeing to cases before the doctor’s visit, and gives them a clinical lecture. At the same time Dr. Main visits the women’s hospital with Mrs. Main, Miss Morris, and girl-assistants and pupil-nurses, and lectures to the pupils on certain days in the week. Operations of any importance are done by Dr. Main in the women’s hospital on Wednesdays at 9 o’clock; minor ones are done as the occasion requires. This rule applies to the men’s hospital also, though there it is impossible to keep to a regular day or days.

Visits to hospitals being over, the out-patients, who are probably waiting for some time, have to be attended to, and while Dr. Main and assistants are seeing and prescribing for them, Dr. Kember and stu-
Work in Hangchow Medical Mission.

Students are as busy as possible in the surgery attending to minor operations, teeth pulling, etc., etc. After out-patients are seen, and sometimes on certain days wedged in before, lectures to medical and maternity students have to be given till 12.15.

Then comes an interval of three quarters of an hour for lunch, after which work recommences. Correspondence, giving orders, writing up cases, teaching students, more attention to in-patients, accounts, and the hundred and one things that crop up without arrangement, and emergency cases, must be attended to by one or other of the doctors at the hospital; while the other one has medical visits to pay to the Custom House and staff bi-weekly, 6 miles distant, as well as visits to foreign and native patients, to the various institutions which we have already said are outside of the city, as each day requires.

In the evening there is often translation work on hand, or (as lately) much behindhand, and matters connected with hospital and college, which have had no chance for consultation in the day, are often attended to then. Medical and other reading have to be thrown in as it were when opportunity occurs.

In answer to questions asked by a fellow medical missionaries regarding various methods of management, we will, as far as possible, refer to them under their different heads:

In-patients are seen every day by the foreign doctors, and the duty of the house-physician is to attend to them on entrance, put them in touch with the students who act as dressers and see that each case is taken down. On admission patients have a bath and their own garments exchanged for hospital ones; theirs being handed to the "middle-man", whom every patient must have. As to a daily bath we can only say that this state of hygienic perfection is not yet attained to in our hospitals, except in summer, but we aim at it, and in time hope to have it when foreign nurses can superintend the male patients. The ward-men or male-nurses in charge of each ward attend to the clothing and bedding of their respective wards, and are responsible and have to account for these articles on Saturdays, the day on which soiled garments are exchanged for clean. We shall refer later to this department.

All money received from in-patients for their board and from other sources is paid to the registrar, who gives account of, and pays to, the doctors in charge; likewise all money received from sales of medicine is paid to the chemist. All accounts with the registrar, hospital buyer, cook and workmen are paid on Saturdays. A question difficult to answer is, "How far certain helpers can be trusted?" One can only
answer by saying: "We trust as far as eye can see, and when out of sight, walk by faith!"

*Out-patients* are seen every day by the foreign doctors, and only by native assistants alone when both medical men are urgently called away. Consultation cases are seen at 2 o'clock in the afternoon, and for each visit a charge of $1 is made. If the patient is seen at his or her house the fee is $10 during the day, and $20 at night. These fees are paid in at the registrar's office.

*House-keeping.*—The management of the kitchen applies to the men's hospital alone, as the other hospitals are run on a different plan. We employ a head cook, who engages other four to assist him. The contract with him is at the rate of 12 cents per day, or $3.60 per month for each patient, which sum he receives, whether the patient is on special diet or not.

*Bedding, etc.*—From the commencement of the work in 1882 we determined to provide bedding and clothes for the patients, which plan has been carried out till now. Hitherto the superintendence and storage of it has been unsatisfactory, and Mrs. Main has added this to her other duties and has it in her charge. A room in the women's hospital outbuildings is given over to storage of above, and on Saturday afternoons all wardmen, with two native helpers and native matron from the women's hospital, meet Mrs. Main here. The wardmen who have each a book give in their list of soiled linen, and the helpers in exchange give out the clean garments, sheets, etc.; these are entered into a register, and when each wardman has received his allotment, the soiled articles are counted and two lists made out; one taken by our coolies who carry the loads to the city washerman and one kept for ourselves. A receipt is brought back from the washerman, and at the end of the week the clothes are counted and checked. Each wardman has so many things given for the use of his ward, for which he has to give an account at the end of the month; garments, etc., beyond repair are put aside for other purposes, and an entry is kept of all such for deduction from the list. Only by being present, and attending to details herself on the giving-out day, can Mrs. Main keep the inventory up to the mark, and even then there are ways and means of lessening the total which are almost beyond control.

*Evangelistic.*—Seven or eight years ago a chapel was erected in the compound to meet the needs of this side of the work, which has always been our desire to keep to the front. We have no chaplain, but doctors, evangelists and assistants all take a share in this part of
the work. Two services are held on Sundays; the morning one is very well attended: the chapel being full. Morning and evening prayers are held in it; different members of the hospital staff taking in turn the lead. The morning lesson is chosen, read by the male element who can read verse by verse, and thereafter follow explanation and prayer. A weekly prayer meeting is always conducted by Dr. Main, and preaching and bedside teaching have their appointed time in the work of the hospital. Just now evangelists are scarce, and the important work of visiting patients at their homes in country villages and towns cannot be fully taken advantage of. Tract distribution and sale of Scripture portions are also amongst the efforts made to reach the heathen. Bible classes for students and others connected with the work, are conducted on various days of the week.

Women's Hospital, Maternity Home, Leper's and Children's Home, are under Mrs. Main's personal superintendence. Each is a distinct building and managed separately. Patients are registered at the general office and escorted to the hospital by the porter. Their names, etc., are also entered in the registers of the above hospitals, as the case requires, by the head-assistant in charge. Rules and regulations for the conduct of the hospitals are hung at each entrance. We employ in the women's hospital only women servants, with the exception of an outside coolie. The buying, cooking, washing, and sewing are done by them. There is a matron and three nurse-amahs, head assistant and three assistant-pupils and two new pupils. Each has her distinct work and wards allotted to her; the patients' case is taken by the assistant in charge, which she reads to the doctor on his morning visit. They prepare for operations, sterilising dressings and instruments, etc., attend lectures in class and at the clinic. All money received from patients' board and paid out for food and furnishings, etc., are in charge of Miss Chow, head assistant, who keeps the daily accounts and pays in to Mrs. Main, every Saturday, who keeps the accounts for the above hospitals, etc. We have now obtained the valuable help of Nurse Morris, who has recently come out from England, and has commenced this year to give regular assistance and take up the superintendence of the nursing, and in time we hope will have classes for training nurses.

Maternity Hospital and Training School has special rules and regulations. Patients are admitted free and, as the work is a "new venture", arrangements were made, with some of the gentry who subscribe towards its support, to receive pupils on these lines for
three years. The first class of students finished the prescribed course last year and received certificates qualifying them to practice midwifery. Some of the graduates have remained with us to assist in the work of the hospital; they receive no remuneration for their services from us. We have constant calls to attend cases at their homes. No charge is made, nor are the pupils allowed to receive money, though they may accept presents in kind. All contributions from these patients, in gratitude for assistance rendered, are put to the funds of the Maternity Hospital. There are at present 18 pupils in training who have passed the preliminary two months' course and will remain till the regulation course is finished. Though most of them can read and a good many write the character, we have to teach them the romanised letters in the Hangchow dialect to enable them to take notes of lectures, which can be done by the romanization more quickly than the written character. Lectures are given by Drs. Main and Liu. There is a matron in charge, and one of the former pupils helps them in going over some of the lectures with them. This new branch of work has already proved a boon and blessing to many a poor and rich woman in her time of trial. We hope it may in future extend and multiply its usefulness.

The above account of the work may not give those who read it a very intelligent idea of the method of procedure, but it is impossible to go into more detail without being wearisome; we therefore recommend those who would like to know more to come and see it. But what has been written may be of some help to those who are beginning their life's work, and to them we would say that without grace, grit, method, regularity, and punctuality no work can be carried on with satisfaction, and we know that the carrying on of this medical mission would be impossible without attention to these things.

A CASE OF EXTRAUTERINE GESTATION.

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

T' a, a Chinawoman aged 25, was admitted into the Yung-chun hospital on February 22nd, 1908, with the following history:—She stated that her first and only child was born with the aid of forceps eight years previously, and that since that time she had never been well. Towards the end of November, 1907, the periods having been very irregular and scanty, and having ceased altogether since the August previous, she had a menstrual period. No period occurred in either December or
January, but she began to be conscious of fulness in the lower part of
the abdomen and thinks her breasts began to enlarge. In the begin­
ning of January, however, she had slight uterine haemorrhage, painless,
lasting two days, and she declared that it was not like a menstrual
period. About the 12th of February she began to suffer from bearing
down pains with frequent desire to micturate, and the suprapubic
region became harder and more protruberent.

The patient was an anaemic, undersized woman, looking extreme­ly ill, with a temperature of 101° and a weak pulse of about 100°. In
the suprapubic region there was an elastic swelling, rounded and
central, reaching to within one inch of the umbilicus, feeling like a
pregnant uterus, but failing to contract on manipulation. It was more
or less fixed, and the whole pelvic contents seemed matted and painful.

*Per vaginam* the cervix was behind the pubes, pointing forwards,
and the whole feel and appearance of the parts was that of a retroverted
gravid uterus with a distended bladder. But on passing a catheter this
only entered an inch or two and drew off practically nothing. The
urine was clear and contained no albumen. The abdominal swelling
was not entirely fixed and was continuous with the cervix on bimanual
examination. Every five minutes or so she was seized with bearing
down pains and was constantly trying to pass water. The bowels
had been well opened the day before admission with castor oil.
The breasts were those of a multipara and did not give one much assist­
ance in diagnosis. They were flaccid and the cervix was not softened.

In spite of sedatives she was much worse on the following day, so
she was placed on the operating table and anaesthetized with chlorofo­rm.
An incision 3 inches in length was made just below the umbilicus and, the
abdominal cavity being opened, a yellowish elastic tumour was found
lightly adherent by recent adhesions to the anterior abdominal wall.
The incision was prolonged upwards till the cavity of the abdomen was
freely opened. The whole pelvic contents were matted together, small
intestine being adherent to the upper surface of the tumour. To the
left, lying in the iliac fossa, was a thin-walled fluid swelling evidently
the bladder. The position of the uterus was not clearly made, but it
was lying somewhere behind the tumour. The appendages were not
made out.

As it was clear that removal was out of the question, the cavity of
the abdomen was carefully shut off by suture and the tumour freely
opened in front; the edges of the incision being caught up and sutured
with silkworm gut to the abdominal wall. About 1½ pints of clot,
containing portions of an ovum, were turned out and the cavity was
irrigated with water as hot as the hand could bear and lightly packed with gauze. It extended from one side of the pelvis to the other, was thick walled, with ragged masses projecting into it, which were left in situ. No foetus or trace of one was seen. The uterus could not be clearly defined. The patient suffered severely from shock, but as soon this passed off she was placed in the Fowler position and kept there. The gauze was removed after 30 hours, and thereafter only a small piece was inserted for drainage; the cavity being irrigated daily after the first 48 hours with a dilute solution of izal. The patient made steady progress; irritability of the bladder being the chief trouble. This gradually passed off, and she left hospital in better condition than she had been in for the past eight years, on April 2nd, 1908.

The condition of parts a month after the operation was as follows: The abdominal wall was sound, with the exception of a small sinus in the middle line below the umbilicus. The bladder is normal in size but perhaps a little to the left. The uterus (sound passes 2½ inches) is slightly to the left, anteverted, moveable to right, but not to left, bimanually of normal size. The sinus leads down to the uterus on its right side.

It seems clear that the case was one of tubal gestation on the right side, rupture in the broad ligament, subsequent growth of the ovum for a time and then haemorrhage in the ovum and around it. Apparently sepsis was supervening when she came into hospital. Everything was so destroyed by the haemorrhage that it is difficult to surmise the date of conception, but probably it was subsequent to the November period. One of the striking features of the case seems to be the entire absence of pain till within ten days of her entry into hospital, and another the small amount of stripping of the peritoneum in front. An extraperitoneal operation would have been an impossibility.

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HYGIENE.*

By Chas. W. Somerville, M.B., D.P.H.

It seems strange that only one paper, and that the last one of the conference, should be on preventive medicine; yet it is not so, for it is the last development at home, and even there has a hard battle to fight against prejudice, and we have yet to win our way into the full confidence of the Chinese, and for that purpose cure is better than prevention.

*Conference Paper, 1907.
DISEASE

Sickle Cell Anemia

Sex:
Female

Age: 25

Date of Birth:

Name:

Blood Type:

Date of Admission:
22nd February 1948

Result: Recovery
Sanitation includes: 1. Air; 2. Light; 3. Water; 4. Sewage. We shall take up these subjects, looking first at the present state in China, then at what we can and should try to do to improve matters. In so doing we must ever keep in mind the local conditions.

That the houses and cities of China are very faulty in construction, is a truth borne in upon one at nearly every out-patient clinic. Consumption is as rife or more so than at home. Rheumatism also abounds. A few visits to Chinese houses, even of the better class, makes the reason clear. The Chinese house, built as it is to shut out thieves and to withstand attack, makes death chuckle as he finds his foes—light and air—shut out and dirt and damp awaiting his arrival. But I hear some say China has long been a civilized land, and natural selection, etc., must mean that the plan of a central court, with rooms round it, is healthy. To such I would say “facts are chiehs that winna ding”, besides in the cities the dearness of land means that the t'ien-ching is made as small as possible and the rooms have such projecting eaves that sunlight is almost excluded, while the entire absence, in most houses, of all external windows, prevents through ventilation, and in passing we may note means death to most of the inmates if a fire starts at the gate of the house. The absence of upper stories and of proper underfloor ventilation and of damp proof courses in the walls all help death and disease in their harvest.

