The China Medical Journal.

Vol. XXVII. MARCH, 1913. No. 2.

Original Communications.

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CHINA MEDICAL MISSIONARY ASSOCIATION

TRIENNIAL CONFERENCE.

Peking, January 13th to 17th, 1913.

MEMBERS IN ATTENDANCE.

<table>
<thead>
<tr>
<th>Name</th>
<th>Province</th>
<th>City</th>
<th>Mission</th>
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</thead>
<tbody>
<tr>
<td>Beebe, Robert C.</td>
<td>Kiangsu</td>
<td>Nanking</td>
<td>Methodist Episcopal.</td>
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<tr>
<td>Bolt, Richard A.</td>
<td>Chihli</td>
<td>Peking</td>
<td>Ching Hua College.</td>
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<td>Bowen, Albert</td>
<td>Kiangsu</td>
<td>Nanking</td>
<td>American Baptist.</td>
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<td>Brown, N. Worth</td>
<td>Kwantung</td>
<td>Canton</td>
<td>University Medical School.</td>
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<td>Cadbury, Wm. W.</td>
<td>Honan</td>
<td>Kaifengfu</td>
<td>China Inland.</td>
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<td>Carr, Sidney H.</td>
<td>Mukden</td>
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<td>U. F. Church of Scot.</td>
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<td>Christie, Dugald</td>
<td>Mukden</td>
<td>Manchuria</td>
<td>U. F. Church of Scot.</td>
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<td>Christie, Mrs.</td>
<td>Phil. Islands</td>
<td>Manila</td>
<td>Govt. Medical School.</td>
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<td>Clark, Elbert</td>
<td>Anhwei</td>
<td>Hwaiyuan</td>
<td>Am. Presbyterian.</td>
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<td>Chihli</td>
<td>Peking</td>
<td>London Missionary Society,</td>
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<td>Cochranne, Thos.</td>
<td>Kiangsu</td>
<td>Shanghai</td>
<td>Harvard Medical School.</td>
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<td>Coee, Herbert E.</td>
<td>Fukien</td>
<td>Kutschen</td>
<td>Methodist Episcopal.</td>
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<td>Coole, Thomas H.</td>
<td>Korea</td>
<td>Pyengyang</td>
<td>Methodist Episcopal.</td>
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<td>Chihli</td>
<td>Peking</td>
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<td>Kiangsu</td>
<td>Shanghai</td>
<td>Harvard Medical School.</td>
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<td>Paomingfu</td>
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<td>Hupeh</td>
<td>Siaoan</td>
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<td>Kiangsu</td>
<td>Shanghai</td>
<td>Woman's Union.</td>
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<td>Garner, M. Emily</td>
<td>Shantung</td>
<td>Laichowfu</td>
<td>Southern Baptist.</td>
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<td>Hupeh</td>
<td>Hankow</td>
<td>London Missionary Society,</td>
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<td>Peking</td>
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<td>Poochow</td>
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<td>Peking</td>
<td>British Legation.</td>
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<td>Hall, Francis J.</td>
<td>Shansi</td>
<td>Taiguhsien</td>
<td>A. B. C. F.</td>
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<td>London.</td>
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<td>Peking</td>
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D. DUNCAN MAIN, F.R.C.P., F.R.C.S.
President of The China Medical Missionary Association.
Houghton, Henry S. Kiangsu.
Hutcheson, Allen C. Chekiang.
Ingram, J. H. Chihli.
James, Mary L. Shantung.
Johnson, Charles F. Shanghai.
Korns, John H. Shantung.
Leonard, Eliza L. Chihli.
Leslie, Percy C. Honan.
Lewis, Charles Chihli.
Lewis, Elisabeth F. Chihli.
Lincoln, Charles S. F. Kiangsu.
Logan, O. T. Shanghai.
Lowry, Geo D. Chihli.
MacKey, Maud A. Chihi.
MacWillie, John Chekiang.
Main, D. Duncan Chihli.
Main, Mrs. Chihli.
Manderson, M. Mabel Chihli.
Martin, Emma E. Shantung.
McAll, P. L. Shanghai.
McCleere, Wm. Honan.
Morris, H. H. Kiangsu.
Murdock, Agnes G. Anhwei.
Neal, James E. Shantung.
Oliver, Charles H. Shantung.
Osgood, Elliot I. Anhwei.
Patterson, J. B. Korea.
Peake, E. C. Chihli.
Polk, Ethel M. Kiangsu.
Rivington, Charles S. Chihli.
Schultz, Wm. Mugill Shantung.
Seymour, W. F. Shantung.
Shields, R. T. Shantung.
Shu, H. J. Shanghai.
Snell, John A. Kiangsu.
Somerville, Charles W. Shanghai.
Stenhouse, J. M. Chihli.
Stewart, Mary Korea.
Stryker, Minnie Chihli.
Stuckey, Edward J. Chihli.
Tallman, Susan B. Shantung.
Tatehill, W. Arthur Hupel.
Taylor, Adrian S. Kiangsu.
Taylor, H. B. Anhwei.
Thomson, J. Oscar Kwangtung.
Todd, Paul F. Kwangtung.
Tucker, F. F. Shanghai.
Weinam, Herbert V. Chihli.
Whitmore, F. R. Chihli.
Wilkinson, J. R. Kiangsu.
Wilson, Robert M. Korea.
Yen, P. C. Honan.
Young, Alex. R. Fengtien.
Young, W. A. Manchuria.
Shanghai.
Kashing.
N. Tungchow.
Tientsin.
Tsinanfu.
Tianfu.
Peking.
Changte.
Paotingfu.
Shantung.
Shanghai.
Peking.
Peking.
Peking.
Wuchang.
Hangchow.
Hangchow.
Peking.
Tiafang.
Weihui.
Weihui.
Shanghai.
Haiyuan.
Tsinan.
Yenchowfu.
Chuchow.
Kunsan.
Tientsin.
Soochow.
Peking.
Tsinanfu.
Tengchow.
Nanking.
Hanyang.
Soochow.
Wuchang.
Peking.
Seoul.
Peking.
Peking.
Lintsingchow.
Hankow.
Yangchow.
Aning.
Canton.
Canton.
Peking.
Tientsin.
Soochow.
Kwangju.
Changsha.
Tiehling.
Chaoyangchen.
Harvard Medical School.
Presbyterian South.
American Board.
Chinese Govt. Hospital.
Am. Presbyterian.
Methodist Episcopal.
Am. Presbyterian.
Canadian Presbyterian.
Am. Presbyterian.
Am. Presbyterian.
American Episcopal.
Presbyterian.
American Board.
Methodist Episcopal.
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American Board.
Church Missionary Society.
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Methodist Episcopal.
Methodist Episcopal.
London Missionary Society.
Canadian Presbyterian.
American Episcopal.
Am. Presbyterian.
Am. Presbyterian.
Church of England.
Foreign Christian.
Presbyterian South.
London Missionary Society.
Methodist Episcopal South.
Ch. of England.
Am. Presbyterian.
Am. Presbyterian.
Presbyterian South.
Hanyang Iron & Steel Works
Methodist Episcopal South.
London Missionary Society.
Methodist Episcopal.
Methodist Episcopal.
London Missionary Society.
A. B. C. F.
Wesleyan Methodist.
Southern Baptist.
American Episcopal.
Canton Medical Society.
Am. Presby. (honorary).
A. B. C. F.
Y. M. C. A.
Presbyterian South.
Presbyterian South.
Yale Mission.
U. F. C., Scotland.
U. F. C., Scotland.
Triennial Conference.

CONFERENCE MINUTES.

The opening session of the Triennial Conference of the China Medical Missionary Association was held on Monday morning, January 13th, 1913, at the Union Medical College, Peking.

At 9 a.m., the vice-president, Dr. O. T. Logan, in the absence of the president, called the meeting together and asked Dr. D. Christie of Moukden to conduct the devotional service.

Drs. W. W. Cadbury and H. Fowler were elected to act as secretaries of the conference.

Thereafter a letter was read from the president, Dr. Philip B. Cousland.

Arising therefrom, a Business Committee was appointed consisting of Drs. D. Christie, R. C. Beebe, and J. MacWillie. The purpose of this committee being to arrange the order of business of the conference and to consider the recommendations of the president and any matters which may hereafter be delegated to it.

The election of president and all officers was, on motion, delayed till Friday, at 8 p.m.

The following reports were next read in order:—

1. The Secretary's Report. The recommendations therein contained were referred to the Business Committee for report to the conference at a later session.

2. The Treasurer's Report. On motion, a committee consisting of Messrs. J. A. Snell, E. J. Stucky, and Samuel Cochran, was asked to deal with this and to report later.

3. The Editor's Report was read by the editor. It was accepted with sincere and hearty thanks to him for his valuable services so freely given. All financial recommendations were referred to the committee dealing with the treasurer's report; it to report at a later session.

4. The Research Committee Report and also a report of work done at the Soochow Hospital were accepted, with thanks to the workers. The report was referred to a Special Research Committee consisting of Messrs. H. S. Houghton, H. B. Taylor, and C. W. Somerville, for consideration and for their recommendations thereon. They to report to a future meeting of conference.

5. Report of the Committee on Medical Curriculum was deferred sine die.

6. On motion, it was decided that the report of the Publication Committee be brought forward later, with the report of the Terminology
The China Medical Journal.

Committee. The committee was also asked to take over the duties of the Committee on Medical Tracts and Posters, which latter was discontinued.

7. A Resolution Committee, consisting of Messrs. R. C. Beebe, P. J. Todd, and Adrian Taylor, was elected, to deal with any matters calling for resolutions during the conference.

8. A letter, dealing with the question of a paid agent of the Association, was read from Dr. Patrick, of Shanghai, and was referred to the Finance Committee.

9. A letter of appreciation of work done by many members of the Association in connection with the Red Cross was received and read from Lu Hai-hwan. A suitable letter was ordered to be sent in reply. A committee, consisting of Messrs. D. Christie, J. MacWillie, and N. W. Brown, was appointed to deal with the whole question of our attitude towards the Red Cross movement.

At this stage, a deputation representing the China Medical Association was introduced to the meeting by the chairman. Its leader, Dr. Fang, Surgeon General of Army Board, Peking, made a speech (specially dealing with medical terminology and the desire of his Association to get help from the C. M. M. A.). On motion the speech and recommendations arising therefrom were ordered to be placed on record and to be published in the Journal. On motion, the members of the Terminology Committee were asked to retire with the deputation and to confer with it as to future work.

A budget of correspondence, dealing with the coming conference in connection with the visit of Dr. Mott to China, was read. It was moved that a committee, to be nominated by the chairman, should deal with the whole question and report at a later session. Committee appointed:—Drs. D. Christie, J. O. Thomson, F. F. Tucker, H. Fowler, and N. W. Brown.

On motion, it was decided that a letter from Drs. O. L. and R. G. Kilborn and C. W. Service, of Chengtu, West China, re cigarette smoking, should be read. This matter, after some consideration, was referred to the Committee on Resolutions.

A letter was read from the secretary of the Canton Branch of the C. M. M. A., inviting the Association to hold its next meeting at Canton. The letter was received with manifest appreciation, but action on the matter was deferred till a later session.

A letter from Dr. Fitch of the Presbyterian Mission Press, was read and commented upon. It was referred to the Finance Committee.
A communication from Messrs. Burroughs Wellcome & Co., was referred to the Publication Committee.

Arising from a report of the recently constituted Nurses' Association, published in the JOURNAL, on motion it was decided that a committee of five members be appointed, on the nomination of the chairman, to consider the whole matter of the constitution as reported by the Nurses' Association, and to report at a later session. Committee:—Drs. W. A. Tatchell, E. Garner, P. J. Todd, A. D. Gloss, and C. Lewis.

A letter from the China Medical Association was read. It was ordered to be placed on the Minutes and a suitable reply be sent in acknowledgment.

The secretaries were asked to have a copy of the Regulations of the China Medical Association translated into English, and to submit the same to the conference at a later session.

The meeting was brought to a close with prayer, at noon, to meet next morning at 9:30.

In the afternoon the delegates visited the Winter Palace; in the evening the members of the Association were entertained at the British Legation by Sir John and Lady Jordan, in a manner much enjoyed by all present.

Tuesday, January 14th.

The meeting was opened at 9:15 a.m. with devotional exercises conducted by Dr. T. Cochrane. The minutes were read and approved.

Report on Program: Dr. Christie, on behalf of the business committee presented an amended program. For morning sessions there should be considered medical educational problems and reports of committees. Evenings should be devoted to scientific and general medical subjects. The portion of the program referring to to-day's meeting was adopted as read. The portion for the succeeding days was tentatively adopted.

PROGRAM OF MEDICAL CONFERENCE.

Devotional Service, Daily 9-9.30 a.m.

Tuesday, January 14th, 9.30 a.m.

Business:

(1). Report of Curriculum Committee: Medical Education in China. Dr. T. Cochrane.
(2). Cooperation with the Chinese in Medical Educational Work. Dr. P. J. Todd.
(3). Cooperation with the Chinese in Medical Educational Work. Dr. Dugald Christie.
(4). A Revolution necessary in Medical Mission Policy. Dr. Thomas Gillison.
Evening Session. 8:00 o'clock.

(1). Climatic Bubo. Dr. G. W. Gray.
(2). Behavior of the Organisms in Relapsing Fever. Dr. H. B. Taylor and Dr. O. T. Logan.
(4). Vesical Calculus. Dr. Samuel Cochran.

Wednesday, January 15th, 9.30 a.m.

(1). Continuation of discussion on Medical Education.

Evening Session. 8:00 o'clock.

(1). Gunshot Wounds. Dr. J. M. Gaston, Jr.
(2). The Treatment of Cholera by Rogers' Method. Dr. Duncan Whyte.
(3). The Wholesale Treatment of Cholera. Dr. O. T. Logan.

Thursday, January 16th, 9.30 a.m.
Business: Reports of Committees, etc.

Evening Session. 8:00 o'clock.

(1). An Experimental Study in Racial Immunity. Dr. Harold E. Eggers.
(2). Medical Inspection of Schools. Dr. Richard A. Bolt.
(3). The Need of Physical Training and the Establishment of Physiological Standards. Dr. Arthur Shoemaker.

Friday, January 17th, 9.30 a.m.
Business and Reports of Committees.

Evening Session. 8:00 o'clock.

(1). Reports of Committee, Resolutions, etc.
(2). How best to present the Christian truth to our Patients. Dr. D. Duncan Main.

The Committee recommended that the following papers should be read by title only:

"Ankylostomiasis," by Dr. Bryson.
"Kala Azar," by Dr. S. Cochran.
"Emetin Hydrochloride in Amoebic Dysentery," by Dr. J. Preston Maxwell.
"The Leverage Treatment of Unreduced Dislocations," by Dr. C. C. Elliott.
"Some Diseases the Parasitic Cause of which is Obscure," by Dr. James L. Maxwell.
"The Practice of Obstetrics in Canton by Women Physicians," by Dr. Mary W. Niles.

