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The China Medical Journal

Published by The Medical Missionary Association of China.

The Subscription Price for The China Medical Journal is Four Dollars a year. There are six numbers in each volume.

Subscriptions should be forwarded to the Presbyterian Mission Press, Shanghai.

Articles intended for The China Medical Journal should be sent to the Editors, who solicit contributions from all Medical Practitioners in China, Corea, Japan, Siam, or elsewhere.
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Anatomy Room. Written Examination.

UNION MEDICAL COLLEGE, PEKING, STUDENTS' QUARTERS.

Students.
MEDICAL EDUCATION IN CHINA.

By Rev. F. L. H. Pott, D.D., President of St. John's University, Shanghai.

In a journal like this it would be bringing coals to Newcastle to dwell at length upon the need of the development of medical schools in this empire. We are all aware of the appalling ignorance of the Chinese and of their utter lack of real scientific knowledge of medicine and surgery. I presume the following may be taken as fair samples of the remedies employed by the old-school physicians in China:

To extract a tooth the sufferer is told to cook well the bones of a rat, to pulverize them and apply to the offending member. If it is foreordained that the tooth is to come out, this will cause it to do so. If not, it will become more firmly fixed than ever.

In regard to malaria, it is said that during the sleep of exhaustion which follows a chill, a cure is effected if a parent or near relative will slip quietly up to an unlocked box or door and suddenly lock it, for thus the evil spirit is imprisoned and the patient saved.

Some years ago I remember remarking to a well known Shanghai physician my surprise that the Chinese had been able to discover so many useful remedies, considering the fact that there was no scientific study of medicine. He replied that his surprise was all the other way. He thought that empirically they ought to have hit upon a great many more cures than they had, for after all, medicine was largely an empirical science. Perhaps he was right, but when we consider the entire absence of the scientific method in study, the non-development of the powers of close observation and the warping of the mind caused by superstition, it still seems to me a subject for wonder that they know as much as they do. What they know, how-
ever, is so small that one sometimes wonders why the whole race is not exterminated. In many cases, when they set out to effect cures, they place themselves in direct opposition to the laws of hygiene and try to defeat all that the great restorer, Nature, would attempt to do for them. The only practical way to cope with such ignorance is by founding medical schools wherein young men may be trained as doctors and surgeons, who may help to spread throughout China a true knowledge of the causes of disease and of their remedies.

Sometimes it is objected that the missionary doctor has no time for this work, for his hands are full with his regular duties and with the management of his own dispensary or hospital. In the evangelistic work we have long ago come to the conclusion that for the spread of the Gospel in China the great requisite is the training of native evangelists and clergymen. In medical missions no more important work can be undertaken than the giving of instruction in medical schools. A doctor will multiply many fold the energy that can flow from one life by spending his time and ability in the education of those who are to act as the evangelists of scientific medicine and surgery throughout the empire.

Much work has already been accomplished in the way of founding medical missionary schools in China, and in this article I wish to call attention to some important points which should be borne in mind in the future development of this important branch of the missionary enterprise.

In the first place, in the building up of a medical school our aim should be the highest. We should never be content to found a school which will only succeed in giving a second-rate education. Of course there is room in China for a large number of young men, who have only a small amount of medical knowledge, sufficient to qualify them to deal with simple diseases and to dispense ordinary remedies, and so some may think that if the medical school turns out men of this character, it is doing a useful work. In connection with such a method of procedure there is, however, a great danger. In nothing is it more true that a little knowledge is dangerous than in connection with medicine and surgery. The young medical neophyte is not willing to own that his education is limited and to refuse to deal with serious cases. He attempts to handle those for which he is not competent, and in many instances the results are disastrous.

As we know, a considerable prejudice against what is spoken of as Western medicine still exists in China. When we inquire as to the reason for this, we are told that the Chinese think that their own
medicines are more adapted to their bodily organism than ours. Naturally they cling to a belief in their own physicians. Every medical missionary knows of instances where unknown to himself the family of the patient he is treating, owing to their lack of faith in his methods, have surreptitiously employed native remedies at the same time as the patient was taking foreign medicine. I venture to think, however, that the prejudice against foreign medicine is not entirely caused by their natural faith in their own remedies, but largely on account of the inefficiency of some of the native practitioners who have been educated in Western medical schools.

If we wish the Chinese to have a firm belief in our methods and remedies we must see to it that the young men whom we send out as graduates of our schools are thoroughly well qualified, and, therefore, I say that our aim should be the highest.

This implies that in every medical school there should be a large faculty and that we should abandon the policy of starting a medical school where there are only one or two doctors to give instruction.

Two other consequences are apparent. In the first place, no medical school should be started unless it is closely connected with a thoroughly well-organised hospital, and in the second place, there must be a large expenditure of money. A good medical education cannot be obtained cheaply. The necessary apparatus and outfit are costly. It is better not to attempt to do this work at all unless it can be well done. The supporters of missions in the homeland must be led to see that the development of the medical school calls for a large expenditure, but that money put into it is well spent and will be productive of the best results.

The second point that I would emphasize is that medical educational work should be regarded not merely as a means, but as an end in itself. I know some will take exception to this statement. They hold that the ultimate object of medical missions is the conversion of the soul. They look upon the healing of the body merely as a means by which they can bring the people under the influence of the Gospel. Accordingly in establishing medical schools they consider the only legitimate purpose to be the training of men who will be preachers as well as doctors. I think that this is taking too narrow a view of medical work.

We are familiar with the old saying, "a sound mind in a sound body," and we might paraphrase it by putting it "a sound soul in a sound body." We are constantly learning more in regard to the close connection between physical and spiritual health, and there can
be no doubt but that indirectly the physician does much toward making the life of the soul more vigorous. Further than this he has wonderful opportunities for personal dealings with his patients—perhaps just as great as those of the clergyman—and he can do much in the way of influencing the spiritual nature of those who come under his care. But aside from this, he should consider that the healing of the body is a divine work and an end in itself.

We cannot for a moment believe that our Lord merely used His power of healing as a means toward another end. His great desire undoubtedly was to give to men the highest life, but He never put any limit upon His deeds of mercy, and was willing to bestow life and health to all who came to Him with a simple faith. He did not even desire to attract people to Himself by His miracles. They were simply the natural expression of His divine love and pity for suffering humanity.

The missionary physician should regard his work in the same light, and even if it does not lead to making as many converts as he would desire, he must still go on with it, believing that in healing the body he is performing an important part of the work of the kingdom of God. Hence in regard to the medical school its main end is to send forth, not preachers, but men qualified to carry on efficiently the art of healing.

In the third place, in all our medical schools great stress should be laid upon the ethics of the medical profession. Doctors may be proud of the fact that on the whole the standard of ethics in their profession is exceedingly high.

There is much danger lest it be lowered here in China. As we know, covetousness for money is one of the greatest evils in this country. Young men trained in a profession of great value from a pecuniary point of view will be apt to lose sight of the higher side of their profession. They will be led to engage in questionable and immoral practices. To guard against all this during the time of their education every effort should be made to bring to bear upon their minds the highest motives and the highest standard of ethics connected with their profession.

The fourth point upon which I would dwell is the great need at the present time of giving the education in medicine through the medium of English. Here again I realise that I touch upon a much mooted question. I recognise, of course, the impossibility of making the English language the sole medium of instruction in medical schools. In some schools Chinese must necessarily be used, for the students have no opportunity of acquiring English, but in the great centres like Shanghai, where the East and the West meet, and where it is com-
A Graduate Nurse.

JULIA P. TURNER TRAINING SCHOOL FOR NURSES, CANTON.
paratively easy for students to learn the English language, it will be wise for us to make the course in English and equivalent as far as possible to the curriculum of medical schools in England and America. The reasons for so doing are apparent. In the first place, medicine is a constantly growing science. Text-books tend to become out of date in a few years. It is impossible to prepare at present in Chinese text-books rapidly enough to keep pace with the new knowledge. In the second place, a physician, if he wishes to keep himself abreast of the age, must constantly be reading the new works in medicine and surgery, and there is no medical literature to speak of in the Chinese language. With a knowledge of English a student has access to the rich field of literature in that language. In the third place, we should bear in mind that although in Japan the attempt has been made to give education as far as possible in the Japanese language, yet when they came to the science of medicine they have realised the inadequacy of their own language and medical literature and require all students to have a thorough knowledge of German.

The last point upon which I will dwell in this article is the familiar one of the need of further coöperation. It is foolish to multiply a large number of weak schools all over the empire, and it would be much wiser if medical schools would coöperate and found a few strong well-equipped ones at important centres. Something has already been done on this line, but there is room for further improvement. Some medical missionaries still prefer to train their own assistants, and are reluctant to hand them over to institutions better adapted, to do this work for them. There is not much excuse for the rivalry which exists in missions in regard to their colleges and theological schools, but there is certainly much less excuse for the spirit of rivalry when it comes to the development of medical schools. Theological questions ought not to enter into the matter at all. The only two considerations are economy and efficiency, and both of these can be better obtained through the policy of coöperation.

The writer hopes that the readers of this article will not think that he has gone out of his way to indulge in criticism of existing medical schools. He has a profound admiration for this department of missionary work and considers it second to none, but at the same time he cannot but feel that in the future development of the work the five points upon which he has dwelt are worthy of consideration. By so doing the work can be raised to a still higher plane, and under God it will be the means of bringing countless blessings to suffering humanity in China.
A REVIEW OF MEDICAL EDUCATION IN CHINA.

By W. H. Jefferys, A.M., M.D.

The first step in the medical education of China has been a long and tedious one, dating from the arrival of Dr. Peter Parker to the present day, and it is not yet an accomplished fact. This first step was the introduction of scientific medical practice in such a way that this great people should know its name and be, at least to some extent, familiar with its methods and results and learn in some measure to trust the same. One has but to reverse conditions and imagine a Chinese surgeon coming to America and offering to practice among the natives of the country to realize the tremendous prejudice and the absolute indifference, or positive mistrust and aversion that would meet him on every hand.

This pioneer work in medical education has been accomplished almost entirely through the labours of an increasing and widely spreading body of missionary physicians who have opened up extensive medical work in every province in the empire. They number at the present time something over eight hundred, with perhaps forty trained nurses, and are in charge of probably three hundred and fifty hospitals and dispensaries, seeing in the neighbourhood of two million patients a year in and about their hospitals and on extended itinerations in outlying country districts. And this progressively over some fifty years.

When one realizes the potentiality of this force, and that a large band of more or less trained native assistants has developed as an auxiliary thereto—native doctors, medical students, nurses, orderlies, dressers, and so forth—one can readily see how it is that even this great mass of people has been fairly well leavened, and that an active sentiment is already making itself felt, demanding the education of native physicians for the practice of the science of medicine in the land.

One should not leave this point without paying a tribute to the example and excellent service rendered by numerous private practitioners in the treaty ports, men who have given time and labour in this same work, and who in their own practice have done much to further the demand of the natives for foreign medicine.

The second step is the education of native physicians. In the beginnings of this the missionary physicians have also taken a leading part, and their influence must be felt for many years to come, for the simple reason that they are the only body of physicians on earth who know the
Chinese language. When hospital work was begun, the immediate need of assistants and of native resident physicians became imperative, with the result that, there being no medical schools, each institution undertook to train as best it might sufficient men for its own needs. And since there was no such idea in the native mind as a degree or license to practice medicine, nothing of the kind was granted, and the training was efficient or otherwise and protracted or otherwise according to the spirit of the foreigners in charge. In the course of natural selection certain men developed pedagogic tendencies and became deeply interested in the medical education of Chinese students, and realizing the impossibility of teaching this enormous subject single-handed, cooperation became the order of the day, and in due time missionary medical schools were founded. And these, allying themselves with their neighbouring schools and colleges and drawing their students therefrom, were able to develop native physicians of a considerably higher grade of proficiency. Certain of their graduates showing special zeal or fitness, have found their ways to foreign lands and brought back foreign degrees as the reward of their labours and settled down in private practice, or taken government employment, or given their service to the Mission Boards to which they owe their education. The number of these is still small, probably under twenty-five even at the present time, though increasing rapidly year by year.

Among the missionary medical schools there has always been a division of opinion as to whether their students should be taught (1) in English or German, in which languages they would have the world's literature at their service and the widest range of text-books, dictionaries, and all kinds of new apparatus. But with the great handicap of the necessity of learning not only the foreign tongue, but learning it thoroughly, so exacting and difficult is the technical medicine of modern development. Or (2) in Chinese, in which language the students would be unlimited in number and time would be greatly saved, but efficiency would undoubtedly be greatly curtailed. Three of these schools are teaching in English at the present time; the rest in Chinese, and for their use, and for the far larger issue of laying the foundation of a medical literature in this land, the Medical Missionary Association of China some twelve years ago appointed two committees: the first a Nomenclature Committee of seven members, which has already issued a technical medical terminology lexicon, which promises to be the basis of Chinese medical terminology, or at least to influence greatly the ultimate product, the second, a larger Publication Committee, which has laid out for it the duty of rendering into Chinese a...
complete set of modern medical text-books. Both committees have now made good strides in their work; the Publication Committee having already issued (on the basis of the new terminology) fifteen text-books, including, among others, translations of Gray's *Anatomy*, Hare's *Therapeutics*, Penrose's *Gynecology*, Osier's *Medicine*, and other equally well-known works.

The following is the list of existing or prospective medical schools under Christian influence:

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<th>City</th>
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<td>Union</td>
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<td>Vernacular.</td>
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<td>Wuchang</td>
<td>Hupeh</td>
<td>A. E. M.</td>
<td>English.</td>
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The most active of these are the Union school in Peking, the C. M. S. school in Hangchow, the school of St. John's University in Shanghai, the Women's Medical College in Canton, and the Canton Medical Society and Southern University.

Certain other accomplishments of the Medical Missionary Association of China are worthy of note:—The issue for twenty-two years of a creditable medical journal (*The China Medical Journal*), even to this day the only medical journal published in China; the organization of the medical body, both into local branches and into a harmonious, dignified general society of over five hundred members, undoubtedly the future Medical Association of China; a special Research Committee to organize and make practical the original research and findings of many hard-working members for the use of future practitioners in this land.

**OTHER INFLUENCES.**

Within the past ten years other important influences have been brought to bear on medical education. The British government have founded a medical school in Hongkong, which is to be part of a future university of promising proportions and efficiency. This institution
is for Chinese students, and will draw largely from the natives of the neighboring provinces speaking the Cantonese dialects, and therefore will probably largely, if locally, distribute its influence. Certain German practitioners, with more or less government backing, have founded a hospital and medical school in Shanghai, intending to teach in the German language. The institution is in the hands of capable men, who will undoubtedly do whatever they do well. They must, however, largely draw their students from schools in the German colony of Tsingtau, or else found some institution in the neighborhood of Shanghai, which will preliminarily teach the German language; otherwise the proposition is doomed to failure. This school has not as yet graduated any students, though some have been in training for several years, chiefly in learning the language, we understand.

The Chinese government founded, some twenty years ago, a medical school in Tientsin. It was at first in the hands of one or two medical missionaries for organization, but later was taken over by the Chinese, with some foreign assistance. It has graduated quite a number of students, some of whom have proved themselves useful men; but their education is superficial and otherwise insufficient.

Other proposals are: (a) a German school in Tsingtau, which should have been the original thought, instead of Shanghai; and (b) a government school in Mukden, which is all in the air as yet.

We wish that we might close the matter of "other influences" at this point, but are under the necessity of adding that Japan is having an influence on the medical education of China. We do not know as yet of any Chinese medical students who have graduated in Japan, but certainly Japanese are being employed (because their services may be had more cheaply than other foreigners') in government hospitals and schools, and a large number of insufficiently educated Japanese are swarming into China with the object of exploiting this land along medical lines. The prospect is gloomy indeed. The Japanese medical man has an insufficient sense of human responsibility, little morals, and merely the shadow of an idea of medical ethics. Where a graduate of the University of Tokyo is concerned, however, a far higher standard may be expected than from any other school in Japan, and usually the Tokyo man is scientifically all right. The Japanese will teach the Chinese measures of economy, which we are hopeless failures at, and contribute to their literature and terminology.
At the present time, at the exact present moment, there is a wave of general interest in the subject of medical education passing over the whole country. The government is planning to send a hundred students abroad to study medicine. The railway companies, the larger corporations, the army, the navy, insurance companies,—all are demanding well-trained medical men. Salaries are being offered which raise the profession at once to considerable dignity and desirableness. It is appreciated that there are few schools at present in China which give a medical education which may be in any sense up to the standard of home requirements. This is acknowledged by the Medical Missionary Association, from the fact that they have not yet granted membership to men who have graduated from their own schools, though this is likely to come, under careful restrictions, in the near future.

Three schools under American influence are incorporated at the present time under State laws, and are in a position to give the degree of M.D. at their discretion. These are: St. John's University, Soochow University, and Boone University. The Union School in Peking has government recognition to the extent of giving degrees under Chinese consent. But all these schools realize that a tremendous responsibility is theirs and that there is a great difference between training men for hospital service under foreign direction, and giving men license to practice scientific medicine at large.

But whether degrees are given or not, none are required for practice, nor is any such question raised when the Chinese physician hangs out his shingle. If a nurse is discharged, likely as not he will set up as a physician, or even a coolie may do so, as history has shown at least once. So that whether we give degrees or not will not affect the question of any native assistants leaving hospitals and taking up private practice. It is a question of responsibility, not of controllability.

The requirements for the M.D. degree at St. John's University are: The equivalent of entrance examinations for the college junior class in arts and science, which means, in American terms, four years in a first-class upper school and two years in college; then two years' residence at Jessfield devoted to anatomy, physiology, chemistry, pharmacology, therapeutics, and so forth, followed by a three years' residence at the medical school adjoining St. Luke's Hospital in Shanghai, for the practical branches of the science, with constant
service of attendance in the dispensary, clinics, and wards of the hospital. For the whole course an average of seventy-five is required. This is probably as rigorous a requirement as in any school at present existent in China.

There is a general realization that the day of small things is over and that larger and more thoroughgoing and more advanced work must be undertaken. There is a general disposition to close up the business of the education of students in isolated hospitals and to send them instead to central schools and give them the benefit of concentrated co-operative teaching, and that requirements and standards be raised all along the line. As is well known, several large educational schemes are on foot, including one proposed under the auspices of Oxford and Cambridge, which considers the proposition of founding a faculty in some large centre, possibly Wuchang, with a view of taking the graduates of existing colleges further along the paths of learning. A long and weary road lies before this proposition. The bird has to be caught and the salt put on his tail. Scholars are not so easily uprooted and transplanted to distant lands with a view of learning a strange language and teaching youths of a strange race. It seems to us impracticable. The plan includes a medical school. Unless they can induce some of the big London specialists to move out and learn Chinese and teach this people the higher ways of medical science, they will not do any better than what has already been done.

Another scheme is proposed through certain representatives of Rockefeller interests, with a view of founding a university in China, more or less the offshoot of Chicago University. There undoubtedly the money is at hand, and probably something may be accomplished on a large scale. Sufficient money can do most things in an educational way. We understand that they also propose a medical school. In this case independence is the order of the day. In other words, rivalry with existing institutions, unless some unimportant centre is selected, which is certain not to be the case. If these interests could only see that for fifty years people have been starting things in China, each one independent of everything else, and none strong along all lines; and if the British and Americans would send scholars and money and distribute them in such a way that they would be allied, and not antagonistic to present efforts; and if present institutions were developed and broadened instead of new ventures started, the secret of the present difficulties in the medical education of China would be promptly solved.
This school was started in 1883 by Dr. W. R. Lambuth and Dr. W. H. Park. Others who have taught in the school at various times have been: Dr. M. M. Philips, Dr. Anne Walter Fearn, Dr. J. B. Fearn, Dr. M. H. Polk, Dr. J. W. Trawick, and Rev. A. P. Parker (chemistry). At first it was called the Soochow Hospital Medical School, later, after union with the Woman's Hospital School, the name was changed to Soochow Medical College, and now the men's part is the medical department of the Soochow University, and the women have a charter for a medical college of their own, but the teaching is still in common; the two hospitals being next door to each other with the lecture hall mid-way between. The students receive practical instruction in their separate hospitals, but assemble in the lecture hall for instruction and recitations.