That the Chinese fear cold water as a beverage, as a rule, and stick to tea or boiling water, no doubt saves them from many an illness; yet the fact that almost if not actually every well in such a city as Wuchang is grossly polluted and that the river water, while excellent, if drawn under proper precautions, yet being simply baled out at the edge after being contaminated by boatmen and the dwellers on the banks, to say nothing about dirty streams that drain in from the city a short distance above the place where most draw water, means that the entire supply of water for washing persons and plates, for cooking and drinking, is dangerous.

Sewage.—This may be called an unpleasant subject, and certainly the Chinese method of dealing with it, is about as unpleasant as can be imagined, yet the fauna of the average Chinese intestinal tract shows its importance. But we must remember that the method cannot at present be altered, though the technique can be greatly improved, for, as in every country the farmers depend upon the draught animals to supply the needful manure for their fields, and here in China man is the beast of burden, therefore for a long time, if not for all time, human excreta will remain the chief source from which the agriculturalist will draw his fertilisers.
At present the drainage system of Wuchang is by means of wells; an internal circulation is kept up, and downward filtration is practised in every courtyard and under every leaky drain; the more or less purified water is taken out of the wells and used over again. In the larger houses the nightsoil is collected in a kang sunk in the ground, which can be emptied by means of a baler from the outside through a hole in the wall and the contents carried away in buckets usually uncovered; large brick tanks are placed here and there in the cities to receive the nightsoil from the smaller houses; these have a roof and are also adapted for use as latrines; smaller latrines are made by placing a kang in the earth inside a rude hut. Public urinals consist of a stone or row of stones placed along the foot of a wall; the space between the stone and the wall being supposed to lead into a drain. But no Chinese resident needs to be reminded that the Chinese are far from particular about committing a nuisance anywhere. The drains are stone-lined, square in shape; no cement is used in their construction; they are laid under the streets; the stones on the top allow rain water, etc., to pass in; the corners are at right angles, are even acute, depending on the street junction, the gradient; as long as the water flows in the right direction when the drain is full, maskee if it permits flooding in thunderstorms and percolation of all its contents, except when the rain is heavy.

Outside the city the nightsoil is separated into solid and liquid; the former is piled up in heaps to ripen, the latter is placed in tanks or kangs, or the buckets may be taken direct into a boat to be taken to the country. The solid is used as is manure at home, the liquid is splashed over the growing vegetables every evening.

Such is a short and necessarily incomplete sketch of the present state of affairs. What can we do to improve matters? The most important item to keep in mind is that ignorance means prejudice and prejudice means opposition to any attempt to alter lao kuei chü. Secondly, hygiene does not show an immediate return in hard cash for the labour and expense it involves. Therefore our first and at present our most important line of advance is "Educate", and I would venture to suggest the following means, by which we can hope to teach the Chinese some of the truths that are only now being learnt at home.

1. Draw up and distribute leaflets such as the Shanghai M. H. O. and the C. C. Br. of the C. M. M. A. has done on such subjects as consumption, small-pox, cholera (especially if an epidemic is raging), infant feeding, intestinal worms, ventilation, child birth.
2. Give lectures on hygiene in the mission schools; this can and should be done at once; then also in government schools and army camps, and extend to public lectures.

3. The Association or the local branches could draw up a lecture or better a series of lectures on public health subjects, with illustrative lantern slides, and could lend them round to those able and willing to use them, such lectures to be in Chinese as well as English.

4. Much can be done even now to make the streets cleaner and lessen the spread of disease if the head police official can be tactfully guided. I have been told that the head of the police in Chentu, Szechuan, has made that city the only clean city in China.

To go over the divisions I made at the beginning of this paper, considering what we can try to get done—keeping in mind expense, practicability, and utility:

1, 2. The Viceroy of Hupeh has enacted that after a fire all streets are to be rebuilt of a certain width; this should be extended so that all new houses are to place plans before an authority so as to insure sufficient air space; laws against overcrowding should be made, open spaces and public parks be established, or at least not all built up.

3. Where possible waterworks should be advocated, but for most places that is a far distant question. At present all wells should have a pavement of cement sloping away from the well for a radius of at least 6 feet from the mouth. No mao-shih, nor cesspool, nor urinal should be allowed within 50 feet of a well; all drains for a like distance on all sides, downhill as well as uphill, should be made watertight. Where a river is an important source of supply a public hulk should be provided, so that the water carriers could get the water from a distance out in the stream and not from the margin, where there is often a backwash. It would be even better if an engine could be provided to pump the water up into tanks at the top of the bank from which the buckets could be filled; the sinking of "deep" (in the scientific sense) and artesian wells should be encouraged.

4. Open drains are the best in the East, but are out of question in the narrow streets and lanes of the cities, but we should try to get the existing drains relaid on proper principles. The drains should be cemented, and the bottom, instead of being flat, should be egg-shaped or round or V-shaped; the corners should be curved; the gradients, as far as possible, made sufficient to ensure a proper flow; dirt traps should be made at regular intervals for the purpose of catching mud, etc., the stone over the trap being made easily liftable for cleaning purposes; these traps should not retain a considerable amount of water, or it will stagnate, smell, and breed mosquitoes. As it is out of the question to
have the stones lifted every day like the iron gratings in Hankow, every tenth or so should be liftable so as to allow of the drain being swept out once a week or at least once a month.

Mao-shih should have cement floors, rain tight roofs, be distant from wells, fly proof windows and doors. Instead of a kang, requiring to be baled out, a removable bucket should be provided, capable of being covered; similar buckets should be provided to the houses; the removal of these buckets should be by a municipal staff of scavengers and the hours of removal be fixed; no carrying of nightsoil being permitted on the streets after or before certain hours. The depôts outside the city should also be under control and placed so as to cause as little nuisance as possible. Instead of its being dumped on the bare ground, cement yards should be provided, draining into cement tanks. For the liquids large long tanks should be provided, covered to keep out the rain, watertight to prevent leakage, and the buckets should be emptied in at one end and at the other the liquid manure pumped out so as to leave the surface unbroken. Each tank should be left untouched for at least three days, or each day have not more than one-third added and subtracted. It would be ideal to have these manure heaps and "septic tanks" in fly proof houses, but failing that they should be half a mile or more away from the city.

A PAPER ON VACCINATION, AND WITH REFERENCE TO THE RECENT EPIDEMIC OF SMALL-POX IN FOOCHOW.

By M. MACKENZIE, M.B.

Vaccination, as a protection against small-pox, was preceded in this country by inoculation. The latter has been used in China for at least 1,000 years. It will be helpful to consider first of all this method, which we may call "the Chinese Method" of dealing with small-pox, namely by inoculation, and then consider vaccination which we may term "the English Method", as it was discovered by Dr. Jenner, of Gloucestershire, in 1798.

1. The Chinese Method.—It cannot be ascertained with certainty when and where inoculation was introduced. It has been practised with little benefit for hundreds of years. It is performed but once in a life time; thereby the individual receives a certain amount of protection, but at the same time the disease is spread among those not
innoculated. By inoculation a slightly milder form of small-pox is produced by putting some of the various matter under the skin of the person to be infected. The process is known as 'buying the small-pox'.

The following brief statement of the method of procedure I have taken from a variety of somewhat ancient Chinese books in my possession, written by Chinese doctors. They say: "The poison of small-pox is contracted in the womb, so that no mortals are born free from it." Small-pox is womb-poison, and when transmitted, resides in the region of the 7th dorsal vertebra. If it is not disturbed, then it does not assert itself, but should infection come from another person, this excites the quiescent poison. Union takes place (I suppose as in an electric battery!), and the outcome is an attack of small-pox.

Method of collecting the various matter:

First of all investigate the type of small-pox present, see that the temperature is about normal; the vesicles should be glossy and light in colour and the patient not suffering from any form of skin disease.

Remove the clothes from the sleeping child, shake the inner garments and the scales will fall off, carefully collect these, wrap them up so that they shall not lose their strength. Thick scales are preferable to thin scales, and those of a flesh colour or slight pink are better than yellow; those of a dark colour should not be used.

Method of preserving the scales:

Transfer the scales to a brass tube to be placed in a cool dark room, having noted the day, month and year on which they were collected. There is a distinction between winter and summer scales. The former have heat and strength and can be used a month old, whereas the summer scales quickly lose their heat and strength, proving inefficacious after 20 days. Formerly doctors took a piece of wool, and having brushed away the contents of the vesicles with the wool dabbed it on to the nasal mucous membrane. Owing to the unwillingness of parents to have their children's vesicles disturbed in this way the practice fell into disuse.

Method of innoculating in vogue is as follows:

First of all pulverize the scales in a mortar, then mix them with a native drug, whose action is to cause sneezing. Having cleansed the nostril of mucous by means of a small hollow tube, blow the powder into the left nostril of boys and into the right nostril in the case of girls. Then apply the finger for a quarter of an hour so as to close the nostril.

This, which I call 'the Chinese method', has been in practice for well-nigh a thousand years and so has undergone a good trial. We now consider that it has been of little benefit to the people. Who has not noticed in Southern China the crowds of disfigured faces caused by pock marks! so that almost every third individual bears traces of having endured this fever. The Chinese lay stress on the desirability of provoking an early attack, giving as a reason that if cholera or
The China Medical Journal.

dysentery attacks simultaneously with small-pox the result is more likely to be fatal; so they induce the fever as early as possible. It probably brings on a milder attack, yet at the same time it causes the disease to spread amongst those who have not been innoculated and probably amongst 'grown ups' in addition, for they ignorantly hold that innoculation need be done but once in a life time. There can be no doubt that in Fuhkien province vaccination is rapidly gaining in popularity.

It may be asked, "What has been the efficacy of vaccination by calf lymph as witnessed during the recent severe epidemic of small-pox in Foochow?" In the spring of this year this city, then Nantai and then the villages outside the city, were visited by a severe epidemic of confluent small-pox, which carried off thousands of children. The C. M. S. school for blind boys lost three lads aged between 13 and 16 years. As far as I can gather not only had they been innoculated and only very visibly pock-marked, but they had been vaccinated too. In these cases treatment was of little or no avail. Pustules completely covered face, neck, lips, tongue, and to some extent the fauces. The nostrils were filled with the crusts, eyelids closed, and face greatly swollen. A little boy, successfully vaccinated by me, died a fortnight later of small-pox. A man aged 70, and known to us, also died of the epidemic.

A small boy, about 4 years old, was vaccinated when a baby by Dr. Mary Shire and 'took' well. In the spring of this year he was vaccinated by Dr. Shire's nurse, Miss Hook, with but only a little success; he took small-pox a few weeks later and died. On the other hand, there were two families; some of the children were vaccinated; three, who were not vaccinated, died of small-pox; all the others escaped an attack. Dr. H. N. Kinnear, whose hospital is situated half way between the city and Nantai, has kindly sent me the following helpful notes as to his own experiences this year: "I have not known of cases where death followed closely upon apparently successful vaccination. The Chinese have told me of cases of small-pox following closely on vaccination by the natives in which death occurred and was attributed to the assumption that some poison was introduced by the vaccinator. Probably there was not sufficient reason for this assumption. I have no doubt that the natives do successful vaccination. They are so successful that, so far as I am able to ascertain, the old practice of innoculation is passing very much out of use. I think there is nothing that we have brought the Chinese in which there is a more widespread confidence than in vaccination. They have no superstition to oppose it, as far as I know, and they acknowledge its beneficial results with a unanimity that is a comment upon the intelligence of the Westerners who have conscientious scruples against being..."
A Paper on Vaccination.

vaccinated. The Chinese suppose that if a child is vaccinated it need not be repeated at all, or that it protects as long as the scar remains, and that the operation should not be performed upon young children, and that all of the skin troubles which a child may have after being vaccinated, are the results of poisons introduced with the vaccine. I think the last epidemic was a very severe one, with a large proportion of virulent cases. In one case that came to the clinic for several days during the first stages the eruption came out slowly; we did not see the case after the third day of eruption. Two days later the child died. The child was about two years old and seemed in rather exceptionally good condition to start with."

A word as to the source of the lymph employed:—Some doctors procure their calf lymph from Japan. We in Foochow draw our supplies from Shanghai, and are inclined to think that the latter is more reliable.

During a severe epidemic, if there should be a case of suspected small-pox, I would be inclined to vaccinate, in the hope of somewhat lessening the severity of the attack. Vaccinating from arm to arm is seldom done by foreign doctors in S. China, but Dr. Welch, of America, considers that humanised virus is much more protective than animal lymph, and he prefers eight-day lymph taken directly from a typical vaccine vesicle on the arm of an infant.

As to the question of insusceptibility to vaccination. I have often failed to successfully vaccinate Chinese infants, but cannot conclude that this is due to natural immunity from vaccinia; the fault may be in the vaccinator or in the lymph employed. Two cases have recently been reported from Chicago which show the danger of assuming insusceptibility to vaccination in patients who fail to 'take', and more especially the danger of presuming that such cases are immune from small-pox. One, a medical student, had been vaccinated five times, and each time failed to take. He contracted small-pox after allowing himself to be exposed without further attempt to secure successful vaccination; the Bulletin comments thus: "As a consequence he is now being immunized in the old way, a way that is effective, even though expensive and frequently disastrous." The other case mentioned was a cashier in East Chicago. After five unsuccessful attempts at vaccination, he was advised by his physician that he was insusceptible to vaccinia and therefore immune to small-pox. He died of haemorrhagic small-pox.