Letter from Dr. Cousland. A letter from the president was read, recommending the publication of short reports of the conference in the various papers, English and Chinese.

Upon motion, the Business Committee was instructed to appoint reporters to attend to the publication of the proceedings of the meetings.
Papers. The first paper of the morning was read by Dr. Thos. Cochrane on "Medical Education in China."

Letter from Rev. E. W. Thwing of International Reform Bureau. A letter requesting some action of the Association on the Anti-cigarette Crusade was referred to the Committee on Resolutions.

Papers. The second paper was read by Dr. P. J. Todd on "Co-operation with the Chinese in Medical Educational Work."

The third paper was read by Dr. Dugald Christie on "Co-operation with the Chinese in Medical Educational Work."

The fourth paper was read by Dr. Thos. Gillison on "A Revolution Necessary in Medical Mission Policy."

Upon motion the meeting adjourned. Members visited the Temple of Heaven in the afternoon.

Evening Session. 8:00 o'clock.

The Chairman announced that an address had been prepared to be presented to H. E. Yuan Shi-kai, President of the Republic of China, at the reception to the delegates of the conference, on the afternoon of Wednesday, January 15th. Upon motion the address was accepted as read and the chairman of the Association was appointed to read it (translated into Chinese) to his Excellency at the reception.

Papers of the Evening:


Discussion.—Dr. Tatchell had seen three cases in Chinese, with same history as those described by Dr. Gray, and all were on left side. The glands were easily shelled out by the finger. No membranous covering or adhesions; were whole, not septic and were rough. Dr. Sumerville reported two cases of climatic bubo. Dr. J. B. Patterson reported two cases seen among Japanese (the Koreans state there is none among their own people). The two cases agreed with those reported by Dr. Gray.

Lieut. Dive, of the Royal Army Corps (Brit. Leg.), favored the infective theory of etiology, but not of venereal class of infection. Dr. Carr reported one case in a foreigner, resembling a "climatic bubo." Dr. Gray: suppuration probably begins on the third to eighth day.

(2). Drs. H. B. Taylor and O. T. Logan: "Behavior of the Organisms in Relapsing Fever."

Discussion.—Dr. S. Cochran reported that he had tried "Soanin" and found it of no therapeutic value.
The China Medical Journal.

Dr. W. M. Schultz stated that he had found that the period when organisms are most numerous in the blood, varied irregularly.

3. Dr. H. S. Houghton: "Notes on the Life Cycle of Clonorchis."

4. Dr. S. Cochran: "Vesical Calculus."

Discussion:—Dr. Tatchell reported that he had given up the suprapubic operation in favor of lateral lithotomy. He drains by inserting a rubber tube and burying two deep sutures above and below, without tying tightly. The tube is withdrawn on third day and sutures tied tightly, inserting a catheter into the urethra.

Dr. Gaston preferred the suprapubic operation because of the danger of wounding perineal structures, in women as well as men. He advised closing the wound without drainage in non-infected and youthful patients. In some cases both suprapubic and perineal routes must be employed.

Dr. Gillison advised against litholopaxy except where the surgeon has had considerable experience. He referred to a case where whole wall of bladder was encrusted with phosphatic deposit.

Dr. McAll strongly advocated the perineal route as the operation of choice.

Dr. S. Cochran in response to several questions stated that he had demonstrated stone in the bladder in an infant of 8 months. The size of a stone can be determined by sounding, or by measuring with the lithotrite. His preference for suprapubic operation is based on fear of wounding delicate structures of perineum.

Motion to adjourn was passed, and Dr. Tatchell led in prayer.

Wednesday, January 15th.

The Wednesday session of the conference was opened with the usual devotional service at 9 a.m., led by Dr. Duncan Main.

The minutes of the previous day's work were read and adopted.

The chairman announced the filling up of the vacancies on the Curriculum Committee by the addition of Drs. F. C. Yeu, W. W. Cadbury, and N. W. Brown.

Dr. Christie asked permission to retire from the Business Committee on account of other work in connection with the conference. The chairman nominated Dr. Thos. Cochrane to fill the vacancy.

Dr. Beebe, on behalf of the Business Committee, presented communications with reference to the suggestions in the president's letter. After discussion, the following items were transferred to the Publication Committee for consideration and report:—
Triennial Conference.

(1). The appointment of the editor of the China Medical Journal.

(2). The appointment of a man to give his whole time to the interests of the Association.

(3). The giving of an honorarium to the editor, secretary, and treasurer, with travelling expenses to and from the conference.

(4). The location of the secretary.

(5). That if the editor be several days' distant from Shanghai an associate editor be appointed in or near Shanghai or else that a business agent be appointed to see the Journal through the press and transact such other business as may seem desirable. This agent need not be a member of the Association and shall receive a salary.

(6). The monthly issue of the Journal.

(7). That special correspondents be appointed at the various centres. These correspondents and the departmental editors to have their Association dues, i.e., to receive the Journal free of charge in recognition of their services.

(8). That the Chinese Medical Journal be published in some central place, such as Shanghai. If no one can be found there, perhaps the Nanking School can undertake this part and sub-editors be appointed in connection with the various medical schools.

Publication Committee Report. By a vote of the meeting the editorial secretary's report, adopted by the Publication Committee, was read by Dr. Neal.

The report, which was subsequently adopted, was preceded by the reading of a note from Dr. Cousland on the financial position of his office.

The Resolution Committee was requested by the meeting to draw up a letter of thanks to the English Presbyterian Mission for giving Dr. Cousland to the interests of the C. M. M. A. for so long. A letter of thanks was also ordered to be forwarded to Dr. Cousland for his invaluable services in the past.

On motion, the Publication Committee was re-elected, as follows:—J. B. Neal, P. B. Cousland, T. Gillison, J. H. Ingram, P. L. McAll, J. G. Cormack, R. T. Shields.

A translation of the Rules and Regulations of the Chinese Medical Association was read. Some discussion followed. Finally it was on motion agreed to ask the Resolution Committee to draw up a letter of thanks, to be read in open session, and, if approved, to be signed by the officers of the conference.

New Business. Question of the status of members of branches of the Association in the parent Association.

It was, on motion, agreed that a special committee be chosen to consider Article 1V of the Constitution and to bring in a report thereon. This committee was subsequently announced from the chair as consisting of Drs. T. H. Coole, H. S. Houghton, and E. C. Peake.
Discussion.—The papers read the previous day, on medical education, were next discussed.

Drs. Somerville and A. C. Hutcheson dealt with various aspects of the papers. The latter pleaded that we, as an Association, should show our vital interest in medical education by placing it in the forefront of our thoughts. If necessary, the number of schools should be reduced in order to fully staff the remaining institutions and two men's hospitals should spare a man for help in educational work.

Dr. T. H. Coole wholly disagreed with the idea of depriving any hospital of its second man. He urged that no one man can conduct a modern hospital with efficiency and keep up his reading so as to become an alert medical man. He argued that hospitals of necessity came first and ought to be maintained and developed into efficient units with a minimum of two doctors and one nurse.

Dr. Shields was strongly in favour of not more hospitals but better hospitals; not fewer doctors in hospitals but a wider separation of hospitals in their geographical distribution. Better equipments and properly trained men, the latter depending upon the output of the medical schools. He reminded the conference of the fact that our output was to be of permanent value to China and suggested that a committee should be formed in order to urge upon the various Mission Boards the following:—

(a) That we have, through medical education, a unique opportunity to influence for Christianity the medical profession of China.

(b) That the time to take advantage of this opportunity is upon us and delay may make us lose it.

(c) That it is only by co-operation and concentration that our aims can be attained.

(d) That therefore at this present crisis we should respectfully urge upon all missionary societies that they endeavour to properly equip existing union medical colleges and that until these institutions are fully equipped they desist from the policy of opening any new hospitals.

Dr. Tatchell strongly urges that we pay more attention to the cleanliness and sanitary condition of our hospitals and that a better class candidate should be demanded for our medical school. He should also be made to pay for his education.

Dr. Main submitted that geographical situation should not be too great a factor in the placing of medical educational institutions. The place where clinical material was most available should rather be selected. In regard to the arguments used that we as medical missionaries were not much helped by the output of our institution, the reply could be made that in many cases we could not afford to keep them. In some missions the salaries of fully trained medical graduates could
not be raised above the amount paid to an ordinary evangelist. He illustrated this from his own experience.

Dr. Bolt. The medical education should be scientific and there should be a large number of men to give it. To make training scientific a language other than Chinese must be employed. Japanese medical education was based on the German language.

Dr. Gossard. There should be two kinds of schools (a) Church schools supported by missions (b) Government schools, in which some mission doctors are appointed, or the schools may be entirely in hands of Chinese.

The Church institution shall not be replaced by the government medical institution. We cannot control our students if we affiliate with government schools. The best location for our mission schools should be such as to serve the greatest number of Church people, and not necessarily in great commercial centres. We need to be broadminded, but a select few, of whom two-thirds are Christian, will count more for the Church.

Dr. Stuckey. It is necessary to maintain highest possible standard. At Peking School the full time of one man means sixteen hours per week. There is now a staff of fifteen men there. There is great need of concentration on a few good schools. Caution should be maintained in co-operating with Chinese for fear of lowering standards.

Dr. Wilkinson recommended that the missions establish but one strong medical school for all China, taught preferably in Mandarin, instead of four or five subordinate schools. Then missions can send their best men to this school.

Dr. Johnson. There is no need of having a staff of fifteen or twenty men. Good medical instruction can be given with a staff of but five or six foreigners and three or four Chinese.

Dr. Neal. A demand for twenty foreigners as teachers is fatal to our plans. Better divide these twenty men into two schools. Our purpose is to train Christian doctors. If we have only five schools we cannot accomplish our duty in this direction.

Dr. N. W. Brown. It is impossible to properly prepare lectures in Chinese with a staff of but fifteen men. A good plan of co-operation is being developed between the medical schools at Hangchow and Nanking.

It now being more than past the hour for reading the papers selected by the Business Committee for this session, on motion it was agreed that the two papers on the program be referred to the Business Committee for inclusion, if possible, in the proceedings of some subse-
quent meeting, so that the remainder of the morning session be given to the matter under discussion.

Dr. McClure emphasized our work as upbuilders of the native Christian church; the need of native medical missionaries to whom we may one day hand over our work; the emergency of developing Christian medical education and the unique opportunity of doing so now presented. He advised urging the Home Boards to strengthen the existing Union Medical Colleges. He deprecated at this stage any departure from previous decision to establish five schools in chosen centres lest the Home Boards be confused by our changing plans.

Dr. Samuel Cochran found himself in sympathy with the views expressed by Dr. Hutcheson. A good time was coming in regard to our colleges. Their products would prove of greater value as time proceeded.

Dr. R. Wilson was in favour of securing native-trained assistants as colleagues in order that the second foreign doctor attached to a hospital could be placed at the disposal of the nearest medical college for teaching purposes.

Dr. Chas. Lewis gave testimony as to the splendid work done by a graduate of the Peking Medical School now engaged in his hospital.

The discussion at this stage was by agreement closed, time being allowed to the writer of each paper for reply.

Dr. Thomas Cochrane said that the object of his paper was three-fold: (1) He had endeavored to state as accurately as possible in a scientific spirit the present situation. (2) He made an appeal for efficiency. (3) He made an appeal for a policy.

He maintained that it was infinitely better when inquiries were made by interested people in the homelands to quote the considered opinion of a representative body than to be reduced to a statement which may be largely only a personal view. He saw no reason to alter any opinion he had held on the question of a minimum standard of efficiency. He might be wrong and if so this conference should formulate a policy, after taking fully into account the facts that the burdens teachers are bearing now in the various medical schools are too heavy and that neither the medical teaching nor the Christian work is being done efficiently. He urged the formation of a committee to take charge of the whole question after it has been reported upon by the Curriculum Committee.

Dr. Todd in replying said that the question before the conference was a business matter which was divided into two propositions: (1) He felt that we were united in our desire for efficiency. (2) We could
not depend upon the required reinforcements from the various boards represented and that therefore our only hope was in working in cooperation with the Chinese. They had the money and there were available even now graduates from foreign medical institutions. He urged that a scheme of co-operation be devised. This matter he thought should be considered when dealing with the points raised in Dr. Shields' remarks and suggestions.

Dr. Christie submitted that before the conference should close a definite medical educational policy should be framed which should be laid first before Dr. Mott's conference and the Continuation Committee and later before the Mission Boards at home. He desired to emphasize the necessity of co-operation with the Chinese in order to secure the efficiency and permanancy of our work. He illustrated the conditions determining the establishment of a medical center by using Moukden as an example. There, medical teaching had been going on for over twenty years, but until the Chinese themselves came forward to help it was impossible to extend or establish that work. Rather than have a large foreign staff he felt he would admit men only every second year until there were Chinese ready to join in the teaching.

Dr. Gillison pointed out that our opportunity would be brief, and recommended that we at once urge our Boards to man and equip efficiently the existing colleges before establishing any other new hospitals.

The question of bringing forward any resolutions on the matter was deferred until a further session.

In the afternoon the members of conference proceeded, by invitation, to the official residence of His Excellency the President of the Chinese Republic, Yuan Shi Kai. Through the chairman an address was presented to the president, who replied in an interesting speech of welcome. It was noted that this was the first time the president had personally spoken an address of welcome to a large audience.

**Evening Session. 8:00 o'clock**

At 8:00 p.m. a further session was held. The following papers were read:


Paper: "The Treatment of Cholera by Roger's Methods," by Dr. Duncan Whyte, read by Dr. Gattrell.

The lateness of the hour prevented much discussion.

Interesting particulars of Dr. Cox's method in Shanghai were given by Dr. Coe. The amount of normal saline given was two pints in children, up to twenty-five pints in the case of an adult. The average was fifteen pints of the infusion. No cases showed oedema of the lungs. Uraemia was common, making its appearance some one to two days, and up to six days, after treatment; this was overcome by sodium phosphate and or diuritine. An interesting feature was the action of the treatment on pregnant women—of twenty-five cases only two did not abort.

Asked when the infusion should be stopped, Dr. Coe stated that in his experience the indications were (1) when the patient began vomiting, (2) when the patient suffered from dyspncea, (3) when the temperature rose to 102-103 in the axilla.

The meeting closed with prayer, at 10:05 p.m.

Thursday, January 16th.

The meeting was opened by devotional services, led by Dr. Neal. The minutes of yesterday's meetings were read and approved. Dr. Christie presented a resolution which, on motion, was laid on the table temporarily.

Letter.—A reply to the letter received from the China Medical Association was presented by the Resolution Committee. The letter was adopted and directed to be signed by the president and secretaries and forwarded to the president of the Association.

Report of Curriculum Committee.—Dr. Thos. Cochrane presented the report of this committee, which upon motion was accepted for discussion.

The report was taken up section by section and after considerable discussion was unanimously adopted as read, except in the first section where two amendments were made.