From the very first we taught in both English and Chinese with names of drugs, etc., largely in Latin. There being no suitable textbooks didactic lectures were written on the blackboards in English, and explanations were made in both English and Chinese as suited the convenience or ability of the speaker and audience. The students copied the lectures and made notes on them in Chinese, and when examination time came, they were at liberty to answer in either language just as they pleased. We taught this way at first because we did not know how to do any other way, and it succeeded so well we have kept it up ever since, except now, that text-books of proper size and arrangement are coming out in English, we are using text-books more, and the blackboard less, than formerly. If the students did not know English on entering we taught them; this work being done by Mrs. Park and such other friends as we could press into service. The English thus learned has been of great help to the students. They know the names of the drugs they are using and are able to make out their own orders when sending to Shanghai or foreign lands for supplies. Some of them have kept up their studies since leaving school and take medical journals and buy medical books and do all they can to keep abreast with the advance in modern medicine. Some of them have gone to America to complete their studies and have succeeded finely in what they undertook. As a rule those who have been the
best students in English have also been the best in Chinese, and those who have gone on in their English studies, since leaving school, are making the best doctors. Some of them are now teaching in our medical school, and we hope such men will go on developing until they can take up the pen and by translation and original productions give China a proper modern medical literature of her own. When that day comes we can stop teaching English to our medical students, but until it does come, English or some other foreign language is, in my opinion, a *sine qua non*. Japan used German, but the Chinese government has decided to use English, so we who began on this line twenty-six years ago have a good long start in time even if we have not been able to improve it as we should.

*List of Graduates.*

**1888.**

Dzun Ming Dau 阚明道......House physician and superintendent Soochow Hospital for many years. Died in 1897.
Loo Tsz Yin 羅志雲 .......... Died of typhoid fever soon after graduation.
Yang Vee Yuer 楊維翰 ...... Private practice in Wusih for twenty years. Now house physician and superintendent Soochow Hospital and Beach Endowment. Professor of Bacteriology and Microscopy Medical Department Soochow University.

Members of this class who went to Peking in 1885 with Dr. Lambouth were Tzao Yoong Kwe, now a prominent physician in Peking, and Pur Tsing Chung, physician in Peking for some years and later house surgeon to the Shantung Road Hospital, Shanghai, where his untimely death last year was so deeply regretted. Rev. C K. Marshall (Dzau Tsz Zeh) also studied with us for a time and then did splendid medical work for many years in the hospital and in two of the towns adjoining Soochow.

**1889.**

Lee Dah Foo 李達甫 ....... Tientsin Dispensary, Tientsin.

**1896.**

Miss Zoh Foh Me 石 fou梅 ...... For twelve years house physician and surgeon and superintendent Woman's Hospital (Mary Black), Soochow. Faithful, enthusiastic, and earnest, she literally wore herself out with hard work and died in 1908 of consumption.
Miss Yu Ling Tsz 魏玲芝 ......... After working for awhile in the Woman's Hospital, (Dora Yu) 周林芝 ...... Soochow, spent several years in Mission work in Korea. Is now in evangelistic work in China, author of "Hymns of Reviving."
Lee Yau Ding 李耀庭 ......... Surgeon Imperial Chinese Navy.
Sz Tsz Yiu 史政震 ............ Assistant physician Quarantine Service, Shanghai.
Koong Tsau Soon 孔昭松 ......... Private practice in Sungkong.
1900.
Miss Yang Nyoh Pao 楊玉寶 Private practice in Shanghai.
Wong Tsing Chi 王錫基 Practitioner and teacher, Honan.
Lee Foh Sun 李福生 Prof. Imperial Medical College, Peking.
Ng Yue Sun 吳裕生 Practitioner and teacher, Wuchang.
Loh Sun Dao 陸舜道 Private practice, Changchow.
Sz Shie 施 謬 Episcopal Hospital, Wusih.
Yang Tsz Ziang 楊子祥 Physician to the Arsenal, Shanghai.

1902.
Miss Tsang Zung Kiuh 張詠奇 Professional nurse, Shanghai.
Miss Tser Be Kiun 周佩君 Private practice, Changshou.
Dzun Dzoong Vun 成禮文 House surgeon and superintendent, Soochow Hospital until last year, when he went to America for further study.

1904.
Miss Sun Lee Sun 汪Elite House physician, Soochow Woman's Hospital (Mary Black.)
Miss Nyea Lee Yuen 楊亞雲 Married to Dr. Tsung Pao Gie, Kiangpu.
Tsang Pao Gie 張寶琪 Manager Chinese Imperial Army Hospital, Kiangpu.
Lee Yoong Woo 李詠福 Assistant surgeon, Soochow Hospital.
Tser Nyiun Foo 周霓彤 Assistant surgeon, Soochow Hospital.
Zie Sun Dong 徐冬榮 Wah An Life Insurance Co., Shanghai.
Por Chia May 婁介眉 Private practice, Soochow.
Mo Foh Zie 马福之 Maried to Rev. B. D. Lucas, Ph.G. (Mary Black.)

Women's Medical College.
Miss Tai Bea Lee, Hangchow.

Medical Department Soochow University.
Sen Kia Bing, Soochow.
Dzen Yoong Sen, Soochow.
Foo Zao Kiun, Kashing.

SCHOOL OF PHARMACY.
In connection with our two hospitals we are also running a school of pharmacy. This school was organized by Rev. B. D. Lucas, Ph.G. The course extends over two years. Four pupils receive certificates this year, and a new class of five young men and three young ladies has just been formed. The teachers are B. D. Lucas, Ph.G., M. H. Polk, M.D., Mrs. B. D. Lucas, A. E. Yandell, M.B., Y. W. Lee, M.B., and Z. V. Zung, M.B., and two young men of the graduating class.

Pharmacy Graduates.
1909.
Tsang Zang Nyi, Soochow Hospital, Soochow.
Woo Kia Long, Soochow Hospital, Soochow.
Der Nien Tsen, Episcopal Hospital, Wusih.
Wong Tseh Zun, Soochow.
ENTRANCE REQUIREMENTS MEDICAL DEPARTMENT SOOCHOW UNIVERSITY.

The pupil must be eighteen years of age and must hold a certificate from the Academic Department of the University, or a certificate of equal grade from some other school of good standing, or must pass the entrance examinations to the College Department of the Soochow University, all of which means that he must be well up in Chinese and general knowledge and must know enough English to understand lectures and study text-books in that language.

With the Commencement exercises this year the school closes for a time and Dr. Park goes home on furlough, but he hopes to raise enough money while away to build a real medical college and, if he succeeds, a new term of the Medical Department of the Soochow University may begin in February, 1911. We already have an endowment of five thousand dollars, Gold, called the Beach Endowment, given by Mrs. W. W. Carre in honor of her father, Dr. Beach, of New Orleans. At present the interest on this fund goes towards the support of the chair of bacteriology and microscopy occupied by Dr. Yang Vee Yuer (A. E. Vandell.) May such gifts increase until our school becomes one of the best equipped and endowed institutions in China! If this can be attained the success of our pupils in the past is a guarantee of still greater success in the future.

SOUTH CHINA MEDICAL COLLEGE.

By JOHN M. SWAN, M.D., Canton.

The South China Medical College represents the medical educational work of the Canton Medical Missionary Society, a local independent self-supporting missionary organization which first introduced the science of Western medicine into China, over seventy years ago. The M. M. Society is undenominational, cooperating with the various missions in Canton.

After many years of faithful educational work, conducted by the late Dr. John G. Kerr, this branch of the Society's work was placed on a more permanent basis by the erection of a commodious college building in 1903; the cost, over $16,000, being provided by special donations, mostly from the Chinese. The building includes class rooms, laboratories, and a lecture amphitheatre to seat one hundred students. Dr. Anton Andersson was for some time in charge of the
work, devoting his entire time to the college, being assisted in the work of teaching by a number of foreign-trained native physicians.

Serious impairment of health obliged Dr. Andersson to permanently retire in 1907. Owing to the lack of a suitable teaching staff, the college work was discontinued during 1908, except the clinical instruction, in the hospital, of seven advanced students. By February, 1909, a substantial four-story dormitory building, sufficient to accommodate seventy students, was completed, and has proved of great value. The college building and dormitory building both adjoin the hospital premises and represent an investment of $50,000. The college is conducted on a self-supporting basis and is quite independent of hospital funds; the buildings being owned and work controlled by the Medical Missionary Society.

During the present year (1909) thirty-two students are enrolled; the classes numbering: 1st year, 10; 2nd year, 2; 3rd year, 14, and 4th year, 6 students.

All fees, tuition, rent, etc., are paid at the beginning of each year for the entire year. Close attendance is required of all students. The most encouraging feature of the present year's work has been the genuine interest manifested by the students in their studies and clinical work.

The following is the English translation of the Chinese prospectus for 1909, and appended is a card showing the arrangement of the college work. Eight hundred hours of didactic teaching, aside from clinical work, are included in the year's course.

THE SOUTH CHINA MEDICAL COLLEGE CATALOGUE. (1909.)

After a temporary discontinuance of work, due to a lack of teachers, this college will begin its fourth session on Thursday, February 18th, 1909.

The purpose of the college is to provide suitably educated Chinese with as thorough a knowledge as possible of the various branches of medicine and surgery, and at the same time aim to provide Christian physicians for mission work.

The teaching will be conducted in the Cantonese dialect of the Chinese language.

The college will have at its disposal the excellent clinical advantages to be found in connection with the Medical Missionary Society's hospital, generally known as the Canton Hospital, with which the college is associated. This hospital, with three hundred beds and about 2,000 in-patients and 20,000 out-patients annually, furnishes unexcelled opportunity for the clinical study of diseases. The college students will have the advantage of a large amount of bedside instruction.

In addition to the large college building used for class and laboratory work, a new dormitory building has been erected, in which the students will reside.

Quality of education, and not large numbers of students, is an aim of the college.
South China Medical College.

The hospital and college being a Christian institution, students will be expected to recognize the Christian character of the work and attend such services as are arranged for the students.

Requirements for Admission.

Each student must have a practical knowledge of the Chinese language; must be of good moral character and be not less than eighteen years of age. Certificates of proficiency in subjects taught in modern schools will add to the class standing of students holding them. Certificates showing work already completed in this or other schools, must be passed upon by the College Committee. Students will only be received at the beginning of the year.

Plan of Instruction.

The medical course will cover a period of four years; eight months' instruction by didactic lectures each year. Advanced students will be required to do clinical work in the hospital wards during summer vacation.

All the principal branches of medicine and surgery will be taught. During the year 1909, or until a larger teaching staff is secured, it will be necessary to combine classes.

First year students will be required to spend most of their time on anatomy, chemistry, physiology, and histology. The principal part of clinical instruction in hospital wards will be reserved for the last two years of the course. Only advanced students will assist in operating room work.

Instructors.

The following physicians will take part in the teaching during 1909:
Foreign: Dr. Webb Anderson, Dr. Swan, Dr. Selden.
Six Chinese teachers: Dr. Ip Sheng-teng, Dr. Nye Sik-pang, Dr. Chi Tu-teng, Dr. So To-ming, Dr. Hung, Dr. Lau Tak-ip.

From four to five hours' instruction will be given each week day, except Saturdays, which will be taken up with examination.

Examinations.

In addition to frequent review examinations during the year's course, an examination will be held at the end of each college year. The annual examination will be conducted by an Examining Board selected by the Managing Committee of the hospital. This Board will always include the instructor on the particular branch the students are being examined on. A minimum average grade of seventy per cent. will be required in the annual examinations before students can be admitted to the work of the succeeding year. The standing of each student will be based on the general character of his work, attendance, and on the results of his examination.

A final general examination on all branches included in the four years' course of study will be held before certificates of graduation are issued. Where special re-examinations are given or required, a fee will be charged.

Dormitory.

All students will be required to reside in the college dormitory, unless for very special reasons, which are approved by the College Committee, other living arrangements may be justifiable.
The China Medical Journal.

The boarding arrangements connected with the dormitory will be managed by the students. Students will not be allowed to bring into the building special servants of their own. Only a moderate amount of luggage, such as can be conveniently arranged in each room, will be allowed. Quarters will be provided for such general servants as are needed, such as cooks, waiters, etc.

Persons, other than registered college students, will not be allowed to live in the building.

The monthly light, janitor, and water supply expense will be divided pro rata among the students.

Each room will be furnished to accommodate two students, and each student will be required to pay his yearly rental at the beginning of the year.

The dormitory building will be closed during vacations, except where students make special arrangements for rent and current expense.

A strict observance of the rules in connection with the dormitory building will be required of each student.

Attendance.

No student will be excused from attendance on all class and clinical work except for sickness or special emergency, which may seem to justify absence for a short time. In case of sickness a written statement from a recognized physician will be necessary before the student is excused.

Absence from class work will seriously affect a student's standing, and if persisted in for over a combined period of thirty days, will prohibit further attendance on the year's work.

Fees and Expenses.

(Payable in advance in Hongkong currency.)

Annual tuition fee .................................................. $100
Dormitory room rent for 8 months, each student ...... 25
Approximate cost of lights, water, etc., $2.50 monthly ...... 20
" board, $4 monthly .............................................. 32

A deposit of $5.00 from each student will be required annually; the same to be returned at the end of the year, less fines for breakage, waste, etc.

College uniforms may be had at cost price, but it is not compulsory to have them.

Students known to engage in regular practice without having duly qualified, will not be continued on the college roll.

There is good reason to believe that those students who complete the course of instruction and hold certificates from this college, will receive recognition by the Chinese government.

For further information, apply to Dr. J. M. Swan, or Mr. A. G. Wilson, at the Canton hospital.

The foregoing requirements and regulations are issued and approved by the College Committee, viz:—

Dr. J. WEBB ANDERSON, Dr. E. C. DAVENPORT, Dr. J. M. SWAN.

CANTON, China, January 1st, 1909.
Our aim is of course much higher than what is here set forth. We are simply doing the best we can with the hope that in the near future a larger staff of teachers and a more liberal supply of funds will enable us to do more effective work.

The Hospital Board of Managers and the College Committee which appoints have cordially welcomed any help in the work of the College. It is but fair to say that the College is very much indebted to the beautiful grounds which it occupies, for the courtesy and kindness of the Governor and the people of the Province.

We are naturally under a strong temptation to enter into the details of the curriculum of the College, but as this will have to be done in the future, we shall refer to the Board of Managers and the College Committee for fuller information.
college. We look forward, confidently, to the day when a broad genuine unity of effort will greatly add to the effectiveness of this work.

Here, as elsewhere in China, our greatest difficulty has been the securing of teachers who are able to teach in the vernacular (Cantonese).

One physician for the college is expected from America shortly, and it is hoped that other physicians on the field, in addition to those now rendering aid, will be able to devote a part of their time to this work.

This is but a hasty sketch of the work we are trying to do. Time does not permit of further details. We are not in the position of some of our fellow-physicians in other parts of China who can close their hospitals for two or three months during the summer. Nor do we even have the time for the study of intestinal parasites, or making other scientific research which is not absolutely essential to the conduct of our work. We are endeavoring to the best of our ability to meet the present needs of medical missions which nowadays includes medical educational work, and at the same time we try to keep before us the purpose of the college, which is the practical training of physicians with a view to furthering the interests of Christian missions.

SCHOOL OF MEDICINE, ST. JOHN'S UNIVERSITY.

By C. S. F. LINCOLN, M.D.

The St. John's University School of Medicine, like all institutions of its kind in China, was established primarily to supply a long felt want for trained native assistants in mission hospitals, as well as to train up an educated native medical profession.

Back in the early eighties, in the day of small beginnings of both hospital and school, Dr. Boone, the present Dean of the Medical Faculty, began to teach his assistants, partly in Chinese, partly in English, with the occasional help of other practitioners in the mission and in the community.

In January, 1896, an agreement was entered into between St. John's College and Dr. Boone, whereby the then Medical School of St. Luke's Hospital became the Medical Department of St. John's College.

The Faculty then organized consisted of Dr. H. W. Boone, Dean, Dr. W. L. Ludlow, who had come into the mission the year before, and Mr. F. C. Cooper, the Professor of Natural Sciences in the College,
Physics and Chemistry Lecture Room.

Class in Minor Surgery.

ST. JOHN’S MEDICAL SCHOOL, SHANGHAI.
Class in Clinical Laboratory Methods.

ST. JOHN'S MEDICAL SCHOOL, SHANGHAI.
who was a graduate in Pharmacy. Rev. Mr. Rees, a M.Sc. of Owens College, who joined the mission early in 1896, was also asked to assist in teaching the medical students. A four years’ course of study was outlined and the St. John’s College Medical School duly launched.

The course was divided into two parts: the first two years the students lived at St. John’s, and were taught anatomy, physiology, chemistry, physics, materia medica, physical diagnosis, and microscopy, including histology and pathology; the last two years they lived at St. Luke’s Hospital, and were taught practice, surgery, obstetrics, pediatrics, and diseases of the skin, eye, ear, nose, and throat.

Dr. Mary J. Gates, of our Woman’s Hospital, as it was then known, who joined the mission in 1896 and retired in 1900; and Dr. Lincoln, who joined the mission in 1899, also assisted in the teaching of this class of four young men, which was graduated in January, 1900; Dr. Duncan Reid, of Shanghai, also assisted us on many occasions, both as a lecturer and an examiner.

In 1901 the medical staff of the mission was increased by the arrival of Dr. W. H. Jefferys to join the staff of St. Luke’s Hospital, and Dr. Juliet N. Stevens, who succeeded Dr. Gates in charge of the Woman’s Hospital, now called St. Elizabeth’s, both of whom immediately took part in the teaching of the second medical class, which was started in 1899 and graduated in 1903. A new class began to study that same year, which graduated in 1907.

In 1905 Dr. Angie M. Myers joined the mission, Dr. Stevens having resigned, and began her work in the medical school, taking the chair of pathology. In 1906 the Faculty was increased by the arrival of Dr. A. W. Tucker for the staff of St. Luke’s, and in 1908 by the addition of Dr. Ellen M. Fullerton on the staff of St. Elizabeth’s.

In 1906 the College was incorporated under American law under the title of St. John’s University, and the course in the Medical Department was lengthened to five years.

At the graduation of the Class of 1908 from the School of Arts and Science three of our former graduates from the Medical School, Messrs. Day and Tyau of the Class of 1903 and Yui of the Class of 1907, having taken an additional year of study and passed a special examination, received the degree of M.D. from the University, and at the close of the college year in July, 1909, a class of five received the degree of M.D.

There is at present a class of three studying at St. Luke’s, which has completed three years of its course, and in September of the present year a new class of eight will begin the study of medicine.
The China Medical Journal.

So far as I know the Medical Department of St. John's University is the first to give its instruction entirely in English, which has been done since 1896. Our students formerly had four, and now are required to have six years of English before they are allowed to enter on the medical course; in other words they must have completed the sophomore year in the Collegiate Department, or taken an examination which would admit them to the Junior Class.

The Faculty at the present time is made up of:—

H. W. BOONE, M.D., Dean, Professor of Practice of Medicine and Lecturer on Hygiene and Legal Medicine.

F. C. COOPER, M.Sc., Professor of Chemistry and Materia Medica.

C. S. F. LINCOLN, B.A., M.D., Professor of Anatomy, Physiology, and Histology.

W. H. JEFFERYS, M.A., M.D., Professor of Surgery, Tropical Medicine, and Diseases of the Eye.

ANGIE M. MYERS, Professor of Diseases of Children.

A. W. TUCKER, M.D., Professor of Obstetrics, Gynecology, Lecturer on Genito-urinary Diseases and Applied Anatomy.

ELLEN M. FULLERTON, B.S., M.D., Professor of Pathology.

ELI DAY, M.D., Instructor in Minor Surgery and Bandaging.

S. T. TVAUL, M.D., Instructor in Diseases of Skin.

WAUNG KOH TOONG, M.D., Instructor in Pharmacy.

Degree.

The degree of Doctor of Medicine will be conferred upon graduates from the School of Medicine, who have completed the five-year course, and have maintained throughout the entire course a general average of 75 per cent.

Course of Study.

First Year.

Anatomy (Holden) .............................. 3 hrs.
Physiology (Stewart) ............................. 3 hrs.
Chemistry, Organic and Inorganic (Luff and Page) ............................. 2 hrs.
Materia Medica and Therapeutics (Mitchell Bruce) ............................. 2 hrs.
Physics (Millikan and Gale) ............................. 3 hrs.
Histology (Nichols and Vale) ............................. 2 hrs.

15 hrs.

Second Year.

Anatomy (Holden) .............................. 3 hrs.
Physiology (Stewart) ............................. 3 hrs.
Organic Chemistry (Luff and Page) ............................. 2 hrs.
Therapeutics (Mitchell Bruce) ............................. 2 hrs.
Histology (Nichols and Vale) ............................. 2 hrs.
Physics.—Sound, Light, and Heat (Jones) ............................. 3 hrs.

15 hrs.
Third Year.

Regional Anatomy (Treves) ........................................................... 2 hrs.
Dispensing and Pharmacy (British Pharmacopæia) ....................................... 2 hrs.
Operative Surgical Clinics ................................................................. 3 hrs.
Obstetrics (Jewett's Essentials) .......................................................... 2 hrs.
Practice of Medicine (Stevens') ......................................................... 2 hrs.
Surgery (Brewer) ................................................................................... 2 hrs.
Minor Surgery (Wharton) .......................................................................... 1 hr.
Pathology (Nichols and Vale) .................................................................... 1 hr.
Skin Diseases (Grindon) ................................................................. 1 hr.
Ward Classes ............................................................................................ 5 hrs.
Dispensary Medical .................................................................................. 2 1/2 hrs.
Dispensary Surgical .................................................................................. 2 1/2 hrs.