Recommendations.—Where small-pox is prevalent, vaccinate every four years. Protect the vesicles. Only charge for successful vaccination.
The only thing that induced me to come here this afternoon, and
the only thing that induces me on any occasion to venture to speak in
public, is a sense of duty and the possibility that by speaking I may
do some good, and I am fully aware that if I speak successfully I may
be able to do some good to this most deserving Institution, Livingstone
College. Not many years ago, certainly since the period that my Lord
Bishop has referred to, tropical medicine was in a very backward way,
and not only tropical medicine, but, if we physicians would be
honest, we must say medicine in general. But within the last twenty
or thirty years the whole subject, especially that part of it in which
Missionaries are particularly interested, tropical medicine has made
enormous progress. I think I do not overstate the case when I
say that the missionary educated in Livingstone College to-day is
more capable of grappling with the problems of tropical medicine than
the fully educated physician of thirty years ago. It is within these
few years that we have learned to recognise the germ cause of most
tropical diseases and the ways in which these germs are transmitted
from one person to another. We have also learned, in consequence
of that knowledge, how to prevent the transmission and, in not a few
instances, how to eradicate the germs themselves. Now all this knowl­
dge has been attained with difficulty and after much study, but when
the knowledge has been attained, its application is, by no means, so
difficult. Thirty years ago no man knew what malaria was; no man
had the slightest conception of how it was caused, how it was trans­
mitted, nor what was the nature of the germ. All sorts of theories
used to be expressed in connection with the subjects; blue mists and
things of that description hanging over low-lying countries were said to
produce malaria; emanations from mud banks and swamps were said
also to produce this important and peculiar disease. Nowadays we
know that malaria is a minute animalcule that lives in the blood of
man. Further, we know that this animalcule is transmitted from one
human being to another by means of mosquitoes; these biting an
infected man become themselves infected and can thus infect someone else.
These are indubitable facts, and enable anyone acquainted with them

* An address delivered at Livingstone College, on Commemoration Day, June
29th, 1908.
to prevent malaria. Furthermore, if by a course of training, such as students in this establishment can receive, the individual is taught how to recognise malaria by its symptoms, it is in his power by the simple administration of quinine, to check the disease if not to eradicate the germ.

Something similar obtains with regard to many other tropical diseases. Take that other great tropical scourge—dysentery. We know how this is caused, and we know with precision and certainty how to prevent and treat it.

What is the use, one often hears, of an inadequately and incompletely educated man trying to treat disease like the full-fledged physician? Why, I would ask, should not a partial knowledge of simple facts such as I have mentioned—such as men here receive—be used by them in the prevention of disease and death?

Before coming down here this afternoon, I thought I would refresh my memory by drawing up the names of a number of diseases, the germ-causes of which, in the last few years, have been successfully demonstrated, but I found my paper would not hold them all. Let me enumerate some of them. Take sleeping sickness. Ten years ago no one had the slightest idea of what was the cause of sleeping sickness, much less how the disease was acquired. Nowadays we know exactly what is the cause of the disease and, more or less, exactly how it is acquired, and how, had we the means at our disposal, it can be prevented. Livingstone was an early pioneer in this subject; in fact, he was the first pioneer in connection with this peculiar type of disease. It was Livingstone, I believe, who was the first to recognise the true nature, or approximately to recognise the true nature, of fly-disease; or what is known as fly-disease in Africa. We now know that fly-disease in Africa attacks not beasts only, as Livingstone saw, but man also. We know that the same fly, or similar flies, are equally dangerous to man and animals, although the exact species of fly which transmit their respective germs may be different. Pity it is that the simple, direct mind of Livingstone was not backed up by the appliances of modern science.

Another disease recently discovered is known by the peculiar name of kala-azar—black sickness. Five years ago that disease was supposed to be a form of malaria. Everybody regarded the man with the big spleen, the big liver, and emaciated limbs as the victim of chronic malaria. Nowadays we know that malaria has nothing to do with the disease, that it is a disease absolutely independent of malaria. Efforts are being made to determine in what way this disease is transmitted.
The idea has got abroad, and very likely it is correct, that it too is carried to man by some kind of insect.

Another disease in which Livingstone was interested—and, indeed, a disease to which Livingstone, as far as the English-speaking race is concerned, was, as regards Africa, the first to call attention—is the relapsing fever of that country. This disease has been recognised with precision only within the last three or four years. We know now that a peculiar fever, characterised by very high temperature, which after a time subsides, again to recur—and in this way recurring, perhaps, eight or ten or more times—is not an unusual disease in Africa. Better than that, we know its cause; and still better than that, we know the way in which the cause is acquired. We now know that a form of tick, common in the hovels of African natives, is the transmitting agent of the germ of the disease. With that knowledge we know how to escape the disease. Avoid the infected huts where the ticks reside, and you will not get relapsing fever of Africa.

A very important disease in some parts of the world, though fortunately only in a limited part of Africa, is yellow fever. Now we know that yellow fever is due to a minute ultra-microscopic germ residing in the blood of the infected individual, present there in active form for three days only, so minute that it will pass through a filter, so minute that the highest powers of the microscope cannot recognise it. Yet this germ is an organised entity, and is transmitted from one human being to another by a kind of mosquito. Get a man with yellow fever and place a mosquito on his body. Keeping that mosquito for twelve days, place it on another man, and in three days' time that man, bitten by this mosquito, will almost certainly show evidences of yellow fever. This knowledge has been acquired within the last few years. Thanks to this piece of knowledge the West Indies are now practically rid of one of their worst diseases. Without this particular piece of knowledge the Panama Canal, as a great engineering feat, would have been exceedingly costly both in money and lives. With that piece of knowledge the responsible director of the health department in Panama is able to report month by month that the Panama Canal route is now more healthy than New York.

Another tropical disease of less importance—but still to those who have been the victims of it a very interesting disease—is dengue, and, although we have not found its germ, it likewise is probably mosquito-conveyed. Given a patient with dengue, or with yellow fever, and you may inhabit the same room with him, without risk of infection, if adequately protected from mosquitoes.
Plague has been the bugbear of the half-civilised communities of the world since history began. Its germ can now be put on the point of a needle and demonstrated with the microscope with absolute certainty. We also know under what circumstances plague is acquired. The rat is the principal transmitting agent. It is very susceptible to plague, and often dies from plague. When the rat dies, the parasite which lives on the rat, the rat-flea, leaves, like a sensible animal, the cold dead rat, from which it can no longer obtain nutriment, and passes to the warm living man, and so infects him.

Within the last eighteen months there have been important discoveries made in connection with the disease known as Malta fever, a disease of great economic importance to the British empire, inasmuch as it used to ravage the troops that Britain is obliged to station in her Mediterranean fortresses. The way in which the germ-cause of Malta fever was acquired, was quite unknown till recently. Now we know this cause: its peculiar germ is transmitted in infected milk. The goats of Malta, apparently in perfect health, are the subjects of this infection, and in their milk they excrete the germ which produces the disease. Anyone drinking milk so infected, after a little time, is liable to show the symptoms of Malta fever. Malta fever is sometimes of a very serious character, leading to death, and always producing a vast amount of invaliding. **Boil the goats' milk, or, better still, do not keep goats.** By attending to this simple indication the British taxpayer's pocket has been saved a lot of money, and the health and comfort of our garrisons in Malta and Gibraltar have been enormously enhanced.

Only to-day I have received a letter from a friend abroad who is interested in another important tropical disease called beri-beri, of very great importance in tropical countries. That letter, which is from a particularly careful observer, states that he thinks that the way in which this disease is acquired has at last been demonstrated. If that be so, then another tropical disease can be dealt with. I am not at liberty to disclose the facts, but I think I am at liberty to mention my correspondent's conclusions.

One of the great scourges of India, and also from time to time of Europe, but which has not so far reached West or Central Africa, is cholera. The germ of cholera is known; it can easily be demonstrated. It is transmitted through drinking water. That simple fact indicates at once how cholera can be prevented. Anyone, no matter how rudimentary his education may be, in possession of this fact and appreciating its significance, can easily apply it, and in that way
prevent cholera. Surely one does not want an elaborate education in physiology and anatomy to apply such a fact as that.

Abscess of the liver, one of the bugbears of tropical climates, we now know to be caused in the majority of cases by dysentery. Prevent dysentery in the way which I indicated before by avoiding the cause of it, and you do not get abscess of the liver.

I might go on to enumerate many minor diseases. I say minor diseases, although they are not minor to the individual victims of them. For example, the cause of leprosy has been found out, and from our knowledge of this cause we may yet find out the way in which it is acquired, and so learn how to avoid it.

Yaws, too, is an important skin disease of the tropics, and has now, thanks to the labours of my friend, Dr. Castellani, who is here to-day, yielded up its secret. It depends upon an organism known as a spirochæte.

Then, again, there is the disfiguring Oriental sore which is caused by a germ, which has been demonstrated with the utmost certainty. We have much to learn about it, but that knowledge will come soon.

Elephantiasis is another disfiguring disease, which is believed to be caused by blood-worms. Guinea-worm is also a disease in tropical countries; we now know that it is transmitted by a fresh-water flea. There is another important disease which may cause anaemia and profound debility, affecting in many places 80 or 90 per cent. of the population, diminishing the labour value and also the comfort and the prospects of life in a very material way. The cause of the disease is a worm known as Ankylostomum duodenale. It only remains to apply this knowledge to prevent the enormous amount of mischief and misery produced by this particular parasite.

I might go on in this way enumerating the various tropical diseases and their ascertained causes for an hour instead of twenty minutes, but what I have said is sufficient, I trust, to impress upon you the fact that many of these tropical diseases are now known, thoroughly known as regards their cause, and as to the way in which they are transmitted. One important deduction from this modern knowledge is this, that tropical diseases are not produced, as formerly supposed, by climate. In the majority of instances climate has nothing to do with them. Heat and moisture and so on, while they make you feel languid and spoil your appetite and increase your thirst, do not cause disease. The causes of the chief diseases in tropical climates are those described above, and if the causes are removed, the disease will disappear. If we abolish the mosquito, or if we prevent it biting people, we will
avoid malaria, yellow fever and elephantiasis. If we avoid the tick, relapsing fever will disappear. If we avoid the Tsetse fly, we will get rid of sleeping sickness. If we take care to destroy the ova of the ankylostomum that produces anaemia, we shall abolish another disease. And so on I could go through the whole list and show that tropical diseases are not climatic, and are therefore avoidable. They are not a necessary consequence of climate. The disease depends upon the intermediaries through which the germ cause of the disease is transmitted, and these intermediaries are prevalent in the tropics. Now a working knowledge of these facts can easily be acquired, and I have no doubt that the necessary information is imparted in this college.

The public—and especially those of you who send out missionaries to work in foreign lands—should lay to heart the importance of this kind of knowledge to the missionary. It is not fair of anyone to ask a man to go abroad and face avoidable risks; it is not fair for anyone belonging to any mission or public institution, governmental or otherwise, to go abroad and expose himself to risks which might be avoided were he to take the trouble to put himself in possession of the necessary knowledge.

Martyrdom is one thing, suicide is another; and, although I do not like to use the word, murder is a third. To send a man abroad to work as a missionary in unhealthy tropical climates and not provide him with proper information as to how to prevent himself being killed, well, I do not like to characterise it. People have not yet come adequately to recognise their responsibility and duty in this matter; they will by and by. The remedy depends upon the public. The public should demand that such a state of things should be impossible. I often, in connection with my official work, hear the government being blamed for negligence in the matter of sanitary affairs. From my personal experience of government officials, I know that they are all of them charitable, reasonable, intelligent, and kindly people. It is not the government officials who are to blame; but it is you, the public, who send your representatives to parliament, who really are the government of the country, who are really to blame for what it pleases people to look upon as the shortcomings of the executive government. It is such people who are wrong, not the government. If the people demanded such things, the officials would supply them. And, so it is, I believe, in missionary matters. If you—the supporters of missionary institutions—if you demanded that the men you sent out should have some instruction as to how to care for their health, and sent all such men for a preliminary training to an institution such as this, then
you would be coming something near doing your duty; but until you do demand it, you are not completely fulfilling your duty.

Another important matter that has often occurred to me in connection with this and similar institutions is that which my Lord Bishop referred to when he spoke of the eagerness with which the ignorant native will swallow questionable drugs supplied by well-meaning but inadequately-trained missionaries. I have seen many instances of this in my own experience. When I was a young fellow, I had the fortune, or misfortune, to be banished—or, rather to banish myself—to a lonely island in the Pacific, called Formosa, and there I was brought into contact with missionaries; some excellent men. One in particular I recollect, who, observing in the hospital the effect of iron in relieving certain cases of anaemia, used to go about the country in a large-hearted liberal sort of way, and, as he said, pour iron into the anaemic native! In many instances he may have done good, but I venture to say that from ignorance in diagnosis, and from over-confidence in iron and in his own skill, he did more harm in the aggregate than good. The man who prescribes drugs ought to know—as students here are taught to know—that drugs are potent for evil as well as for good. They ought to know the effect of the drugs of which they are in possession and to eschew giving drugs in those cases of disease of which they know nothing.

I think an education in physiology and anatomy is an admirable training for the man going out to preach the Gospel. A man is not complete if he knows only the spiritual side; he requires to supplement that by a knowledge of the body in which the spirit is encased. Given this knowledge he is a better teacher in every way. Moreover, he is in a better position to do all-round good to those to whom he preaches. He can supply a better education to the natives in place of much that is now taught, which is of no practical value. For instance, if you teach him, when a child, that the mosquito that bites him may convey to him the germ of a disease, you will teach him something that will be of use to him. Train up a child in the way he should walk, and when he is grown, he will not only benefit personally, but he will assist, at all events, in propagating the doctrines of hygiene, which the European teacher is anxious for him to adopt. My idea is that the native should receive, as part of his regular education in the missionary schools, some teaching in elementary hygiene.
In Consultation.