The report as finally adopted by the Association is as follows:

RECOMMENDATIONS OF THE COMMITTEE ON CURRICULUM.

We strongly recommend that until the undermentioned Union Schools are efficiently staffed and equipped, no new medical colleges be started in China. The Schools referred to are named in order from north to south and from east to west, and are as follows:—Mukden, Peking, Tsinanfu, Chengtu, Hankow, Nanking, Foochow, and Canton.

Entrance Requirements.—For the present the minimum entrance requirements for a medical college should be a Middle School pass, but ultimately the minimum should include at least two years of the College course, and a foreign language should be one of the compulsory subjects.

NOTE.—This terminology is to be understood in terms of Chinese grading, the Middle School being that which follows the Lower and Higher Elementary Schools; and the College course that which follows the Middle School.)
Length of Course.—The medical course should extend over five years, and the Curriculum Committee should be authorized to work out and publish in the Journal the number of hours to be devoted to the teaching of the various subjects.

Staff.—The minimum staff for efficient work should be ten men on the field, giving full teaching time; and to provide for furloughs, language study, etc., this would mean a staff of at least fifteen fully qualified teachers, either foreign or Chinese.

Buildings, Equipment, etc.—There should be sufficient lecture room and laboratory accommodation provided, and a liberal equipment in microscopes, models, pathological specimens, etc.; clinical opportunities to the extent of three beds to each student in the two final years should be the minimum hospital provision.

A Standing Committee.—A Committee of Counsel and Reference should be appointed to represent the views of the Association and to correspond with Colleges and Missions on questions affecting education in order to help realize the recommendations of the Association. This Committee should correspond and confer with the principals of the various Schools in order to further co-ordination, co-operation and affiliation. It should also take an interest in and make recommendations for post-graduate work. It should seek to obtain the co-operation of the Chinese and the complete sympathy of the educational authorities and the recognition of our schools.

Discussion:—Dr. Wilkinson desired that the Soochow Medical School should be included in the list in section one. This was one of the first Medical Schools to be started in China.

Dr. Neal urged that we should not endorse one man schools.

Several felt that women's schools should be specifically mentioned, but it was finally agreed that section one as read included schools for both men and women.

In the third section: Dr. Christie did not believe the exact number of hours could be stated.

Dr. Johnson replied that only by fixing the number of hours required in each subject, could a definite standard be assured.

As to the number of the staff Dr. Christie warned against suggesting too many men as a requisite. It would tend to deter the home Boards from doing anything at all if our demands were so high. He would suggest a total staff of ten, six or eight of them foreigners, and as many Chinese as possible.

Dr. Brown explained that if there were fifteen men appointed, but ten would be actually available. We should count on having two on furlough, two studying the language, and one incapacitated on account of illness or other cause.

Dr. T. Cochrane said it was the desire of the committee to state explicitly to home Boards our real needs and not give them a false conception.

Address by Mr. Wong:—Mr. Wong of the Government Board of Education was then introduced. Dr. Yen was requested to act as interpreter.
Mr. Wong in the course of his remarks expressed a cordial welcome to the Association to Peking, in the name of the Board of Education. He stated that the Dictionary on Medical Terminology had been carefully examined by the Board and it was greatly appreciated. "It is highly important that a uniform system of medical terminology be adopted at the earliest possible date. Most of the terms in the dictionary are quite satisfactory, but others might well be revised. The Board deems it wise, wherever possible, that terms used should have a definite meaning and not be mere transliterations. A committee will be appointed before long to consider the whole matter of terminology. There are now two Associations: the China Medical Association and the Association of Pharmacy, both of which have been registered in the Board of Education. Probably the main work of determining medical terminology will be referred to these associations. However, much assistance can be obtained from the China Medical Missionary Association."

Dr. Neal's Reply:—Dr. Neal was requested by the chair to reply to Mr. Wong. He expressed in behalf of the Association a cordial welcome to Mr. Wong. He hoped that since much time had been spent in preparing the present system of terminology, that members of the Association's Terminology Committee would be invited to cooperate.

Mr. Wong in reply stated that this would be done in all probability.

The following resolution was presented by Dr. Christie and, upon motion, was adopted.

Resolved: That the Medical Missionary Association of China, met in conference, let it be known:

1. That, in establishing medical colleges and hospitals, their sole object is to bring the blessings of healing to the souls and bodies of the people of China, and to give a thorough training in medicine and surgery to young men and women of education and intelligence, enabling them, as fully qualified doctors, to be of the highest service to their country.

2. That they have no desire to create permanently foreign institutions, and that their aim and hope is that these medical colleges will gradually and ultimately, be staffed, financed, and controlled by the Chinese themselves.

3. That the Association are desirous to bring their teaching work into line with the regulations of the Ministry of Education, and in all ways to co-operate with and assist the Government of the Republic in Medical Education, so that a strong and thoroughly equipped medical profession may be established in this great land.

A telegram of greetings to the Association from Dr. Niels Nielsen, of Hsiuyen, was read and the secretary was instructed to send a reply to Dr. Nielsen in writing.
Nurses' Committee:—A report of the Committee on Nurses' Association was presented by Dr. Tatchell. The report was recommitted.

Publication Committee:—The Publication Committee presented a partial report in regard to appointment of editor; special secretary of Association; honoraria to the editor, secretary, and treasurer; location of secretary and editor; and the monthly issue of Journal. Upon motion, this report was transferred to the Executive Committee for further consideration.

The meeting then adjourned.

Evening Session. 8:00 o'clock.

Upon motion, discussion after each paper was limited to fifteen minutes.

The first paper was read by Dr. Harold E. Eggers on "An Experimental Study in Racial Immunity." Dr. Elliott suggested that greater immunity might have been secured from infections in earlier life. Dr. Eggers replied that the Chinese examined were mostly of a class not subject to severe infections. Dr. McClure said that, from clinical experience, he has held for many years that Chinese are more resistant than other nationalities to pyogenic infections.

Paper: "Medical Inspection of Schools," by Dr. Richard A. Bolt.


Discussion:—Dr. Hopkins, emphasized the need of careful physical examination in order to bring us into closer touch with our students. There is a need of guarding against excessive exercise. The student class often suffers from indigestion on account of taking food too poor in proteid. In a series of 150 students, a total of 101 deaths in their families was reported. Of these 32 died of pronounced tuberculosis, 23 of probable tuberculosis, 29 of other infections, 13 killed in Boxer riots and 4 suicides.

Dr. Lincoln remarked on the large number of students suffering from deformed feet. He finds much trouble in getting boys to regulate properly the bowels.


A letter from Mr. Tong Kai-son, the President of the Tsing Wa College, was read, inviting the members of the Association to dine with him on the 18th at 2:00 p.m.

After prayer, the meeting was adjourned.

Friday, January 17th.

The devotional service was led by Dr. Beebe.

The minutes of the previous day's session were read and approved.

The Resolution Committee submitted the following resolutions to Dr. Philip Cousland, and to the Missionary Society of the English Presbyterian Church, which were adopted.

Resolved, That we express to Dr. P. B. Cousland our sincere and high appreciation of all his work of faith and patience, of hope and labor of love for this Association. That we consider his work as being of the greatest value, and we are not unmindful of the self-denial and devotion with which he has given his services to the work. That it is the unanimous and earnest wish of the Association that he continue to act as Editorial Secretary, and we pray God that He will strengthen and bless him in ever-increasing measure.

Robert C. Beebe
Paul J. Todd
Adrian S. Taylor.

Resolved, That we express to the Missionary Society of the English Presbyterian Church our hearty thanks for their kindness in allowing Dr. P. B. Cousland to act as the Editorial Secretary of this Association during the past three years.

That we appreciate not only the kindness, but the wise, generous, and catholic spirit that moved them to so greatly assist this union effort for the advancement of Christ's kingdom in China.

Resolved, That this action be published in the Medical Missionary Journal.

Robert C. Beebe
Paul J. Todd
Adrian S. Taylor.

After the reading of a letter from the International Reform Bureau Institute on the question of opium, that question and questions of the sale of alcoholic liquors, and of cigarette smoking by minors, were referred to the Resolution Committee.

It was unanimously agreed that the Resolution Committee prepare letters expressing the appreciation of the Association to Drs. Boone and Jeffrey for past services.

It was also agreed with enthusiasm to forward a letter of hearty thanks to Dr. Gray, of the British Legation, for his great services to the conference.

The question of how the above letters, submitted by the Resolution Committee to the Government, should be forwarded, was left
Triennial Conference.

until the committee already suggested, for approaching the Government on all official matters, was elected.

The Business Committee reported as follows: Report adopted as presented.

BUSINESS COMMITTEE REPORT.

The Business Committee beg to offer the following report on the President's Letter.

Thirteen suggestions were made and of these eight were, by resolution of the conference, referred to the Committee on Publications.

The one on the business sessions of the conference has been adopted, as far as possible, in the conduct of the sessions of the conference; the four remaining suggestions have been carefully considered and are as follows:

1. That the conference be held biennially.

We recommend that there be no change from the present plan, i.e., triennially.

2. That at least every second conference meet in Shanghai.

We recommend that no rule be made on this question.

3. That unless all the officers of the Association are in or near Shanghai, the present membership of the executive be increased.

We recommend that two members be added to the number of the elected members of the Executive Committee, and that, in accord with this, the following change be made in the constitution:

That Article 6, Section 1, shall read . . . . These officers, with five other members similarly elected, shall constitute the Executive of the Association and shall, etc. . . . .

4. That its powers be defined (i.e., executive)—e.g., Has it power to elect a new president or editor between conferences without consulting the Association.

It is the opinion of the committee, that the constitution clearly defines the powers of the Executive, e.g., it has the power in these matters.

Respectfully submitted,

John MacWillie, Chairman.

The Business Committee beg to report as follows on the Secretary's Report:

After careful consideration of this report, your committee find that all matters of sufficient importance to bring before the conference have been committed through other reports and resolutions to special committees.

"The Wellcome Trust Deed," which was brought up in question on Monday, was (from the secretary's report) discussed by the executive and published in the Journal. Your committee has received no information regarding the new deed mentioned.

Respectfully Yours,

John MacWillie.

Publication Committee reported as follows:

Publication Committee Report.

1. Re Medical Journal in Chinese. That the Executive of the Association approach the proprietors of the Chinese Medical Journal, issued from Canton, with a view to make the same the Chinese Medical Journal of the Association. We suggest this Journal be issued from Canton as at present, and that the Association be responsible for it financially, details of the arrangement to be left to the Executive.

2. That the question of the Wellcome Trust Deed be also referred to the Executive with power to act.
In connection with the question of *Chinese Medical Journal*, Dr. Todd said that there were now 221 subscribers and he thought it probable that the *Journal* for the time being would be self-supporting.

Dr. Cadbury read a paper on the work of the *Chinese Medical Journal*. Thereafter the recommendations in the publication report were adopted by the conference.

Report of Special Committee on Branch Membership presented by Dr. Coole moved a change in the Constitution as regards the status of Branch Association members in the parent Association as follows:—

This was carried.

**REPORT OF COMMITTEE ON BRANCH MEMBERSHIP.**

We recommend that Article V be amended to read as follows:—

**Article V.**

Section I.—A local branch of this Association may be formed by any three active members, provided the constitution of such branch is in full harmony with the Constitution and By-Laws of this Association, and further provided that the proposed local branch shall be formally recognized by the Association or by the Executive in the interim of the Association meeting.

Section II.—Members of local branches may become members of this Association as provided for in Article IV, Sections 1 and 2.

Signed, Thos. H. Coole, Chairman.

The Report on Dr. Mott's Conference was presented by Dr. Christie and after discussion adopted. See *Medical Journal* for this report.

Red Cross Committee.—This report was presented by Dr. Christie and was approved.

On motion it was agreed to hand the same to Dr. Ferguson for translation and transmission to the President of the Red Cross Society, Lu Hai Hwan.

The Special Research Committee presented its report which was approved by meeting. On nomination, Drs. A. F. Cole of Ningpo and H. H. Morris of Shanghai were elected to act with Dr. Houghton to form the committee.

**Research Committee Report.**

Your Committee feels, after careful consideration of the research work that has hitherto been undertaken by the C. M. M. A., that there are two factors which must largely determine research to be pursued by this Association in the future. First the fact that facilities for the pursuit of highly specialized problems—both as regards leisure in which to do the work and appliances with which to do it—are very meagre; secondly, that the majority of the members of the Association are more generally interested in work of a practical nature, rather than problems of more academic interest.

The mechanism for gathering the results of work done during the past triennium has been faulty, we believe, in that it placed too heavy a burden on one man, and failed to keep all of the widely scattered members of the Association in sufficiently close touch with the research projects of the Association.
We recommend, therefore:—

1. That the Association express its thanks to Dr. J. L. Maxwell for his unremitting and painstaking services as Commissioner of Research, and for the valuable results he has deduced from the scanty material received.

2. That a committee of three be elected to be known as the Research Committee. The members of this committee should all be located in the same large central city, or in closely adjacent places, so that results may be collated and systematized and that in case of furlough or other emergency the work of the committee may be carried on uninterruptedly.

3. That this committee be empowered to determine what lines of work shall be undertaken during the coming triennium, and to appoint local secretaries in each province of China and other parts of the Orient occupied by the C. M. M. A.

The local secretaries, under the direction of the Central Committee, should stimulate research in their districts, collect information received from the members and forward it to the Central Committee, who should edit and publish the results in the CHINA MEDICAL JOURNAL.

4. That problems of clinical interest, such as the further study of parasites, the preparation of noso-geographic charts, etc., be emphasized during this triennium.

5. That the Association empower the Research Committee to approach Henry S. Wellcome, Esq., in regard to the possible establishment of research laboratories in China.

Respectfully submitted, H. S. HOUGHTON.

The Nurses Committee presented its report which was adopted.

NURSES COMMITTEE REPORT.

Being in hearty sympathy with any effort made for the efficient training of both male and female nurses in China and having carefully considered the constitution and regulations of the provisional scheme for the Nurses' Association of China as set forth in the last November issue of the CHINA MEDICAL JOURNAL we would suggest that the China Medical Missionary Association should appoint a permanent committee of five, who will confer with the representatives of the Nurses' Association of China upon the whole question of the training of nurses and also decide as to future action.

We would further suggest that a copy of this resolution with the names of the committee be forwarded to the officials of the Nurses' Association of China.

The Finance Committee presented its report. It was decided to take up the five points in the report seriatum.

After an amendment to the first section the report was adopted and referred to the Executive Committee.

REPORT OF FINANCE COMMITTEE.

1. We recommend that, as the financial statement has not yet been submitted, the same should be submitted to the Executive Committee who shall have it properly audited and published in the JOURNAL.

2. We recommend that, instead of the present arrangement for the collection of accounts, the funds of the Association should be in the hands of the treasurer and that clerical assistance should be furnished at the expense of the Association.