Fourth Year.

Diseases of Eye, Ear, Throat, and Nose (Ballinger and Wippern) ........................................................ 2 hrs.
Surgery (Brewer) ...................................................................................... 2 hrs.
Minor Surgery (Wharton) .......................................................................... 1 hr.
Diseases of Children (Tuttle) ..................................................................... 1 hr.
Genito-Urinary Diseases (Taylor) .............................................................. 2 hrs.
Pathology (Nichols and Vale) .................................................................... 1 hr.
Gynecology (Davenport) ............................................................................ 2 hrs.
Practical Pharmacy .................................................................................... 2 hrs.
Hygiene (Egbert) ........................................................................................ 1 hr.
Ward Classes and Clinics as in Third year .................................................. 8 hrs.
Dispensary Classes, Medical ...................................................................... 2 1/2 hrs.
Dispensary Classes, Surgical .................................................................... 2 1/2 hrs.

Fifth Year.

Tropical Diseases (Manson) ........................................................................ 1 hr.
Ward Clinics .............................................................................................. 8 hrs.
Medical and Surgical Laboratory Methods ................................................. 2 1/2 hrs.
Pathological Club (Weekly Meetings) ......................................................... 1 hr.
Medical and Surgical Landmarks ............................................................... 1 hr.
Medical Ethics and Legal Medicine (Lectures) .......................................... 1/2 hr.
Orthopedic Surgery .................................................................................... 1/2 hr.
Neurology ................................................................................................. 1/2 hr.
Thesis ........................................................................................................ 1/2 hr.

During the past year a very serviceable laboratory for the teaching of diagnostic methods and pathology has been equipped at St. Luke's, and the students in residence there through the last three years of their course are instructed in keeping of clinical records and the practical management of both medical and surgical cases; a pathological club, composed of the students and professors, meets weekly for the dis-
cussion of interesting cases, and is a real stimulus to the spirit of investigation among the students.

The mission is preparing to erect, as soon as possible, a new building for the more commodious housing of both the medical department and the out-patient dispensary of the hospital.

THE UNION MEDICAL COLLEGE, PEKING.

By CHARLES W. YOUNG, B.S., M.D.

In 1903 and 1904 the North-China Educational Union was formed by the London Missionary Society, the American Presbyterian Mission, and the American Board Mission, and comprised four institutions—the North-China Union College of Liberal Arts at T'ung-chou and the North-China Union Theological College, North-China Union Woman's College, and Union Medical College in Peking.

Since that time the following bodies have also joined in the work of the Medical College; the Peking University, the Church of England Mission, the London Medical Missionary Association. Last year a Union Woman's Medical College was organized and joined the North-China Educational Union. The prime movers in this were the Women's Board of Foreign Missions of the Methodist Episcopal Church.

As the London Mission was the pioneer in medical work in Peking, and as it has always had the widest reputation in this work, the Medical College was naturally located with that mission. In the scheme of the Educational Union, the society with whom an institution is located, furnishes the plant, so here the land, buildings, and equipment have been supplied by the London Mission. Fortunately for the Medical College Dr. Thomas Cochrane was elected dean, and his acquaintance with officials, both foreign and Chinese, enabled plans to be developed on a much larger scale than otherwise would have been possible. The head-eunuch, Li Lien-ying, was treated by Dr. Cochrane, and interested Her Majesty, the late Empress-Dowager, who contributed £1,400 (Tls. 10,000). Chinese officials and gentry added £1,600 and foreign residents £280. In 1908 the Imperial Customs and Waiwupu promised an annual grant of Tls. 10,000 toward the running expenses of the Medical College and London Mission Hospital.

The buildings consist of two blocks. The main building, fronting on the Ha Ta Men Street, contains lecture rooms, laboratories, and
operating room, as well as rooms at present used as hospital wards. The great need at present is a good modern hospital.

Behind the main building and at right angles to it, are the students' quarters, which have accommodations for part of the foreign staff and about one hundred students. In the compound occupied by these buildings are two tennis courts for students' use, and within three minutes' walk is a much larger piece of land loaned by the Belgian legation and used as a football field and athletic field.

At the opening of the Medical College in February, 1906, H. E. Na Tung presided and read an address of congratulation from Her Majesty, the late Empress-Dowager. He was followed by the British Minister, Sir Ernest Satow; the American Minister, Mr. Rockhill; and Sir Robert Hart.

In the summer of the same year the Imperial Government took recognition of the institution. The following extract from a translation of the communication from the Board of Education may be of interest:

Whereas a communication has been received, together with rules and regulations and a list of names, from Dr. Cochrane, requesting the formal recognition of the Union Medical College, and,

Whereas the benevolent object of the said Dr. Cochrane in inaugurating a medical college for the training of students is conceived in the interests of the welfare of mankind, and,

Whereas Her Majesty the Empress-Dowager of China has contributed a sum of money towards and granted the Imperial sanction to the establishment of such a college with special privileges,—

Now therefore sanction is hereby given for the dispatch of officials by this Board to hold examinations at the conclusion of each course in the said college and for the issue of diplomas to such candidates as attain the prescribed standard, certifying that they are entitled to practice medicine.

The above notification is issued by this Board in furtherance of the desire of the Empress-Dowager of China for the advancement of the study of medicine and the encouragement of benevolent undertakings.

The first class comprised over thirty men, some of whom had previously attended the medical classes of the London Mission and of the Medical Department of the Peking University. For this reason the first class was unusually large. No students were admitted to advanced standing. In the four classes now enrolled there are students from Manchuria on the north and from Hainan on the south, with a scattering from most of the provinces between.

For several reasons, which need not be discussed here, Mandarin was selected as the medium of instruction. In the beginning it was hoped that the college could make its entrance requirements so high as to admit only college graduates. This is still the ideal, for only men with such training can adequately comprehend modern medicine.
On the other hand, the fact presents itself that the supply of such men is so meagre at present that classes would be too small to repay the effort expended on them. Aside from those from missionary colleges, practically no college graduates are presenting themselves. As soon as men of superior training apply in sufficient numbers, the standard will be raised.

At present the requirements for admission are:

Wen-li Composition; Arithmetic—Mateer’s first two books; Geography—Chapin’s or equivalent; Physics—Elementary; Chemistry—Elementary.

Classes enter at the Chinese New Year.

Examinations are held monthly and at the close of each term. When a subject is finished, the students come up for their professional examinations before the International Examining Board. This extramural body is composed of the physicians of the British, American, German, Italian, and Japanese Legations. The following is the last report of this Board, somewhat condensed:


The examiners of the International Examining Board have been very well satisfied with the state of preparation shown by the students at the recent examinations. The third year students who have passed in anatomy and physiology can be looked upon as having laid a sound foundation, as far as these subjects are concerned, for their future studies.

Surgeon Captain de Giura, of the Italian Legation, writes: “I am very glad to state that the result of the examinations was a very good one; the scholars gave me the impression that the method of teaching was excellent.”

Dr. Riggs, American Legation Guard, who examined in physiology, was pleased with the results, but noticed considerable difference in the standard attained by the different students in the class.

Dr. Goldammer, German Legation Guard, writes: “I am very glad to say that the general impression the examinations made on me was an extraordinarily good one. I was surprised at the pupils’ knowledge, as well in descriptive anatomy as in histology, and also at their ability to perform, describe, and design histological preparations.” He further remarks on the need for more real anatomical preparations.

Dr. Gray adds: “In osteology I found that the students had been well taught and the percentages gained in this examination were uniformly good. The students seemed to have familiarized themselves with the new terminology in the lexicon recently published by Dr. Cousland.”

(Signed) On behalf of the International Examining Board,

Geo. Douglas Gray, M.D.

It is expected that the Imperial Board of Education will send examiners to the final professional examinations.

The course covers five years, and is as follows:

First Year:—Anatomy, Physiology, Histology, Biology, Comparative Anatomy and Embryology.
Second Year:—Anatomy, Physiology, Physiological Chemistry and Histology, Materia Medica, Therapeutics, Practical Pharmacy, Physiological Diagnosis.

Third Year:—Therapeutics and Toxicology, Anatomy and Surgical Anatomy, Surgery, Practice of Medicine, Bacteriology and Pathology, Minor Surgery and Bandaging, Clinical Surgery and Medicine, Anaesthetics.

Fourth Year:—Surgery, Practice of Medicine, Pathology and Serum Therapy, Obstetrics, Diseases of the Eye, Diseases of Children, Genito-Urinary Diseases, Clinical Medicine and Surgery.


In addition to the regular course, there are classes in Chinese and English for those whose knowledge in these subjects is deficient.

The courses are presented by lecture, and where possible by laboratory or clinical work as well. At present the number of subjects adequately covered by text-books is small. It is therefore necessary for lecturers to translate and place in the hands of their students a syllabus of each lecture. The importance of this method is clear to those who understand the limitations of the spoken language for transmitting new and technical subjects. This entails a tremendous amount of additional work and compels each lecturer to become a translator as well. However there is a compensation, for we hope in time to create valuable medical literature. Already something has been done.

The Faculty now numbers thirteen resident in Peking and one near at hand in T'ung-chou. They are as follows:

THOMAS COCHRANE, M.B., C.M., Dean.
NEHEMIAH S. HOPKINS, M.D., O. et A. Chir.
JAMES H. INGRAM, M.D.
GEORGE D. LOWRY, M.A., M.D.
ERNEST J. PHILL, M.B., Ch.B., F.R.C.S. (Edin.)
CHARLES W. YOUNG, B.S., M.D.
W. H. GRAHAM ASPLAND, M.D., C.M., F.R.C.S. (Edin.)

FRANCIS J. HALL, B.A., M.D.
HERBERT V. WENHAM, M.B., B.S., F.R.C.S. (Eng.)
E. E. WHEELER, M.B., B.S.
J. M. STENHOUSE, B.A., M.B., B.C.
F. E. DILLEY, M.D.
J. G. GIBB, M.D., M.S., F.R.C.S. (Eng.)
JOHN J. MULLOWNEY, M.D.

In addition there are about five lecturers who will give courses in the "specialties" in the fourth and fifth years. These are men living at a greater or less distance from Peking.

It is too early to speak of results, for we are but entering the fourth year of a five-year course, i.e., the first class will graduate at the Chinese New Year in 1911. Although the students differ widely in training and native ability, they are, as a rule, very keen in their work, and there certainly are some who will be heard from later.
The acceptance of government aid and recognition has, in no way, compromised the Christian character of the school. Attendance on religious services is not compulsory, but most of the students voluntarily join in the morning and evening prayers. The Christian life of the institution is further strengthened by an active branch of the Young Men's Christian Association, which meets weekly. On Sundays several members of the faculty take groups of students to near-by mission outstations, where preaching is conducted and patients are seen.

THE UNION MEDICAL COLLEGE IN TSINAN.

By James Boyd Neal, M.D.

For over twenty years the training of medical students has been carried on in Shantung by various physicians and by different missions; sometimes by one individual alone, sometimes by a combination of two or three. It has always been felt, however, that such training was far from satisfactory; the pupils failing to get the training in the foundation branches which they should have, owing to lack of laboratory facilities, and also failing to receive the proper drill in the more practical branches of medicine and surgery.

When therefore it was proposed in 1902 to establish a union in educational work between the English Baptist and American Presbyterian Missions, the two missions having the largest work in Shantung, it was immediately suggested by the only medical man on the Joint Educational Committee that this union be made to include a Union Medical College, as well as a College of Arts and Science and a Theological College. This was most readily agreed to by the other members of the committee and endorsed by the missions and the home societies, so that from the very beginning of the movement for union in this province the idea of establishing a Union Medical College has been in our minds.

Unfortunately, however, no proper premises were immediately available, nor was it possible to assign men to the work who could leave their own stations and live in some central place and devote their whole time to training students. Nevertheless it was determined not to lose any time in securing cooperation in such training, but begin at once to work together in carrying on what we called “peripatetic” classes. Accordingly during the past five years—that is ever since the union actually went into effect—union medical classes have been
Front Elevation of Main Building.

UNION MEDICAL SCHOOL, TSINANFU.
The Union Medical College in Tsinan.

carried on by the medical men of the two missions concerned, pending the obtaining of a site and the erection of buildings for the accommodation of the union college. Such a site was secured last year in the south suburb of Tsinan, in the most rapidly growing section of the city, and buildings are now in course of construction, which it is confidently expected will be ready for occupancy by the first of March, 1910. The main three-storied building will provide ample accommodations for lecture rooms and laboratories for the practical study of anatomy, physiology, histology, and pathology. Special facilities will also be provided for a thorough study of materia medica and practical pharmacy. A modern equipped hospital will give facilities for the practical instruction of the medical students in clinical medicine and surgery.

The whole plant is being provided by the Baptist Missionary Society of London, from grants made by the trustees of the Arlington Fund, but while the buildings belong to the English Baptist Mission, the college is a union institution, as stated above, under the joint control of the English Baptist and American Presbyterian Missions, through the medium of the University Council, the college being the medical department of the Shantung University. It is confidently anticipated that other Protestant missions in Shantung, and possibly in some of the adjoining provinces, will share in this union undertaking for the training of Christian doctors for China.

The course continues through six years; the first being occupied with the study of physics, chemistry, biology, and botany in the Union College in Weihsien; the last five being devoted to purely professional studies in Tsinan. Students must be 20 years old (Chinese) on entrance, and must pay a semi-annual fee of five Mexicans, ten dollars in all per year, besides providing their own food, books, etc. It is thought that fifty dollars a year will probably cover the total cost, including fees, food, books, and travel.

All teaching will be in Chinese. The teaching staff of the Medical College, so far as at present constituted, consists of the following foreign members, who will be assisted by competent Chinese:

E. Freiherr von Werthern, Dr. med. et chir.
James Russell Watson, M.B., M.R.C.S., D.P.H.
Thomas C. Paterson, M.B., C.M.
Charles F. Johnson, M.D.
James Boyd Neal, M.A., M.D.

Of the above named Drs. Johnson, von Werthern, and Neal will teach regularly in the institution, while Drs. Watson and Paterson will
give such courses of instruction as their other duties will permit. Besides the teaching force already arranged for, it is expected that other medical men, belonging to neighboring stations, will consent to give courses of instruction to the students.

Anyone feeling interested in the above institution may obtain copies of the prospectus in English and Chinese from the writer of this article.

THE BOONE MEDICAL SCHOOL, WUCHANG.

The medical school in this city, opened in 1907, has survived the perils of its infancy, and though not quite so lusty as we desire, now gives promise of a useful and vigorous career. In view of the general movement towards the unification of educational work in China, a brief history of the birth and development of the school, and its relation to a similar institution in Hankow, seems necessary, and may be of interest, as it well illustrates some of the difficulties which beset the formation of medical schools in this country.

A few years ago the London Missionary Society in Hankow endeavored to meet the urgent need of China, for native physicians with a knowledge of Western medicine and surgery, by opening a medical school in that city, in which the instruction was given in the Chinese language; the preliminary education required being well within the reach of boys educated in mission schools. In 1908 it graduated its first class of students, four in number. In the meantime it came to be felt by many that a stronger school was needed, one which should rest on a basis sufficiently broad to enlist the interest and services of all the missions in the district. Accordingly early in 1907 in association with the general educational work of Boone College, Wuchang, the Boone Medical School was organised. On the faculty were representatives of all the local missions, except one, interested in medical education, and it was strengthened by the valuable and voluntary services of two concession physicians. After careful deliberation it was decided that the instruction given should be in the English language, and the entrance examination was so arranged and otherwise broadened. The London Missionary Society adhered to its own scheme. For a time all went well with the Boone School. Then the lamentable death of one member of the faculty, the serious and prolonged illness of another, the loss of time and
inconvenience to those obliged to cross the river to deliver lectures, and sundry other difficulties, caused a change of heart in most of those connected with the institution, and for a time it passed into a state of suspended animation.

In the summer of 1908 the missionary physicians of the district formed a committee to consider the matter anew. It was decided to form a medical school to be located in Hankow, the school of the London Missionary Society to serve as a nucleus, the instruction to be given in Chinese. The hope was entertained that a liberal monetary grant might be obtained for the institution from the Emergency Committee, which was then beginning its appeals in England for funds to aid various missionary enterprises.

In no spirit of unfriendly rivalry—on the contrary, sincerely wishing the new venture success—our church decided to continue alone the medical school in Wuchang on the lines first laid down, as nothing had occurred to alter its judgment that medical instruction was better given in the English language.

As this is a question which is still being debated it may be well to recapitulate some of the grounds on which our judgment is based. Now that the empire is open to foreign influences, and its future destiny likely to be moulded by them to a very great extent, the Chinese themselves perceive that a knowledge of foreign languages is necessary to those who belong to the leading classes. The Wai-wupu, for instance, has announced recently that all candidates for the government service must know at least one foreign language. Abroad the medical profession stands high, but in China, physicians are not generally regarded as belonging to a learned, or very honorable profession. The title of I-sen (醫 生) is less honorific than Hsien-sen (先生), and is by no means the equivalent of "doctor" among ourselves. If the medical profession in this country is to be raised to its proper status, it can only be by raising its educational standard to the level, at least, of the public service. With regard to medical instruction a good knowledge of English by a Chinese youth implies considerable mental training of a high order, so that he is far better equipped to begin the difficult study of medicine than one ignorant of all languages but his own; further, the whole world of English literature is open to him to broaden his mind and sympathies. After graduation he can keep pace with the advance of medical science by his ability to read English books and periodicals, and so is not dependent for further information, as he otherwise would be, on foreign teachers not always accessible, nor upon translations necessarily few.
and belated. Meeting English and American physicians, he can converse with them in their own language and can associate on equal terms with those of his countrymen who have been educated abroad. If he wishes to go abroad himself, for post-graduate study or other purposes, he can do so with every advantage. As there should be one uniform system of medical education in China, so that all degrees shall have the same value; and as, sooner or later, a knowledge of English or other foreign language will probably be a compulsory requirement for matriculation in medical colleges, it seems the wiser course to move in this direction at once. Further, from the point of view of the medical faculty, there is an advantage in English being the medium of instruction, as it enables them to obtain the services of those who do not know the Chinese language, or do not know it well, as concession physicians and others, who are generally most willing to help, as we acknowledge with gratitude.

Of course there is much to be said on the other side, and doubtless it will be forcibly presented elsewhere. To mention one serious difficulty, there are very few students with a fairly good knowledge of the English language who are willing to spend the requisite time and money on a long course of medical study, with no prospect of an assured career with settled income at the end of it, except in the army and navy perhaps, which all are not willing to enter. Of those who do begin, some are drawn away during their student days by the offer of lucrative positions in the business world; others are forced to take the same course by impecunious or covetous relatives. After graduation, owing to the uncertainties of private practice, a considerable proportion do not practice medicine at all, but engage in teaching or other lay work which provides at once an adequate and certain income. Not only so, the practice of his profession by a conscientious Christian physician among non-Christian countrymen, ignorant of Western medicine, is beset with peculiar trials and temptations, which many do not care to encounter. To partially meet these difficulties, it is the purpose of our bishop to offer to those students who prove their fitness for it, by their spiritual as well as medical attainments, a career in the service of the church. In the extension of its work in country districts, in the relief of foreign physicians, and in the training of pupils, the services of native Christian physicians will be most valuable. For an institution of this kind, in which English is the medium of instruction, we hold there is not simply bare room, but an absolute necessity. At all events the experiment will be proceeded with, and by God's blessing we hope to succeed.
The present term, the first since the school came entirely under our control, opened with eleven students, several of whom are from Honolulu. All have passed the sixth form of Boone school, which is the present matriculation standard, and all have signed a contract pledging to finish the course of five years, with one year beside for post-graduate instruction. The curriculum is practically the same as in other medical colleges in this country, and the students are required, in addition, to spend a certain time each day in the study of English and Chinese. About thirty-four hours of actual instruction are given each week, apart from the time spent in preparation. On the teaching staff are three foreign physicians, two Chinese who have been trained in the medical schools of this country; the teachers of chemistry, physics, and biology, are university men, and two foreign nurses also give their services. As the school grows and the teaching widens, the faculty will be strengthened.

In conclusion, we desire to state that we are heartily in accord with the desire expressed in the report on medical schools issued by the China Medical Missionary Association to the effect that missions in the chief educational centres should strain every nerve to organise as soon as possible first class union medical schools.

MEDICAL EDUCATION BY SOUTHERN PRESBYTERIANS.

The Proposed Union School in Nanking.

By R. T. SHIELDS, M.D.