This case came under my observation through the kindness of Miss Calvert, of the London Mission Women's Hospital. The patient is a woman of twenty years, from the country near Wuchang. Family history, in so far as it could be ascertained, is negative. The disease commenced at birth. When born, there was a very small area of pigmented skin about the middle of the arm; color was a chocolate brown.

The pigmented area enlarged very slowly without any swelling until she was about twelve years old. At that time the pigmented area commenced to swell slowly and continued to spread and enlarge until she was about eighteen years old. She married at this age, and the spreading and enlargement became very rapid. She has never menstruated.

Present condition: A slight cachexia showing in the face, and dull mentality. The pigmented tumor extends from about four inches above the wrist of the left forearm to the base of the neck, taking in the full circumference of the arm anteriorly past the middle line and to the edge of the ribs, posteriorly, past the middle line and extending down to the lumbar region in the middle line, but leaving an unpigmented though slightly swollen area—laterally with a large affected spot in the centre of this area. (This is shown in the accompanying photograph.) There are a few very small areas of pigmentation commencing on the anterior surface of the wrist.

At the centre of the arm it is 27 inches around. The growth is extending and enlarging rapidly; a difference of 3 inches in circumference being noted in 3 days, below the elbow. A sinus about 2 inches deep and large enough to pass a small probe appeared while the patient was under observation, but it healed on a dressing being applied. There was a slight serous discharge for a day.

The case was shown before the meeting of the Central China M.A.

JOHN MACWILLIE.

BIER'S CONGESTIVE TREATMENT FOR OUR CHINA MEDICAL WORK.

CHUNGKING, October 19th, 1908.

DEAR MR. EDITOR:

Please allow me to enclose an article on the above treatment, cut from B. M. J., for your perusal, in the hope that an article may be soon orthcominng for our JOURNAL. Of course the article is from one of our
best London surgeons, Mr. Waterhouse. It has taken hold of my mind so much (and other doctors here have praised it) that I beg leave to ask you to use it for our JOURNAL, or extracts from it, acknowledging the authorship of course. In turning up my old surgery notes I find Professor Caird, of Edinburgh, mentioned Bier's treatment in cases of tubercular knee. These were the professor's winter term lectures of 1895. He said: "Bier, a young surgeon, noticed no phthisis in a congested lung, so he put a knee joint in a box at*... and established an arterial congestion and noticed it either got better, or much worse, and he saw he was on the wrong tack, so he tried a venous congestion and bandaged from below upwards and got passive congestion. This is the coming treatment; you have local swelling cedema and movement sine pain."

Kindly excuse this loose note from my old lectures, nearly thirty-three years ago. To-day I should rewrite it in quite another form.

My reason for writing you is to call attention to this "Bier's treatment" for extensive suppurating neck glands or ulcers, such as the Chinese always have. Indeed with a little experience with the glass cups and suction apparatus of Bier, his treatment becomes adapted to almost any case. Through the kindness of Dr. Assmy, German army surgeon here, I have been enabled to see some exceedingly successful cases of his big ulcers healing up in half the time usually taken by the old poultice method, or "dry dressing" tubercular pus turned to a microbic serum in a few days, etc., etc. Indeed I may say that all we Chungking doctors have purchased, through Dr. Assmy's help, a set of apparatus suitable for every organ, ... suction tube, or glass, elastic bandage, etc., etc., etc. The whole not costing more than Mex. $40.00.

A little experience is necessary in applying the elastic bandages I find as it is so easy to stop the arterial circulation (bandaging above the knee for leg ulcer, for instance), which above all things is to be avoided. Then the time for a daily 'congest' needs to be noted. All these may be gleaned by watching your case. I wish Mr. Waterhouse had told us that a book on Bier's treatment has been published in German, and that nowadays it can be bought in English at any London medical publisher. A good German price list will contain illustrations of the queer glassware now used by him, but Dr. Assmy tells me only a few things are really required here in China.

Now, dear Mr. Editor, cannot we let our confrères working in out-stations (where suspicion is still rife and anti-foreign display may break out at any moment) know of this "new" method? It entails no operation, and Mr. or Mrs. Fearful of Chloroform and Mr. or Mrs. [Ed.]}
Afraid of Pain may rest assured in his or her hospital bed that here's quick, efficient and painless surgery. Many a doctor beginning work in country districts will be glad to have a Bier outfit I am sure.

One word more; this treatment is rapidly coming to the front, and is looked upon as thoroughly scientific. It is not a lazy surgeon's method; to be sincere you need to have your patients close at hand all the time the 'congestion' is performed for the day, constantly going from one to another to see if the serum is flowing into the suction glass, and if not why; perhaps a too tight bandage, perhaps a misfit of the glass mouth, and other reasons.

Before we got the Bier outfit we began with an ordinary glass funnel and rubber tubing to get suction, using a glass syringe at the end of the tubing. For constricting the limb we used a Martin's black rubber bandage; now all that has given place to properly made 'tools'. Dr. Assmy is the pioneer of the Bier treatment in Chungking, and his cases are exceedingly interesting and successful.

"All very well, Doctor," I said to him the other day, "nowadays this treatment will 'take' with the Chinese, but in the early days if a Chinaman came in with a (neck) swelling and he was not chloroformed or cut, he'd go away home muttering: 'I can't get treatment here; the foreign doctor is afraid to hua (cut).'" Nothing satisfied him in those days but a big, gory operation! He thought he was undergoing something then!" Well, Mr. Editor, I send you this last remark for what it is worth. I believe it, and it does reveal the history of surgery in this far-off port. Surely Professor Bier would say the Chinaman too is being educated!

Congestive treatment methods used by Chinese in native fashion:

I. Cupping.—Burning wine and paper in a winecup, or long bamboo.

II. Kneading.—By thumb and forefinger, or two fingers, the part, wetting it with warm water till redness of surface appears.

Pathology of the Process.—Professor Bier's illustration is that of a rice field—irrigation (the proper channel of outlet) being dammed back so that the water runs over the surfaces and confining banks of the paddy field. The water contains 'waste' products.

My own difficulty, Mr. Editor, is this: How can, or how does congestion kill an organism, viz., staphylococcus, tubercle bacillus, and a host of others?

Yours very sincerely,

Richard Wolfendale.

[The paper referred to is magnificent, but too long. It would take up a whole issue of the Journal.—Ed.]
DEAR DOCTOR:

I have been under the impression hitherto that nervous diseases were much less common among the Chinese than at home, but lately have had quite a run of them and wonder what the experience of others is. Just recently among roughly thirty patients there were two epileptics, two hemiplegias, one multiple cerebro spinal sclerosis, and an acute myelitis; all in at once. During a seven years' residence here, beyond an occasional epileptic and one or two hemiplegias, I have seen scarcely any nervous cases. My wife's experience (also a medical with hospital) corresponds with my own. Is the recent run merely a coincidence? We were wont to think the Chinese phlegmatic and unemotional, but recent experience, more especially in Central Manchuria, have shown him capable of considerable emotional excitement, provided only the exciting cause is sufficiently powerful. Is he also equally a prey to the nervous diseases we are so familiar with at home?

One of the epileptics was an old patient who, after about a year's treatment, was taken on as a church agent; at lectures recently held however he had one or two very severe fits—I expect from the mental strain—and so has come in for another course of treatment. The other was in hospital for a month and improved a good deal, but had to go home for his winter outfit the other day.

One of the hemiplegias was fortunately brought in at once and has made a very satisfactory and comparatively rapid recovery. The other came in with but the dregs in the shape of badly affected speech and weakness and pains in arm and leg. Speech has improved somewhat; his vocabulary being very much larger and his general condition shows much improvement. Phenacetin in eight-grain doses, one each night, generally clears off the pains.

The case of multiple cerebro spinal sclerosis was a very interesting one. The disease, according to the man's own version, had come on after an attack of what has been called, I believe, Manchurian fever. There were several striking features about the case. The man himself said that the disease came on quite suddenly and reached its maximum intensity very rapidly, improving considerably during the year or two that elapsed before his coming into hospital. The man's gait was very typical, although perhaps an exaggerated type. He had some difficulty in starting, and when he did get his legs in motion, he never knew where the original explosion of nerve force would carry him. This was more especially seen when the man rose from the sitting posture. The tremors would get more and more violent as his efforts to rise up in-
creased, and suddenly he would shoot up and start off often in another direction than the one aimed at, colliding violently with any one who happened to be in the way. His progress consisted of a series of lurches. He solved the difficulty of eating by taking his food out of a large basin, so that his violent movements, although frequently scattering his food, were rarely violent enough to get beyond the bounds of his basin. His speech was typical at times, but had not always the drawling or scanning note. It was interesting to notice when he repeated his verses of Scripture, as most of our patients do at our daily service, that his voice was quite normal if a slight jerkiness and overemphasis be excepted, but the tremors and movements of the body were greatly exaggerated during the process. He did not improve much I thought, but the other patients who saw more of him insisted that there was marked improvement. His general health was good. He also went home a day or two ago, nominally for winter clothes, but possibly disappointed with treatment.

The acute myelitis case was not brought in to hospital until several days had elapsed since the onset of the illness and the only complaint at first was retention of urine. He was employed in a large business firm on the street here, and those who brought him in knew nothing of any other symptoms. The man was soon found to be paralysed, as he said: 'Dead from the umbilicus downwards'. He was so very ill that I did not subject him to any detailed examination. The retention continued for several days and was followed by incontinence about twenty-four hours before the man died. There was constipation at first, but this in turn gave place to incontinence a few days after he came in. Bed sores were beginning to form before the man died. He lived only a week after admission. I could gain little information, either from the man himself or from those he wrought alongside at his work of teasing out cotton wool (t'an mien hwa), as to any probable cause, either predisposing or exciting.

The above notes are very scrappy, but written with the hope of further enlightenment anent prevalence of nervous diseases among the Chinese.

With kindest regards,

Yours sincerely,

E. MCKILLOP YOUNG.
TO THE EDITOR OF THE CHINA MEDICAL JOURNAL.

DEAR SIR: I enclose two extracts referring to cholera—one on prevention and one on treatment. Cholera is a regular visitor, and this year at least carried off enormous numbers. When I read the two extracts enclosed, it seemed to me that a small paper in Chinese, containing the information, would be of great value and could be distributed by hospitals when cholera is about.

Also I think foreigners would find the same information of value if printed in a handy form.

I am, yours truly,

E. F. WILLS.

THE PREVENTION OF CHOLERA.


Paris, September 20th.—Professor Metchnikoff, the eminent bacteriologist of the Pasteur Institute, Paris, does not think there is any danger of cholera reaching, or at all events obtaining a foothold in France. He told an interviewer that it was easier to ward off cholera than an ordinary cold. Pointing to some tubes on his table, he said: "These contain cholera germs, but I eat off the same table, drinking hot weak tea, and toasting my bread at the flame of the lamp. The cholera bacillus dies at a temperature of 140. The precautions to be observed in one's home are simple—boiled water, hot tea, no cold food; above all, nothing raw. As to fruit I would not forbid a pear, peach or other fruit, provided it is first dipped for a second in boiling water and then peeled. If people take these precautions, there will be no epidemic. Let them keep their houses scrupulously clean, rinse the mouth with hot water, use hot water for washing, eat and drink hot things, avoid excesses, and they have nothing to fear."

THE TREATMENT OF CHOLERA.

Extract from the British Medical Journal, September 19th, 1908.

Since I began treating all cases (of cholera) as early as possible by $\frac{1}{4}$ grain or $\frac{1}{2}$ grain of morphine hypodermically, I have not lost one case, provided he was injected early before very profound collapse had set in. Many cases have been injected with the happiest results, even when in the most profound collapse, apparently moribund, in a state when vomiting and diarrhoea and almost all signs of life have gone. Children do as well as adults. The hypodermic injection of morphine is the first of two essential factors in treatment; the other is water in enormous quantities every few minutes while awake, from start to finish. If the patient is terribly collapsed I give the morphine first, and immediately afterwards saline intravenously. It is useless to give water by the mouth then, as it will only excite vomiting and increase the collapse. I have never seen a case where the injection did not stop vomiting, diarrhoea, colic, and cramps and give perfect rest and in the majority of cases sleep from 5 to 8 hours. He sometimes vomits once or twice 8 or 12 hours after the injection; this is due to the morphine and is quite different to the vomit of cholera. In a very few instances I have known the
choleraic symptoms to reappear in 24 hours, but on receiving another injection of \( \frac{3}{4} \) grain they vanished and the patient ultimately recovered. This recrudescence was probably due to some indiscretion in diet. I never allow any nourishment for at least 24 hours. In cases where the injection has been delayed several hours and a large depletion of liquid has taken place, urine may not be passed for 2-3 days. This should cause no alarm, as, if water and hot tea be liberally given, the kidneys always secrete in due time. I never give drugs of any kind. Afterwards, with regard to diet, the patient is treated on a newly-born infant.

A girl 14 years old was injected 5 hours after the beginning of symptoms with grain of morphine. She was then in an utterly collapsed state; vomiting, diarrhoea, colic, and cramps in the limbs at once stopped; she slept for 6 hours. She then drank plenteously. In 5 or 6 hours the abdomen became distended (typanitis due to morphine), but without causing any marked symptoms or discomfort. The native dispenser considered this distension an indication for calomel and gave a dose of 3 grains and in an hour another dose of 1 grain. This started all the choleraic symptoms again: profuse rice water diarrhoea and vomit, colic, and cramp in the limbs and then collapse. The dispenser seeing his mistake gave another \( \frac{3}{4} \) grain of morphine with the same results as previously. The case did most happily.—R. W. Burkitt, F.R.C.S. Sylhet, Lower Assam.