3. We recommend that the Publication Committee funds be still in charge of its secretary as at present.
4. We recommend that both of these accounts should be annually audited by the Executive Committee and published in the Journal.

5. The income of the Association has shown a steady increase for several years and in our opinion would justify the Association in appropriating $1,200.00 annually, if so desired, to secure the part time of a man to manage the business of the Association.

Signed: John W. Snell, Samuel Cochran, E. J. Stuckey.

Upon motion, it was decided that the Constitution as revised should be printed in the China Medical Journal and extra copies also printed.

The report of the Business Manager of the Journal was read and accepted with thanks.

The report of the Co-operative Book Agency was read and accepted for discussion.

Upon motion, the meeting adjourned.

At 4 p.m. the members of the conference were received at the American Legation by the American Minister, Mr. W. J. Calhoun, and Mrs. Calhoun. At 6 o'clock the members were received by Mr. Lu Chen Shing at the Wai Chiao Pu.

Evening Session. 8:00 o'clock.

Meeting opened with prayer by Dr. Coole.

The following resolutions was offered:—

Resolved, That the Association officially take over the Executive Committee's report on the China Medical Missionary Co-operative Book Agency and appoint a general agent, empowered to appoint provincial agents; that he shall be permitted to draw upon the funds of the Association to defray expense of postage, stationery, and incidentals for general and provincial agencies. The duties of this general agent to be to secure publishers' terms and to be middleman between publishers and the provincial agent. That the general agent be given full power to select provincial agents and to transact all the business of the agency in consultation, if necessary, with the Executive Committee but that no financial obligation may be assumed by the agency other than expenses mentioned, the agency being run strictly on a cash basis.

A letter from Mr. E. Evans, bearing on this subject, was read.

The resolution, upon motion, was carried, the general agent to be appointed by Executive Committee.

The Publication Committee reported that they had had a conference with Dr. Yen Fu, who expressed his sympathy with their work.

Upon motion, the secretaries were authorized to sign certificates for members desiring special railway rates.

The Resolution Committee presented the four following resolutions all of which were unanimously adopted.
Triennial Conference.

Resolution on Opium Smoking.

Resolved, that this Association express its deep appreciation and sympathy with the effort made by the Chinese Government to eradicate the opium habit which has done so much injury to the nation, and we hope that China may attain complete success in the noble undertaking at the earliest possible time.

Resolution on Use of Alcohol.

Resolved, that we, the members of the China Medical Missionary Association, believe the use of foreign intoxicating liquors by the Chinese is decidedly injurious to their physical and moral well-being, and for this reason we will sympathize with and encourage any effort made by the Chinese government to prevent their sale and use.

Resolution on Cigarette Smoking by Minors.

Whereas in our opinion cigarette smoking by minors is decidedly injurious to their physical and moral welfare; be it resolved that this Association express its disapproval of the use of cigarettes by minors and hopes that some steps may be taken by the Chinese government to prevent their sale to such persons.

Resolution of Thanks to our Hosts in Peking.

Resolved, that we express our hearty appreciation and thanks to the doctors of Peking who have so admirably arranged for our comfort and pleasure during this session of the China Medical Missionary Association.

That we also express our sincere thanks to the authorities of Peking Union Medical College for providing us a room for our meetings and for various courtesies extended to us;

And last in our expression but not least in our grateful appreciation, we would extend our sincere thanks to our hosts who have so kindly received us into their hospitable homes.

A letter from Mr. Lu Cheng Hsiang was read desiring the president to express to the members the very great pleasure he had in receiving the conference to-day, especially as they were men whom he knew to be working disinterestedly for the benefit of China.

It was moved and seconded that a hearty vote of thanks be extended to the President of the Republic of China, the Wai Chiao Pu, H. B. M. Minister to China, Sir John Jordon and Lady Jordan, the American Minister, Mr. W. J. Calhoun, and Mrs. Calhoun for their cordial receptions to the members of the Association.

A hearty vote of thanks was extended to Dr. Dilley for his kindness in acting as guide to various places of interest in Peking, also to Mr. Wilson and the authorities of the Union Medical College at Peking.

Medical Curriculum Committee. Dr. Christie was added to this committee.

Upon motion, the committee was re-elected and authorized to add to its numbers so as to include a representative from each school.
Upon motion, the duties of the Standing Committee on Medical Education, recommended in report of the Committee on Medical Curriculum, be handed over to this latter committee.

Upon motion, a committee of three was appointed to act for the Association in approaching the Chinese authorities on all matters relating to medical education. This committee as appointed is: Drs. Christie, Neal, and T. Cochrane.

The following gentlemen were appointed to serve in the local conferences with Dr. Mott.

Canton:—Drs. Todd and Thomson.
Shanghai:—Drs. Brown and Houghton.
Hankow:—Drs. MacWillie and Fowler.
Peking:—Drs. Christie and Hall.
Tsinanfu:—Drs. Neal and Schultz.

For the general conference at Shanghai:—Drs. Fowler, Brown, Davenport, S. Cochran, and Neal.

The Nurses' Committee was appointed as follows: Drs. Tatchell, S. Cochran, Fowler, Beebe, and Somerville.

ELECTION OF OFFICERS.

The following resolution was moved and carried:—

Resolved, That in voting for president this year we disregard the unwritten rule of alternation in nationality, and that first a nominating ballot be taken, the three highest names on the list to be the nominees.

Officers Elected:—President, Dr. Duncan Main.
Vice-President, Dr. C. F. Johnson.
Secretary and Treasurer, Dr. H. H. Morris.

Editor, to be chosen by the Executive Committee.


A question as to whom the literature of the conference should be transferred resulted in Dr. H. H. Morris being selected as the recipient.

By motion it was agreed that travelling expenses of members of Executive to their meetings should be paid out of the funds of the Association.

Dr. Main presented a paper "How Best to Present the Christian Truth to Our Patients."

Resolution regarding conference expenses carried.
Resolved, that all expenses incurred by the Peking Branch in connection with the present meeting of the Association, such as printing, postage, tips, etc., be a charge against the funds of the Association and that the chairman of the Entertainment Committee be authorized to draw on the treasurer of the Association in Shanghai for the amount expended.

Resolved, further, that, beginning with this meeting in Peking, members staying in private houses shall pay into the hands of a treasurer appointed by the Association the sum of $2 Mex. per day, toward their entertainment.

Vote of Thanks to Dr. Gray.

Resolved, that this Association express to Dr. G. D. Gray its high appreciation of his valuable services in all that works for the advancement of medical science; for his services rendered during the prevalence of plague in North China, and in the work of the Peking Union Medical College; for his sympathy and services rendered to this Association, and in his assistance in securing recognition and privileges from the Chief Executive of the Chinese government.

Dr. Morris was requested to write Mr. Lobenstine stating the names of the delegates to meet at the Mott conferences.

Minutes of the closing session were read and adopted.

Conference adjourned.

Dr. Goodridge closed the conference with prayer.

President's Letter.

I greatly regret that I cannot be present at our conference at Peking. I had fully hoped to be able to go the Far East this autumn, but medical permission has been withheld. When you did me the honor three years ago of insisting on my acceptance of the presidency of the Association, I feared that circumstances would not allow me to do justice to the position and these fears have been more than justified. With all the will in the world to promote the interests of the Association and to help in solving some of the problems that are arising, I have found that distance has proved a serious hindrance, and can heartily and apologetically join with you in regretting that my term of office has been so barren a one. May you be more fortunate in my successor, for there is great need of wise and energetic officers at this time of change in China.

The selection of a president will depend largely upon what action can be taken to strengthen the Executive. If an Executive can be formed that is sufficiently strong without the presence of the president, the location of that officer will be of less importance and the choice correspondingly wider.

A strong Executive, the members of which are conveniently located for frequent meetings, and the presence of someone in Shanghai
who can give a considerable amount of time to the interests of the Association, seem quite essential to our welfare. The question of editor is of supreme importance. He need not necessarily be in or very near Shanghai if there is someone at that centre who can see to printing and publishing the JOURNAL. The ideal plan will be to find a man who will make a good editor and secretary, borrow him from his mission, and locate him in Shanghai. The question of his support presents fewer difficulties than that of obtaining the services of the right man. Now that the Publication Committee has ceased appealing to the Boards and societies for yearly grants, the way is clear for the Association asking for financial help to meet the salary, rent, and other necessary expenses. Of course it is always possible that the man's mission might pay his salary for a term of years, as has frequently been done in the case of men set apart for literary work. If he can help with the work of the Publication Committee in proof-reading and press work and, if possible, in translation, the Publication Committee would doubtless pay a share of the expenses. This C. M. M. A. editorial secretary could also act as General Editor of the Chinese Medical Journal.

This plan, however, can hardly be carried out now. Time is required for negotiations and arrangements. Will it not be best to enjoin the Executive to take up the question or to appoint a special Committee to do so? An appointment of this kind cannot and should not be made hurriedly nor without giving all the members of the Association an opportunity of expressing their opinion.

In Dr. Johnson's absence, Dr. T. Cochrane was appointed chairman of the important Committee on Medical Curricula and Standard of Attainment for Admission to the C. M. M. A. of graduates of medical colleges in China. His report and the question as to whether we should continue to confine active membership in the Association to missionary doctors, i.e., change the China Medical Missionary Association to the China Medical Association, will require our very serious consideration. Personally I think there is great need for a Medical Missionary Association and when the Chinese medical men form the China Medical Association we shall no doubt be individually eligible as members. In India there are the Indian Medical Association and the Indian Medical Missionary Association. Whatever we can do to aid the progress of medical science in China will be done most gladly, but for the special work we are engaged in we still need our own Association.

Government plans for education in medical science will no doubt soon be drawn up, and the extent to which they will utilize our
services or involve modifications in our methods will be a matter requiring our careful and sympathetic consideration. We shall most heartily co-operate to the fullest extent so long as there is no real hindrance to the spiritual part of our work.

In this connection we should not forget that atmosphere and personal influence count for more than the public and formal methods of religious work.

The progress made during the triennium in the foundation and equipment of Christian medical schools proceeds with heart-breaking slowness. Men, money, union, students are all lacking. The subject has been dealt with so frequently and so recently in our Journal that it is not necessary to refer to it here in any detail. In the face of the most unprecedented opportunities and most urgent need even the modest programme of the C. M. M. A. is not being carried out. It is true that promising schools have made a beginning at Nanking and Mukden, but at Hankow, Chentu, and Canton there is little if any progress to be reported. The Yale and Wuhan Universities' schemes afford little hope of any help being given to our Central China school. The only new feature in the triennium is the entrance of Harvard. Success to its endeavor to establish a medical school in Shanghai. Let us trust that the investigations of the "Medical Education in China" Sub-committee of the Continuation Committee of the Edinburgh Conference will enable the Continuation Committee to speedily frame a satisfactory policy for medical education in China and that the missionary societies will promptly and energetically carry it out.

The steady increase in the attendance at our hospitals emphasizes the urgency of training more Chinese helpers. This urgency has been especially marked since the revolution broke out. On the one hand the hospital staffs were weakened by trained assistants leaving to serve the republicans, and on the other the revolution has increased the number of patients and this in spite of the opening of Red Cross Hospitals—by the Chinese. The tremendous pressure at which so many of you have to work is not good either for you or your patients. How is it to be remedied? By appointing two or more foreign doctors to each large hospital, by turning out more Chinese medicals, and by limiting the work to the capacity of the workers. If you are not hard-hearted enough to follow this last plan when necessary I hope your missions will insist on it! And with regard to Chinese help in our hospitals let the medical colleges arrange their course so that there will be competition on the part of the graduates to get internships. There
is a great deal to be said for the plan of giving the Bachelor's degree at the end of the college course and the Doctor's degree only after a further period of practical work and an examination or thesis, preferably the latter at the present stage.

It would be interesting to know what effect the resolutions we pass have on those to whom they are sent. For instance—the repeated resolutions re two men in every large hospital and two years at the language. These are very largely ignored, especially the first one. They are useful chiefly as enabling individual members to quote the Association in particular cases. Sending them to the secretaries of the missionary societies does little good. There is little doubt but that few members of the Boards know anything about our recommendations, recommend we never so earnestly. Conferences are only too prone to relieve their feelings by passing resolutions. Let our resolutions be few and weighty and let them be sent to the proper quarters by the Association secretary with all the weight at his command.

It was an instruction by last conference that those preparing the programme for this one should see that the religious side of our work be adequately represented. It might almost seem from the reports of our conferences that the medical side was the more important. You and I know, however, that this is not so. We are here in the first place as ambassadors (however unworthy) of the Most High, as exemplars (however far off) of the love of our Saviour and as channels (however narrow) of the enlightening grace of the Holy Spirit. Let us in adoring humility magnify our high office and may this conference be a spiritual uplift to all present.

Death has been busy in our ranks since last we assembled in conference. Men who have done much for the Association such as Dr. Stuart and Dr. Booth have been transferred to higher service; of a committee of three appointed at Hankow only one member survives. We have lost earnest and efficient colleagues by the deaths of Drs. Riddel, Gaynor, Meadows, Rees, Jackson, and Gibb. Our sympathies go out to those who mourn their loss and to those of our number into whose families death has entered. Invaliding, too, has hit us hard. We deeply regret the loss from our active ranks of Dr. Boone and Dr. Jeffreys to whose services in the past the Association is so deeply indebted.

Writing at so great a distance from China and so many weeks before the date of conference places me at a great disadvantage. It may be that much of what I have written may be out of date by the time it is read or may reveal a lack of touch with existing conditions.
in our Association's work. But I can at least breathe a fervent prayer for the Divine blessing on your deliberations. May the conference be the means of greatly consolidating and strengthening the Association and may the members find the help and stimulus they individually require.

SUGGESTIONS.

That the conference be held biennially.
That at least every second conference meet in Shanghai.
That the business sessions held during the conference shall be at fixed hours so as to avoid interfering with the regular sessions; the business sessions to be open to members only and only the regular sessions to be advertised. More time to be allowed to the business sessions during the last days.
That in view of the difficulties surrounding the question of the appointment of the editor and other officers it may be well not to make these appointments at the first session.
That a special committee be appointed or it be made an instruction to the Executive to arrange for the appointment of a man to give his whole time to the interests of the Association.
That the editor and the secretary and treasurer receive honoraria and that their travelling expenses to and from conference be charged on the Association funds.
That the secretary should be in or near Shanghai.
That if the editor be distant several days' journey from Shanghai an associate editor be appointed who shall be in or near Shanghai, or else that a business agent be appointed to see the JOURNAL through the press and transact such other business as may seem desirable. This agent need not be a member of the Association and shall receive a salary.
That unless all the officers of the Association are in or near Shanghai the present membership of the Executive be increased.
That its powers be defined, e.g.: Has it power to elect a new president or editor between conferences without consulting the Association?
That if possible the JOURNAL be issued monthly.
That special correspondents be appointed at the various centres. These correspondents and the departmental editors to have their Association dues remitted, i.e., to receive the JOURNAL free of charge in recognition of their services.
That with regard to a Chinese Medical Journal it is desirable that it be published at some centrally situated place such as Shanghai. If no general editor can be found there perhaps the Nanking School can undertake this part and sub-editors be appointed in connection with the various medical schools.