It is unfortunate that Dr. J. R. Wilkinson, who has been more closely identified with the work of medical education in the Southern Presbyterian Mission than anyone else, is at home on furlough. I cannot give the facts and figures as accurately as he could. Dr. Wilkinson has conducted for about ten years a medical class at the Elizabeth Blake Hospital in Soochow. The students have also assisted in the work of the hospital during their course, extending over seven years. There have been as many as twenty-odd students at one time in the hospital. The total enrollment I am unable to give, but there have been four graduates from the school. Dr. Venable, at Kashing, has also had a few student-assistants, though he concentrated most of his teaching on two men who, after finishing their course, remained with him for several years. One of these men is still in Dr. Venable's hospital, and is running it during his absence on furlough.
Dr. Worth, at Kiangyin, had his student assistants also, and of course Dr. Shields had to have his at Tungliang.

When in 1908 it was necessary for Dr. Wilkinson to return to U. S. on furlough, the mission, in addition to providing for the teaching of his students, went a step further and transferred Dr. Shields to Sooehow in order to teach the medical students from the four stations mentioned above. This was intended to be the first step towards the establishment of a medical school, "looking towards union or cooperation with other missions, either in Sooehow or elsewhere."

During the winter of 1909, at the call of Dr. Cousland, secretary of the C. M. M. A., there was a meeting held in Shanghai, of several of the physicians interested in the subject, to discuss informally the formation of a union medical school. It was decided at this meeting to put out a circular, addressed to the different missions working in this section of China, urging them to unite in the establishment of a medical school in Nanking, in which the teaching should be in Mandarin. Up to date four missions have responded to this appeal—the Methodist (North), Christian, Presbyterian (North) (Kiangan Mission), and Presbyterian (South) (Mid-China Mission). It is hoped that other missions may join in the plan later. There has been a second meeting held in Nanking and a tentative plan of union drawn up for adoption by the various missions. As the different Home Boards have not yet given official sanction to the actions of the missions, nothing further can be done at present, though it is hoped to get the school started in 1910. The ideal held up is the establishment of a first class medical college, and of course there are problems to be solved and difficulties to be overcome.

The resolutions referred to the various missions are as follows:

1. Whereas, the Medical Missionary Association has recommended the establishment in Eastern China of a union medical college, with instruction in the Chinese language, as an integral part of a comprehensive plan for covering the empire, and

2. Whereas, such a college under mission management would be of immense advantage to the Christian cause, and

3. Whereas, a properly equipped college can best be attained by union, and

4. Whereas, Nanking has the combined advantages of accessibility, the Mandarin dialect, position as both a government and mission educational centre, together with the fact that the medical students would be under exceptionally moral and religious influences, therefore be it

Resolved: (1.) That each mission interested take immediate steps for the establishment of a union medical college to be located in Nanking.
(2.) That the cost of erecting and equipping the plant, and the annual expenses, be equally shared by the constituent missions.

(3.) That the following be adopted as a tentative

Constitution.

a. Name: East China Union Medical College.

b. Aim: To give thorough instruction in medicine and surgery to the Chinese in their own language and under Christian influence.

c. The college shall be owned by the Boards represented; the management being vested in a Board of Directors elected by the missions.

d. The Board of Directors shall be composed of two members from each mission. A member shall hold office for two years. (At the first election one member shall be elected for one year and one for two years; thereafter one new member shall be elected annually by each mission.)

e. There shall be at least one annual meeting; this to be held in Nanking. Special meetings may be called by the chairman on request of any three members of the Board.

f. Officers of the Board shall be chairman, vice-chairman, and secretary and treasurer. These shall be elected by the Board of Directors, and shall perform the usual duties of these officers.

g. The duties of the Board shall be: general supervision, authorization of expenditures, election of professors, arrangement of scale of fees for students, and any other matters within their control.

UNION MEDICAL SCHOOL, CHENG TU, SZECHWAN.

By O. L. Kilborn, M.D.

This institution is not yet organized, but the Union University, of which the medical school is to form a part, is well along. Some sixty-five acres (English) of land have been secured just outside the city walls. This has been divided into sections, one of which has been allocated to each of the four missions entering the union, and a fifth, which is as nearly as possible the centre of the whole, is reserved for union buildings. It is likely that the medical school will be erected on some part of this central section. The four missions forming the union are: the American Baptist Missionary Union, the Friends Foreign Mission Association, the Methodist Episcopal Mission, and the Canadian Methodist Mission. The plan for union in brief is as follows:

"Each uniting mission will erect its own dwellings for teachers and a college building on its own section. Dormitories and all other requirements for boarding students will also be erected separately by each mission."

For the present all teaching will be carried on in the four college buildings, but it is confidently expected that in the not distant future one or more union buildings for teaching purposes will be
erected on the central section by the four missions acting jointly. It is possible that the first class of university students will be started in the arts course about February, 1910. The three middle schools previously carried on by three of these missions separately are this year united, and one large school is being carried on successfully on the Union University site.

It is hoped that our proposed union medical school may be organized about the beginning of 1911, although plans are not yet well worked out. The time of definite organization will be, after all, determined very largely, I believe, by the ability of the available staff to accomplish the burden of work involved. One principle is strictly laid down—that all teaching shall be in the Chinese language. Christian students will be favored, but non-Christians will be admitted. It is intended that a distinctly Christian and evangelistic atmosphere shall pervade the school, and that one of its chief aims shall be the preparation and training of Chinese medical missionaries.

HACKETT MEDICAL COLLEGE FOR WOMEN, CANTON.

By MARY H. FULTON, M.D.

HISTORY.

Just after Chinese New Year, 1901, the medical school for women, called the Kwong Tung, was opened in the first floor of the Theodore Cuyler (First Presbyterian) Church, Canton. Nine students were admitted.

The following year the David Gregg Hospital for Women and Children was opened, and the young women students were temporarily removed to the third floor of this building.

In 1902, December, the first building, for distinctive college use, was finished. It contained recitation and reception rooms on the second floor; bed rooms on the third. To this the students gladly removed.

This large three-story building was the gift of Mr. E. A. K. Hackett, of Indiana, United States of America. The name of the college was changed to that of its donor.

In 1903, diplomas, bearing the new college seal, were given to two students. In 1904 four received diplomas. In 1905 three. In 1906 three more.

Through the generosity of Mr. Hackett a second hall was built. The number of students increasing, it became necessary to use the
STUDENTS, BEFORE RECITATION, HACKETT LECTURE HALL, CANTON.
TEACHERS AND STUDENTS OF THE HACKETT MEDICAL COLLEGE FOR WOMEN, CANTON.
entire first building for a dormitory. The new building contained lecture and laboratory rooms.

In 1907 seven received diplomas. This was our fifth milestone. We now had two fine buildings. The course of study was extended to four years. The "Viceroy of the Two Kwongs" stamped our diplomas. This, together with the stamp of the United States Consulate, was the highest official recognition obtainable. These are the only diplomas in the province thus stamped.

The Viceroy, as a further token of his appreciation of what we are doing, sent three gold watches as prizes to the three students having the highest average for the four years. Ex-minister to the United States, Wu Ting-fang, being present, kindly gave an address.

In 1908 six graduated. Amongst these was our first student from a distant province. For the first time in the history of missions in this part of China the Viceroy, Cheung Yan-tsung, attended our commencement exercises in person. The Theodore Cuyler Church was beautifully decorated with wreaths of banyan and flowers. The church, which holds six or seven hundred when crowded, was jammed with a thousand or more. A guard of honor of five hundred soldiers was sent. We were again fortunate in having another ex-minister to the United States, Sir Leung Shing, present. He also kindly favoured us with a fine address. The Viceroy, speaking only Mandarin, had his address read.

In 1909, seven received diplomas. Owing to the mourning for the Emperor and Dowager-Empress very few officials could attend Commencement. Dr. Amos Wilder, Consul-General of the United States at Hongkong, and Dr. J. C. McCracken, of the Canton Christian College, gave fine addresses.

At the beginning of 1909 we have had to again abandon our lecture hall and use it for a dormitory. The chapel in the church is used for recitations. We have no endowment. Up to the present year the hospital, which is intimately connected with the college, has helped support the latter. Now we are proud to report it is self-supporting, i.e., our students' fees this year are enough to cover the salaries of the few teachers we pay. Of the fifteen, we pay three. Should all demand a salary, we should not be "half self-supporting."

The Presbyterian Church, under whose auspices the college was organized, has not contributed toward its support. More than this we are not allowed to make any appeals save through the Board. As it is always in debt, it sends us its love and regrets it does not see its
way "this" year to send us any money. However we still believe the Lord is greater than the Board! We carry our needs straight to Him, and thus far He has supplied them all.

Now we are crowded out of our two buildings, we must have a new one. "To whom shall we go?"

The purpose of the college is to train Christian women physicians to go out amongst their own countrywomen. Scientific medicine is unknown to the Chinese. We have had to begin at the foundation. Only now are we getting translations of up-to-date medical textbooks in Chinese. For several decades all teaching must be done in the vernacular if we wish to help this generation out of their sufferings.

English is sure to come in time, but it is better to turn out a hundred doctors a year who will intelligently minister to the relief of suffering now than to wait twenty years and be able to turn out three or four "as good as doctors at home." Our graduates do excellent, skilful work, and in a year save scores of lives, besides bringing a knowledge of common sanitation into homes, as well as making known the simplest rules for the common-sense treatment of the sick.

I know of no surer, quicker, better way to evangelize China than through Christian physicians. If we had proper equipment, we could just as well be teaching five hundred as forty. To reach four hundred millions, many doctors will be in demand. We must educate the Chinese themselves to meet this present need, and we must do it now.

This is a cause that should appeal not only to noble-minded men, who desire to aid in alleviating the suffering in the world, but to every woman who desires the elevation of woman. The women's clubs could not take up a worthier cause. Each one might educate one physician. This would help hasten the salvation and uplifting of this multitude of women and girls. Since this is at present the only college in the empire distinctively for women, its usefulness and needs should appeal to every heart that desires to mitigate human agony, elevate woman, and bring a knowledge of a Saviour to heathen homes.

GENERAL INFORMATION.

The college buildings form a part of the Lafayette Compound at the end of Fung Un Sai Street in the western suburbs of Canton. The compound may be reached either by chair or boat. Board and lodging are provided for the students on the grounds.
The course of study requires four years for its completion. The college year is divided into two terms. The first term begins soon after Chinese New Year and ends the beginning of July. The second begins in September and ends with commencement day in January.

Terms of Admission:—Applicant should be at least eighteen years of age. Must read and write Chinese fluently.

No one should apply who does not intend to take the full course. No married woman (except widows) will be accepted. No one will be allowed to continue her studies at the college if she marries during the four years.

The right is reserved to advise discontinuance of study if for any reason a young lady is deemed unfitted for the practice of medicine, and to make any change in anything pertaining to the college when such change seems best.

All fees, save that for diplomas, should be paid at the beginning of the year. All money must be in Hongkong bills.

Where capable, young Christian women desire to study medicine, but have not sufficient means, special arrangements are sometimes made for these.

Examinations.

Students desiring to enter the college should appear for examination three days before the day of opening. Each week Saturday written examinations are held. Final examinations are held as each branch in finished. The marks received through the four years are averaged. The student receiving the highest is awarded a prize on commencement day.

All teaching is given through the medium of Cantonese. Students speaking a different dialect would better be here a few months before the time of opening.

Expenses. (Mex.)

- Entrance examination fee ... ... ... ... ... $1.00
- Registration ... ... ... ... ... ... 1.00
- General ticket, entitling entrance to all lectures ... ... 80.00
- Chemical material ... ... ... ... ... ... 10.00
- Board, room, light, washing, a month ... ... ... 6.50
- Books, different prices, from $1.00 to $2.50.
- Diploma ... ... ... ... ... ... 5.00

No money for any reason will be returned.

Instruction.

This is very largely practical. Both hospital and city practice is given to each student. A student accompanies each doctor to visit patients in their homes. As much of the work, both in the hospital and in homes, is surgical, by the time a student finishes she is as skillful as most doctors are in years of private practice in the home land.
Excellent bedside instruction is given daily in the David Gregg Hospital. On out-patient days students are present at all the clinics. They are permitted to witness in turn major operations in the hospital.

Dental clinics are held Tuesdays; Eye, Fridays; Gynecology, Wednesdays, etc. Saturday, a class is given in instruction at the hospital for insane, in charge of Dr. Charles Selden.

Practical work is given in the use of the microscope, cultivating bacteria, identifying different species of bacteria, etc. In charge of Dr. Harry Boyd.

Only the latest text-books, using the new terms, are studied.

Christian Work.

Each student is expected to attend morning and evening chapel. The pastor of the church, during the year, gives, through daily instruction, a course in the Bible. Evening worship is conducted by students in turn.

Saturday evening C. E. meeting. Sabbath morning, Sabbath-school, when the students assist in teaching, or are taught. The regular church service is at noon. Sabbath evening, Bible study. Once in two months there is a meeting of all the Christian women in the city.

Each student who accompanies a doctor to a patient’s home is expected to talk the Gospel to the inmates, or to leave a Gospel or tract. Several hundred homes are in the course of a year thus reached. One student is chosen each week to teach on Sabbath at a Sabbath-school in the city for heathen women. Should the Bible-woman, for any reason, be absent on out-patient day at the hospital, a student is expected to take her place.

On commencement evening the alumni, at dinner, tell in their “after dinner speeches” some of their experiences in homes. Many times these have been thrilling.

All the graduates, thus far, are Christians, save three. Their testimony of how they tried to let their light shine, was inspiring. Their motto is, “To give Light and save life.”

Course of Study.

First Year.—Chemistry, Anatomy, Physiology, Histology.

Second Year.—Chemistry, Anatomy, Physiology, Bacteriology, Therapeutics, Bandaging.

Third Year.—Therapeutics, Practice, Obstetrics, Gynecology, Surgery.

Fourth Year.—Practice, Obstetrics, Surgery, Dermatology, Ophthalmology, Pediatrics.
Class in Microscopy.

Class Practising Bandaging.

HACKETT MEDICAL COLLEGE, CANYON.
Three of the Medical Instructors.

HACKETT MEDICAL COLLEGE, CANTON.
Instructors,

MARY H. FULTON, M.D., Clinical Surgery and Dean of the College.
HARRY W. BOYD, M.D., Ophthalmology and Bacteriology.
EDWARD MACKIE, M.D., Therapeutics and Pharmacology.
CHARLES SELDEN, M.D., Neuro-pathology.
MARY W. NILES, M.D., Emeritus Professor of Obstetrics.
Dr. LO SHAU WAN, Obstetrics and Diseases of Women and Children.
Dr. Lam, Anatomy.
Dr. SO TO MING, Surgery.
Dr. LIUNG KIN CHO, Practice.
Wong Sin Shiang, Chemistry.
H. A. CHENG, M.D., Physiology.
Dr. CHAN SUI WA, Dermatology and Physical Diagnosis.
Dr. NO, Bandaging.
Dr. LOW, Associate in Pharmacy.
Dr. LAU Tsz Wai, Dentistry.
U Hu Ting, Bible.
HARRY W. BOYD, M.D., Director of Physical Culture.

We need not discuss whether we can have a "Union Medical College for Women." We have it, and have graduated over thirty doctors, some of whom have enviable reputations in this great metropolis, and elsewhere, for being not only excellent physicians but skilled surgeons.

There is a great demand for these graduate doctors. Before them is a glorious future; not only in "going about healing the sick and preaching the kingdom," but many will be demanded as teachers of medicine, thus occupying a high, important, and influential position in training up a generation of noble young women who shall go forth to battle intelligently against the enemies—plague, tuberculosis, leprosy, and many other diseases which infest this broad empire.

Heartily I endorse the recommendations of the Educational Committee:

"That, since institutions all suffer from a lack of financial backing they should be endowed and not be dependent upon inadequate and varying grants in aid." And also: "That the best form in which assistance can be given to education (including medical) is by aiding existing institutions."

Instruction to Nurses.

In connection with the David Gregg Hospital for Women, nurses are being trained. Eleven are now studying. Four have graduated. All are in constant demand and give satisfaction to both foreigners and Chinese. All are Christians.
MEDICAL EDUCATION IN MOUKDEN.

By Dr. Dugald Christie.

The systematic training of Chinese medical assistants was started in Moukden in 1884, my second year in Manchuria.

The medical work increased so rapidly that, even at that early stage, I felt that to cope with it single-handed, without the help of trained men, would soon be impossible. My experience then and since has led me to the conclusion that in the Chinese we have the very best material for making physicians, surgeons, and medical evangelists, and that the training of men in medical missionary work means the truest economy as to time, labour, and money.

My first class of students was brought through a course of four years, which covered the ordinary subjects of the medical curriculum; more importance being attached to the practical than to the theoretical part of their training. These men served the hospital well, and in this way we were able to meet the growing demands of our work.

After my return from furlough in 1891 the second group of students was enrolled, and a more thorough course, covering five years, was started. Regular classes were organized, and the young men, who also gave their services as dispensers, dressers, etc., gave much promise. Unfortunately the work was seriously interrupted by the Chino-Japanese war in 1894. When we had to leave Moukden several of the students accompanied us to Newchwang, where they did good service and gained rich experience in the Red Cross Hospitals. In the autumn of 1895 teaching was resumed, and after completing their course those who passed the necessary examinations received diplomas, certifying that they were competent to practice medicine and surgery. Some time afterwards the services of five of our men were recognized by the provincial government, and each received a button of the 5th rank.

Arrangements were being made to begin again with a new batch of students, when the Boxer outbreak stopped work and scattered our men. Since then attempts have again been made, but once more war interrupted us, and then the building of the new hospital to replace the one burned in 1900 occupied much time, so that our students have been disappointed of the training they had hoped for.

A temporary training scheme for dispensers was adopted as a pis aller, in which lecturers from various stations took part, but no one regarded this as a real medical course.
MEDICAL STAFF AT MOUKDEN HOSPITAL. Convalescent Patients in foreground.
I have for over twenty years looked forward to the time when we could have a thoroughly-equipped Christian medical college in Moukden, but we were always faced with the old difficulty—want of men and funds. This desire was revived and intensified after the new hospital was completed in 1907. It has 110 beds, and both indoor and outdoor departments are quite up to modern medical and surgical requirements. Here we have a splendid field for clinical instruction, and our growing work demands more trained men.

At that time it seemed quite impossible to get the necessaries to establish a proper medical school, but in 1908 the outlook suddenly changed. First a site, contiguous to the hospital and admirably suited for a medical college, came into our possession in a very extraordinary way. I had in previous years tried to buy this ground, but failed, as the owner would not sell at any price. Our disappointment and dismay may be imagined when, one morning, we heard that it had been purchased by the guild of a southern province, and that a hall for theatricals, banquets, etc., was to be built a few feet from our wards. The situation seemed quite hopeless till our good Viceroy heard of our difficulty and came to our aid. He said that the hospital which had done so much for the Chinese people for over twenty-five years must get the site, so he paid over the purchase money and sent me the title deeds; the money being afterwards provided by Chinese subscriptions. About the same time some friends from Glasgow, who were visiting Moukden, offered £100 a year for the work that was to grow on the site.

Shortly afterwards their Excellencies, the Viceroy of Manchuria and our Governor, paid a state visit to the hospital, and after examining all departments minutely, expressed a desire to help us and promised a grant of 3,000 taels per annum towards the establishment of a medical college in connection with our hospital. Before I left Manchuria the officials and people subscribed about $5,000 to the building fund. In this way God has heard our prayer and is opening up our way.

There are two methods of starting a medical college. One is to gather a substantial sum of money, erect a large building, equip it thoroughly, provide a staff of professors, and then begin to seek for students. The other is to begin in a humble way, providing accommodation for the number of students you are pretty certain of, and extending the buildings and increasing the teaching staff as the work develops. We propose to adopt the latter course. As we have no fear of scarcity of students, we shall build as much of the college as the
funds at our command will allow, without going into debt. We hope to begin in 1911 with three or four professors and several lecturers. This staff is small, but we do not propose to admit students each year, although we aim at that ultimately.

The population of Manchuria is somewhere between 15 and 20,000,000. The baptized Christian community is about 20,000, besides a large number of adherents, so we have a considerable constituency to draw from. The confidence of the people in Western medical science is well established, the desire for medical education is widespread, and there is every prospect of more applications for admission to our college than we shall be able to entertain. It will be a Christian college, permeated by Christian influences, but a certain proportion of non-Christians will be admitted if they pass the entrance examination.

The great national movement in China presents unparalleled opportunities to medical missionaries. The demand for Western knowledge means, however, not only an opportunity but a danger. The Chinese will get the education they are clamouring for, but it may come to them through channels that are not Christian and carry with it much of that materialistic and agnostic philosophy which is already beginning to flood the country. Let us therefore, as soon as possible, establish in all our large centres thoroughly equipped Christian medical colleges, and let us send forth men not only as medical evangelists, but as Christian medical men to occupy the important government positions that are so rapidly opening up. Thus we shall do much towards the evangelization of this great empire.