This book is supposed to serve “in time of stress”, and for this purpose it is thrown into the very most concise, and occasionally dogmatic, form; otherwise the proposition which it undertakes would be an impossible one. We can imagine that the general practitioner who is thrown upon his own resources, and most medical missionaries belong to this class, would find such a volume of service in travelling in itinerary work, whenever separated from his library, and especially when called to an undefined accident. The style of the book is good and the illustrations peculiarly vivid and natural. We are, on principle, opposed to manuals, abbreviated medical works, and all forms of short cuts; and an experienced man would probably know all that this book contains. But for those who are new at emergency surgery, or are giving most of their attention to other lines of work, this book might prove a source of confidence and occasionally of material assistance.
Reports of Customs Surgeons.

KONGMOON HEALTH REPORT FOR SIX MONTHS ENDING SEPTEMBER 30TH, 1908.

By Dr. John A. McDonald.

The general health of the foreign community, during the past six months, has been good. Apart from a few mild cases of malaria and one of dengue there has been no illness. There have been no births and no deaths.

The heavy rains in June caused the river to overflow its banks. The water, rising to a height of 15 ft. 5 in., covered the ground floors of most of the houses. Following the flood a few cases of aestiv-autumnal malaria came to our notice. These were not easily amenable to treatment and, in one case, the patient only recovered when removed to another district.

During August and September cholera raged in the city of Kongmoon and the surrounding country. Only one case occurred at the port, however. This was contracted from eating food purchased from a street vendor. The patient made a good, but very slow, recovery.

Several cases of vesicle calculus have come to our notice but, having no hospital, they have been referred elsewhere for treatment.

There has been the usual number of eye cases. Following the suggestion of a fellow-physician, I have been using copper sulphate grs. 8, water oz. 1, with good effect in cases of vascularised corneas.

REPORT ON THE HEALTH OF CHANGSHA FOR THE HALF-YEAR ENDED 30TH SEPTEMBER, 1908.

By Frank A. Keller, M.D.

The writer returned to Changsha at the beginning of this half-year after an absence from China of nearly three years. During these six months special attention has been given to repairing our hospital and putting it in shape for thorough scientific work. We have five small wards: three of them with three beds each, one with two beds, and one single ward, giving us a total capacity of only twelve beds.

These wards have been re-plastered and re-floored and all the floors and woodwork finished with Ningpo varnish. The wards have
been furnished with "Lawson Tait" beds fitted up with mattresses, sheets, blankets, and pillows in home style. We have built, also, a room for a laboratory, which we trust will add greatly to the efficiency of our little hospital.

Changsha has a foreign population of 155, of whom 85 are Japanese. While this is the regular number of foreign residents, it by no means represents the actual foreign clientele of the local physicians; in fact the larger half of our foreign attendances during the past six months have been on travellers en route to or from inland cities. Three companies run large steamers up to this port and to Siangtan, thirty miles beyond, and a large number of launches are plying regularly between Hankow, Changsha and Siangtan.

The general health of Changsha has been excellent. There has been only one death among the foreign population, a Japanese teacher who died from cholera in September.

In spite of the severe epidemic at Hankow, and the large steamboat traffic between the two ports, Changsha has been practically free from cholera; only a few sporadic cases having appeared.

There has been considerable dysentery, but nothing like an epidemic. The cases have yielded very promptly to the following treatment:—A powder of calomel, gr. 1/5; ipecac., gr. 1/10, and soda bicarb., gr. 1, given every two hours for from two to four days, and enemata of quinine, gr. 5, in one or two pints of hot water from three to five times daily. The Chinese take to this treatment most kindly if the doctor gives the first enema, and they discover the amount of comfort it affords. Great care must be taken the first time to let the solution run in very slowly and with occasional pauses. After the first enema the Chinese can manage it themselves.

The most common diseases among the Chinese of this locality are tuberculosis, malaria, syphilis, rectal and anal disorders, and of course eye and skin troubles. Tuberculosis is terribly general, and it is very sad to see fine young men perishing who might be cured with proper sanitorium facilities. The people here are remarkably intelligent, and many of them would be willing to follow out a scientific course of treatment were it possible. At present I have a young scholar living up on the mountain side, but his progress is not what it might be with better quarters and skilled attendants. I hope the day may soon come when Hunan will have a large sanitorium for the treatment of the unfortunate victims of this scourge.

The period under review has been marked by the number of accidents which have occurred. The first case, which happened almost
immediately on our arrival, was that of a little girl who fell from a loft to the floor below and sustained Colles' fractures of both forearms. This was followed by a series of dislocations, cut throats, burns, etc. There was one lacerated wound of scrotum and testicle, due to a fall down an unprotected air shaft on a Japanese steamer, and one member of the Customs staff had an infected punctured wound of the foot which demanded surgical treatment. The series closed with the case of a Chinese boatman who had never seen a gun. He picked up a gun that a friend had purchased recently, wishing to see how it worked. After firing it he could not find the fragments of the gun, but found his left hand badly lacerated. He is now in the hospital, and I hope to send him out in a few days with a fairly useful hand.

The crops this year have been excellent. The good harvest and general healthfulness are largely due to the moderate heat and rainfall, details of which may be seen in the accompanying table, for which I am deeply indebted to the Harbour Master, Mr. J. H. Nightingale, who has kindly furnished it.

**METEOROLOGICAL TABLE.**

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The China Medical Journal.


The yearly subscription to the China Medical Missionary Association is $1.00, 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.

Editorials.

SIR: I beg to state that my sickness, it is very true, about five years ago, was attacked from falling down out of the highest upstair, while my urinal bled very much and then my urine could not passed as convivent as usual and worst day by day, because it was swollen and constipated very hardly then.

About last March, it turned out abscess by misuse of medicine; and yet my urine was often passing through the opening of it—as gravel. Now I am sorry and sincerely hoping you will kindly remedy my sickness as begged and pity me, a native of Wenchow, single, in Shanghai, without so much money to be spent for it.

I am, Sir,

Yours very truly,

[PATIENT.]

The above letter was handed to us a couple of months ago and besides its interest as a specimen of what may be done by combining an enterprising and zealous Chinese with a Commercial Press Dictionary, presents an argument which each one of us may listen to with thoughtful interest as we read between the lines. We rave and tear our hair and our souls are tossed on storm swept seas for the simple reason that we cannot extract by a question or two the wants and symptoms of this or that Chinese patient, but how infinitely more exasperating it must be to the patient who feels that we do not understand the vital facts that he is in deadly earnest to have us hear and weigh and become saturated with. The writer of this letter wrote us four others of the same sort in his yearning to have us understand about the constipation of his urinal, and he succeeded, but he had the inspired gift of expressing himself in periodic exacerbations of English prosody.
When your patient fails to make you understand, remember that the chances are the patient knows his mother tongue and that possibly you do not.

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A SMALL TRIBUTE OF FELLOWSHIP.

We are sending a complimentary copy of this issue of the Journal to each member of the Philippine Islands Medical Association, as well as to each member of the Hongkong branch of the British Medical Association. And with it we extend to these fellow-practitioners in the East our most cordial greetings and best wishes for the New Year. It was in our mind a year ago—when we urged the adoption of the present name of our Journal—that it would be a step in bringing more closely in touch the great medical missionary body of China, the largest body of medical men in the East—with other groups of scientific practitioners; by no means with the idea of absorption, but that we might know each other better and appreciate each other's efforts in the similar work that we are all engaged in. We are more than ready to include matters of special interest to Hongkong and the Philippines in our regular issues, as well as to receive and publish scientific papers from these places. We follow with the deepest interest the magnificent work of the members of the Philippine Islands Association along the lines of tropical medicine and hygiene which bear upon those parts; and as for Hongkong, she has for many years been an inspiration to all workers in medical research.

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TUBERCULOSIS CONGRESS.

Was not the International Tuberculosis Congress, this autumn held in Washington, probably the greatest event in the history of the medicine of the world? If not, why not? The united determination of a representative and international body of all sorts and kinds of men to bring about a world-wide declaration of war against a world-wide pestilence. Was there ever—well some one may shout out "the discovery of the bacillus" or "anæsthesia". All right, just as you say, only personally we prefer sociology to astronomy.
Editorial.

Here are the resolutions for record:

The International Tuberculosis Congress at Washington adopted the following resolutions:

1. **Resolved,** That the attention of state and central governments be called to the importance of proper laws for the obligatory notification by medical attendants to the proper health authorities of all cases of tuberculosis coming to their notice and for the registration of such cases in order to enable the health authorities to put in operation measures for the prevention of the disease.

2. **Resolved,** That the utmost efforts should be continued in the struggle against tuberculosis to prevent the conveyance from man to man of tuberculous infection as the most important source of the disease.

3. **Resolved,** That preventive measures be continued against bovine tuberculosis, and that the possibility of the propagation of this to man be recognized.

4. **Resolved,** That we urge upon the public and upon all governments the establishment of hospitals for the treatment of advanced cases of tuberculosis; the establishment of sanatoria for curable cases of tuberculosis; and the establishment of dispensaries and day and night camps for ambulant cases of tuberculosis which cannot enter hospitals and sanatoria.

5. **Resolved,** That this Congress indorses such well-considered legislation for the regulation of factories and workshops, the abolition of premature and injurious labor of women and children, and the securing of sanitary dwellings as will increase the resisting power of the community to tuberculosis and other diseases.

6. **Resolved,** That instruction in personal and school hygiene should be given in all schools for the professional training of teachers, and that, whenever possible, such instruction in elementary hygiene should be intrusted to properly qualified medical instructors.

7. **Resolved,** That colleges and universities should be urged to establish courses in hygiene and sanitation and also to include these subjects among their entrance requirements, in order to stimulate useful elementary instruction in the lower schools.

8. **Resolved,** That this Congress indorses and recommends the establishment of playgrounds as an important means of preventing tuberculosis, through their influence upon health and resistance to disease.

White peril? Nonsense! China reeks with it. It is rainbow hued. Resolutions 4, 5, 6, and 7 are all applicable to China at the present moment.

Here is something else that it will not do us any harm to keep in the middle drawer of our mental repository for useful information. It is taken from "The popular lecture in the crusade against tuberculosis" by S. Adolphus Knopf, M.D., and published in the New York Medical Journal of October 31st last.

**Consumption Cures**.

The consumptive is the ideal victim of the quack, charlatan, and vendor of patent medicines. Consumptives spend more money on patent medicines and special modes of treatment than any other class of persons who are really ill. The amount of money thus thrown away is almost as great as that obtained from fancied or real sufferers from catarrh or dyspepsia. Every year sees new remedies and methods of treatment advertised, only to be replaced later by others, and
almost all these "cures", if well advertised for a time, pay their originators well. All such advertised special "cures" and methods of treatment are practically worthless, and many of them harmful. As Samuel Hopkins Adams says in his article on The Great American Fraud in Collier's Weekly: "Every advertisement of a consumption cure cloaks a swindle."

There are a number of reasons why the consumptive is such an easy prey to quacks and charlatans. Consumption is not a disease of rapid progress as compared to other illnesses; even the cases of "galloping consumption" rarely terminate in less than three months, and the average case of consumption lasts at least two or three years. There is ample time for the consumptive to look about him, to grasp at any straws in the way of assistance. The consumptive is, by a wise provision of providence, hopeful, and this brings with it credulity. Many consumptives have not the time or money to undergo sanatorium treatment, or to provide themselves with the special diet so often necessary, and naturally lend a willing ear to the assertions of the quack, who promises to cure them rapidly, cheaply, and without keeping them from their work. In consumption there is not the prostration and dulling of the senses that so frequently accompanies other grave diseases. The consumptive has time to realize all that life means and to desire ever more ardently and keenly to live.

Consumptive "cures" may be classified as follows:

1. Patent Cough Medicines.—These almost without exception contain either considerable amounts of opium or morphine, or else alcohol. Both drugs are bad for the consumptive; they give only temporary relief and leave him in a worse state than before.

2. Special Remedies for Consumption.—These consist of preparations of vegetable and mineral substances, usually said to be very rare or to be found only in distant parts of the world. They are practically without any effect whatsoever as regards curing the disease.

3. Serum Treatment.—Based on the remarkable value of antitoxic serum for diphtheria, many sera are advertised to cure consumption. So far no serum having any curative effect has been discovered.

4. Special Diet.—Curative influence is asserted by some of the quacks for special kinds of food—all meat or no meat, beef blood, onions, olives, etc.

5. Electricity, X Rays, Light, and Cabinet Cures.—These various methods have no special value in consumption. Some of the frauds allege by their means to render the absorption of specific medicines more rapid and thus more efficacious.

6. Plasters, Poultices, and other External Applications.—While the pain of a tuberculous pleurisy may be relieved by the application of a mustard plaster, yet such procedures have no effect on the disease of the lungs. To produce ulcers of the chest wall by means of blistering plasters is a useless, brutal mode of treatment, and to state that the discharge ("corruption") from such ulcers comes from the lungs is a deliberate falsehood, uttered knowingly. Such procedures are harmful, as they exhaust the strength of the patient.

There is no specific treatment for consumption. A sufficient amount of proper food, with plenty of fresh air and rest, constitute the essential basis of all successful methods of treatment.