P. B. COUSLAND.

SECRETARY'S REPORT.

Dr. Cousland, my predecessor, opened his report by expressing regret that circumstances had limited his work for the Association, when "so much might be done to enlarge and consolidate its work."

I can but repeat his words; and add as he added, "that the time is approaching, if not already arrived, when the entire time of one man could profitably be given to the Association." But few men, with the heavy burden of a hospital work on their shoulders, can
possibly do justice to the Association's interests, and consolidate its influences. Since the last conference, held in Hankow, 58 full members and 3 honorary members have been added to our ranks, making the total roll of members just over 500, and that of honorary members, 54. Some heavy losses have been sustained during the triennium.

Dr. W. H. Boone, one of the fathers and founders of the Association, whose membership dates back thirty-three years, has been obliged through ill health, to retire. His colleague, Dr. W. H. Jefferys, our energetic and able editor also has had, for the same reason, to relinquish his work. Dr. Barlow of Shaoshing, who ably tabulated our statistics for 1910, under doctor's orders has had to leave—we trust only temporarily.

Death also has removed from our ranks some veterans and some recruits. Dr. Wm. Riddel, Dr. G. A. Stuart, Dr. R. T. Booth, Dr. Lucy Gaynor, Dr. Philip Rees, Dr. Meadows, Dr. Lily Saville, Dr. Richard Wünsch, and Dr. G. M. Olsen. We thank God for their devoted lives and service, and know that their works do follow them.

The business of the Association has been carried on by the Executive Committee, which has met on six occasions, and from time to time sent round circular letters. Only two of those who gathered together at the Executive Committee in March 1910, remain in China to-day.

Brief epitomes of business dealt with, have been published in the Journal, after each meeting of the Executive. The chief items dealt with have been:

1. The Wellcome Trust Deed.
2. The Editorship of the Journal.
4. The Location of Medical Schools.
5. Publication Work.
6. Finance, etc.

The Executive authorized the compilation of a new list of members. This was done, the list being circulated, and much appreciated. It also attempted to collate reliable statistics for 1910. It is most regrettable that so few members took the trouble to respond to the committee's appeal. From the data furnished, it is evident that considerable advance has taken place in our department of mission work, but it is regrettable that no representative report of our work as a whole is available for the public.

Letters to hand from various parts of China, Siam, South Africa, and other countries give evidence that the Association work is appreciated and playing its part in the world.
Within the parent Association some eight to ten local medical associations have been formed. These have done excellent work in keeping alive the scientific mind, promoting study and research, and dealing with local, ethical, and sanitary problems.

Summer sessions of local branches, held at the various sanatoria, have been much appreciated.

Separate reports will be given the conference on Medical Education, Publication Work, etc.; but in closing we would congratulate our brethren in Canton for their energy and ability in issuing such an excellent Chinese Journal, and express the hope that in the future the Association as a body will adopt this as a basis, and publish its own Chinese Journal representing, and supported by, members all over the country.

We would also close by expressing the hope that in the coming triennium an official, paid agent may take the affairs of the Association in hand, and make a success of them.

Cecil J. Davenport.

TREASURER'S REPORT.

This as usual need be very brief, seeing that our publishers, the Presbyterian Press, do all the actual treasurership work.

We would point out, however, the present unsatisfactory condition of the financial arrangements. The funds are held by several parties, no one person being solely in control and responsible. No proper audit is made.

The accounts year by year have been published in the columns of the Journal. During this past year receipts have been as follows:

- From dues and subscriptions $1,593.32.
- From advertisements $805.56.
- Expenditure has amounted to $1,427.40.
- There is a balance in hand of $2,472.70.

Six hundred and twenty (620) copies of the C. M. J. are circulated every other month, the cost of production being about $175.

It is more than probable that a larger income could be got from advertisements, if the matter receive greater attention.

Should the Association decide to publish a Chinese Journal and also appoint a paid official, dues and subscriptions will have to be increased.
The China Medical Journal.

The funds of the Publication Committee are held as follows:
The Bank has now in hand $3,630.
The Press has now in hand $3,887.
But I cannot say how much Dr. Cousland has in hand.
These figures are approximate. The "sales" are not yet all made up, so that it is impossible to give a final balance.

C. J. Davenport.

REPORT OF THE EDITOR.

In sitting down to write a dispassionate report of the China Medical Journal for the last three years the editor is moved by conflicting emotions; the most prominent of which are joy that he has survived his term of office and sorrow that, in the position into which he was thrust by most unfortunate circumstances, he has not given a better account of his stewardship; and he is not obsessed by any delusions that he has edited the Journal as it should have been.

The misfortune to the medical missionary body and the Journal in particular in the loss of such a brilliant and devoted man as Dr. Jefferys, just at the beginning of a new term of service in his chosen field, can not but be deplored by all of us who have the interests of medical missionary work in China in our heads and hearts.

The matter of support from the rank and file of the members of the Association still leaves much to be desired.

The total number of contributors in 1910 was 41; in 1911, 67; and in 1912, 47: excluding the Customs Health Reports, some of which are written by members of the Association, the contributors are farther reduced to 37 in 1910; 62 in 1911; and 36 in 1912. The contributors who have written more than once in the year number 8 in 1910; 17 in 1911; and 8 in 1912.

With an active membership of between four and five hundred, 400 of whom are probably on the field, these figures speak for themselves. Of the department editors, Drs. Preston Maxwell and Adrian Taylor resigned during the past year on account of pressure of work; Dr. Woodhull, who was always faithful, resigned as she was leaving China; and Dr. Hume has been in America throughout the year. The only ones who have written for their departments this past year have been the Doctors Maxwell, and Dr. Mills of Korea. Dr. Cousland noticing the deficit has been very kind in forwarding clippings from the leading British Journals for the departments of Medical and Surgical Progress.
The question of editorship confronts us with a serious problem. Are we to go on, as in the past, with an editor who is willing to work for the good of the cause assisted more or less by sub-editors, or are we to have a man giving the whole or a greater part of his time to the Journal, supported wholly or in part by the Association? And if so, are we willing to guarantee a definite amount for his salary?

The ideal scheme would be to have a real live editor donated by his mission Board for that purpose; but in view of the difficulty of the Boards to obtain enough medical men to efficiently man their work, it is about as Utopian as to expect some qualified man of independent means to volunteer for the position.

If the Journal is still to be located in Shanghai it is necessary that the chief editor should be either in residence there, or with easy access to that point by rail or steamer; in the latter case it would be desirable to have an active assistant editor in Shanghai, who could read the proof, and with whom the manager of the printing could consult, and who could be of general use to the editor. In any case there ought to be a number of department editors who will really try to do their duty by the Journal. Without proper and sufficient co-operation a really creditable and interesting journal can not be maintained.

One suggestion offered is that a man be sought who can combine the duties of secretary, treasurer, and editor, who could also look after the advertising interests of the Journal which have been in the hands of the Press ever since Dr. Tucker resigned several years ago. In that case the Association should guarantee his support: he would be worth it if he can be found.

The matter of publishing also presents difficulties. While the editor's personal relations with those in charge of the printing department at the Presbyterian Mission Press have always been most friendly, there is no doubt that the Press has a great deal more work than it can attend to with its present staff and equipment; and that in the rush of work on other things the Journal often has to take a back seat, which at times causes serious delay. The Press has also recently intimated to the treasurer that it desired to advance its prices. Under the present conditions—both editorial and of publication—it is useless to think of making the Journal a monthly; and it is a question for the Association to consider if bids for the publishing of the Journal should not be obtained from other firms; if not for this year at least before the beginning of 1914.

You will find the statement of the financial condition of the Journal in the treasurer's report. The actual business management
of the *Journal* has been almost from the beginning in the hands of the Mission Press.

The *Journal* has been and is self-supporting and has turned over yearly a percentage of its surplus to the Publication Committee.

The editors have not been responsible for the solicitation of advertisements or the collection of fees therefrom, nor for the collection of subscriptions. The editors and the Executive have been responsible for the class of advertisements, and have tried to keep out those that were unethical and undesirable.

If there was a man giving his whole time to the editorship of the *Journal* this might be more closely supervised and made more profitable.

It is not the duty of the editor to dictate in regard to the management of the *Journal*, except so far as he expresses the will of the Association whose representative he is; but he respectfully offers these suggestions for the careful consideration of this meeting in the hope that whatever the policy adopted it will a wise one, and will be productive of a more efficient and satisfactory *Journal* than we have ever had in the past.

C. S. F. LINCOLN.

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**PUBLICATION COMMITTEE.**

**EDITORIAL SECRETARY'S REPORT.**

(Adopted by the Publication Committee, January 14th, 1913.)

At the Hankow Conference in 1910 the C. M. M. A. amalgamated the Publication and Terminology Committees and reappointed the writer as editorial secretary. The editorial secretary has spent part of the triennium in Japan and part in Scotland. He has been detained in the latter country for the past eighteen months owing to an asthenic condition. Fortunately he has been able to find a very efficient assistant among the Chinese students attending Edinburgh University, and although distance from the presses in China and Japan has caused considerable delays, yet this has been largely compensated for by the valuable aid given by Mr. M. J. Chu.

*Books published during the Triennium:*

- Essentials of Anatomy.
- Heath's Practical Anatomy.
- Osler's Medicine.
- Robb's Nursing.
- Fuchs' Ophthalmology.
- Skin Diseases, 4th Ed.
- Caird and Cathcart's Surgery.
- Roy's Pharmacy.
- Eye Diseases, 5th Ed.
- Military Hygiene.
- Evans' Obstetrics, 2nd Ed.
- Halliburton's Physiology, 5th Ed.
- Rose and Carless' Surgery.
- Hare's Therapeutics, 2nd Ed.
- Stengel's Pathology, Part 1.
Triennial Conference.

Books in the Press.

Giffen's Medical Jurisprudence.
Younger's Insanity in Everyday Practice

Books in Preparation.

Giffen's Toxicology.
Waring's Operative Surgery.
Hutchinson and Rainy's Clinical Methods.
Stengel's Pathology, Part II.
Chinese-English Medical Lexicon.
Mitchell-Bruce's Materia Medica.
Public Health.
Second editions of half a dozen books.

First Aid.

The Publication Committee, since its formation, has published twenty-two separate books, being 38,260 copies and 17,000,000 pages, including reprints but not books presented to or bought by the C. M. M. A.

At this time of writing it is too soon to report on this year's financial position. The statement published in the July number of the China Medical Journal brought the figures down to the end of 1911. The Reserve Fund amounted to $7,000, and the Bank Balance to $4,644.31. The gross value of the books in stock is about $38,000 or $40,000; the net value being about $30,000.

The balances are with the Hongkong and Shanghai Bank at Shanghai, Yokohama, and London, and with the Presbyterian Mission Press.

The total received in grants and donations amounts to over $30,000. That the Publication Committee has been able to do so much work at so low a cost is largely due to the gratuitous services given by the translators. To them and their missions much of the credit is due. Lest some should mistakenly conclude that the committee is in affluent circumstances, it may be pointed out that it is still unable, without further help from home, to pay the salary, rent, etc., of anyone appointed to serve it, an appointment that may any time be necessary.

The work of the committee goes on very slowly owing to the extreme paucity in the number of translators and the limited time they can give to this work. It would greatly expedite matters if another man were appointed to give his whole time to translation and proof-reading or to give half his time to the Publication Committee and half to the editorial and secretarial work of the C. M. M. A., the term of service to be a prolonged one, not merely for two or three years. The time of the writer is largely taken up with editing, revising, proof-reading, terminology, and business correspondence and little is left for translating.

The committee suffered a great loss in the death of Dr. George Stuart soon after he had been set aside by his mission to do literary
work. Our present medical nomenclature owes much to Dr. Stuart's valuable suggestions. The committee elected Dr. Venable to fill the vacancy.

The C. M. M. A. authorized the committee to appeal to the mission Boards for grants-in-aid for a further period of three years. This was done in 1910 and 1911. It has been thought better not to repeat the appeal in 1912. The hearty thanks of the C. M. M. A. should be tendered to all Boards, societies, committees and individuals who have placed the Publication Committee in its present financial position. The writer wishes to express his indebtedness to Dr. McCloy of Tokio for aiding with proof-reading during his absence from the Orient, to Mr. Wilson of the U. M. College, Peking, for aid in establishing a sub-depot in that city, and to the presses for the pains taken with our troublesome work.

With regard to terminology it has not been found possible to have a meeting of committee to further this subject, but much has been accomplished by testing terms in translation and by correspondence. The editorial secretary has devoted much time to this subject during this year (1912) and hopes to publish a new edition of the Lexicon in 1913.

Little is known to the writer of the Government's plans for medical education and as to the attitude of the medical education authorities towards our work. But our plain duty is to go on ever seeking to improve the quality of our work and placing it at the disposal of all who will use it. We are here to seek the highest good of the Chinese people and anything we can do either by ourselves or in co-operation with the Government will be done joyfully and wholeheartedly.

P. B. Cousland.

In adopting the above report the Publication Committee wish to express their high appreciation of the services of Dr. Cousland as editorial secretary, and they hope that when a new committee is elected, Dr. Cousland may be asked by the Association to continue to serve in his present capacity.

While the individual members of the committee have all done something in the translation of new books, or the revision of old ones, the bulk of the work of publication and revision of our terminology has fallen to Dr. Cousland, who has given all his time free of cost to the Association.

J. B. Neal, Chairman.
REPORT OF MOTT CONFERENCE COMMITTEE.

The Medical Missionary Association of China calls the attention of Dr. Mott, as representing the Continuation Committee, and also of home missionary societies to the following facts and suggestions:—

1. Medical missions are not to be regarded as a temporary expedient for opening the way for and extending the influence of the Gospel, but as an integral, co-ordinate and permanent part of the missionary work of the Christian Church, as was emphasized in the resolutions passed by the Shanghai Conference of 1907.

2. There are now in China over 500 medical missionaries, but there is a lack of a common policy among the missionary societies in the utilization and distribution of these forces. The Association would, however, deprecate any independent decision on the part of the missionary societies as to policy in medical missionary work without consultation with this Association through its Executive.

3. A most important feature of the work of the medical missions in China at the present juncture is that of training Christian young men and women that they may take their place as thoroughly qualified medical missionaries, to perpetuate the work we have begun, and occupy positions of influence in the service of their country.

4. The Association therefore considers that the object of our presence here can now best be advanced by concentrating our energies largely on the important centres approved by the Association, and forming there efficient union medical colleges and specially-equipped hospitals. And we would strongly recommend that all such colleges be affiliated and co-ordinated with other existing missionary educational institutions.