The following resolutions were passed by the Manchurian Branch of the China Medical Missionary Association at their meeting in Newchwang, June 4th, 1909:

1. WHEREAS the medical missionaries of Manchuria have been long convinced of the need for medical education in China;

2. And whereas they have heard with pleasure of Dr. Christie's scheme for a medical college in Moukden to meet the want in this province;

3. And whereas this college has met with the approval and support of the provincial government,

Resolved (1). That the Manchurian Branch of the China Medical Missionary Association, representing all the medical missionaries in Manchuria, affirms its belief that this college is worthy of support as a missionary and philanthropic enterprise.

(2). That the Branch wishes every success to Dr. Christie in his efforts to obtain funds for the college.

(3). That the members of the Branch pledge themselves individually as far as in them lies, to assist Dr. Christie in this scheme.
UNION MEDICAL COLLEGE, HANKOW.

By T. Gillison, M.B., C.M.

Missionary work was started in Hankow simultaneously with that city being opened as a treaty port in the year 1861. A few years later medical missionary work was also inaugurated, and has been continued steadily ever since. To-day there are some ten hospitals (men's, women's or general) in the three cities of Hankow, Hanyang, and Wuchang. In most of these, assistants have been trained, but only in a partial and sporadic manner, and it was not till the spring of 1902 that the first regular medical school, giving a full course of systematic instruction, was opened. A union scheme had been previously discussed, but fell through, and the London Missionary Society commenced alone. With only two doctors on the teaching staff the burden was a heavy one, but it was considerably lightened by the doctors of other Missions and of the foreign community heartily cooperating in the annual professional examinations. Further efforts were made from time to time to secure union, and it is gratifying that at last these efforts are meeting with success. In June, 1908, the doctors of the London Missionary Society, the Wesleyan Methodist Missionary Society, and the American Baptist Missionary Union, with the consent of their respective committees on the field, decided to unite in the formation of a college to be named the Union Medical College, Hankow. The sanction of the Home Boards was afterwards received, and an annual grant made to the college by each of the cooperating societies. The Chinese name chosen was (Name omitted.—EDITOR.), and the first session was opened in February of the present year with 14 students from the original school and 13 freshmen, making 27 in all. These hail from seven different provinces of the empire and represent seven different missionary societies as well as a few who have not entered the Christian church. The teaching staff consists at present of Drs. Booth, W. M. M. S.; Huntley, A. B. M. U., and Gillison and McAll, L. M. S. In the past we have had short courses of lectures from some not living in this centre (e.g., Drs. Logan, Hume, and Cormack), and we hope for similar help in the days to come. The teaching is in the Chinese language (Mandarin), the duration of the course five years and the fees $85 per annum. (This sum includes board, tuition, books, etc.) Although we have advanced from the position of being a one-mission school to that of an incipient union college, we are yet far off our...
goal. There are details of the scheme to be discussed with our Home Boards, land to be purchased, buildings to be erected, hills of difficulty (financial and otherwise) to be climbed, and some of these are fairly steep, but we believe that we have been divinely led hitherto, so we raise our Ebenezer and march "breast forwards." Our aim is to have a college for 200 students, efficiently manned and thoroughly equipped in every department. A university under Christian auspices is sure to be located in this unequalled centre, and when this takes place, we look for affiliation therewith or even incorporation. Meanwhile we hold the fort, content to grow slowly till the reinforcements enable us to go forward. If the strong, earnest, Christian spirit remains, which animates our school to-day, then the sending forth annually of a band of physicians and surgeons from the enlarged and perfected school, will have a share in the bringing in of God's kingdom in this land that it is difficult to overestimate.

UNION MEDICAL COLLEGE FOR WOMEN, PEKING.

For a number of years the London Mission and Methodist Episcopal Missions have been conducting nurses' training classes, but in 1906 the demand for fully trained Chinese women physicians seemed pressing enough to call for the organization of a medical college.

In these plans Dr. Gloss, of the Women's Board of Foreign Missions of the Methodist Episcopal Church, took the lead, and the school has been located with that mission in their recently erected hospital building. Originally the four Boards conducting medical or higher educational work for women, planned to unite in this work, namely the mission mentioned, the London Mission, the American Presbyterian Mission, and the American Board Mission. Later it was found impossible for the London Mission to assume new work, so that the cooperating societies consist of the three American missions named.

The Faculty is as follows:

ELIZA E. LEONARD, M.D., Dean.
ANNA D. GLOSS, M.D.
N. S. HOPKINS, M.D., O. et A. Chir.
GEORGE D. LOWRY, M.A., M.D.

MAUD A. MACKEY, M.D.
MELISSA MANDERSON, M.B.
JESSIE E. PAYNE, B.S.
CHARLES W. YOUNG, B.S., M.D.
Union Medical College for Women, Peking.

The course of study covers as closely as possible that of Western colleges and extends over six years. It is as follows:

First Year.
- Anatomy, Physiology, Chemistry, Histology, Biology, Pharmacy, English.

Second Year.
- Anatomy, Physiology, Materia Medica, Embryology, Hygiene, English.

Third Year.
- Materia Medica, Bacteriology, Surgical Anatomy, Minor Surgery and Bandaging, Physical Diagnosis, Practice of Medicine, English.

Fourth Year.
- Pathology and Serum Therapy, Practice of Medicine.

Fifth Year.
- Surgery, Practice of Medicine, Diseases of Children, Diseases of the Skin, Diseases of the Eye, Genito-Urinary Diseases, Obstetrics, Gynaecology, Clinical Medicine and Surgery, English.

Sixth Year.
- Diseases of the Ear, Nose and Throat, Dental Surgery, Tropical Diseases, Nervous and Mental Diseases, Gynaecology, Obstetrics, Clinical Work, English.

The Chemistry, Physics, and Biology are taught in the Union Women's College. The course in English is pursued throughout the six years with the idea of preparing the students to read medical literature in that language by the time they have concluded their studies.

The subjects of the preliminary (entrance) examinations are as follows:

- English: Harper's First and Second Readers or equivalent.
- Chinese: Outlines of Chinese History, Good Penmanship, Composition in Mandarin and Wén-lì.
- Mathematics: Mateer's Arithmetic or equivalent, Algebra through simple quadratics.
- History: Sheffield's Universal History.
- Geography: Chapin's.
- Physics: Parker's.
- Physiology: Porter's or equivalent, with the new terminology.

The standard may be raised from year to year. Any students who cannot complete these requirements at their home schools can enter either of two good boarding-schools for girls in Peking until they have made up their conditions. The same is true of candidates who may need to learn Mandarin. A new class will be enrolled every two or three years according to the number of applicants.

Further information may be obtained from the Dean, Dr. Eliza E. Leonard, Presbyterian Mission, or Dr. Anna D. Gloss, Methodist Episcopal Mission.
HONGKONG COLLEGE OF MEDICINE.

The Hongkong College of Medicine had its inception at a meeting held on 30th August, 1887, in the then recently opened Alice Memorial Hospital, at which the following gentlemen were present: the late Rev. Dr. Chalmers, in the chair, the late Dr. William Young, Dr. (now Sir Patrick) Manson, Dr. Cantlie, Dr. Ho Kai, Dr. Jordan, Dr. Gerlach, and Mr. W. E. Crow. It was resolved to establish a college of medicine for Chinese in Hongkong, and Dr. Manson was forthwith appointed dean and requested to deliver an inaugural address in the City Hall on the 1st of October.

On 1st October, 1887, the City Hall inauguration duly took place in the presence of a largely attended public gathering, presided over by His Excellency Major-General Cameron, C.B., the Officer Administering the Government, who cordially gave all possible support to the promotion of the new venture and placed the college under the auspices of the Governor of the Colony.

A grant of $1,000 was made by the directors of the Tung Wa Hospital for the purchase of anatomical models and other teaching appliances.

Five years passed, and on 23rd July, 1892, the public were again invited to meet in the City Hall, when His Excellency Sir William Robinson, K.C.M.G., in name of the college, handed diplomas to the first two students who had completed the curriculum of study.

The government of the college is vested in the Court.

The Rector, as president of the Court, is the executive head of the college. The successive rectors since 1887 have been:

1887. Hon. Mr. Frederick Stewart, M.A., LL.D., Colonial Secretary.
1890. His Honour Sir James Russell, C.M.G., Chief Justice.
1892. His Honour Sir Fielding Clark, LL.B., Chief Justice.
1895. Hon. Mr. J. H. Stewart Lockhart, C.M.G., Colonial Secretary.
1902. Hon. Mr. Francis H. May, C.M.G., Colonial Secretary.

The dean is chairman of the Senate and official representative of that body in the Court and at public functions. The successive deans since the opening of the college have been:

1887. Sir Patrick Manson, K.C.M.G., M.D., LL.D., F.R.S.
1897. Francis Clark, M.D., D.T.M. & H., D.P.H., M.O.H.

Until recently all the college lecturers gave their services entirely gratuitously. Now a nominal honorarium is paid to lecturers, from
the fees of the students, supplemented by an annual government grant of $2,500 to the college, which was paid for the first time in 1902.

The original name of the institution was the Hongkong College of Medicine for Chinese, but in February, 1907, the name was altered by the Court, with the concurrence of the then patron, His Excellency Lt.-Colonel Sir Matthew Nathan, K.C.M.G., by the omission of the limiting phrase, which experience had proved to be undesirable since students of other nationalities than Chinese now avail themselves of the facilities offered by the college. Under the modified name, the Hongkong College of Medicine was incorporated by the Hongkong College of Medicine Incorporation Ordinance, 1907.

The Hongkong College of Medicine has thus far had no visible existence, and has had to use makeshifts to make good its somewhat anomalous circumstances. It has had its headquarters in the Alice Memorial Hospital, and the affiliated Nethersole and Ho Miu Ling Hospitals have also been open to students for purposes of clinical instruction; but, in addition, the college has borrowed accommodation for special purposes all over the city, e.g., the surgery lectures have been delivered at the Government Civil Hospital, biology has been taught at Queen's College, chemistry and physics in the Queen's College Laboratory, public health in the Royal Sanitary Institute's lecture hall, pathology and bacteriology in the Public Mortuary and the Bacteriological Institute, anatomical dissecting at the Public Mortuary; and the Tung Wa Hospital has also been made use of in tutorial classes for the clinical material it affords.

College buildings are, however, soon to be erected. The government in 1905 reserved, on the Tai Ping Shan resumed area, a site in every way suitable for the purposes of a medical college, convenient of access for lecturers and centrally placed in relation to the Government Civil Hospital, Alice Memorial Hospital, Nethersole Hospital, Ho Miu Ling Hospital, Tung Wa Hospital, the Public Mortuary and the Bacteriological Laboratory, to be granted to the Court free of charge; and a generous Chinese gentleman, Mr. Ng Li Hing, an old resident of this Colony, in 1907, offered to spend $50,000 in the erection of college buildings on the site thus held in readiness. His offer was accepted, and the buildings were about to be commenced, when Mr. H. M. Mody, a Parsee gentleman, came forward with an offer to His Excellency the Governor, Sir F. J. D. Lugard, K.C.M.G., C.B., D.S.O., to provide a sum of $180,000 for the erection of a university of Hongkong, which should incorporate the existing College of Medicine; and, pending discussion of the possibility of carrying through
this larger scheme, the Court decided to delay building operations. Mr. Ng Li Hing has indicated his willingness to allow his gift to go towards the university scheme.

Towards the end of 1906 property of the estimated value of $10,000 was bequeathed to the college for its maintenance, under the will of the late Mr. Tang Chuk Kai.

For the encouragement of the students, several Belilios scholarships, under trusts established by the late E. R. Belilios, Esq., C.M.G., a government scholarship and a Blake scholarship, established by the Chinese community in memory of His Excellency Sir Henry Arthur Blake, G.C.M.G., are open to competition at various stages of the curriculum.

PRELIMINARY EXAMINATION AND MATRICULATION.

Before an applicant is permitted to matriculate by entering his name on the general roll of students of the college, he is required to pass a preliminary examination in the subjects described hereinafter and to sign an agreement to serve the Hongkong government during the whole or any part of the three years immediately following his graduation as a licentiate of the college, at a fixed salary of $50 a month, with the privilege of private practice, or $100 a month without private practice, should he be called upon to undertake such service.

The subjects prescribed for the preliminary examination are in general accord with the Regulations of the General Medical Council of Great Britain, and are as follows:—

I. English, including reading, dictation, composition, grammar, analysis, with questions on the general outlines of English history and on the general outlines of the geography of Europe and Asia, with special reference to the geography of China.

II. Latin, or classical Chinese, or other classical language. (Grammar and easy translation from and into English.)

III. Mathematics, comprising:—(1) Arithmetic, including vulgar and decimal fractions, proportion, percentage, square root, and simple interest; (2) Algebra, including simple equations and easy quadratic equations; and (3) Geometry, including the subject matter of Euclid, Books I, II, and III, with easy deductions.

IV. One optional subject; Greek, French, German, a modern Chinese dialect, or other modern language. (Grammar and easy translation from and into English.)

Preliminary examinations during 1909 will begin on February 16th and August 17th.

A candidate shall be required to pass in all his four subjects at one or not more than two examinations, provided that he may offer himself for re-examination as often as may be necessary to satisfy this condition.
A candidate who professes all his four subjects at one time, and who has obtained in all a number of marks equivalent to the sum of the marks required for a pass in each, may be allowed a pass in the whole examination, provided that in no single subject he has obtained less than half of the marks required for a pass, and that the pass-mark be reached in the English paper.

The Oxford Local Examination Certificates, senior and junior, will be accepted as exempting from the preliminary examination pro tanto, i.e., will exempt from examination on subjects passed in the Oxford Local Examinations. Other claims for exemption from the preliminary examination will be specially considered by the Senate.

REGULATIONS FOR THE LICENCE.

I. The diploma granted by the college is in the following terms:

"We, the Rector, Dean, Secretary and Director of Studies of the Hongkong College of Medicine hereby declare that . . . . . . having attended courses of lectures during a period of five years in the various departments of professional study required by the College, has been examined and has duly satisfied the examiners in each of those subjects; that he is qualified to practise medicine, surgery, and midwifery; and that by authority of the Court of the College he is hereby granted the title of Licentiate in Medicine and Surgery of the Hongkong College of Medicine."

Where special merit has been shown in the professional examinations this fact is specially certified on the diploma.

II. Every candidate for the licence shall be required to produce evidence as follows:

(1). That he has been engaged in medical study for at least five years.

(2). That he has attended a course or courses of instruction in each of the following subjects of study:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Minimum Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physics</td>
<td>50 lectures</td>
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<tr>
<td>Chemistry</td>
<td>100</td>
</tr>
<tr>
<td>Practical Chemistry</td>
<td>50 meetings</td>
</tr>
<tr>
<td>Biology</td>
<td>75 lectures</td>
</tr>
<tr>
<td>Anatomy</td>
<td>100</td>
</tr>
<tr>
<td>Practical Anatomy (3 sessions)</td>
<td>12 months</td>
</tr>
<tr>
<td>Physiology</td>
<td>100 lectures</td>
</tr>
<tr>
<td>Practical Physiology</td>
<td>50 meetings</td>
</tr>
<tr>
<td>Materia Medica and Therapeutics</td>
<td>100 lectures</td>
</tr>
<tr>
<td>Pathology and Bacteriology</td>
<td>100</td>
</tr>
<tr>
<td>Practical Pathology</td>
<td>50 meetings</td>
</tr>
<tr>
<td>Public Health</td>
<td>50 lectures</td>
</tr>
<tr>
<td>Medical Jurisprudence</td>
<td>50</td>
</tr>
<tr>
<td>Midwifery and Gynaecology</td>
<td>100</td>
</tr>
<tr>
<td>Surgery</td>
<td>100</td>
</tr>
</tbody>
</table>
Clinical Surgery (3 sessions)  
Eye Diseases  
Practice of Medicine  
Clinical Medicine (3 sessions)  
Fever  
Mental Diseases  
Tropical Diseases  
Dispensary Practice (2 sessions)  

<table>
<thead>
<tr>
<th>Course</th>
<th>Minimum Time</th>
<th>Minimum Lectures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Surgery</td>
<td>12 months</td>
<td>13 lectures</td>
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<tr>
<td>Eye Diseases</td>
<td>8 months</td>
<td></td>
</tr>
<tr>
<td>Practice of Medicine</td>
<td>100 lectures</td>
<td></td>
</tr>
<tr>
<td>Clinical Medicine (3 sessions)</td>
<td>12 months</td>
<td>13 lectures</td>
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<tr>
<td>Fever</td>
<td>13 lectures</td>
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<tr>
<td>Mental Diseases</td>
<td>13 lectures</td>
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<tr>
<td>Tropical Diseases</td>
<td>100 lectures</td>
<td></td>
</tr>
<tr>
<td>Dispensary Practice (2 sessions)</td>
<td>8 months</td>
<td></td>
</tr>
</tbody>
</table>

(3). That he has attended for at least three years the medical and surgical practice of a general hospital or hospitals which accommodates, or together are capable of accommodating, not less than eighty patients.

(4). That he has attended under supervision at least twelve cases of midwifery; that he has been instructed in vaccination and has himself successfully vaccinated at least twelve persons; and that he has gained experience of practical pharmacy by being engaged for at least three months in the practical work of compounding and dispensing drugs.

III. Of the five years' curriculum of study, not less than three years must be spent in the Hongkong College of Medicine. With this limitation, evidence of study in any other medical school, or in a hospital under the guidance of a fully-qualified medical man, shall be allowed to count as the equivalent of one-half of the period of such study; and in the case of medical schools or hospitals specially recognised for the purpose by the Court, such period of study shall count for an equivalent period in the Hongkong College. Students who join the college after medical study elsewhere extending over a period of not less than two years may, at the discretion of the Court, be exempted from signing the engagement to serve the Hongkong government referred to under the regulations for matriculation.

IV. Every candidate for the licence shall be examined both in writing and orally, and also clinically or practically where the nature of the subject admits, on the following subjects, and approximately at the periods of study named:

<table>
<thead>
<tr>
<th>Year</th>
<th>Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of first year</td>
<td>Physics, chemistry, biology.</td>
</tr>
<tr>
<td>End of second year</td>
<td>Anatomy, physiology.</td>
</tr>
<tr>
<td>End of third year</td>
<td>Materia medica, pathology.</td>
</tr>
<tr>
<td>End of fourth year</td>
<td>Public health, medical jurisprudence, midwifery.</td>
</tr>
<tr>
<td>End of fifth year</td>
<td>Medicine, clinical medicine, surgery, clinical surgery.</td>
</tr>
</tbody>
</table>

Professional examinations shall be conducted by independent examiners appointed by the Senate, having as a rule no connection otherwise with the college; the lecturers on the various subjects acting as assessors and co-examiners.
V. When a candidate has satisfied the examiners in each and all of these subjects, the dean, by authority of the Court, shall present him to the patron of the college, or, in his absence, to the rector, by whom the licence shall be conferred.

Students are required to observe the following regulations in reference to the professional examinations:

1. No student shall be permitted to offer more than three subjects at any professional examination, and students are strongly recommended not to attempt more than two subjects at any one time.

2. No student shall be permitted to present himself for professional examination on physiology until six months after he has passed the professional examination on chemistry.

3. No student shall be permitted to present himself for professional examination on any of the more advanced subjects of the curriculum until six months after he has passed the whole of the professional examinations on physics, chemistry, biology, anatomy, and physiology.

4. No student shall be permitted to present himself for the final examinations on surgery and practice of medicine until six months after he has passed the whole of the other subjects of professional examination.

5. Any student who fails to pass in either surgery or practice of medicine at the final examinations shall be required to present himself for re-examination in both these subjects.

CLINICAL INSTRUCTION.

Clinical instruction is given daily in the wards and out-patient departments of the Alice Memorial, Nethersole, and Ho Miu Ling Hospitals, as well as special clinical demonstrations on ophthalmic surgery, dental surgery, the use of the laryngoscope, ophthalmoscope, etc.; while these hospitals also afford all facilities for students obtaining the knowledge of practical pharmacy, vaccination, and practical midwifery, required of candidates for the licence of the college.

SESSIONS.

There are two sessions of the college in each year; each session lasting for a period of four months:—Spring Session:—March to June, inclusive; Autumn Session:—September to December, inclusive.

FEES.

The fee of the college is $120 per annum. All fees are payable half-yearly on the opening day of each session of the college, and are required to be paid within a week from that date.

Students permitted to shorten their curriculum of study in Hongkong, under Section III of the Regulations for the Licence, shall be required to have paid fees not less in the aggregate than $600 before proceeding to their final examinations in medicine and surgery.
The China Medical Journal.