Realizing the truth of the above statements, the Committee on the Prevention of Tuberculosis of the Charity Organization Society of the City of New York, has passed the following resolutions:

Whereas, it has come to the knowledge of the Committee on the Prevention of Tuberculosis of the Charity Organization Society that many so called specific medicines and special methods of cure for pulmonary tuberculosis have been and are exploited and widely advertised; and
Editorial.

Whereas, in our opinion there is no specific medicine for this disease known, and the so-called cures and specific and special methods of treatment (by electricity, x rays, electric light treatment, "diet" cures, plasters, serums, etc.) widely advertised in the daily papers are, in the opinion of the committee, without value and do not at all justify the extravagant claims made for them and serve chiefly to enrich their promoters at the expense of the poor and frequent ignorant or credulous consumptive: therefore

Resolved, That a public announcement be made that it is the unanimous opinion of the members of this committee that there exists no specific medicine for the treatment of pulmonary tuberculosis, and that no cure can be expected from any kind of advertised medicine or method, but only from a sufficient supply of pure air, nourishing food, needed rest, attention to the hygiene of the skin, and such medication as appears from time to time required in the judgment of a physician.

The above mentioned committee is composed of the following physicians and laymen, all of whom are especially interested in the subject of tuberculosis, its prevention and cure.

Such or a similar leaflet should circulate in every community and the names of prominent physicians should be attached to it. I am convinced that such a circular would do much toward convincing the people that all the so-called sure and quick consumption cures advertised as such are invariably based on false claims.

Even so!

A FALSE FORMULA.

A few months ago we wrote a letter to the H. K. Mulford Co., manufacturing chemists, Philadelphia, on the following subject: We had been using for some years a most serviceable ointment called by the makers, "Bismuth Formic Iodide". The formula of the ointment was printed plainly on each tube and appeared sensible, but hardly warranted the manifest effects thereof. After the passage of the American Pure Food Laws we received a large consignment of the same stuff, put up in the same way, under the same name, but were astonished to note an addition to the formula of so many grains of acetanilid. In our letter to the firm with which we had been dealing for many years, we called attention to the fact, and stated that if the explanation was satisfactory we should continue to deal with them; if unsatisfactory, we should never, under any circumstances, use anything of their manufacture again. The answer received is, on the whole, satisfactory. We have always believed that the Mulford Co. was one of the very most reliable of all wholesale drug firms, and we still think so. It is extremely painful to acknowledge ourselves convinced that they did falsify deliberately in the past, and to gather that among wholesale firms
it is still a common practice to lie about what is actually in their preparations, but we do rejoice and we actually believe that this Company has taken a determined stand in the matter and will print the full true formulæ of their preparations in the future, and we shall continue to deal with them on that basis. It is unspeakably disgusting to be compelled to swallow the fact that other great drug firms are still using the methods of quacks and villains in order to make money at the cost of the health and trust of our fellow-citizens. Some day we shall have a public sentiment that will rise up and curse this villainy out of business. Meanwhile let us honor the firm which acknowledges itself to have sinned and pledges itself to the ways of honor.

November 12th, 1908.

Editor CHINA MEDICAL JOURNAL,
Shanghai, China.

DEAR DOCTOR:

In regard to the explanation which is undoubtedly due you relative to the difference in labels on bismuth formic iodide and possibly other preparations of our manufacture, we are glad that you have brought up this question, as it gives us an opportunity of stating facts. Then you will be able to draw your own conclusions as to whether or not our position is correct.

As you probably know, it has always been the custom of manufacturers to have a certain degree of secrecy in their formulæ, particularly as regards specialties. In some instances full formulæ were not given at all, in others only part of the formulæ was given; certain essential features being kept in the subrosa with a view of protection against unscrupulous competitors.

This custom is still generally employed by others, but we are pleased to state that we had gotten away from it about a year and a half before the Pure Food and Drugs Law went into effect. Thus the law had no bearing whatsoever on our change of policy, because at that time we had arrived at our own conclusions as to the proper method of doing business, that is, to have no secrets, but to publish unqualifiedly the full and accurate formula of every product of our manufacture.

We have gone further than this: We do not believe in product patents, which tend to monopolize; we believe, however, in process patents because an inventor should be protected and encouraged. A product patent, however, is a different proposition, because as stated, it means monopoly and is detrimental to improvement in medicine, and under no circumstances should it be permitted where medicines are concerned.

Changes in our labels were made as fast as new labels were printed. At the present time all of our labels bear the correct formula of every product manufactured by us. As above stated, we have no secreties in our business, but our laboratories are open to both the medical and the pharmaceutical professions at all times. Should you or any of our friends be interested in inspecting them, we should be pleased to have you do so.

We failed to state that while we formerly had a certain amount of secrecy in the formulæ of our specialties, we always made a practice of giving to anyone of the medical profession full and complete formula of any of our products. This formula, however, was not published, for the reason stated above—to prevent our competitors imitating our specialties—not with a view of deceiving the medical profession.
I believe that now you understand our wide-open and ethical policy, we shall receive your cordial support and endorsement in the advanced position we have taken. So far we are the only house of our kind in this country who has such an enlightened and ethical policy. We are working in connection with the most prominent physicians in this and other countries, and are receiving their cordial support.

Appreciating very much your frank statements, which enable us to state our position (we hope intelligently) and assuring you of our pleasure at all times in hearing from you, we are,

Very truly yours,

H. K. Mulford Company,
Milton Campbell, President.

ASSOCIATION NOTES.

The result of the referendum on the subjects of the study of tropical diseases, screening against mosquitos and postgraduate studies was issued as a leaflet in the last number of the Journal. Nearly twice the fifty votes required (see By-law 9) were received, and there was practical unanimity. The majority of those in the extreme north did not think a course in tropical medicine was necessary for their part of the empire, but one pointed out the advantage of practical acquaintance with the methods used. A few deprecated asking the Boards—always in financial difficulties—to pay the fees for postgraduate work. Many could not find language strong enough to emphasize their emphatic “Yes” to the questions propounded. One member reported the satisfactory use of ordinary mosquito netting in places not exposed to the weather, while others drew attention to the great importance of keeping out flies as well as mosquitos.

Resolution 2 on the leaflet was passed at Conference and was inserted with the others as referring to a point of the greatest moment and one which seems to be more honored in the breach than in the observance.

Dr. Neal writes: “The plans for our Union Medical College go on apace. We hope to get the inclosure wall built this autumn and some of the foundations laid. My colleague from the English Baptist side, Baron von Werthern, has arrived. We both hope to be in our new houses within a year and have everything in running order early in 1910.”

Much interest is at present being taken in the question of screening mission buildings, but considerable difficulty seems to be found in knowing what gauze and what mesh to use. One correspondent says he cannot find in Montgomery, Ward & Co.'s catalogue the pearl wire cloth recom-
mended by Dr. Maxwell. A sample of wire gauze, procured in Shanghai, showed seventeen strands to the inch, while a work on hygiene in the Philippines recommends nineteen to the inch. The secretary screened his study with "ordinary" galvanised fly screen gauze from the U. S. A. of probably twelve strands to the inch. He never knew of a mosquito getting through, and although not claiming an intimate acquaintance with the insects' powers of insinuation, yet he does not believe that, hampered as it is in the leg line, it can worm its way through a small orifice, even if the diameter be larger than its thorax. It must be remembered too that the necessity, sooner or later, of painting screens exposed to the weather will further narrow the holes and exclude more light and air. We hope to hear more in detail on this subject from Dr. Maxwell.

A complimentary dinner to Dr. Westwater (Order of the Double Dragon), Liaoyang, was given at Ferguson and Forrester's, Edinburgh, on Wednesday, 23rd September, at 7.30. Chairman, G. Duncan Whyte, M.B. (Edin.), D.T.M. and H. (Camb.), Swatow. The menu included stewed lychees, qumquats, and chow chow. The following is the Toast List:—

The King, proposed by the Chairman.
The Chinese Empire, proposed by C. W. Somerville, M.B.,
D.P.H. (Edin.), Wuchang.
Our Guest, proposed by J. N. Gatrell, M.D. (University Chicago), F.R.G.S., Peking.

Letters on Association business requiring immediate attention should be addressed simply, Secretary, C. M. M. A., 2 Shantung Road, Shanghai. Dues should be sent directly to the Presbyterian Press.

Dr. Douglas Gray, British Legation, Peking, will be much obliged if those issuing reports of their medical work will send copies to him.

TO THE MEMBERS OF THE CHINA MEDICAL MISSIONARY ASSOCIATION.

A letter has been received from Dr. Clements, the Secretary-Treasurer of the Philippine Islands Medical Association, requesting that our Association send delegates to the meeting of their Association, which convenes in Manila on February 10-13. The Doctor says:

The success of the fifth annual meeting of the Philippine Islands Medical Association, held last February in Manila, encourages us to hope and work for a still larger and more successful meeting this year.

The papers and discussions at the last meeting, both those of the foreign official delegates and visitors, and the local contributions to the program, were of
the highest order of merit, and the series of exhibits in pathology, bacteriology, helminthology, and entomology were of surpassing interest. We shall try to do better this year, and the exhibits promise to be both more extensive and more interesting.

"The official foreign delegates to that meeting, among whom were Sir Allan Perry, the Honorable Principal Civil Medical Officer of Ceylon; Dr. T. Heyward Hays, Medical Adviser to His Royal Siamese Majesty; Professor Dr. Taichi Kitajima, of the Imperial Japanese Institute for Infectious Diseases; Dr. Cheng Hao, of the Canton Army Medical College; Dr. Francis Clark, Medical Officer of Health of Hongkong; Dr. Charles Ryley. of the Royal Army Medical Corps; Dr. J. J. Vassal, of the Institut Pasteur, Nhatrang, Indo-China; Dr. Henry Fraser, Director of the Institute for Medical Research of the Federated Malay States, and Professors R. D. Keith and Norman Black, of the Straits and Federated Malay States Medical School, were, we feel sure, highly pleased with the various features of the meeting and with their reception in Manila, and felt well repaid for their visit."

If there are any members of our Association who are planning to attend this meeting, or who would be willing to go as accredited delegates from our Association, if they will communicate with the President, Dr. Geo. A. Stuart, 48 Boone Road, Shanghai, the Executive Committee will issue credentials to them as delegates.

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PUBLICATION COMMITTEE.

SUBSCRIPTIONS.

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Notice! A list of the committee's publications will be found on the inside page of the cover. The attention of those who inquire as to whether this or that book is ready yet, is directed to that page.

A handy booklet containing a list of drugs and preparations in Latin and Chinese, according to the standard nomenclature, is being used in the Union Medical College, Peking. Spare copies may be had on application at the college. Price 30 cents.
BOOK REVIEW.

THE TREATMENT OF NASAL DUCT OBSTRUCTION.

We have just received from the author a very interesting brochure on this subject, and we hasten to give our readers the benefit of it. We are often called upon to treat this condition, and have probably hitherto resorted to Bowman's method of slitting up the canaliculus from the punctum to the neck of the lacrimal sac, and then probing the canal through the sac, and gradually dilating the stricture with a series of fine probes. Mr. Thomas Bickerton, of the Liverpool Royal Infirmary, in the brochure herein referred to, brings before our attention a modification of the treatment which followed Bowman's method, but which had proved unsatisfactory for various reasons. This treatment was the insertion of a more or less permanent hollow style. This method was, however, given up by Mr. Bickerton after an experience of thirteen years for the following reasons:—(a). The difficulty of introduction, (b). The difficulty of maintaining patency, (c). The irritation of surrounding soft parts caused by the pressure of the head of the style, (d). The disappearance of the style with difficulty of recovery.

He therefore resorted once again to Bowman's method until in 1893 his attention was drawn to a hollow silver style with a short, grooved horizontal limb. It claimed that when the style was in situ in the nasal duct the horizontal limb (a) lay concealed between the lips of the divided lacrimal canal, (b) caused no pressure on the soft parts, and (c) rendered slipping of the style into the nose an impossibility. He found that it was an admirable instrument once it was in position, but in some cases it was very difficult and in others impossible of introduction, and in all cases the sharp edge of the round hollow end was liable in its passage down the nasal duct to lacerate the swollen mucous membrane. In addition the insertion caused a good deal of pain. To simplify the introduction he modified the original American style by opening up the elbow of the model, so as to allow a probe to pass clean through the vertical limb (see fig.), and at the same time had the lower end of the vertical limb tapered. These alterations rendered the introduction of the style a matter of comparative ease; the probe being first passed down the nasal duct, the style threaded over the probe and pressed into position, the probe withdrawn and the style left in situ. The pain caused by the insertion was by this method much reduced. Cocaine usually sufficed, except where the parts were actively inflamed. For 24 hours after insertion there may be aching of the whole side of the face, but the patient, as a rule, experiences immediate relief from the original symptoms, and the removal of the obstruction to the flow of tears rapidly leads to subsidence of all inflammatory signs, while the presence of the style after a few days is not felt. The style can be worn indefinitely. It can be removed in from 3 to 6 months; in the experience of the author 6 months will suffice to cure the densest fibrous stricture. To ensure the complete success attention to detail is essential in three particulars:—

1st. The lower canaliculous must be slit right up to its entrance into the sac, otherwise the uncut portion will be torn in inserting the style and trouble will follow.

2nd. The canaliculous must be divided exactly in the centre, otherwise the horizontal limb of the style will be tilted either forwards or backwards.

3rd. The length and size of the style and the length to horizontal limb must be chosen with some relation to the age and size of the patient. To insert a short style where a long one is indicated, or one with a long horizontal limb where a short limb ought to be used, or vice versa, is to court failure.

These styles in silver, gilt, or gold, can be bought from Messrs. Doun Bros., Messrs. Arnold and Son, and Messrs. Weiss and Sons. R. T. Booth, M.B.
KULING BRANCH.