5. The Association reiterates its resolution of 1907 as to the desirability of each hospital being in charge of two fully qualified medical missionaries, but considers that, owing to the present emergency and the urgency for medical education, all except large or isolated hospitals should be put in charge of one foreign doctor with, if possible, one or more fully qualified Chinese.

6. The Association recommends that much of the work done in the less important stations should, wherever practicable, be placed under the charge of qualified Chinese. That missionaries of ability and experience in certain instances should be called in from these stations to the teaching centres to take part in the work of the colleges
and large hospitals and that the staffing and thorough equipment of these centres should take precedence of the opening up of new medical work throughout the country.

7. A number of fully qualified men and women are scattered over large areas without proper hospitals or equipment, and this, in the opinion of the Association, is waste of effort and money, as no efficient medical missionary work can be done on these lines. We have arrived at a stage in China when all medical and surgical work done in the name of Christianity should be of the highest order, and we therefore recommend, in the interests of economy and efficiency, that wherever possible small and poorly equipped hospitals should unite to form thoroughly equipped institutions.

8. Recent movements in China have developed a natural desire on the part of the people to carry out their own educational reform, and this we must recognize, and make the foreign element in our work as little prominent as possible, by having our colleges gradually and increasingly staffed and supported by the Chinese themselves.

9. The Association considers that the minimum staff for efficient work in a medical college should be ten men on the field giving full time. This means, when furloughs, language study, etc., are taken into account, a total staff of at least fifteen fully-qualified teachers, foreign or Chinese.

10. The Association recommends that sufficient lecture room and laboratory accommodation should be provided, and as liberal an equipment as possible in microscopes, models, pathological specimens, etc., also that clinical opportunities to the extent of three beds to each student in the two final years be considered the minimum.

11. The Association strongly recommends that until the undermentioned union medical colleges are efficiently staffed and equipped, no new medical college be started in China. The schools referred to, beginning with the North are:—Mukden, Peking, Chinanfu, Chengtu, Hankow, Nanking-Hangchow, Foochow, and Canton.

12. In order to retain in medical missionary service the best graduates from our medical colleges, we wish to point out that it will be necessary to give a much larger salary than has usually been given.

13. As medical books in Chinese are necessary in order to carry on the instruction in our colleges, and to provide medical literature for
graduates, the Association would urge on the missionary societies the need for arranging that suitable men should devote a large part of their time to the work of translating and preparing such books, and also the necessity for money grants for this purpose.

14. The Association is of opinion that the nursing in our hospitals can never be satisfactory until we have thoroughly trained nurses; that a foreign trained nurse should be associated with each large hospital wherever possible, and that this should be considered absolutely indispensable in those hospitals which are associated with the work of medical colleges.

15. The following resolution was passed by the Association:

Resolved:—That we, the members of the China Medical Missionary Association, met in conference, let it be known:

(1) That in establishing medical colleges and hospitals our sole object is to bring the blessings of healing to the souls and bodies of the people of China, and to give a thorough training in medicine and surgery to young men and women of education and intelligence, enabling them as fully qualified doctors to be of the highest service to their country.

(2) That we have no desire to create permanently foreign institutions, and that our aim and hope is that these medical colleges will, gradually and ultimately, be staffed, financed, and controlled by the Chinese themselves.

(3) That we desire to bring our teaching work into line with the regulations of the Ministry of Education, and in all ways to co-operate with and assist the Government of the Republic in medical education, so that a strong and thoroughly equipped medical profession may be established in this great land.

16. In conclusion, the members of the China Medical Missionary Association take advantage of this, their first opportunity, to express their profound disappointment that medical missions, which have been so largely blessed of God as a missionary agency, were ignored in the list of subjects for consideration at the Edinburgh Conference of 1910; and strongly urge that medical missions be adequately represented in any future conference.

17. We recommend that two representatives be appointed to bring forward these recommendations at the various centres where conferences with Dr. Mott are held. These members shall be chosen from those who have attended the Medical Missionary Conference at Peking. Also that a committee of five be appointed to represent the Peking Medical Conference at the General Conference with Dr. Mott at Shanghai; and that copies of these resolutions be sent to the Continuation Committee, and to all home mission boards and committees and governing bodies on the field.
ADDRESS PRESENTED TO PRESIDENT YUAN SHIH KAI

At a Reception given by him to the Delegates to the Triennial Conference of the China Medical Missionary Association, held at Peking, January, 1913.

May it please Your Excellency: We, the delegates to the China Medical Missionary Association, desire to thank you for your courtesies to us while in Peking.

Our Association is composed of medical missionaries of several nationalities working in nearly every province in China. Our sole object is the spiritual, moral, and physical welfare of your people, who are, according to our religion, our brothers and sisters.

At our present conference we have been most concerned with the problem of how we might make our service more effective through co-operation with Chinese physicians who have aims similar to our own. Especially do we deem co-operation mutually advantageous in medical schools, medical terminology, translation of books, and Red Cross work.

Another of the main objects of our conference is to discuss the work our members are continually doing to elucidate disease problems in China. There are some diseases such as tuberculosis, plague, cholera, and smallpox which ravage your country and it is our constant endeavour to perfect our knowledge of these epidemics by means of research and investigation as to the best methods of treatment and prevention.

It has been repeatedly declared in our present conference that we must consider ourselves as guests in China whose duty it is to aid in the teaching of the best in Western Medicine and Surgery until a time comes when there is a sufficient number of qualified Chinese graduates to continue the work we have started. When this time comes we shall gladly turn over our task to our Chinese colleagues.

We have endeavoured, however imperfectly, to be of service to your people in times of special need; as during the visitation of plague in the North and in connection with the Red Cross Society in times of war and in the recent revolution, now happily ended.

In all this work, Your Excellency has always shown the greatest sympathy. We wish to assure you of our continued willingness to be of service to the extent of our ability.

In closing, we wish to express our gratification that China has at this time as her Chief Executive a man who has done so much in leading the country into the path of progress. We have confidence that under Your Excellency's guidance the republic shall be firmly established.
H. E. YUAN SHIH-KAI, PRESIDENT OF CHINA.
Triennial Conference.
TRANSLATION OF PRESIDENT YUAN'S REPLY.

Reply of the President to the Delegates of the China Medical Missionary Conference, 15th January, 1913.

LADIES AND GENTLEMEN:—It gives me great pleasure to receive here so many members of the China Medical Missionary Conference who have gathered together in the capital from far distant provinces. I am really very grateful to you for the charitable services you have rendered to the people, especially in the interior of the country where they do not know the importance of sanitary principles.

For a country to be strong and prosperous it is essential that its citizens be healthy. Sanitation is therefore of the highest importance. It is due to you who have directed them to study those principles that sanitary knowledge and sanitary methods are now being widely spread. It is also due to your efforts that the poor, the destitute women folk and children in the land have been cared for and received the elements of an enlightened education. Such are the valuable services you have rendered to this country.

The disastrous plague of two years ago in Manchuria at one time alarmed the whole world. Many of you were engaged in assisting the local authorities to devise means of prevention, and the checking of the extension of the pestilence was principally due to your efforts.

At the time of the revolution when the North and the South were at war many were killed and injured. Many of you, facing difficulties and running risks, were out in the field to relieve a large number of sufferers. I feel very deeply indebted to you and regretted that there was no opportunity for me to thank you in person. I am glad that in receiving you today I am able to express my personal thanks.

I also entertain the great hope that on your return to your several spheres of usefulness you will guide our fellow-countrymen with the same zeal that you have always exerted so that in time to come they will be trained both in physique and in education. This will not only add glory to your already well-earned reputation but will increase the bonds of friendship between our respective countries, bonds which I earnestly hope will be strengthened every year.

DR. FANG'S ADDRESS.

(President China Medical Association.)

MR. CHAIRMAN, LADIES AND GENTLEMEN:—I have the honor to be asked to attend the meeting of the China Medical Missionary Association, and to speak a few words. However, I crave your indulgence to allow me to read you a short paper.
We Chinese are certainly much indebted to the foreign missionary doctors who have come out to China not only to spread their religious message but also to heal the sick and save the wounded. For the last decades these doctors have likewise established schools for the introduction of the medical science into our country. Although there are only few of such schools which are well organized, yet they have produced quite a number of medical practitioners. Those who are engaged in the educational work have paid attention to the study of Chinese and have written and translated volumes of medical books for the benefit of the Chinese. Furthermore, they have formed an organization called the China Medical Missionary Association for the sole purpose of facilitating the advancement of medical science in China. During the recent years the number of the Chinese who have acquired the modern medical knowledge both in this country and abroad is about five or six hundred, but as they each carried on their own practice in different parts of the country they had not been able to come together and form an organization for the advancement of this science, and therefore not much could be done towards this line. However, it is gratifying to state that last fall we medical men began the proposition of forming an organization called the China Medical Association, and this proposition has now been realized. The number of its members now exceeds four hundred, while many others scattered in the interior have not been informed of this organization. The organization may be said to be an important center to which all the medical men will unite in their efforts. Today we are here to represent this association at the meeting of your association, and on behalf of the members of our association we extend our thanks for the work you have done to our country from the medical point of view.

Now, as a member of the China Medical Association, I deem it my duty to say a few words in regard to its future work. Our association, young as it is, is requiring helps from many sides.

The first important step of our work is to organize an official medical nomenclature in Chinese in order to facilitate medical education and practice as well. For the conclusion we beg to offer to you the following suggestions for future consideration:

1. Terms already existing in Chinese medicine and bearing similar signification shall be adopted and defined.
2. Terms for which we do not find similar signification in Chinese medicine shall be translated into literal Chinese and such shall be as simple and explicit as possible.
3. A regular alphabetical system shall be instituted for phonetical translation of those terms which cannot be literally translated and those for which we do not find similar signification in Chinese medicine.
4. We shall restrict ourselves as much as possible in making new words.
These foregoing suggestions do not seem difficult to be carried out, and I think will have an important bearing on the development of the medical science in future. We shall be much pleased to hear any suggestions that you can make. I thank you for your attention.

CHINA MEDICAL ASSOCIATION.

Peking, 11th January, 1913.

The Chairman,

China Medical Missionary Association.

Dear Sir: We beg to inform you that we have recently organized a China Medical Association composed of all Chinese properly qualified medical men both at home and abroad.

Our association has been already registered in the Ministry of Interior. As the aim of your association is to help the progress of the medical profession in China, we will be only too glad to keep in touch with you.

The introduction of the Western medical science into our country is merely in its beginning. We hope that the mutual help of our two associations will promote its rapid growth. We enclose herewith five copies of our regulations, and will be much glad to take in foreign friends as honorary or associate members, if they like.

All communications from you will be gladly received and answered.

We remain, yours very sincerely,

Fang Chiu, M.D., President.

S. H. Chang, M.D., Secretary.

Rules and Regulations of the China Medical Association.

1. The object of the Association is for the advancement of medical education and sanitation.

2. The special objects of the Association are as follows:
   a. To respect medical ethics.
   b. To safeguard the rights of the medical profession.
   c. To unify medical education.
   d. To disseminate the knowledge of sanitation.

3. The Association shall investigate and discuss the various medical questions and express opinion thereon.

4. All citizens of the Republic of China who are qualified as medical practitioners are eligible as members of the Association.

(Such qualifications are: graduates of medical schools in China, whose curriculum extends for four or more years, and graduates of medical schools in foreign countries.)
Those who are not in the medical profession but are willing to advance the interests of the Association may be elected as Associate members. Foreign doctors who have helped the Association in its progress may be elected as Honorary members.

5. Members who have violated the rules of the Association or whose actions are injurious to its welfare may be asked to withdraw their membership.

6. The entrance fee shall be two dollars.

7. Members of the Association have the power to elect and to hold offices.

8. The Association shall have its headquarters in the capital.

9. The Association may have branches in different places.

10. The officers of the Association consist of one president, two vice-presidents, and three treasurers. The number of secretaries is at present undecided.

11. The president shall represent the Association in managing its affairs.

12. The vice-presidents shall assist the president and take his place in case the president should be absent.

13. The treasurers shall look after the finance of the Association.

14. The duties of the secretaries shall be divided as follows:
   a. Secretaries for general affairs to attend to the official correspondence of the Association and the miscellaneous business.
   b. Secretaries for investigation.
   c. Editorial secretaries.
   d. Educational secretaries.
   e. Corresponding secretaries.

15. The president and the vice-presidents shall be elected at the general meeting by ballot.

16. The treasurers shall also be elected by ballot.

17. The secretaries shall be appointed by the president and the vice-presidents.

18. There are special rules governing the election of officers of the branch Associations and their connection with the Head Association.

19. The officers shall be elected annually for a term of one year, and are eligible for re-election.

20. The general meeting shall be held annually in October, when the delegates of the branch Associations shall also be present.

21. Special meetings may be called whenever there are important questions to be decided.

22. The income of the Association is derived from the following sources
a. Entrance fee.
b. Membership fee.
c. Social contributions by members.
d. Other contributions.

23. The entrance fees shall be used as sinking fund and are not to be used without the sanction of the members at their general meeting.

24. The membership fee shall be twenty dollars per annum to be paid up in two instalments.

25. Special voluntary contributions may be raised to meet special expenditure.

26. The treasurers shall submit a yearly report at the general meeting, which report shall be published in the newspapers.

27. The above regulations may be amended by the majority of the members present at the general meeting.

28. The above regulations shall be in force from the date of their adoption.

LETTER TO THE CHINA MEDICAL ASSOCIATION.

The President,
China Medical Association.

Dear Sir:—We beg to acknowledge the receipt of your courteous communication of the eleventh, and we note with great pleasure the formation of the China Medical Association. We are glad to know it has received government recognition in registry in the Department of the Interior.

We heartily sympathize with you in all the good work you are planning to do, and our co-operation in anything that pertains to the advancement of medical science in China will be heartily given.

We consider that our present position is but a transient phase of the growth of medical science in China.

We are seeking to hasten the day when the need for thoroughly trained medical scientists, leaders, and practitioners, shall be fully met by thoroughly trained physicians and surgeons of your own country.

RED CROSS SOCIETY OF CHINA.

Peking, January 11th, 1912.

Sirs: Since my appointment as President of this Society, year before last, much has happened in our country. At the time of the formation of Medical Relief Corps to go to the front the foreign Ministers resident in Peking frequently rendered great assistance to the Red Cross
Society of China. The Doyen of the Diplomatic Body stated in a letter to the Society that all the foreign Ministers had agreed to request their nationals to render assistance in this work. The Society was greatly pleased to receive this generous offer and at once asked the assistance of the physicians of several nations, who promptly went to the front. The work that they were able to do resulted in great good and was also much appreciated by the general public. It has been due also to the help given by your physicians in many places that local Societies have been formed. This has greatly added to the good name of the Society. For all that you have done please receive my sincerest thanks. Allow me to request you to continue to help in the work of the Society as well as in giving instruction which will prepare students to give necessary help to the wounded.

With all best wishes,

Yours sincerely,

Lu Hai-hwan.

President of the Red Cross Society of China.

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BUSINESS MANAGER OF THE JOURNAL.