S PRING SESSION, 1909.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Lecturer</th>
<th>Place of Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Anatomy</td>
<td>Dr. G. D. R. Black</td>
<td>Public Mortuary</td>
</tr>
<tr>
<td></td>
<td>Dr. Ho Ko Tsun, Demonstrator</td>
<td>Kowloon Disinfecting Station.</td>
</tr>
<tr>
<td>Public Health</td>
<td>Dr. W. W. Pearse</td>
<td>Sanitary Board Office.</td>
</tr>
<tr>
<td>Medical Jurisprudence</td>
<td>Dr. F. Clark</td>
<td>Queen's College.</td>
</tr>
<tr>
<td>Chemistry</td>
<td>A. C. Franklin, Esq., F.I.C.</td>
<td>Alice Memorial Hospital and its affiliated hospitals.</td>
</tr>
<tr>
<td>Clinical Medicine</td>
<td>Dr. J. C. Thomson</td>
<td>Alice Memorial Hospital.</td>
</tr>
<tr>
<td>Clinical Surgery</td>
<td>Dr. R. M. Gibson</td>
<td></td>
</tr>
<tr>
<td>Tutorial Medicine and Midwifery</td>
<td>Dr. Jen Hawk</td>
<td>Tung Wah Hospital.</td>
</tr>
<tr>
<td>Midwifery and Gynaecology</td>
<td>Dr. C. Forsyth</td>
<td>Alice Memorial Hospital.</td>
</tr>
<tr>
<td>Mental Diseases</td>
<td>Dr. W. V. M. Koch</td>
<td>Government Asylum.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Dr. W. V. M. Koch</td>
<td>Government Civil Hospital.</td>
</tr>
<tr>
<td>Anatomy</td>
<td>Dr. G. H. L. Fitzwilliams</td>
<td>Alice Memorial Hospital.</td>
</tr>
<tr>
<td>Physics</td>
<td>Dr. W. B. A. Moore</td>
<td>Queen's College.</td>
</tr>
<tr>
<td>Pathology and Bacteriology</td>
<td>Dr. W. Hunter</td>
<td>Bacteriological Institute.</td>
</tr>
<tr>
<td>Practical Pathology</td>
<td>Dr. H. G. Hobson</td>
<td>Bacteriological Institute.</td>
</tr>
<tr>
<td>Physiology</td>
<td>Dr. R. A. Bellilios</td>
<td>Alice Memorial Hospital.</td>
</tr>
<tr>
<td>Biology</td>
<td>A. R. Sutherland, Esq., M.A.</td>
<td>Queen's College.</td>
</tr>
<tr>
<td>Practice of Medicine</td>
<td>Dr. F. T. Keyt</td>
<td>Alice Memorial Hospital.</td>
</tr>
<tr>
<td>Materia Medica and Therapeutics</td>
<td>Dr. O. Marriott</td>
<td>Alice Memorial Hospital.</td>
</tr>
</tbody>
</table>

NANKING UNION NURSES' SCHOOL.

The Nanking Union Nurses' Home and School opened October 5th, 1908. It proposes to give a three years' course to graduates of mission boarding-schools and four to five years' course to undergraduates according to their capability.

A suggestive outline of a three years' course of instruction as outlined in Isabel Hampton Robb's "Nursing: Its Principles and Practice," which is translated into Chinese and now in press, has been accepted by the above school. During the three years, graded instruction, practical and theoretical is given in the following subjects: Bacteriology, hygiene, household and nursing economics, including dietetics, anatomy, physiology, materia medica, the principles of nursing and their practical application to the care of medical, surgical, gynecological, and obstetrical patients, as well as in mental and infectious diseases. Special attention is given to the subjects of surgical technique, massage, baths, and the ethics of nursing.

The Central China Medical Association has undertaken to give final examinations to the student nurses and confer diplomas on
Nanking Union Nurses' School.

successful candidates. The examining committee of said association also issues rules governing nurses.

A resident foreign-trained nurse is to be superintendent of the school and to use the different mission hospitals of the city as the field of training, also giving personal oversight to private and district nursing done by students.

The Friends' Mission has asked their Board to send a fully equipped evangelistic woman for a term of six years, pledging her support on the field.

To Mission Boards and friends of the cause the following propositions are made:—

1st.—By the yearly subscription of $100.00, gold, for six years, entitling said Boards to place four students in the school. The above amount covers the expense of tuition, uniforms, books, board, and washing.

2nd.—By the annual subscription of $30.00, gold; the amount covering a scholarship, which entitles a student to tuition, uniforms, books, board, and washing.

Students may be sent from any part of the mission field.

The expenses of the school are entirely met by the annual subscriptions, scholarships, and nursing receipts.

The faculty consists of the doctor of the Friends' Hospital, the superintendent nurse of the school, and the nurses of the mission hospitals of the city, and Chinese teachers as necessary.

Lectures on special subjects will be given by the physicians of these hospitals.

CHINESE TEXT-BOOKS.

Nursing: Its Principles and Practice.—Hampton.
Anatomy and Physiology.—Porter.
Manual of Nursing.—C. C. M. M. A.
Nursing in Abdominal Surgery.—Fullerton.
Obstetrics.—Evans and Ashton.
Bacteriology.—Archinards.
Therapeutics.—Hare's.
Eye and Skin Diseases.—Translated by Dr. Neal.
Medical Lexicon.—Cousland.

ENGLISH REFERENCE BOOKS.

Anatomy for Nurses.—Bundy.
Materia Medica.—Stoney.
Bacteriology.—Stoney.
Bandaging.—Davis.
Massage.—Ostrom.

On behalf of the Committee,

LUCY A. GAYNOR, M.D.,
Friends' Hospital.
NURSES' TRAINING SCHOOL, ANKING.

DEAR DOCTOR:—On page 118 of the March number of the China Medical Journal you ask how many training schools for nurses there are in China. May I call your attention to the one we have in connection with St. James' Hospital? Student nurses, both men and women, were received in the departments of the hospital after the opening of the new hospital in October, 1907, but regular courses of instruction were not started until after Chinese New Year, in February, 1908. The course is for three years, after which the graduate nurses are under contract to serve the Mission for an additional two years. A good knowledge of Chinese is required for entrance into the school, and lectures are given on Chinese, elementary English, elementary arithmetic, anatomy, physiology, materia medica, and practical nursing. Of course these lectures are supplemented by constant instruction in the wards, dispensaries, and operating rooms of the hospital, and diploma will be granted only after satisfactory examination on the above subjects.

We have now in the school sixteen nurses, our full quota, ten men and six women, all of whom have had more or less of a high school education.

Miss M. R. Ogden is in charge of the women and Miss S. C. Tomlinson of the men nurses, and it was only through their help that the starting of the school was made possible.

The nurses receive board, laundry, uniforms, and a graded salary, ranging from fifty cents per month for the women probationers to six dollars per month during the third and fourth years of service for both men and women.

The women and men nurses are kept carefully segregated with separate lectures on all subjects.

Yours very truly,

H. B. TAYLOR.

UNION SCHOOL FOR NURSES, PEKING.

The Union Training School for Nurses, Peking, was opened in October, 1906; the American Methodist and Presbyterian and the London Missions participating. A year and a half later the London Mission, having no woman physician on the field, withdrew, so that the work at present is carried on by the two American Missions.
PEKING UNION TRAINING SCHOOL FOR NURSES.
of the girls who entered the first year is now studying medicine, several others have dropped out for one reason or another. Some entered with the purpose of taking but one year before marrying, and are now out on country stations ready to bring real practical help to many homes about them. Eight girls are now in attendance.

The teaching staff: Drs. Gloss and Leouard, Misses McKillican and Powell. Course three years. Practical work throughout. Lectures for first two years.

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**THE VIEWS OF AN EDITOR.**

**THE CHINESE MEDICAL PROFESSION.**

"Le Comte, in his memoirs and observations published in the latter part of the seventeenth century wrote: 'There is another disorder in China, a great deal more dangerous than that they lay to our charge, and that is that there everybody is permitted to practise physic, like other mechanical arts, without examination, or taking degrees.' This is as true at the present day as when it was first committed to paper. For centuries medical knowledge in China has been at a standstill, and the population has been at the mercy of the ignorant charlatans who pass themselves off as doctors. In spite of over half a century of close contact with Europeans the Chinese doctor of to-day remains ignorant of the rudiments of anatomy and physiology, and has the most ludicrous notions of the functions of the internal organs and the causes of disease. He pretends to determine the treatment and prognosis of every ailment by feeling the pulse alone, and ascribes several pulses to each arm and infinite variations to each pulse. Each pulse is supposed to show the condition of some particular organ of the body, and all the pulses may vary at the same time. Diseases are attributed to occult influences of the most absurd kind, and reliance is usually placed upon the quantity rather than the quality of the medicine swallowed. Thus doses may vary from thirty to forty pills and a pint to even a quart of liquid. The disgusting nature of many of the medicines employed is a matter of general knowledge. Surgery, as the word is understood in Western land, is unknown, and boils and similar afflictions, instead of being opened and drained, are closed by the unsightly pitch plasters, which are such a common sight in the streets of native cities.

"Such being the present state of medical science in China, it is hardly to be wondered at that even those who may profess little sympathy for
ordinary missionary work are whole-hearted supporters of mission hospitals. The amount of good done by these institutions can hardly be exaggerated. That their work is beginning to be appreciated, is shown by the fact that there is scarcely a mission hospital in China where the foreign doctors are not grievously overworked. Nevertheless many thoroughly qualified native students pass out of these hospitals, and though their numbers hardly count as yet amongst the teeming millions of China, their influence must help to overcome some of the Chinese prejudices against foreign doctors. How deep-rooted these prejudices are, is apparent to everyone who has lived in China for a few years. In spite of the excellent work done by the hospitals in Shanghai there are too many who can only be persuaded with the utmost difficulty to enter their doors, and prefer the crude methods of their own doctors to the enlightened methods of Western science. Treatment in a foreign hospital, after an accident, may remove some fears, but the patient is likely to return to his old advisers when his injuries have healed. So great is the antipathy of Chinese public opinion to the surgeon’s craft that post mortem examinations are banned, and unless there are external marks of violence there is frequently no possibility of discovering how death has been caused. An inquest upon the suspected victim of a crime is usually the merest farce; the tests used by the native practitioners seldom revealing the real cause of death.

"It is clear that in no profession is reform more urgently needed than in that of Chinese medical practitioners, but how that reform is to be carried out is a very different question. A competent medical profession cannot be created in a few years for a country of such vast dimensions as China, and though the mission hospitals are training as many native assistants as possible they can as yet but touch the fringe of the problem. Government action on a liberal scale is necessary if anything is to be accomplished in the present generation, and even that will not suffice unless aid is forthcoming from native communities throughout the land. Hospitals, under expert supervision, should be formed in every city of any size in the empire, and this cannot be done without the philanthropic support of every large Chinese community. At the present moment a bitter fight is being waged against the opium habit, and refuges for curing victims of the drug have now been opened all over the empire. Might not these form the nucleus of a system of hospitals for the care of the sick and the training of students in every district? Years of hard work would be necessary to make such a system succeed, but not until something of the kind is done, will it be
possible to organize a body of competent doctors sufficient in number for the needs of the people. At present China is at the mercy of every wave of infectious disease. Each epidemic of cholera, plague, small-pox, and other disease smites down thousands who might escape by observing the simplest sanitary precautions, or by receiving proper medical attention. In spite of this fact no effort is being made by China herself to face the problem. Europe and America have already demonstrated their interest in the problem by founding hospitals and universities, but they cannot undertake the entire financial responsibility of creating a medical profession sufficient for the needs of China, and it must be felt that nothing short of concerted action throughout the nation itself will put an end to the disorder pointed out by M. Comte so many years ago."

—(N.-C. Daily News. Editorial, July 17th, 1909.)

A STANDARD OF ENTRANCE REQUIREMENTS

(At a Home University.)

EPITOMIZED STATEMENT OF ENTRANCE REQUIREMENTS.

A total of 35 units is prescribed. The subjects under A and B, except Latin and Greek, are insisted upon. The remaining units may be made by offering any of the electives.

A. College Entrance Requirements. (16-23 units.)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>4</td>
</tr>
<tr>
<td>History</td>
<td>2</td>
</tr>
<tr>
<td>Mathematics</td>
<td>7</td>
</tr>
<tr>
<td>Algebra</td>
<td>2</td>
</tr>
<tr>
<td>Plane Geometry</td>
<td>2</td>
</tr>
<tr>
<td>*Latin</td>
<td>6</td>
</tr>
<tr>
<td>*Greek</td>
<td>3</td>
</tr>
<tr>
<td>*Elementary German</td>
<td>3</td>
</tr>
<tr>
<td>*Elementary French</td>
<td>3</td>
</tr>
</tbody>
</table>

B. Special Scientific Requirements.

Mathematics (Elementary Plane Trigonometry) ... 1 unit.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate German (Course 322)</td>
<td>3</td>
</tr>
<tr>
<td>Intermediate French (Course 282)</td>
<td>3</td>
</tr>
<tr>
<td>*Biology (incl. Laboratory work)</td>
<td>3</td>
</tr>
<tr>
<td>*Physics (incl. Laboratory work)</td>
<td>3</td>
</tr>
<tr>
<td>General and Inorganic Chemistry (including Laboratory work)</td>
<td>3</td>
</tr>
</tbody>
</table>

C. Elective Subjects for Completion of Required Total of Units.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>English (advanced)</td>
<td>3</td>
</tr>
<tr>
<td>Mathematics</td>
<td>1 or 2</td>
</tr>
<tr>
<td>Greek</td>
<td>3</td>
</tr>
<tr>
<td>Latin</td>
<td>9</td>
</tr>
<tr>
<td>French</td>
<td>3</td>
</tr>
<tr>
<td>Other foreign modern scientific languages may be credited as in the Arts and Science Department of the College of this University.</td>
<td></td>
</tr>
</tbody>
</table>

* Two languages other than English must be offered; one of these two must be French or German; the two may be French and German or either Latin or Greek with French or German. In case of French or German the total amount must include both the elementary French or German of A and the Intermediate French or German of B (a total of six units).

† Laboratory note-books and a complete and official statement of the experiments or exercises performed by the candidates must accompany all certificates.

‡ These subjects must be understood as of a grade at least equal to that usually prescribed in the Freshman Year in reputable colleges. As above indicated they have been selected from the list of Freshman studies of this University and the unit values attached refer to courses therein given.
ADMISSION REQUIREMENTS.

In the past the requirements for admission to this department have been equivalent to those prescribed for admission to the freshman class of the college. The university has decided to make important additions to the requirements, some of which have been in force for the class entering session of 1908-09; others of these additions are to be enforced for admission in 1909, and the full requirements contemplated will be demanded of candidates entering in 1910 and thereafter.

Briefly outlined the new requirements are as follows:—

For the Academic Year 1909-1910.—Candidates must have successfully completed work equivalent to that prescribed for the freshman class in colleges recognized by this university, which must include a knowledge of physics, chemistry, and general biology or zoology, together with appropriate laboratory work in each of these subjects, as specified by the College Entrance Examination Board, and two foreign languages, one of which must be French or German. (For detailed information, see pages 383-398 of the catalogue.) Certificates from recognized colleges covering these requirements will be accepted in lieu of an examination.

For the Academic Year 1910-1911.—Candidates must have successfully completed work equivalent to that prescribed for the freshman and sophomore classes in colleges recognized by this university, which must include a knowledge of physics, chemistry, and general biology or zoology, together with appropriate laboratory work in each of these subjects, as specified by the college entrance examination board, and two foreign languages, one of which must be French or German. (For detailed information, see pages 383-398 of the catalogue.) Certificates from recognized colleges covering these requirements will be accepted in lieu of an examination.

Exceptions to Above.—Candidates who have had insufficient preparation in physics, chemistry, general biology, or zoology, but who have successfully completed at least three years of an accepted college course, will be admitted with conditions in these subjects. These conditions may be removed, at least in part, through the successful completion of courses offered in the summer school, whose six weeks' session begins July 6th. Inquiries concerning such summer work should be addressed to the director of the Summer School, College Hall.
VALE MISSION HOSPITAL, CHANGSHA.
In Consultation.

DEAR EDITOR: In a report received from a medical missionary at work in India, I notice that he claims to have good results in the treatment of corneal opacities with 10 per cent. dionin solution. I shall be glad to hear of anyone in China who is having a like success in this most disappointing condition.

I am, yours truly,

ANDREW GRAHAM.

I'CHANG, July 26th, 1909.

Reports of Customs Surgeons.

REPORT ON THE HEALTH OF WUCHOW FOR THE YEAR ENDED 31ST MARCH, 1909.

By Dr. PHILIP REES.

During the past twelve months Wuchow has well maintained its reputation for ague. Considering that so many of the native population harbour the malarial parasite in their blood, it is not surprising that a large number of the foreign residents have suffered from one or more attacks. Fortunately these have all been of the benign variety. The pernicious type of malaria is rarely met with in this neighbourhood. It is noteworthy that foreigners living in boats have suffered less than those living on shore. It is the exception for the former to get malaria, while it is the exception for the latter not to get it. The houses of the foreign members of the Customs' staff, from the Commissioner downwards, are unhealthy in situation and unsuitable in style. It is to be hoped that it will soon be found possible to erect new quarters, in which the sleeping apartments are well raised above the ground, on land clear of paddy fields and vegetable gardens.

Apart from malaria the general health of the foreign residents has been good. There has been a remarkable freedom from bowel complaints, such as typhoid and dysentery, and this in spite of the fact that the sanitation of the town remains in just the same neglected condition as in the days of Hippocrates himself. We have not seen a case of plague or cholera in the port for two years.
The native out patient practice has shown the large number of cases of tuberculous disease customarily met with in most Chinese hospitals. It is curious that amidst so much tubercle we see so few examples of lupus vulgaris or tuberculosis of the reproductive organs. Bright's disease is common. Malaria seems to be insufficiently recognised as a cause of nephrites. It certainly aggravates any existing renal trouble. We are constantly seeing cases which, in symptoms and clinical course, correspond exactly to portal cirrhosis. It is difficult to believe that in a country where drunkenness is comparatively rare, these are all due to the effects of alcohol. It is possible that alcohol plays a less important part on the aetiology of such conditions than is usually assigned to it in textbooks.

A large number of cases of non-malarial remittent fever have come under our notice. The principal symptoms have been fever, unfluenced by quinine, intense headache, backache, and pains in the limbs, and absence of any rash. The mortality is nil. No doubt this "West River Fever" should be placed in the same category as those known indefinitely as "River Port Fever," "Atypical Dengue," "Seven Day Fever," etc., of which several descriptions have recently appeared in the medical journals. Analogy makes it not improbable that this fever may be found to be due to protozoal infection carried by some blood-sucking insect.

The amount of operative work undertaken has not been large. A few cases of vesical calculus have come for treatment, and these have been removed by the suprapubic method. Vesical calculus is not so common in Kwangsi as in the Canton delta. Towards the close of the year we had an interesting example of the way in which the puncture of an abdominal wound may be closed by a protruding piece of mesentery, and so general peritonitis averted. The patient walked up the steps, waited his turn with the other out-patients and then stated that nine days previously he had been stabbed in the abdomen. On removing his clothes a large fan-shaped mass was seen protruding from a hole just above and to the right of the umbilicus. It was some five or six inches in length, about one inch thick at the base, and covered with bleeding granulation tissue. A quantity of pus was oozing up from the opening and some more pus had burrowed beneath the skin all around. The mess was evidently great omentum. The treatment consisted in ligaturing the base as for an ovarian pedicle, cutting away the omentum and applying fomentations. In a few weeks skin had grown over the site of the wound and the man regained good health. The only result of his accident is the possession of a
double umbilicus. In this case, as in many others, the mesentery proved the patient's best friend.

Leprosy is common in Kwangsi, but practically no attempts are made to cope with the evil. The half-starved wretches are allowed to wander up and down the country in search of food, and so the infection is spread far and wide. In order to do something for their relief fifteen small cottages have been erected on an island some ten miles above Wuchow; the entire expenses being borne by the "Mission to Lepers in India and the East." These cottages are raised some feet above the ground so as to admit of air circulating below and all around. The lepers are thus placed in as favourable hygienic circumstances as possible.

There is some land around suitable for cultivation, and fishing nets have been provided for the use of those not too far advanced in disease.

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REPORT ON THE HEALTH OF TENGYUEH FOR THE YEAR ENDED 31ST MARCH, 1909.

By Dr. Wihal Chand.

The natural drains help very much in the rainy season, the artificial drains are unsatisfactory. No improved system of cleaning the latrines and taking and disposing of the human excreta from the town is in practice here. Personal hygiene is very much neglected; many people seem to have no idea of it.

METEOROLOGICAL TABLE (LATITUDE 25.2° N., LONGITUDE 98.30° E.)