Dear Mr. Editor: The Kuling Medical Missionary Association Council for season 1909 met on Dr. Gillison's garden wall, lot 15, on August 29th, 1908.

Present:—President, Dr. R. T. Booth; Vice-President, Dr. T. Gillison; Treasurer, Dr. E. Hume; Secretary, Dr. J. W. Pell.

Business:—1. Resolved that the time of meetings be changed from 8.15 p.m. to 2.30 p.m.
2. That next season's series of meetings consist of five in all—the last two Tuesdays in July and the first three in August.
3. That the following shall be the programme for the season:—
a. President's Address.
b. Paper by Dr. Cochrane.
c. Paper by Dr. McCall.
d. An afternoon with the Microscope. Drs. Booth, H. B. Taylor, and Adrian S. Taylor to arrange an exhaustive collection of slides of blood, sputum, parasites, ova, etc., typical of things found out East here.
e. Practical Tips from Personal Practice.—All members and others are asked to send, in fewest words but lucid, an account of treatment, instrument, technique or tip which they have come across and found most useful in their own work. These should be forwarded to Dr. E. F. Wills, London Mission Hospital, Chaoshi, Hupeh, who will form them into a paper for the afternoon, and short discussions on the merits of each will follow.
4. That the offer of a microscope by a member of the Association, at about half its cost, be accepted and funds collected for its purchase.

I should like to say in conclusion here, Mr. Editor, that before leaving Kuling I paid a cheque for $135 Mex., and thus secured this beautiful instrument for all doctors visiting Kuling, but that so far less than $100.00 have been subscribed. Our scheme is to obtain some central room or rooms in the Estate which shall become to the fraternity a reading room, where each man brings his current medical literature and finds a good array spread for his delectation in return; and also a well-equipped laboratory where more of the many serious problems which crop up yearly on that hill top will stand a fair chance of being solved as they ought to be solved with a gathering of sixty or more doctors there in the season. The microscope is the first practical step towards such a scheme, but it is still minus a mechanical stage which, of course, it should have if it is going to be of the best practical help to us. One or two inferior microscopes for rougher work would be a boon and the rest of the equipment will need many dollars. One or two have done nobly in getting help for the microscope. May I beg for a liberal response from all those interested in any way with our Association or the general good of so large a community. Cheques on the Hongkong and Shanghai Bank, or I. O. P. stamps, for much or little will all be thankfully received by me and acknowledged in the CHINA MEDICAL JOURNAL in due course.

With kindest regards,
Yours sincerely,

Jno. Wm. Pell, Sec.

TAYEH HSIEH, October 5th, 1908.

KOREA BRANCH.

Tubercular Infection. What is the most common way it is contracted?

The discussion following papers on Medical Tuberculosis, by Dr. Follwell, and Surgical Tuberculosis, by Dr. Wells, at the recent meeting
of the Northern District of the Korea Branch of the M. M. A. of China, held here in Pyengyang, Korea, brought out some very interesting data and, as the disease is so awfully prevalent, and the work now being done so satisfactory, and there is such a good outlook for medical missionary doctors to do so much more than ever, prompts me to enlarge a little on it and especially to refer to the most common cause. At our little meeting attended by the above and Dr. Mrs. Hall, Dr. Pak, Dr. H. C. Whiting of Chair-yong, Dr. Sharrocks of Syenchtm, and Dr. Russell of Sunan, there was a division, as is usual now, as to the most common way tuberculosis is contracted. I am among the few who, and our number is rapidly increasing, are inclined to think that the alimentary canal is much the most common way it gets lodgment. The most common idea, as all know, is that it makes the most common entrance through the lungs.

In the discussion one of the doctors argued very well against the alimentary canal, combatting the idea that the disease was even commonly produced that way and called attention to the circulation of the blood as preventing, when another "hoist him on his own petard" by calling attention to the fact that the blood as it left the lungs was purified while that going towards them was impure! Thus it is seen that tuberculosis or the bacteria are more easily carried from infected parts and organs to the lungs, where they may set up the pulmonary form, than from the lungs to other organs since the blood from the lungs is purified, though, of course, if the lungs are affected the purification may not be complete—is not complete. This, perhaps, is only a small item and may be proved not a good argument, but it is certainly worth serious consideration to pause and look well into this new assertion and rapidly growing belief that the alimentary canal is the most common way tuberculosis finds entrance. All of which does not in the least detract from the necessity of pure air, first, last, and all the time. It only puts us on our guard against this dread foe which with all its hold and grip is bound soon to fall before the increasing attacks by hygienists, doctors and sanitation against it.

The recent International Congress in Washington, D. C., shows most encouraging advances. As tuberculosis, in some form or other, is by far the most common disease we see, it should attract more attention from us, and we should try more to do what we can to prevent it. I don't know how it is with the clerical men in China, but here in Korea we don't find that enthusiastic aid in hygienic preaching we would like. Of course we doctors, I at least, would like every sermon in ten, say, to be along the lines of hygiene as witness the space given it in the Old Testament; but my clerical brothers tell me that the Koreans will clean up and not to worry. But when I know of villages, as we have quite a number of such in Korea, where the whole town is Christian and after several years as dirty and sloppy as the next town, which is all "heathen", you can see why I think a few sermons and practical backing of it by insistence on cleanliness should be worth while. These reflections—take them in both senses!—are prompted by the fact that cleanliness will do so much to stop the inroads of the "Great White Plague" that I feel like calling on the clerical men to preach and teach hygiene, taking as their authority the Old Testament and the importance laid on it by those inspired writers.

The above is a sort of an aside, but has some bearing as intimated.
We could bring many arguments and expert observers like Calmette and the prevalence of tuberculosis among outdoor people, like the American Indians, to theoretically prove some strength in the assertion that the alimentary canal is the most common way tuberculosis is contracted, but the gentle reader has these facts as well as I. My clinical experience has taught me to seriously consider this new assertion and to write this note, hoping we, as medical missionaries, may collect something of value along this important line.

JAMES HUNTER WELLS, M.D.

Manila Medical Society.

At the meeting of September 7th.

By Doctors J. M. Phalen and H. T. Nichols.—(1). Demonstration of tissues from a case of schistosoma japonicum. (2). Case of beri-beri in an American negro, with exclusion of rice as the etiological factor. Abstract.—Age 28; born at Baltimore, Md., enlisted May, 1900; stationed 14 months at Fort McKinley, P. I. Family history, negative. Previous history: had similar attack in Albay in 1901. Present illness: began about August 1st; had been exposed in rain two weeks previously; first noticed that he could not keep up with others at drill; function of muscles of lower extremities impaired; would walk on outer sides of feet; effort to walk caused pain in calves of legs; no involvement of upper extremities; no diarrhœa, indigestion, or fever. Ration was satisfactory and cooking fairly so. Ate two saucers of rice-pudding a week; no other rice. Never slept outside barracks nor ate with the natives. Drank alcohols moderately.

By Dr. Oscar Teague.—The cutaneous reaction in leprosy: Preliminary report. Abstract.—Short discussion of Pirquet's skin reaction in tuberculosis and the modifications of the method introduced by Wolf-Eisner and Calmette (the opthalmo-reaction) and by Moro (the ointment reaction). Comparative value of these new methods of diagnosis with Koch's subcutaneous tuberculin injections.

It was hoped that the cutaneous reaction might prove of value in the diagnosis of doubtful cases of leprosy. Glycerine extracts were prepared (1) from the nodules of living patients, (2) from nodules obtained at autopsy, (3) from a spleen containing enormous numbers of leprosy bacilli, (4) as a control from the skin of a cholera corpse. Fifty lepers were vaccinated, each with one of the extracts from leprous tissue and with the control extract—with negative results. Further attempts will be made to secure a more concentrated extract.

P. E. GARRISON,
Secretary.

British Medical Association.—
Hongkong and China Branch.

The annual general meeting of the local branch of the British Medical Association was held in the Sanitary Board room last night. Dr. G. M. Harston, the president, presided, and opened the proceedings with an address on the work of the branch during the past year. This was followed by the report of the hon. secretary and treasurer, Dr. Sanders, which showed the Branch to be in a flourishing condition. They now had 130 medical men as members, extending throughout districts right into the far western portion of China. It was a striking fact that some of those medical men in the far western districts had been among the subscribers to the library fund. During the past years the small grant from the parent association had been
accumulating in the bank, and the council decided to invest the money in the purchase of the latest works of reference to enable local practitioners, as well as naval surgeons, to have an opportunity of referring to the best authorities of the day. With that end in view the council had secured portion of an office, situated at No. 17a Queen’s Road Central, where any medical man, who was a member of the association, might refer to these books.

Thereafter the election of officers for the ensuing year took place. Deputy-Inspector General W. Tait, M.B., was elected President; Dr. G. M. Harston, Vice-President; Dr. J. H. Sanders, Hon. Secretary and Treasurer, and the following Council: President, Vice-President, Hon. Secretary and Treasurer, Drs. Stedman, Jordan and Atkinson; Staff-Surgeon Baiss, Naval Hospital, and Capt. Collingwood, R.A.M.C.; Library Committee: Dr. Black, Major Probyn, R.A.M.C., and Staff Surgeon Beednall, R.N.

Deputy-Inspector General Tait was then inducted to the chair and gave his inaugural address as president, his subject being, “The Relation of the Naval Medical Service to the Other Branches of the Profession”.

Sir Francis Lovell then brought the aims of the London School of Tropical Medicine, of which he is dean, before the meeting. He drew special attention to the fact that, in going over the list, he found that no fewer than fifty medical practitioners in the treaty ports of China and in Hongkong had passed through the school since its establishment in 1899, and of that number six came from Hongkong. Any medical practitioner resident in a colony—like Hongkong, for instance—which subscribed to the school, had the privilege of going through a course at the school without the usual payment of fees.

This privilege, Sir Francis pointed out, had not been taken advantage of up to the present in Hongkong to the extent he would desire. Now, however, that the contribution of the colony was going to be renewed, he hoped the medical gentlemen of Hongkong would avail themselves of the opportunity afforded of a free course of tuition in tropical medicine.

Out of the 150 members of the British Medical Association in China and Hongkong, 50 had passed through the school, and they might materially help by bringing its aims and objects to the notice of the wealthy inhabitants of the cities in which they were located. It had been suggested that a public meeting be held in Hongkong, at which he might give an address. His experience of public meetings in the East had not been satisfactory either in attendance or results. He attributed this mainly to the fact that it was very difficult to make the subject of tropical medicine sufficiently interesting to attract the general public. However, he should be very glad indeed, if it were decided otherwise, to prepare an address on the subject. It would be most desirable if His Excellency the Governor was asked to preside. (Applause.) This was a matter he would leave to the members of the association.

As a result of Sir Francis Lovell’s speech it was decided to form a sub-committee—consisting of Dr. Jordan, Dr. Harston and Dr. Sanders, with power to add to their number—to ascertain what could be done among the residents and Chinese of Hongkong in assisting the work of the London School of Tropical Medicine. It was felt that this was a subject in which the Chinese, who were benefited to a great degree, would assist.—South China Morning Post.

November 27th, 1908.
MALARIA.

S. Solis Cohen (Amer. Jour. of the Med. Sci., September, 1908, page 344) contributes a most thorough and enlightening study entitled "Observations on the hypodermic use of quinine and urea hydrochloride in the diagnosis and treatment of acute and chronic malarial infections and on the resemblance of the sexual cycle of the hemamceba manifested by the periods of freedom from paroxysms that ordinarily follow a single injection of about one gram of this salt." In connection with the hypodermic use of quinine and urea hydrochloride in acute and chronic malarial infections, the writer seeks to point out:

(1.) The superiority of this salt over other preparations of quinine.
(2.) The periods of either six and one-half days approximately or thirteen days approximately during which patients, previously exhibiting irregular recurrences of paroxysms or regular quotidian, tertian or quartan recurrences, remain free from paroxysms following single injections of about one gram (15 grains) of this salt. In connection with the hypodermic use of quinine and urea hydrochloride in acute and chronic malarial infections, the writer seeks to point out:

(3.) The similarity between these periods of six and one-half and thirteen days respectively and the period of cyst formation and of sporozoit development in the sexual cycle of the parasite as observed in the mosquito. (4.) The diagnostic value of such injections both in proving and in disproving malarial infection in cases in which parasites have not been discovered in the peripheral blood. (5.) The probable therapeutic superiority of this salt in pernicious malaria.

The writer states that in connection with the similarity between the significant periods of the sporogony of the hemamceba and the week and two weeks' freedom periods following the use of quinine in this active form, he has sought for gametes and sporozoites, but without success. He hopes, however, that the observations will be repeated by those who have more continuous control of abundant material. In describing the salt he refers to its solubility in its own weight of water, which makes it possible to give a sufficient and quickly absorbable dose. It has the disadvantage of easily producing slough or abscess unless one takes special precautions to prevent this accident. The injection should be made deeply under the skin, but not necessarily into the muscle, and the syringe should be emptied before withdrawal of the needle, so that no drop of the solution shall fall upon the integument as the needle leaves the tissues. In addition the point of puncture should be sealed with iodoform collodion or tincture of iodine. About 250 cases of malarial infection were treated by this method, and of this number 1 was of quartan periodicity over 100 of quotidian periodicity and over 140 of tertian periodicity; the remaining 5 or 6 being irregular. In all but 4 cases there occurred, following the single injection of 1 gram of the quinine and urea salt, a prolonged, definite period of freedom from paroxysms, especially if the salt were administered during the paroxysm or within four hours thereafter. In about one-third of the cases this period lasted between six and seven days, varying from 141 to 162 hours; in the other two-thirds the period of freedom was between twelve and fourteen days, varying from 290 to 325.
hours. The most frequent figures to be found in the notes concerning the week-cycle were 147, 150, and 156 hours; in the notes concerning the fortnight cycle, 300, 306, and 312 hours. As a rule, but not invariably, the cases showing the shorter period of freedom were quotidian in type. Of those exhibiting the longer period the preponderating number were tertian. The quartan case showed a freedom period of 12½ days. When the injection was made less than two hours before the time of the expected paroxysm, it did not usually prevent the chill, but the phenomena were generally milder. The paroxysm due to follow was, however, missed. When an injection was given three or four hours before an expected attack, it usually prevented both the attack and its anticipated successor, but sometimes only the latter. After the thirteenth day the paroxysms, if tertian, would usually resume their former periodicity, or if quotidian would, after six and a half days or thirteen days, change to tertian. The quotidian periodicity was rarely resumed.