In accepting the position of business manager at the Hankow Conference it was understood that the position would be more of an advertising agent than that which the name would imply. So in coming on the work of the "office" the business has been left as heretofore in the hands of the Presbyterian Press.

At first Mr. Douglass and I went over the advertisements that were running at that time, and several were discontinued as we found that payments were long overdue and there was no response to our letters. Three more advertisements were discontinued as they were of preparations of a doubtful character.

Letters were then written to all of the prominent medical publishers and many of the drug and instrument firms soliciting advertisements. The results have been a gross increase of about five pages of advertisements all of which are paying for their space. While the results have not been as good as we had hoped, it has amounted to a fairly good increase in the return for advertisements.

We also went into the matter of putting our advertisements out to one of the advertising agents, but as they wanted 33 1/3 per cent. for all new advertisements and 15 per cent. for all old ones as their commission, we allowed the matter to drop.
The China Medical Journal.

In closing I would recommend first that the advertising rates be revised, as they are too low at present.

Second that a salaried managing editor should be elected to have charge of all the business of the Journal.

A. W. Tucker.

CO-OPERATIVE BOOK STORE.

Up to May 1911 the agency had handled about $2,000 worth of orders and we found that it was proving a little more than we had bargained for, as it was impossible not to keep books which added on to the work of sending on orders. Receiving books and forwarding them to the purchaser took up more time than the Shanghai agent, at least, could spare.

So in May 1911, with the consent of the Executive Committee of the C. M. M. A., the agency was turned over to Mr. Edward Evans of Shanghai. This, of course, necessitated the giving of a commission to Mr. Evans. But at the same time it did away with the annual fee and also all members of the Association were allowed to purchase books, whereas before they had to join the book agency before doing so.

At first Mr. Evans' commission was fixed at 2½ per cent., but this was found much too small, so it was increased to 10 per cent.

Since he has taken the agency there has been some $4,000 or $5,000 worth of business done, so we have a fair test of the efficiency. In my judgement the arrangement has been much more satisfactory than when we were ordering the books, and also the business has grown so that I doubt if we could carry it on.

As will be seen from Mr. Evans' letter the commission of 5 per cent. has proven to be too small and he now proposes that we allow him 10 per cent. I have been over the subject with him and agree with him that it has been too small to cover his expenses, and think that it is only fair to him that the commission be increased to 10 per cent, and at the same time he will open the agency to all medical publishers.

A. W. Tucker,

General Manager.
CONSTITUTION AND BY-LAWS
Of the China Medical Missionary Association.

CONSTITUTION.

ARTICLE I.

Section 1. This Association shall be called the China Medical Missionary Association.

ARTICLE II.

Section 1. The objects of the Association shall be:

(1) The presentation of the Gospel through the art of healing to the Chinese people.
(2) a. The cultivation and advancement of the science of medicine in general.
   b. The imparting of a knowledge of the same to the Chinese through teaching, as well as by the preparation of medical literature in the Chinese language.
   c. The promotion of a spirit of mutual helpfulness among the members of the medical profession in this and neighboring countries.

ARTICLE III.

Section 1. All members of this Association shall be divided into two classes as under:

(1) Active members, who shall be engaged in medical missionary work, and who must be graduates of foreign medical colleges legally recognised in their respective countries, or of such colleges in China and other parts of the Far East as may hereafter be approved by the Association.
(2) Honorary members, who shall be composed of such others as may be duly elected by the vote of the Association.

ARTICLE IV.

Section 1. Active members shall be elected on the proposal of two active members; names being sent to the secretary of the Association for insertion in each issue of the JOURNAL during the next six months, after which period, should no objection be raised by any member, their names shall be published in the JOURNAL as duly elected members.

Section 2. Honorary members shall be elected in the same way as the active members. Honorary members shall not be entitled to vote.
Objections to the election of a member shall be forwarded in writing to the secretary, and by him laid before the Executive, who shall have discretionary power to act on behalf of the Association.

Section 3. Active members, who cease to be engaged in regular missionary work, may, on application to the Executive Committee, be transferred to honorary membership; otherwise their membership in this Association lapses.

Persons of any nationality shall be eligible for membership in this Association.

**ARTICLE V.**

Section 1. A local branch of this Association may be formed by any three active members, provided the constitution of such branch is in full harmony with the Constitution and By-Laws of this Association, and further provided that the proposed local branch shall be formally recognized by the Association and by the Executive in the interim of the Association Meeting.

Section 2. Members of local branches may become members of this Association as provided for in Article IV Sections 1 and 2.

**ARTICLE VI.**

Section 1. The officers of this Association shall consist of a president, vice-president, secretary and treasurer, and an editor of the **China Medical Journal**, all of whom shall be elected biennially by a majority of those voting at a general meeting. These officers, together with five other members similarly elected, shall constitute the Executive of the Association and shall have power to elect special committees from their own body or from among other active members to fill any vacancies in the Executive and to take initiative in all matters affecting the welfare of the Association. No member shall be elected to the office of president for two successive terms.

**ARTICLE VII.**

Section 1. This Constitution may be altered only by a three-fourths majority vote at a general meeting of the Association.

**BY-LAWS.**

1. Stated meetings of this Association shall be held biennially at the call of the Executive. Special meetings may be called by the Executive on the request of not less than fifty active members after at least three months' notice of the same has been given in the **Journal**.
2. The president, or in his absence the vice-president, shall preside at all meetings and enforce the rules of order; appoint all committees not otherwise provided for; give the casting vote in case of a tie, and perform such other duties as his position requires. In the absence of both president and vice-president the meeting shall elect its own chairman.

3. The secretary shall have charge of the minutes of both general and special meetings; shall furnish the chairman of each committee with a list of its members; shall keep a roll of both classes of members; shall publish a revised list of the same biennially in the Journal and shall conduct such correspondence as may from time to time be necessary.

4. The treasurer shall receive and have charge of all the moneys of the Association and shall pay all bills approved by the Executive. He shall annually report the condition of the funds through the medium of the Journal.

5. The China Medical Journal shall be the official organ of the Association. The editors shall have control of the Journal in consultation with the other members of the Executive.

6. All motions shall be presented with the signature of the proposer, either directly to the Association or through its Journal.

7. Each president on retiring shall become an honorary vice-president of the Association.

8. Yearly dues shall be $4.00 Mexican in advance, including subscription for the Journal and postage on the same.

9. Active members failing to pay their annual dues for two successive years shall not be entitled to vote until arrears are paid.

10. The order of business at each biennial meeting shall be determined by the Executive and published in advance in the Journal. Each meeting shall be conducted according to Robert's Rules of Order.

11. In the event of any important subject arising between the biennial conferences requiring immediate action of the Association, the president and secretary may issue circulars calling for the votes of the members on the question at issue. The result of this vote, when counted by the secretary, shall be announced to the members of the Association, and provided that out of a total number of not less than seventy-five votes cast, two-thirds shall be in favor of the motion, it shall be binding on all members of the Association. The president and secretary may use the columns of the Journal in lieu of a circular when they deem it advisable so to do.
12. Such permanent committees as may be appointed from time to time shall report annually to the Executive and biennially to the general meeting of the Association. These committees shall have power to add to their numbers and fill vacancies.

13. These By-Laws may be altered or added to by a majority vote at a regular meeting of the Association.

[Constitution as amended and adopted at General Meeting of the Association, January 15th, 1913.]

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FINAL RESEARCH REPORT
For the Triennial Meeting.

The unhappy position of an editor without material is that in which the Research Commissioner finds himself, now that the time is already overdue for drawing up a final report. Luckily for him, at the eleventh hour he has received an interesting communication from Soochow which is appended to this paper. This lack of material has been quite chronic throughout the brief history of the Association's attempt to organize research work. In our interim reports we have been able to print a very limited number of papers, all of interest, and some of very considerable value; but considering the enormous area which our Association covers, there has been no response worthy of the name, to the appeal to the members to organize investigatory work; and we venture to suggest as we finally lay down our office, that either the attempt to publish these reports be altogether abandoned or else reorganized on a wholly new basis. We find it hard to believe on the one hand with the crying need for further knowledge in almost every branch of our work, and on the other with the number of men of far above average capabilities that our Association contains, that nothing more worthy can be accomplished.

But if this is to be done it seems to us that the only possible way is through our already numerous branches. Why cannot each branch appoint an energetic member to keep the other members stirred up on the subject, and to himself gather in the results of the work so accomplished. If this were only done we believe that excellent results would yet be seen and a standing reproach to our Association be removed. We are, however, for ourselves quite clear that unless some practical method can be devised, the whole matter be dropped, on the principle, the truth of which we have no doubt, that what is not worth doing well, is not worth doing at all. With this lack of
material we shall necessarily be very brief, and content ourselves with a short review of the progress of pathological knowledge in China in the past three years.

**METAZOAL INFECTIONS.**

Nothing very new can be noted in this line. The universality of *Ankylostomum* infection is practically proved, every year the presence of the worm being demonstrated from some fresh locality. We trust that the absence of reports from one or two of the northwestern and southwestern provinces does not mean that the importance of the disease is there being neglected. Ankylostomiasis, except in a few extremely advanced cases, is so easy and satisfactory a disease to treat, that neglect of such treatment, or of the very little trouble needed to decide the diagnosis, is very discreditable to any physician.

The presence of *Fasciolopsis Buskii* has now been proved in quite a number of places very widely apart; except, however, for a comparatively small area near the mouth of the Yangtse River, the infection seems to be of little importance, being usually an accidental infection with one or two worms at most. The question of the multiplicity of the species is still a vexed one; for ourselves we feel more and more strongly that there is but one species of which the different worms are variants. It has been suggested to us by Dr. Cole, and we believe it to be a fact, that a similar variation in size and shape may be found in the well-known single species *Fasciola Hepatica*, in which case it is not surprising that these also occur in *Fasciolopsis Buskii*. The question of multiplicity of species is, however, now occupying some of our most capable workers, and we may hope before long to arrive at the truth of the matter.

*Schistosomum Japonicum* is another metazoal parasite which is assuming more and more importance, though its distribution seems also confined to the Yangtse Valley, but over a much larger area than *Fasciolopsis Buskii*. Lambert's Urticarial fever has been pretty well proven to be an initial symptom of the disease; and it is fortunate that there are now good reasons to believe that if re-infection does not occur, the original infection tends to a natural cure by dying out of the worms. No treatment we believe has been shown to be of any great value.

Finally Dr. Houghton believes that he has found *Fasciola Hepatica* eggs in the stools of several patients. Before final proof of the presence of these worms is given, we must wait the time when post-
mortem examinations are more possible in China than they are at present.

**PROTOZOAL INFECTIONS.**

Not very much work has been done in this direction in the past three years, and perhaps this is hardly surprising as the diseases due to protozoa are fewer in number, and have been for the most part very thoroughly investigated elsewhere. Perhaps the disease of most interest at the present moment is *Kala-azar*. Very slowly we are gaining a wider knowledge of its distribution in China, and it behoves us to keep a more careful look out for cases than we have done in the past. The most valuable contribution in relation to this disease that has been make of recent years has been by Dr. Cochran of Hwaiyuan who has amply demonstrated the presence of the parasite in the lymph nodes in such numbers as to make the diagnosis comparatively easy without the possibly dangerous practice of spleen puncture.

In our report for 1911 we included a paper from the South China Branch in which Dr. Wright reported three cases of infection by *Balantidium Coli*, the first cases we believe that have been reported for China. No doubt more careful examination would prove this disease to be more common than is at present realized.

Of other diseases perhaps the most striking advance has been the recognition of the presence, possibly the commonness, of Blastomycotic infection of the lungs. The subject has been discussed quite recently in a paper by Drs. Snoke and Strick. Heretofore the disease has been confused with Pulmonary Tuberculosis, but now that the facts have been demonstrated cases will no doubt be reported from other localities.

With this short review we are constrained to close our report, but in doing so we wish to call the attention of the members of the Association to another disease not as yet reported from China—*Pellagra*. Pellagra has been shown to be present not only through the continent of Europe, but very recently also in the British Isles. During the last few years it has been shown to be present in the United States, where indeed Pellagrins are said now to number 10,000. It would be very strange indeed if the continent of Asia alone were exempt from this disease, so it behoves us to be alive to its probable presence if suggestive cases are met.

JAMES L. MAXWELL, M.D.
REPORT OF FECES EXAMINATION OF 424 CASES IN THE SURGICAL
SERVICE OF THE SOOCHOW HOSPITAL.

Nematoda:  
Ascaris lumbricoides  ...  ...  ...  268  63.2
Trichocephalus trichiurus  ...  ...  ...  64  15.1
Ankylostoma duodenale  ...  ...  ...  41  9.7
Oxyuris vermicularis  ...  ...  ...  1  .23

Trematoda:  
Fasciolopsis buskii  ...  ...  ...  11  2.6
Schistosoma japonicum  ...  ...  ...  4  1.94

Unidentified ova  ...  ...  ...  3  .7
No ova found on first examination  ...  ...  ...  136  32.
Of these a second examination made in  ...  ...  ...  68
No ova on second examination  ...  ...  ...  50
Ova found on second examination  ...  ...  ...  18
Two different ova found  ...  ...  ...  61  14.4
Three different ova found  ...  ...  ...  13  3.
Four different ova found  ...  ...  ...  1  .23

Last fall I determined to make the examination of the feces of my surgical patients a matter of routine and began on October 1st, 1911. This was done simply as an effort to give my patients a fair treatment while under my care. We often find their condition due to the presence of intestinal parasites of more importance than the particular surgical condition for which they have entered the hospital, and it is not right for us to send our patients away full of parasites even if we have cured them of the trouble for which they applied to us. Our patients always appreciate every effort we put forth to get them entirely well. During the year there were in addition to these 424 cases more than 100 who did not have an examination or whose record was lost. This of course lacks a great deal of being routine. Of these 424 cases over 200 were major surgical cases and the others were minor conditions, ulcers, etc.

I do not consider this report worth much from a scientific standpoint and I have made it out more for my own satisfaction than for the purpose of sending to you. I consider the work has been well worth the while in results to my patients and I am now carrying on the routine with a great deal more care. To do this work with a scientific aim requires more time than I can possibly give to it though it would afford me great pleasure.

I am sure that there is a larger percentage of Ankylostoma than this report shows, for my method at first was faulty and I believe many of them were missed. At present I am finding a great many of these.
The Oxyuris, I am sure, is a very common parasite here as we frequently get reports of many being passed, but of course the egg is seldom found.

I do not think that the Fasciolopsis buskii is very abundant in this immediate neighborhood. Only one of the eleven cases was from our own city. The most of them come from Kunshan, near Shanghai, and Changshu, about thirty miles to the north of here. These two places seem to be quite heavily infected.

Schistosoma japonicum seems to be very common throughout this section. The four cases reported were very mild infection and only one had symptoms of Schistosomiasis. But our clinic is full of these cases in the advanced stages and there are many on the medical service. The first case that I know of having been diagnosed around here was in May 1911 when my house coolie's father, applied to me for treatment of a bloody dysentery.