I am under obligation to Mr. B. Cavanagh, Assistant Examiner, for kindly supplying me with the meteorological table given below:

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Maximum aver.</th>
<th>Minimum aver.</th>
<th>Rainfall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>°F.</td>
<td>°F.</td>
<td>Inches.</td>
</tr>
<tr>
<td>May</td>
<td>1908</td>
<td>77</td>
<td>59</td>
<td>4.46</td>
</tr>
<tr>
<td>June</td>
<td></td>
<td>75</td>
<td>65</td>
<td>11.52</td>
</tr>
<tr>
<td>July</td>
<td></td>
<td>77</td>
<td>65</td>
<td>12.92</td>
</tr>
<tr>
<td>August</td>
<td></td>
<td>80</td>
<td>64</td>
<td>8.76</td>
</tr>
<tr>
<td>September</td>
<td></td>
<td>80</td>
<td>61</td>
<td>4.87</td>
</tr>
<tr>
<td>October</td>
<td></td>
<td>79</td>
<td>52</td>
<td>4.37</td>
</tr>
<tr>
<td>November</td>
<td></td>
<td>71</td>
<td>45</td>
<td>9.37</td>
</tr>
<tr>
<td>December</td>
<td></td>
<td>73</td>
<td>32</td>
<td>...</td>
</tr>
<tr>
<td>January</td>
<td>1909</td>
<td>67</td>
<td>30</td>
<td>1.11</td>
</tr>
<tr>
<td>February</td>
<td></td>
<td>70</td>
<td>34</td>
<td>...</td>
</tr>
<tr>
<td>March</td>
<td></td>
<td>76</td>
<td>40</td>
<td>0.11</td>
</tr>
</tbody>
</table>
During the period under report the hottest day was the 7th September, 1908, with the maximum temperature 89°. The coldest day was the 4th January, 1909, with the minimum temperature 22°. The heaviest rainfall was 3.61 inches on the 6th July, 1908. No snowfall. The prevalent wind was S. W., but more southerly during the summer months.

The general health of the port was satisfactory, and that of the foreigners was fair.

**Classification of the diseases treated.** The number of patients treated was 847 out and 9 in; total 856, viz:—

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Out.</th>
<th>In.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the digestion system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malarial fevers</td>
<td>129</td>
<td>1</td>
</tr>
<tr>
<td>Ulcers</td>
<td>112</td>
<td>3</td>
</tr>
<tr>
<td>Diseases of the eye</td>
<td>93</td>
<td>2</td>
</tr>
<tr>
<td>Diseases of the skin (mostly scabies and ringworm)</td>
<td>84</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Veneral diseases (Syphilis, Gonorrhoea)</td>
<td>39</td>
<td>10</td>
</tr>
<tr>
<td>Worms</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>Diseases of the connective tissue</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Local injuries</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Goitre</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Dysentery</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Debility and anaemia</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Tubercular diseases, including tubercle of the lung</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Diseases of the generative system</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Nervous</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Circulatory</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Urinary</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Midwifery cases</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Poisons</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Other miscellaneous diseases</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>847</td>
<td>9</td>
</tr>
</tbody>
</table>

The most prevalent diseases treated during the period under report were: Malarial fevers (most of the cases suffering from this ailment came here from the malarial frontier places of Burma), diseases of the digestion system, of the eye, and of the skin, ulcers, venereal diseases, worms, and goitre.

Three cases shown in the list as "poisons" were of the opium poisoning (all females); two of them recovered and one died. For the latter I was called when my services could be of no help.

Ten cases shown in the list as "midwifery cases" were obstetric cases; all of them had head presentation, and were delivered by forceps;
in six cases the children were born alive, and in the remaining four cases dead children were born. During my stay here I have been mostly called for these obstetric cases, and regret to say that I was always called in very late; the patients having all had their labour pains more than four days and up to nine days.

There are no trained or even fairly good country nurses to attend on such cases, and the relatives even do not like to touch women in labour. Only poor old women help a little in such cases; otherwise they are left entirely to nature. The four cases in which dead children were born, were primipara, and were attended by ordinary old women as mentioned above, who tried to get the children out by force, but in vain, and they killed the children in the womb. After that I was called in, and the dead children were delivered by forceps. All the ten mothers are doing well.

Here it will be better to mention that in 5 out of the 10 above mentioned cases the after-birth came out about 3 to 9 hours after the confinement, and I have come to know that it is a common complaint here, and have also heard that sometimes women lose their lives on account of the placenta not coming out after the birth of the child. I am in a position to say that, though syphilis may be the cause of this complaint to some extent; exposure to extreme cold here does more harm. These are the principal causes, but of course there may be some others besides.

Three cases of "lepra nodosa" were seen by me. I have not shown them in the list, as I had not an opportunity of treating them.

One case shown in the list as "cancer," is that of an old woman of about 58. The disease is on her right breast, of about 3 years' duration, and is now under treatment.

Twelve cases shown in the list under "tubercular diseases," were of pulmonary phthisis in different stages, which came under my treatment among out-patients for some time. I regret to note that these people have no idea that this disease is a contagious one, and therefore no attempt is made to prevent its spread. Nearly all, tubercular or non-tubercular, generally spit on the floors, walls, in corners and behind the doors of the rooms. No pot is used for this purpose even in the very clean houses of the rich.

I am glad to note that vaccination is now taking the place of inoculation here, as the people have come to know about the dangerous effects of inoculation, and at the same time have learned to trust in vaccination, which I may say, is due to the efforts of my predecessor, Dr. Ram Loll Sircar, who tried his best to induce the parents to get
their children vaccinated, and who vaccinated many with excellent results during the past six years. During this winter season I have vaccinated 92 cases, all with successful results.

The following is a list of surgical operations performed during the period under review:

<table>
<thead>
<tr>
<th>Name of operations</th>
<th>Method</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental operation</td>
<td>Extraction of teeth</td>
<td>23</td>
</tr>
<tr>
<td>Other dental operations</td>
<td>Opening of gum boils by free incision</td>
<td>3</td>
</tr>
<tr>
<td>Evacuation of abscess</td>
<td>Amputation of first and second metatarso</td>
<td>12</td>
</tr>
<tr>
<td>Operation on joints</td>
<td>Phalangial articulation of the right foot by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>circular incision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amputation of one phalangial articulation of the hand by circular incision</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Removal of necrosed pieces of bones by incision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excision and ligation of external and internal piles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Removal of impacted stone of an abnormal size from the urethra (under chloroform)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43</td>
</tr>
</tbody>
</table>

Though generally the people are afraid of operations I am glad to note that they can bear pain much better than foreign patients; for instance, I was called to the Taotai’s Yamen to attend his female cook, who had caries in three of her teeth (lower molar, 2 right D and 1 left). She had been suffering from attacks of toothache for a long time. She was 28 years old. She requested me to take out all these 3 teeth, which were very firm. I then extracted all of them one by one, but she never told me even once that she was feeling pain.

There was no dispensary here before January, 1903. In January, 1903, Doctor Ram Loll Sircar was appointed medical officer here; it was he who made the dispensary and foreign treatment somewhat popular among the people, and they now have some belief in foreign treatment, as is shown by the list of patients treated.

The town is about 5,365 feet above the sea level. The climate in summer is not very hot, and the winter nights are cold, but during the day the sun is warm. On the whole, the climate is very healthy. The rainy season lasts about 4 to 5 months, but there is comparatively very little malaria here. The water supply is obtained from wells, sufficient in quantity and good in quality.

There has been no outbreak of any contagious or infectious disease, such as small-pox, enteric, typhus, scarlet fever, plague, cholera, or diphtheria, etc., during the period under report.

TENGYUEH, March, 1909.
REPORT ON THE HEALTH OF KONGMOON FOR THE SIX MONTHS ENDING MARCH 31ST, 1909.

By Dr. J. A. McDonald.

During the past six months there have been several cases of malaria, mostly of the tertian form, one of pleurisy, one of bronchitis, and one of cardiac trouble among the foreigners at Kongmoon.

We have not seen many definite cases of malaria among the natives. As a rule we find they do not present themselves for the treatment of the disease, but for the resulting anemia, etc. Practically all the cases treated were simple tertians, responding readily to full doses of quinine.

There has been less small-pox than usual this spring. Most of the cases have occurred in that part of the native city lying on the north side of the river.

During our first year here we were called to only one obstetrical case among the Chinese. In this branch there seemed to be a very strong opposition to the foreigner. This has been changing lately and, within the past month several calls have come from distant villages. Two of these were women with deformed pelvis. Both were primiparae, aged respectively 38 and 19. As the children were dead when called a craniotomy was performed in each case. The first was seen twenty-four hours after labor began and made a good recovery. The second was not seen until three days after labor began and was in a worn out condition. She is still under observation, and little hope is entertained of her recovery.

KONGMOON, March 31st, 1909.

A MEDICAL COLLEGE FOR PEKING.

Recently, says a Chinese report, the British Minister in Peking approached the Waiwupu with a proposal to found a medical college in Peking, the purpose of which would be to spread medical knowledge in China for the conquest of human pain and disease. He agreed that the institution, when formed, should be under the Chinese educational authorities, and the offer was accepted by the Waiwupu. It is stated that the British government has provided $50,000 for the endowment of the college and has also directed the Minister at Peking to address the Waiwupu formally on the subject.—*N.-C. Daily News*, May 11, 1909.
The China Medical Journal.

Vol. XXIII. September, 1909. No. 5.

The yearly subscription to the China Medical Missionary Association is $4 Mex., payable in January of each year. This includes the Journal and postage on the same, whether local or foreign.

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

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

ON THE TELEPHONE.

PRESS MANAGER: "How dye, Doctor. Haven't forgotten us?"
EDITOR: "No, still love you dearly."
PRESS MANAGER: "Well, send along the proof."

TERMINOLOGY.

LITTLE GIRL: "Father, what is an institution for diseased cats and dogs called?"
FATHER: "A chloroformatory!"

Editorials.

The conditions of medical mission work in China are no longer capable of being stated in terms of any church or of any hospital and still less of any person. What is true of medical mission work is all the more so of medical education. We remember that only so long as three years ago we heard a sophomore medical student, who purposed to come to China as a medical missionary, say that when she came she would build her own hospital, run her own hospital, train her own nurses, and didn't want interference or suggestion from any outside person whatsoever. There was a time in China, and there may be in Africa to-day, when the very narrowness and self-completeness of such an attitude of mind might prove the essential condition of success. But that day has passed in China. The day of one-man medical schools, managed on a one-man basis and dependent on the health and efficiency of an individual, is passing out of our present horizon along with hoopskirts, sedan-chairs, and last year's magazines.

The Medical Missionary Association of China, founded on the basis of mutual helpfulness along all lines of our medical missionary service, is in itself the death blow to crank enterprise and
1. Church where Graduating Exercises of Hackett Medical College are held, Canton.  2. Hackett Lecture Hall.
Editorial.

individual self-sufficiency. It implies strength in union—mutual and progressive helpfulness—the power to undertake and carry through combination enterprises. The main lines of work undertaken by the association in recent years, and expressed chiefly through the CHINA MEDICAL JOURNAL, which is its official organ, are as follows:—

1. The organization of local branches, with constitution and object in perfect harmony with the parent, enabling medical men to get together in the larger centres for consultation, discussion, and mutual benefit.

2. The production by translation and original publication of the essentials of a medical literature in Chinese in the hands of a large and flourishing Publication Committee, represented by men from all over China. This committee has already on the market and in the press a considerable number of translations of the most modern and generally satisfactory text-books on scientific medical subjects, of which thousands of copies have already been distributed.

3. In connection with this publication work a special Committee on Terminology has edited, with much labour and great care, a fairly complete medical dictionary in the Chinese language, making use of every possible source in the construction on Chinese lines of what is almost a new language.

4. A special Research Committee has undertaken a large and important line of special investigation, which is the first of several contemplated researches, and makes brighter the hope of solving some of the most pressing questions in the nosology of China. Already the work of this committee has borne considerable fruit, both in the facts revealed by its investigations and more particularly in the stimulus it has given and the co-ordination it has brought about in the work of individual investigators.

Passing from the days when each hospital trained a few assistants for its own service, we have come to the time and are favouring the proposition of founding in the larger centres union medical schools thoroughly staffed and equipped for the education and distribution of large numbers of well-trained men for the practice of scientific medicine in China. Already there is a promising institution of this kind, the Union Medical School in Peking. There are some twelve smaller medical schools in such centres as Hankow, Canton, Shanghai, Hangchow, etc., which,
though turning out few in numbers, are able to boast somewhat of the efficiency of their graduates. (We are only speaking now of missionary institutions.)

Conferences of the association are held from time to time, and the constant watchfulness of the executive over the interests which are common to us all have so unified our body in the East that no man longer either claims or desires his independence of his fellow-workers. Under these conditions the diversities of gifts and the diversities of our natures will vary the interpretation of the relative place of each of us in the body at large.

On the firing line pioneer work, which we shall see in China for twenty-five years to come, tends to a simpler and more conservative scientific practice and a greater evangelistic stress, whereas older work develops a demand for more science and more medical teaching, greater confidence, and of necessity leaves the evangelistic work (please notice that we by no means say "Christian" work) to the Church's appointed ministers and Christian teachers. Entirely apart from the abilities and desires of the individual, these circumstances of work may determine his experiences. In Szechuan or Hunan provinces a man may still refuse abdominal surgery and confine himself to dispensary work, minor operations, and personal evangelistic teaching. In a large, well-established hospital in Shanghai or Peking he is not free to choose in these matters. Abdominal work compels the doing, and major surgery is thrown at his feet and left there. He must teach because he must have competent assistants in this surgery. He must work with the microscope because he cannot make his diagnoses without it. And if he does these things well, he will find that he must limit the amount of evangelistic work he can do very positively. But the wise church of the present day will allow him to do this conscientiously by providing for the centralizing of its medical work, by the providing of sufficient chaplains and other religious works to more than fill this gap, and it will be sufficient if the physician shows himself heartily and unfailingly in sympathy and cooperation with these—actually one with them in Christian service.

The day of medical missions is about over in Japan, the Japanese very naturally preferring their own thoroughly efficient
scientific physicians to foreigners. And so it will be gradually in China. Year by year brings its larger number of graduates from the Mission medical schools and its smaller number of natives returning from foreign lands bringing their M.D.'s with them. This was the status in Japan only twenty-five years ago, and it takes something short of a Greater Prophet to see and to foresee the future in China. It will take longer than in Japan and prove slow by comparison. The lump is larger and far more stodgy, but the end is as inevitable. When it does come, we may take our return tickets and go to chicken-farming. Meanwhile, what? Well, a great deal, but briefly:

1. In pioneer work we shall go on pretty much as in the past, with some lessons well learned and some mistakes corrected.

2. We shall, with all our hearts, endeavour to associate medical practice with earnest Christian manhood.

3. To lay the foundations of a truly scientific practice in China as free as may be from every form of quackery and malpractice and the moth and rust of ages.

4. To give to China the foundation of a scientific medical literature.

5. To know when to get out and to do it gracefully.

The day of small things in medical work in China is past and gone. If a great thing is to be done, it is worth doing greatly. To give the unspeakable gift of scientific medicine to four hundred millions of people who have it not—to buy this great thing, it may be that we must sell all that we have.

SIGNED EDITORIAL.

It is an age-long debate as to whether seeing a clinic of two hundred out-patients a day, and thereby "conferring the benefits of modern medicine on a greater proportion of the community," is as wise a method as that which limits the number so that patients can be carefully examined and wisely treated.

That is, the question has been debated in the past, perhaps is still debatable in certain localities where a dispensary is estab-
lished quite apart from a medical educational centre. But for the medical teacher of to-day it is not a debatable question. I do not think that the fact of one's being a medical missionary alters the situation in the least. We are here to teach and heal and to teach others how to carry on that work, and it is axiomatic to say that the thorough training of medical men will enable any given worker to reach more men and influence them more powerfully than any amount of merely personal un-multiplied endeavor.

Chinese students generally and even your old-school Chinese teachers recognize this. Hear one of the latter speak:

"How many do you see every day in the out-patient department? Forty? Sixty? One hundred? I tell you it is far more important for you to give your time to teaching Chinese students how to be good doctors, how to thoroughly appreciate the facts of anatomy and physiology which have given you the power you have in medicine and surgery than to see that many or even more out-patients in the dispensary."

In a recent article on "The Standards of the University" (The Independent, June 17, 1909, page 1,338) President Jordan, of Leland Stanford University, strikes the note I should like to hear rung out among all our teachers. The question of what language we shall use in China as a medium of instruction in China seems to me to loom considerably less large than it did once. True it must be faced. But it is far less important than the question of our personal standards. President Jordan refers to a passage in which Robert Louis Stevenson speaks of the power to hold a few friends, and these "without compromise." He was to remain Robert Louis Stevenson throughout these friendships. He was to abate none of his opinions, his principles or his chosen lines of action to come close to these fellow-spirits. "And this," continues President Jordan, "as college teachers, must be our attitude toward our younger fellow-students. We must draw them to us because we represent the standards they hope, vaguely no doubt, to attain. These standards must be kept in sight, sharply and severely maintained." And how much more vital when those we teach have not even the hope for standards, that we uphold without relaxation the ideals to which they are to be introduced, which they are to be led to adopt as their own, and which they
and we together are to seek to attain! Listen again to the same writer, changing his "university" to our "medical school for Chinese students." "Its kindliness and its exaction should be as the goodness and severity of God, and it is not for us, its chosen defenders, to abate one jot of either in preparing our successors to continue its ideals and its work."

We may consider these standards under two heads:—The Preparation of the Teacher, The Teacher's Methods.

THE PREPARATION OF THE TEACHER.

In a recent article ("Medical Education: A Plea for the Development of Leaders," Journal of the Amer. Med. Assoc., April 17, 1909, page 1,228) Professor Lusk says of American medicine what is quite as true in China that its development "can come only through men who have a knowledge of modern chemistry, physiology, pharmacology, and pathology; and medicine should be taught by men who have keen personal interest and personal first-hand information concerning these fundamentals on which medical science is based. Where are such men? Aye, there is the trouble. You have not a great medical clinic because you have not properly educated men, and you have not properly educated men because you have not a great clinic. . . . When we consider medical education we should remember that we are dealing with students who represent what is beyond, and that for a little while, into our hands has been entrusted the welfare of the future."

"Where are such men?" Because we do not see them at first glance, shall we deny their presence? Rather, shall we not affirm that we may ourselves become what we need to be, may be so drilled, as by continual preparation and by study of the fundamentals referred to above to reach and maintain a high standard of teaching ability? It is obvious that I do not refer to the place or to the man where a few eager spirits gather around the personality of a devoted medical missionary who imparts to them out of his abundance. But in those places where medical education is being undertaken as a union movement the teacher needs to watch himself. You remember, perhaps, the question that arose as to who could succeed Osler when he left Baltimore, and that the
answer was given when one was chosen who had, till then, been teaching histology, pathology, and anatomy. Osler himself in his "Practice" refers not a few times to his early period of apprenticeship at Montreal, during which he performed one thousand autopsies. Can we wonder at his emphasis on pathology as absolutely fundamental in the training of a teacher of medicine?

Is it not too easy for us, as we see large clinics, to get into the habit of hasty conclusions, forgetful of the infinite pains with which teachers, greater than ourselves, are daily laboring to reach their diagnoses? One who was formerly a medical man among us, but has now unfortunately been obliged to take up practice at home, used to say that he allowed himself to see only so many cases as he could study thoroughly and diagnose with reasonable accuracy. And what of the rest of the poor patients, you ask. These, I reply, should be seen by our native assistants, for it is universally true, of course, that a large proportion of them have so limited a group of ailments as to make routine treatment justifiable. But for the man who is keeping himself up to teaching standards, to form the habit of allowing a vast number of cases, of scabies, for example or of ringworm or of simple tertian fever, to pass before himself and have a label put on them, must unavoidably weaken the mental tone and tend to brain fog which, in turn, leads to that professional cant on which the editor-in-chief preached us so meaningful a sermon in the July issue of the Journal.

Let those who teach, hold themselves rigorously to thorough preparation in the fundamentals of whatever subject they are called on to teach. I wonder sometimes that men dare attempt intracranial surgery when I recall the years of preparation that Harvey Cushing spent, now with Riva Rocci and again with Sherrington, mastering the physiology of the nervous system before he gave himself to becoming a worker in brain surgery. And that men attempt intra-abdominal surgery without so much as repeated practice on dogs (a privilege available almost everywhere in China). I remember hearing Halsted say that before attempting any vital operation on human beings, it was his practice to try it twenty times at least on dogs.

A second necessary element in the preparation of the teacher is constant reading of journals. The imperativeness of this, if one
wishes to keep abreast of the times, has been repeatedly brought home to ns. Only a few weeks ago, in looking for references on the use of nitrites in the checking of hemoptysis in a modern textbook of therapeutics, one was surprised to find no word about it. And you may search in vain in the 1907 edition of Kerr's Treatment of the Diseases of Children for reference to the calorimetric method of infant feeding. And examples might be multiplied. One of the masters of medicine, while quizzing students with regard to the pulmonary circulation, received an unsatisfactory answer. The student referred to the master's own text-book as his authority, and the only reply was, "Why, that edition is three years old. Have you read nothing more recent than that?"