After the occurrence of the freedom period had been demonstrated, and the periodicity of the renewed paroxysms determined, injections were, as a rule, resumed and continued daily in quotidian cases, and on alternate days in tertian cases until the recovery of the patient was assured, or the drug was administered by the mouth, in capsule, in two doses of 10 or 12 grains each, administered four hours and eight hours, respectively, before the anticipated time of the chill. Or 10 grains were given night and morning without respect to the time of the chill, or one dose of 20 to 23 grains was given between eight and four hours before the expected paroxysm. One method answered as well as another. When two weeks passed without paroxysms, the patient was usually dismissed, with instructions to take 20 grains of the drug weekly, in two doses: one of 10 grains on the evening of the sixth day and one of 10 grains on the morning of the seventh day, calculating from the date of the last paroxysm, and to continue this treatment for three months.

In chronic malaria infections of long standing, especially in those cases that exhibited considerable enlargement of the spleen or liver or both, with or without marked alterations of the blood, quinine alone, even with urea, was not found sufficient to bring about recovery. In no case was treatment without quinine so satisfactory as when quinine was used in conjunction, at various times, with salicin, methylthionin hydrochloride, arsenic iron and radiotherapy. If there were a tendency to acute exacerbations, the quinine and urea hydrochloride was useful in two ways.

1. By causing the symptoms to disappear promptly. 2. By bringing about some definite order which could be dealt with in the usual way.

The hypodermic use of the double salt has been useful, moreover, in diagnosis, and that in two special ways. 1. There are certain cases of acute infection resembling malarial fevers in the character or periodicity of the paroxysms, but in which malarial paroxysms cannot be found in the blood. There are certain other cases in which, despite the aberrant nature of the paroxysms, there is reason to suspect a malarial origin or complication, and in which, nevertheless, parasites cannot be discovered. In nearly every such case the presence or absence of malarial infection can be definitely predicated upon the patient’s reaction to a
single injection of the quinine and urea salt. (Cases are adduced to confirm this statement.) (2). The other method in which injection of the salt proved of diagnostic value, has already been referred to in speaking of chronic infection. In cases of doubtful diagnosis the injection of a quantity of the salt, not sufficient to secure a definite freedom period, will frequently cause the appearance in the peripheral blood of organisms recognizable as normal or atypical forms of the hemamoeba of malaria. This has been observed so frequently and in so many diverse conditions that the writer is inclined to look upon its absence after, say, half a dozen injections, varying from three days to a week apart, and in doses increasing from 0.3 to 1 gram, as virtually excluding malarial infection. It seems possible that in such cases the organism is resting in some larval form—if the expression be appropriate—probably in the spleen or bone marrow, and that its reappearance peripherally is part of a defensive, reproductive reaction to the paratoxic effect of quinine.

In Surgery, Gynecology and Obstetrics, March, 1908, there is an interesting study of a case of "Hematuria in Pregnancy", by Edward A. Ballack, M.D.

Mrs. L. V. G., 31 years of age, came under my care in October, 1906. Has had seven children and two miscarriages. First noticed blood in urine four years ago. This came on in February while she was pregnant, and lasted ten days. Child was born in March. There was no hemorrhage during next pregnancy, but in December, while pregnant with her last child, the hematuria again appeared, and has continued, without intermission, since; the child having been born March, 1906. The hematuria has been more profuse at times, but has never ceased entirely since December, 1905. No history of renal colic. No malaria. Swelling of feet has existed pretty constantly since first pregnancy. It is worse during pregnancy, but has never disappeared entirely. Cystoscopy by Dr. H. A. Fowler. Bladder normal. Ureters normally situated. Openings normal. From left ureter bloody urine oozes with each contraction of trigone on that side. Fluid from right kidney normal. Catheter in right ureter passes two-thirds of the way to the kidney.

As her physicians had exhausted all medical means for her relief, and as the continued loss of blood was evidently telling upon her, a nephrectomy was advised and accepted. Operation October, 1906. Kidney easily exposed and found to be small, with a pale non-adherent capsule. Two patches of subcapsular hemorrhage. Dense adhesions about upper pole, which had to be divided before kidney could be removed.

Post operative history.—Patient made a good recovery. Immediately after her return home she again became pregnant and again blood appeared in the urine. After the birth of the child, which was uneventful, the blood disappeared from the urine and has not reappeared since. She states that she feels well.

Summarizing.—We have a history of rapid child bearing, with hematuria appearing during the
fifth pregnancy and lasting ten days. It skipped the sixth pregnancy only to appear again in the seventh and never ceasing after that. Another pregnancy immediately followed the removal of the left kidney, accompanied by hematuria, presumably from the remaining kidney, which ceased when the child was born.

Remarks.—There can be little doubt that the renal changes in this case, leading up to the hematuria, began during the first pregnancy. In this connection the history of oedema of the feet since then is significant. Owing to the rapidity with which one pregnancy followed another, the kidney's never had time to recover from the strain put upon them until the conditions present culminated in a chronic congestion which produced the hematuria. The appearance of the blood in the urine after the nephrectomy may be explained in two ways. It may be assumed that, with only one kidney to take care of the excretory products of pregnancy, and that kidney one that had not had time to compensate for the loss of its fellow, the tax on it was too great, and a congestion resulted. Or this appearance of hemorrhage from the second kidney may be accepted as a proof of the statement of Casper, that although the hematuria may be unilateral, the nephritis of which it is a symptom is always bilateral.

This case also shows the comparatively slight effect of a nephrectomy upon subsequent pregnancy. It is the second instance in my experience where pregnancy has followed a nephrectomy, and in neither was there any noticeable effect from removal of the kidney. In this case the pregnancy followed so closely upon the nephrectomy that any untoward effects would surely have shown themselves. Baldwin has noticed the same fact, and reports two cases of his own and three from the literature to show that the prognosis of pregnancy after a nephrectomy is by no means unfavorable.

Since it seems to be established that the hematuria of pregnancy is a symptom of chronic nephritis, it is pertinent to inquire as to the cause of the nephritis. The generally accepted opinion is that the renal changes in pregnancy depend upon perverted metabolism and consequent auto-intoxication. The perverted metabolism may be of maternal or fetal origin or both.

Diagnosis.—In the diagnosis of renal hematuria the cystoscope is invaluable. By its aid we can learn from which ureteral orifice the blood is escaping, and also make ourselves certain as to the presence of a second kidney. Supplementing the cystoscope by the ureteral catheter, we can determine that the blood is from the kidney and not from the ureter.

Treatment.—The surgical treatment of these cases comprises decapsulation, neplurotomy, and nephrectomy. The single case reported by Young of the cure of this symptom by the injection of adrenalin solution into the pelvis of the kidney through a ureteral catheter, is not sufficient to form a foundation for any generalization as to its permanent efficacy.

A study of the cases treated by operation shows that the hemorrhage has ceased just as promptly after decapsulation (Freeman), or nephrectomy (Chetwood and others), as after nephrectomy, and one is forced to the conclusion that it would be better to give nephrotomy or decapsulation a trial before resorting to the more severe operation. If the hematuria be due to nephritis, it is certainly important to save as much of the kidney tissue as possible, with the view of prolonging the life of the patient.
Dear Doctor: As you know, the members of the Central China Branch of the C. M. A. have for the past two years combined in ordering drugs and hospital supplies. In this we have effected a saving of at least 15 per cent. and in many items from 50 per cent. to 100 per cent.

Our experience leads us to believe that a further saving might be made by giving larger orders and by placing them personally rather than by mail. This year the opportunity offers to try by both these means to further reduce the cost of our supplies. My paper printed in the Journal of July, 1908, will give you in general the plan we are working on.

This year it is planned that I shall personally place the orders of our Association, and if you desire to join with us, please send me your orders made out in accordance with the enclosed printed slip, which indicates 11 different classes of orders, making them out on separate papers.

Absorbent cotton, lbs.; absorbent lint, lbs.; absorbent gauze, yds.

Assorted tinctures, lbs., and alcohols,

Iodine preparations: Iodine (crystals), lbs.; iodoform, lbs.; pot. iodide, lbs.

Quinine, ozs.

Dry salteries: Sulphur sub., cwt.; mag. sulph., cwt.; soda carb., cwt.; soda bi-carb, cwt.; boracic acid, cwt.

Vaseline, bbls. (about 450 lbs.).

Clinical thermometers.

Drugs in general, excluding those above mentioned.

Soap: Sunlight, cwt., Sunlight, carbolic, cwt.

Acids and deck cargo.

Chloroform.

I prefer to handle no money, but if desired, will take orders on the home treasurers made out "on presentation of invoice of drugs" and allowing me to fill in the firm's name. Those who do not do this will receive their goods in the usual way, subject to draft against bill of lading.

Your orders will be sent just as you direct. If your local association takes the matter up, or others in your vicinity are buying, the freight will be less if the orders are shipped together as all those of the C. M. A. are.

All orders must be in my hands not later than March 1st, 1909, and the goods will arrive not later than September 1st. Each order would have the approximate amount noted. There will be no expenses or commissions in connection with your purchases.

I shall be glad to give any further information about the plan that you may wish.

With kindest regards, sincerely,

John MacWillie,
Chairman of Committee.

Wuchang, Nov. 23, 1908.

Dear Doctor: On the eve of my departure from Canada a friend of mine, who has been trained as a pharmacist and has taken his university degree in the same, approached me as to the likelihood of getting to China in the capacity of a missionary pharmacist. He is a man of excellent parts, has a good all-round education and considerable experience as a business man, and is now, I believe, taking a course in the Chicago Bible School. He has an earnest evangelical spirit, and is the stamp of man who could make himself useful generally, doing anything from preaching to
compounding. While brought up as a Methodist, he is willing to work with any society, and is a little over thirty years of age. Is it not probable that some colleague desires to secure such a man? If you would be good enough to insert a notice to this effect in the columns of your valued Journal, I shall be greatly obliged. Any reply may perhaps be sent direct to me. Believe me, with kind regards, to be,

Yours sincerely,

H. G. BARRIE.

KULING, Nov. 24, 1908.

To the Chairman of the Medical Missionary Association of China.

SIR: I respectfully beg to apply for a situation in one hospital. I am doctor graduated, 30 years of age. Should my humble demand meet your kind approval, I would be extremely obliged.

Your obedient servant,

Dr. JERUSALEMY,
No. 11 Woonchang Road, Shanghai.

At a meeting of the Central China Branch of the C. M. M. A. held at Hankow on November 25, the question of the most convenient date for the next general meeting of the C. M. M. A. was considered and it was agreed that the time previously mentioned, i.e., April or May, was so busy a season in medical work that few could leave their hospitals for any length of time.

A resolution was passed requesting Dr. Cousland, the Secretary of the C. M. M. A., to ascertain the opinion of the members on this point, the suggestion being offered that China New Year would be the most convenient season.

I therefore call upon all members of the C. M. M. A. who hope to be present at the meeting in Hankow in 1910 to at once send in their votes as to the most suitable date.

The answers are to be addressed to Dr. R. T. BOOTH, Hankow.

P. B. COUSLAND,
Sec. C. M. M. A.

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Personal Record.

BIRTHS.

At Taichowfu, Chekiang, August 29th, to Dr. and Mrs. J. A. ANDERSON, of the C.I.M., a son (David Gordon).

At Paoning, Szechuan, September 28th, to Dr. and Mrs. C. C. ELLIOT, of the C. I. M., a daughter (Mary Isabella Dare).

At Shanghai, November 5th, to Dr. and Mrs. F. J. TOOKER, A. P. M., a daughter (Dorothy).

DEATH.

At Changteh, Hunan, 11th December, GRACE VENABLE BERT, wife of Dr. William L. Bert, American Presbyterian Mission.

ARRIVALS.

October 6th, Dr. and Mrs. BARRIE and two children.

October 26th, Dr. and Mrs. BARTER, Dr. and Mrs. W. D. FERGUSON, Can. Meth. Mission.

October 30th, Dr. and Mrs. E. T. SHIELDS, Dr. and Mrs. J. S. GRANT, A. B. M. U.; Dr. C. F. JOHNSON, A. P. M.; Dr. and Mrs. A. C. HUTCHESON, A. P. M. S. Amoy, October 17th, Dr. and Mrs. JOHN H. SNOKE, A. R. C. M.

November 10th, Dr. and Mrs. A. R. YOUNG and child, U. F. C. S.

November 26th, Mrs. J. G. CORMACK and child, L. M. S.

DEPARTURES.

October 27th, Dr. MARY NILES, A. P. M., to U. S. A.

November 10th, Dr. and Mrs. W. WILSON and two daughters, to England.

December 5th, Dr. J. COCHRANE, via Siberia.