Again, in order to effectively use literature one must keep a file of references, most readily by the card method. How often, in an emergency, you and I have rushed through a pile of journals wondering where it was we saw that article on Tonsillectomy or Spinal Anaesthesia, or A Modern Method of Examining for the Eggs of Uncinaria.

Were it not for the fact that even in our home journals (see "The Anamnesis of Surgical Cases, etc.," by Bottomley, Journ. of the Amer. Med. Assoc., May 1st, 1909, page 1,376) one found articles insisting on the need of careful history taking, it would seem superfluous to refer to this need in the preparation of the teacher. Can anything be a greater reproof to our own procedure in physical examinations than the turning up of a history in the presence of a colleague and realizing how meagre are the notes there found? How shall we ever teach students unless we require rigidly of ourselves? To every one there comes the realization that we need refreshing in our methods of physical examination and diagnosis. How many of us have studied the English edition of that monumental work, Sahli's Diagnostik, or have read the excellent volume by W. Langdon Brown on "Physiological Principles of Treatment?"

And finally, as we prepare to teach, how we might enrich our lives by drinking in at the fountain head, by a closer acquaintance with those who have glorified medicine and wrought benefit to mankind. How refreshing if we could only come closer to Harvey and Laennec, to Holmes and Simpson, to Jenner and Auenbrugger!
How many of us know of Keats as "Apothecary and Poet," or of Thomas Dover, "Buccaneer and Physician?" Do you want recreation combined with inspiration? Then keep on your shelves Osler's "An Alabama Student and Other Essays," Camac's "Epoch-making Contributions," or the Longmans, Green series "Masters of Medicine," and read often of the life and work of these great souls.

THE TEACHER'S METHODS.

Let us mark it well; the teacher who comes unprepared to his classroom or hurriedly passes over the difficult cases in the ward, can never hold the respect of his students. Above all let more use be made of bedside teaching and less of the formal lecture. There are a few among us who revel in the recollection of medical and surgical teaching almost wholly at the bedside; the entire course containing scarcely half a dozen didactic lectures. May that time soon come in China when our students shall forget the lecture, but remember the pointed teaching given at the bedside of this one who had no jaundice, though cholelithiasis was correctly diagnosed, or of that case supposed to be cerebral disease proved to be but a case of typhoid fever with cerebral onset; when they shall remember cerebro-spinal meningitis not by any words we uttered, but from the vivid clinical picture given them in the ward! Thus we may become more worthy followers of Boerhaave and Van Swieten, the great Dutch teachers of the 18th century. When the latter was called to Vienna in 1746 to become "Leibarzt" to Maria Theresa, his foremost innovation was the establishment on a large scale of the clinical teaching of medicine. Teaching at the bedside was unknown then, both in Germany and in Austria. "Previous to his day there had been occasional clinical teaching in Padua and later at Leyden where, about 1630, Otto Heurnius organized a public clinic with 12 beds, with autopsies to supplement clinical teaching. At first the students did not take kindly to the innovation, preferring the conventional didactic lecture, ex cathedra. The fate of the new way hung in the balance for a long time, but its advantages were so manifest to the successors of Heurnius that after him, Albert Kyper, and then about 1658 Francis Sylvius de Boe, then about 1715 Bildoo, courage-
VON HALL, ST. JOHN'S UNIVERSITY, SHANGHAI.
ously maintained the tradition until Boerhaave's great personality appearing, the matter became settled forever. Van Swieten, saturated by Boerhaave's discipline, seized the opportunity given him at Vienna, and modern medical teaching became established.”


And as we go forward day by day asking ourselves what our ideals are and how faithfully they have been upheld, we shall exclaim with Tennyson: “It was my duty to have loved the highest!”

Edward H. Hume, B.A., M.D.

A PURE DRUG SUPPLY.

MORE ANSWERS.

LIST OF CHEMISTS.

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

*Dakin Brothers, Ltd., London.
*Kihei Konishi, Osaka.
*C. Berthel, Shanghai.
*Davis & Lawrence, New York.
*Frederick Stearus, Detroit.
*Allen & Hanburys, London.
*Fred Bayer Cie., Eberfeld, Germany.

*Answered.

QUESTIONS.

1. Do you publish unqualifiedly the full and accurate formula of every product of your manufacture?
2. Do you believe in product patents and make use of the same?
3. Are your laboratories open to inspection by both the medical and pharmaceutical professions?
4. Is it your practice to manufacture what is commonly known as "patent medicine" to be sold either under your own name or under that of other firms?

The following answers to our letter have been received since our last issue:
DEAR SIRS: Your communication of the 11th ultimo, addressed to our St. Louis headquarters, has been forwarded for attention to this office for the reason that henceforward all advertising in the markets of the eastern hemisphere will be directed herefrom.

As to the letter of Dr. Jefferys—also referred to this branch for attention the contents of same have been carefully noted and the list of members of the Medical Missionary Association of China, enclosed therein, received with much appreciation.

As to the printed circular letter attached by Dr. Jefferys to his own—the fact that Battle & Co. do business "on straight and ethical lines," would appear to be established by the facts (1) that the firm had been in existence in St. Louis since 1875; (2) in Paris (as European headquarters) since 1887; (3) has promoted its products to the medical profession exclusively through exclusively professional channels throughout the whole of the periods indicated, and (4) that the products in question have now a wider acceptance among the medical professions of the United States, Great Britain, and Ireland, the Continent of Europe and the civilized sections of Asia, Africa, and Australasia than ever before in their history.

As examples of the work we do in a literary way—and also of the service we endeavor to render, from time to time, to the medical fraternity—we are sending you under separate cover copies of some of our recent publications. From these you will note that the formulæ of Battle products are as plainly as they are invariably stated. The latter, in fact, has been our regular practice for the past fifteen years, and no piece of literature has emanated from our establishment during the period stated that did not convey to the profession—which, in our opinion, has a perfect right to require and receive it—the information indicated.

We would add that (with only one exception) these formulæ are precisely the same to-day under the U. S. A. Pure Food and Drug Law of June 30th, 1906 (under which they are guaranteed), as they were before its enactment.

This speaks for itself and needs no comment. As to the exception—"Iodia," in which the quantities of iod. potas. and phos. iron have recently been reduced from five and three grains to $2\frac{1}{2}$ and $1\frac{1}{2}$ grains respectively—we were more or less frequently in receipt of communications from members of the profession to the effect that patients complained of the unpalatability of the product. The consequent difficulty of holding certain patients thereto was emphasized, and it was suggested that we should reduce the unpalatabilities and leave it to the profession to double the dose where necessary. Recently we decided to defer to the exceptions taken and to adopt the suggestions made for improving the palatability and usefulness of the product with the result (as to formula) stated above.

As to your various questions, we reply se nitilim thereto as follows:
No. 1. Yes.

No. 2. We have no "protected patents;" our preparations being protected by trade mark only.

No. 3. Our laboratories are not open to the inspection of the pharmaceutical profession. There is no good or valid reason why they should be and, on the other hand, we have already experienced—and must, apparently, ever continue to experience—quite too much substitution to be induced to throw open our laboratories and processes to the inspection of manufacturing and retail pharmacists. From, however, reputable practicing physicians of undoubted bona fides (as contra-distinguished from the merely curious of no legitimate practice, or those of known commercial affiliations) we have nothing to conceal.

No. 4. Such is not now, nor has it ever been, our practice. We manufacture only four legitimate pharmaceuticals, viz., bromidia, papine, ectliol, and iodia, and these have ever and always been offered by us under our own firm name exclusively to the medical profession exclusively through as exclusively professional channels.

Thanking you for your communications under reply and requesting you to be good enough to send the copies of the CHINA MEDICAL JOURNAL containing our announcements to the above address for checking and reference purposes, believe us to be,

Faithfully yours,

BATTLE & CO.
Per D. A. FORMAN.

SHANGHAI, June 30th, 1909.

Editor CHINA MEDICAL JOURNAL:

DEAR DOCTOR: In reply to your circular letter addressed to our New York Office, which has been referred to this office for a reply, we beg to say that the goods which we are endeavoring to sell to the members of the Medical Missionary Association of China, under whose auspices we understand this circular has been issued, are of a pharmaceutical nature, such as fluidextracts, elixirs, pills, compressed tablets, tinctures, etc., and the formulae of same always have, do at the present time, and will in the future continue to appear upon each package which emanates from our laboratory. It has not been necessary for us to make any changes in the printed formulae on these goods before nor after the passing of the Pure Food Laws in the U. S. A.; for it has never been the policy of this Company to resort to the "practice of deception" which you refer to, in order to sell goods, and you can rest assured that the same formulae which were published prior to 1906 are still in use and will be as long as the goods are on the market.

For the information of the members of your association we will state that we are also agents in China for a high grade line of hospital dressings, rubber goods, and an assortment of proprietary articles, the component parts of which are published and the methods of manufacture are known to the proprietors only. They are not secret remedies and no empirical claims are made for them.

We have no product patents; our laboratories are open to medical men seeking information, which they are ethically entitled to, and in
reply to your fourth question will state that we do manufacture chemists' specialties, which are sold under their own names and are made up according to their own formulæ.

If there is any further information you wish relative to any particular line of goods manufactured by this Company, we shall be glad to furnish you same.

Yours very truly,

DAVIS & LAWRENCE CO.

Harvey H. Watkins, Manager.

THE C. C. M. M. A. AGREEMENT.

Copy of agreement between Messrs. Burgoyne Burbridge & Co. and the C. C. M. M. A., in connection with the purchase of goods:

1. That above firm is to have the supply of all drugs, drysaltersies, sundries, and surgical instruments to all the establishments now and hereafter purchasing through the C. C. M. M. A. for the term of three years, dating from June 1st, 1909, on the terms below.

2. Drugs, etc.—Prices as our current c. i. f. list (subject to market fluctuations). Packages free. Freight to port free. Discount 20 per cent.

3. Drysaltersies.—Prices as in our c. i. f. list (subject to market fluctuations). F. O. B. London. Packages extra, except when otherwise stated in above list. Discount 20 per cent.

4. Sundries.—Prices as per sundry list (subject to market fluctuations). F. O. B. London. Packages extra. Discount 20 per cent. (Patents and proprietaries nett.)

5. Surgical Instruments.—Prices as our surgical instrument catalogue (subject to market fluctuations). C. I. F. to port. Packages free (except hospital furniture, e.g., operation tables, etc., which are f. o. b. packages extra); all subject to a discount of 20 per cent.

6. Articles such as quinine, lint cotton wool, and dressings, for which at any time special quotations are given, not included in the above.

7. Any outside goods obtained from other makers to be charged at actual cost, plus 5 per cent. F. O. B. London.

8. Payment to be in cash in London 14 days after shipment, or draft to the approximate value of the order to accompany indent, and any balance to be drawn for documents against payment.

HANKOW, September 8, 1909.

DEAR DOCTOR: I hope this is in time for the next issue. I have just had a line from Dr. MacW illie to say that Burgoyne Burbridge will fill orders for £40 and upwards at any time of the year, provided they go with the endorsement of the C. C. M. M. A.

All orders under £40 will have to wait until the combine order goes.

Yours,

R. T. BOOTH.
Manila Medical Society.

PROCEEDINGS OF JUNE MEETING.

Presentation of Cases.

Dr. Benito Valdez presented an interesting case of pygopagus. For a short account of the case see page three.

Captain H. H. Rutherford presented four cases of diseases of the internal eye. Case I, a case of lenticular cataract of traumatic origin. Case II, a case of detached retina. Case III and IV were neuritis or neuro-retinitis.

The doctor gave a full history, methods of diagnosis, and indicated the line of treatment in each case.

Papers Read.

Owing to the absence of Dr. Singian his paper on spinal anaesthesia was not read, although an English translation of it had been given to the secretary beforehand. It will be held for a future meeting.

The morphology and anatomy of the mosquito was given in some detail by Dr. Charles S. Banks. The doctor is so full of his subject that it seems to require no effort on his part to talk of it. For the secretary to give an abstract of what he gave would be impossible.

That Dr. Kneedler failed to respond to his part of the program was a disappointment to all present.

Dr. McLaughlin's paper on sanitary measures against mosquitoes was read by the secretary owing to the former's absence from the city. The secretary wishes he had room to print the entire paper. A few ideas are culled from its pages and the closing paragraphs given in full.

Dr. McLaughlin first considers the economic value of the question showing that other countries have found it advisable to spend large sums of money and to devote much time to the problems of mosquito extermination.

The destruction of the adult mosquito in epidemic work is effected by fumigation. The best substance for the work is sulphur. Other culicides have been prepared and tested, but all possess disadvantages as great or greater than those of sulphur, and most of them are less certain in their action, and quarantine and health officers have invariably returned to sulphur as more nearly approaching the ideal culicide. It kills in either dry or moist air and in very dilute atmospheres of the gas.

The destruction of adult mosquitoes which are infected or suspected of infection is necessary in combating a mosquito-borne disease. In general work of mosquito extermination, the adult mosquito is disregarded and the attack is directed toward the breeding places, effecting the destruction of the insects during the aquatic stage of their existence.

It seems that the simple measures of elimination of local breeding places, screening, sweeping of street gutters, flushing of old sluggish sewers should settle the extermination of the mosquito. But the esteros and tidal swamps with which Manila is surrounded and the rice and zacate fields which exist within the city limits complicate the problem. Many complaints have been made to the Bureau of Health because of abundance of mosquitoes in certain sections. The measures outlined above were taken, still the number of mosquitoes was reduced but little, and upon examination the bulk of these found
to be of such varieties as are said
to breed in salt or brackish water.
Another characteristic which these
salt water mosquitoes possess is the
habit of flying far from their breed­ing
places, so that the mosquito
which becomes a pest in the Walled
City may be a native of the ester­
de Paco or Palomar Island. From
this it is evident that effective mos­
quito destruction in Manila is im­
possible without eliminating the
overflow flats near esteros and
zacate fields within the city limits.

REMEDIES.—The one thing to do
first and which is also necessary
for other sanitary as well as com­
mercial reasons is the treatment of
the esteros of Manila.

1st, walling the esteros. 2nd, using
the mud for raising low places along their
banks. 3rd, filling in those useless for
commerce or draining them. 4th, fill­ing
in holes and depressions. 5th, pro­hibiting agriculture within the city
limits, which depends upon water from
esteros. 6th, ditching the low lands.
7th, removal of underbush and vegeta­tion
which afford protection to mos­
quitos against winds, etc.

Dr. McLaughlin closes with the
following suggestions:—

The sanitary treatment of the esteros
of Manila is only second in importance
as a sanitary measure to the installation
of sewer and water systems, and must
be undertaken. It is said that the cost
is prohibitive, estimated roughly at
P5,000,000; but this burden could be
spread over a period of years by bond
issue, and the work could be commen­
ced at once.

The useful commercial esteros could
be dredged and walled, the low places
along their banks and any other depres­sions in the city of Manila could be
filled with the mud from the esteros.
Useless ramifications of the esteros could
be filled in and the useful and necessary
esteros straightened. The low lands
within the city limits, now used for
agricultural purposes, involving irriga­tion
with the tide water, should be
filled with the products of the dredges
and raised to a level fit for residence
purposes.

I will not enter into the many insani­
tary evils which this treatment of the
esteros will correct, but in addition it is
the solution of the mosquito problem in
Manila. With the esteros confined to de­
finite beds; the land along their banks
raised to a proper level; the elimination
of the rice and zacate fields from the city;
the destruction of the useless vegetation
now permitted to grow in the lowlands
which affords protection to the mosqui­
toes, the rest of the work of mosquito de­
struction would be easy. There would re­
main only the elimination of local breed­ing
places upon private premises. The
Bureau of Health has ample authority to
deal with the property owners, and
would use the authority in a vigorous
campaign if the settlement of the ques­
tion of the tidewater marshes made
ultimate success possible. Until the
work upon esteros and land inundated
with tidewater is undertaken, the Bureau
would not be justified in molesting
private property owners upon a large
scale, although much work is being
done continually in obliterating the
purely local breeding places about pri­
vate residences.

The Relation of the Learned Professions to Politics and Government.

Excerpts from an Address delivered by President William H. Taft.

"It is the duty of every citizen,
no matter what his profession,
business or trade, to give as much
attention as he can to the public
weal, and to take as much interest
as he can in political matters. I
therefore propose to invite your
attention to the present relation of
some of the learned professions to
politics and government. . . .

"So, too, in the matter of foreign
missions. The greatest agency to­
day in keeping us advised of the
conditions among Oriental races,
who, however old their traditions
and their civilizations, are now
pressing toward Occidental ideals,
is the establishment of foreign mis­
sions as the outposts of the advance
guard of Christian civilization.
These missions have the duty of representing the ideal of Western Christian progress, and through them such progress is to be commended to the races whom it is hoped to induce to accept that same civilization.

"The leaders of these missionary branches of the churches are now becoming some of our most learned statesmen in respect to our proper Oriental policies, and they are to be reckoned with by the men more immediately charged with the responsibility of initiating and carrying out such policies.

"The next profession for consideration in its relation to governmental matters is that of medicine, which has become more interested in government of late years, because the functions of government have widened, and now embrace in a real and substantial way the preservation of the health of all the people. The effect which imperfect drainage, bad water, impure food, ill-ventilated houses and a failure to isolate contagion have in killing people has become more apparent with the study which great sanitary authorities have given to the matter, and has imposed, much more distinctly and unequivocally, the burden upon municipal, state, and federal government of looking after the public health. The expansion of our government into the tropics, the necessity of maintaining our armies and navies there and of supporting a great force of workmen in the construction of such an enterprise as that of the Panama Canal, have greatly exalted the importance of the discoveries of the medical profession in respect to the prevention and cure of human disease and of diseases of domestic animals."

Men of the Highest Calibre Wanted.

"And this work requires men of the highest calibre, men who are capable of understanding the workings of the human intellect as well as the aspirations of the human spirit. And then you have the teachers, and in these days there is the widest room for teaching in all the countries among the degraded races in Africa, if you like, or among the more cultured and amongst those who have high philosophical conceptions, as in India, in China, and also in Japan. And the teachers that we send out must be men who are prepared to deal with their learning of the West, with all forms of literature and philosophies, and be able to show that they are masters, some of them at all events, of the various departments of science. Because, through all the Eastern world, in China in a very marked degree, men are opening their minds to realize that in the West science has progressed to a stage that they must seek to attain to, and they are opening their minds in a wonderful way in these days to Western learning. But that appeals, after all, to only a slightly larger group than those who are seeking after God "if haply they can find Him." And there are great masses of people—alas, that they are amongst ourselves—who have no desire for any communion with the Author of their being, who do not trouble themselves with science and the questions of philosophy, but who are concerned about their daily life."—Sir A. B. Simpson, M.D., D.Sc.
Correspondence.

NEW YORK, May 18th, 1909.

THE CHINA MEDICAL JOURNAL.

GENTLEMEN: We respectfully submit the following news item for your consideration:

SCHOOL HYGIENE.—Dr. John J. Cronin is conducting a lecture and laboratory course in school hygiene and sanitation at the New York Post-Graduate Medical School.

Very truly yours,

F. BRUSH, M.D.,
Superintendent.

N. Y. MEDICAL SCHOOL.

TALI FU, June 19th, 1909.

DEAR DOCTOR: That microscope that I asked your advice about was ordered last fall, and I have only just received word of its being on the way! Do you wonder that one gets callous and takes things as a matter of course in this out-of-the-way place?

I only wish I were in a position to fill in the post-card for Dr. Maxwell re faecal research statistics, but am sorry to say I have nothing of interest to write about.

Ascaris infection is very common in this district, and I have seen a great many who were simply choc-a-bloc with round worms. Tape worm is also very common here.

I have seen a number of cases of anaemia associated with dyspeptic trouble, pain in the epigastrium and dark coloured stools, which looked very much like ankylostomiasis, but without a microscope I have been handicapped. In some of these cases I have examined the stools, but have failed to find any worms. One great difficulty I find is that the patients will not heartily cooperate with me in trying to diagnose the case.

I have not yet heard what has been decided regarding the date of meeting next year, but expect the JOURNAL in a few days and will then know for certain. My prospects for attending next year seem to be getting less. Hope the gathering will be a great success in every respect.

Believe me, very sincerely yours,

W. T. CLARK.

Personal Record.

BIRTHS.

At Sianfu, on June 28th, to Dr. and Mrs. H. STANLEY JENKINS, a daughter (Margaret Winifred).

At Hongkong, July 1st, to Dr. and Mrs. R. M. Ross, A. P. M., Lienchow, a son (Arthur Newton).

At Chikongshan, 7th July, to Dr. and Mrs. R. H. GLOVER, C. and M. A., Wuchang, a daughter (Marjorie Evelyn).

At Mohkansan, to Dr. and Mrs. F. W. GOODARD, of Shaolsing (A. B. M. U.), a daughter (Margaret Austin).