Dr. Lee, our Chinese superintendent, has had a great many on his medical service this year. These cases have been with us right along but simply have not been diagnosed, but have appeared on the books as ascites and bloody dysentery or chronic dysentery. I saw three out of ten in our first class clinic one day and all were diagnosed with the microscope. These cases can usually accommodate one with a specimen of feces on short notice. A history of a fever and rash has been secured from many of them. Sporting dogs of this section are infected and I think native dogs are as well judging from symptoms.

The three unidentified I believed were ova of parasites though I would not vouch for it. They were few in number and I passed them on.

Of the 136 cases in which there were no ova found in the first examination I made a second examination of 68 after sedimenting or centrifuging with the result as given in the table. Had this been done in all 136 cases there would still have been 100 cases which showed no infection. This leaves a total infection of 76.4 percent which is rather lower than that reported from other sections. More careful examinations and more accurate records, I feel sure would bring this percentage well into the eighties.

JOHN A. SNELL, A.B.; M.D.
THE TREATMENT OF AN EPIDEMIC OF CHOLERA BY
ROGERS' METHOD.*

Based on a Study of 215 Cases which required the Intravenous Infusion of Saline.

By Dr. G. Duncan Whyte, Swatow, China.

Before discussing in detail the way in which this epidemic of cholera was dealt with, it may be as well to define what is meant by "Rogers' Method."

Stated in the briefest terms it amounts to this:—The infusion of saline solution of double the "normal strength"—the quantity of saline required depending upon the degree of concentration of the blood as shown by the specific gravity, and the method of introduction depending upon the extent to which the heart is affected as shown by the blood pressure. When the blood pressure has fallen below a certain figure the patient is collapsed or in imminent danger of collapsing, and the fluid must be introduced into a vein; in other cases it may be introduced under the skin or into the rectum.

"Rogers' Method," as carried out in Swatow, did not as a rule include treatment with the salts of permanganate. In the few cases in which they were tried they seemed merely to increase the patient's discomfort and the vomiting.

Having utilized these preliminary paragraphs to define the terms used in the title, the rest of the paper will be given up to a consideration of (A) the simplicity of Rogers' method, and (B) the results obtained by its practice.

A. THE SIMPLICITY OF ROGERS' METHOD.

In the first place emphasis must be laid on the ease with which one can determine the factors on which the course of treatment depends.

Rogers recommends the determination of the exact specific gravity of the blood by means of a large number of little bottles containing solutions corresponding to every alternate "degree of specific gravity between 1040 and 1076." This is a complicated process and for practical purposes it is only necessary to have two bottles, the contents being of a specific gravity of 1062 and 1066 respectively. By means of a glass tube drawn out to capillary bore, preferably bent to a right angle near the tip, a drop of the patient's blood can easily be drawn up from a pricked finger and discharged into the fluid in the 1062 bottle. If the blood-drop rises briskly saline infusion is not required.

*Paper read at the Triennial Conference, Peking, January, 1913.
If the drop floats or sinks slowly, 80 ounces of saline should be given. If the blood-drop sinks rapidly to the bottom then another drop should be expelled into the 1066 bottle, and if here, too, the blood proves the heavier, then 120 ounces of saline should be given at once.

Parenthetically it may be noted that a blood-drop expelled into Rogers' test-solution of glycerine and water tends to be diffused into the surrounding fluid, and it is not easy in a border-line case to determine whether most of the drop is rising or falling. On the other hand, in oil the blood-drop remains a distinct globule whose course upwards or downwards can easily be traced. In practice a mixture of castor oil or olive oil with oil of wintergreen (salicylate of methyl) was found quite satisfactory. In preparing this mixture two points call for attention. In the first place, whether a specific gravity bottle or a urinometer be employed, the result must be corrected for temperature. In a temperate climate this would only be of trivial importance, but during the hot season in South China the correction required amounts to two or even three points; i.e., when the specific gravity of the test solution appears to be 1060, the corrected figure may be 1062 or 1063. This is of great importance as the difference between these figures may affect your view of the case and therefore your line of treatment. In the second place, as the heavier ingredient of the mixture (the oil of wintergreen) is more volatile than the lighter, the specific gravity of the mixture will, if the bottle is frequently opened, become appreciably lower after a few days; in any case, however, a new supply of oil will be required by that time on account of the accumulation of blood-drops in the testing fluid. But all this by way of parenthesis.

Having learned from the specific gravity that the blood is too concentrated and requires dilution with saline fluid, the next question is to determine the route by which the saline should be administered; and this can be done in a few moments by determining the blood pressure with a sphygmo-manometer.

Rogers found that the critical figure in his patients was seventy millimetres of mercury, and that if the blood pressure was below that figure the fluid should be given into a vein at once. He says: "I have several times had occasion to regret having postponed transfusion in cases with a pressure a little below 70 mm." If the blood pressure is above that figure a subcutaneous infusion, or even a large enema, may meet the requirements of the case.

Those who have treated epidemics of cholera in the past without the guidance afforded by these investigations, will remember the
anxiety with which they considered the question of the necessity or otherwise of saline infusion in many border-line cases. All such anxious uncertainty is relieved by the definite indication obtained from these data of the line of treatment to be followed in each case.

Having seen the simplicity of determining the proper course of treatment, we have now to consider its execution.

The ease with which the treatment is carried out is evidenced by the fact that the first hundred cases were treated in their own homes with excellent results; and further that several of the hospital assistants and students quickly mastered the technique necessary to the successful carrying out of an intravenous infusion. Not a single case of thrombosis or embolism occurred throughout the epidemic.

Rogers' solution, consisting of an ounce of common salt, 24 grains of potassium chloride, and 16 grains of calcium chloride in 80 ounces of distilled water, was employed. It was filtered into glass flasks holding 20 to 30 ounces which were plugged with sterile wool and boiled for ten minutes. A tripod and a spirit-lamp formed part of the outfit taken to each cholera case and enabled the saline to be warmed to the proper temperature at the bedside. A boiled 2% solution of beta-eucaine lactate produced an anaesthesia that was satisfactory to the patient. Other requisites were a knife, dissecting forceps, aneurysm needle, catgut, horsehair and suture needle, with lysol and iodine as antiseptics; these, together with Horrocks' apparatus and appropriate dressings, completed the outfit. For some time during the height of the epidemic four such outfits were required.

Horrocks' apparatus consists of a simple glass funnel into which the saline is poured, and a rubber tube through which it makes its way to the cannula that is inserted into the vein. It was found advisable to interrupt this tube a few inches from the vein by the insertion of a simple piece of apparatus which not only acted as a trap for any bubbles that might otherwise have found their way into the vein, but also enabled the temperature of the saline to be measured as it was about to enter the patient's body. Save in very thin people the internal saphenous vein, lying just in front of the internal malleolus, was generally selected for the first infusion, or if that was inconvenient one of the veins on the back of the hand was easily opened.

This brings to a conclusion the consideration of the simplicity of Rogers' treatment, and the results obtained by the treatment will now be discussed.
As we are considering the intravenous treatment of cholera, no further mention will be made of a large number of cholera cases in whom the blood pressure did not fall below 70 mm. of mercury; these all recovered with subcutaneous or rectal infusions, or in some very mild cases (which were most frequent towards the close of the epidemic) after treatment with drugs by the mouth.

No case was considered too ill to receive treatment, that is to say, no death occurred that are not included in these figures.

In all, 215 cases were treated with intravenous infusion, and of these, 150, that is 70%, recovered. Nothing further need be said with regard to these recoveries save that the number compares very favourably with the results obtained in Japan and other Eastern and tropical countries where Rogers’ method is not practised.

The rest of this paper will be devoted to a consideration of the cases that died; by so studying our mistakes may be learn what to avoid in the future.

The three main causes of death were Collapse, Hyper-pyrexia, and Uraemia, and these will be considered seriatim.

1. Collapse accounted for death in about 5½ of the cases treated. The only reliable indication of impending collapse is a low blood pressure or one that is rapidly falling. The only way to prevent these deaths is by ceaseless watchfulness so that one can anticipate threatening collapse and avert it by raising the blood pressure by means of intravenous infusion.

In anticipating the probability or otherwise of a patient becoming collapsed great assistance will be derived from a reliable history of the duration of the illness. The more acute the onset, the more likelihood there is of the patient becoming suddenly collapsed. Example: Two members of the same family were seen at 9.30 one Sunday morning; one had been ill since the previous evening, and had a blood pressure just below 70 mm.; the other had a blood pressure just above 70 mm., but had only been ill since sunrise. Although the blood pressures differed but little, the history showed that the latter patient was more acutely ill and would require closer attention. The subsequent course of the cases showed the accuracy of this judgment, for although both alike received 80 ozs. of saline into a vein, six hours later the former patient had a blood pressure of 86, while the latter was still in a semi-collapsed condition, and the blood pressure remained as before. A second infusion was then administered, raising the blood pressure to 86, and the patient made an uneventful recovery.
In a patient with a history of rapid onset the blood pressure requires to be estimated at frequent intervals, till the period of invasion has drawn to a close; and equally frequent observations are required in the case of a patient with no history until the rate of progress of the disease has been estimated.

In placing such reliance on the blood pressure, there are pitfalls that await us with which we are bound to meet in the course of treating over two hundred patients. These pitfalls depend upon an abnormal relation between the systolic and the diastolic blood pressures. The diastolic blood pressure is the sustained pressure between the beats, and the carrying on of the vital functions of the body depends on this sustained pressure. The systolic pressure—which can easily be measured accurately—is greater than the diastolic because of the extra pressure occasioned by the pulse wave. As a rule the difference between these two is about 30 mm. but in various abnormal conditions it may be either greater or less. The difference is for instance much greater in aortic incompetence, and in the case of a cholera patient aged 35, who was also suffering from aortic incompetence, his high systolic pressure led to the postponement—until too late—of the intravenous infusion that might have saved his life.

On the other hand, when the difference between the systolic and diastolic pressures is less than usual, the patient may make a good recovery without intravenous infusion, although the low systolic pressure suggests that such is needed. This was exemplified in the following case:—A woman twenty-seven years of age, an opium-smoker who was menstruating, was admitted with a blood pressure of 70 mm. of mercury. The pressure remained between this figure and 90 mm. for the five days that she was under observation, although after the first twenty-four hours the blood was not unduly concentrated and a reasonable amount of urine was being secreted each day. [See Note page 116.]

But cases such as these are rare, and the great principle remains that the only way to avoid death from collapse is frequent estimation of the systolic blood pressure, with intravenous saline infusion as soon as this falls to a dangerous level. We must agree with Rogers, however, in acknowledging the impossibility, in spite of all our watchfulness, of saving certain extremely virulent forms.

Two further points may be noted in considering the question of collapse. First, the value of vaso-constrictors. In many cases in which the acute course of the onset led one to fear the occurrence of collapse, pituitary extract (in the form of vaporoles) was added to the
saline solution; in other cases adrenalin chloride was used in the same way. The patients to whom these drugs were administered certainly did show improvement, but it is difficult to prove scientifically that this was the direct result of these drugs, as a desire for comparative scientific data could not justify one in withholding a vaso-constrictor from a patient who might benefit from its administration.

Second, the value of dextrose as a source of nourishment. If the vomiting is persistent, so that the patient can obtain no nourishment by the mouth, it is often advisable to dissolve dextrose in the saline solution. This may somewhat increase the tendency to hyper-pyrexia, but it certainly helps to sustain the strength of a patient who is in a very critical condition.

2. The second great cause of death is hyper-pyrexia, which accounted for about half of the deaths which occurred. Rogers has shown that before intravenous saline infusion was practised this was a common and often fatal complication, but there is no doubt that a severe febrile reaction is much more often met with under this new treatment than it was in those days.

To avoid deaths from hyper-pyrexia (a) we must try and prevent its occurrence, and (b) if it should threaten, early and vigorous treatment must be directed to reducing the temperature.

(a) For the effective prevention of any disturbing condition we must know its cause, and as the essential cause of hyper-pyrexia is still unknown we can only deal with such contributory causes as we do know.

Rogers has shown that many patients in the collapse stage have a certain degree of fever, and that such cases are especially liable to develop hyper-pyrexia. He recommends that in these cases the saline infusion should be given at a low temperature, say seventy to eighty Fahrenheit; and in actual practice it was found that if those patients who were febrile while collapsed were treated in this way, very few of them developed hyper-pyrexia. Thus our first rule for the prevention of this complication is that the rectal temperature must be taken, and the temperature of the fluid infused must depend on the presence or absence of fever.

But in the majority of cases the patient is not febrile during the collapse stage and yet hyper-pyrexia frequently develops after the saline infusion. In these cases the occurrence of severe febrile reaction is not prevented by administering the saline infusion at a low temperature.

A careful study of the deaths from hyper-pyrexia reveals the fact that almost all the deaths in children, and about half the deaths in
those over the age of forty, were due to this cause. In the case of
the children this can be readily understood, for not only are the heat-
regulating centres in small children markedly unstable, but there is
every likelihood of their being given a larger amount of saline than that
to which their weight entitles them. In the case of those over forty
years of age the blood vessels are apt to be more rigid and so less
fitted to accommodate themselves to the sudden inflow of fluid. These
facts appear to warrant our formulating two further rules for the
avoidance of deaths from hyper-pyrexia, viz.,

The rate of inflow of the saline must be slower in children and in
those over forty than in young adults; and the amount of fluid intro-
duced must depend not only on the measured specific gravity of the
blood, but also on the sex, age, and weight of the individual patient.
Women should receive less than men, older people less than young
adults, and children very much less than adults. Tables for estimating
the dose of a drug which should be given to a child will be found
in text-books on Therapeutics, but in calculating from these one must
remember that in most Chinese children the real age is about a year
less than the figure mentioned by the parents.

It is perfectly obvious that, as the normal blood pressure of a
child of three is only 70 mm. of mercury, this figure cannot be re-
garded as an indication for intravenous infusion. In view of the
great liability of small children to hyper-pyrexia, there is no doubt
that the saline should always be administered subcutaneously rather
than intravenously, unless the child is in extreme peril.

A further point is that the saline infused must be not only sterile
but also free from organic matter. Laboratory workers in England
have shown that the infusion of saline solution which has merely been
sterilized without being filtered from the dead bodies of the bacilli is
sure to be followed by the development of pyrexia, whereas if these
bodies are got rid of little or no fever will result. It is necessary
therefore that one stage of the preparation of saline solution should
be its passage through a Pasteur-Chamberlain or Berkfeld filter.

(b) Having thus considered the prophylaxis of hyper-pyrexia,
we come now to the second phase of its treatment, namely the reduc-
tion of the rising temperature. It is essential that measures directed
to this end be carried out before the temperature has risen to any great
height, and from this it follows that the temperature must be taken at
frequent intervals after the saline infusion has been given. It was
found that the only reliable method was to take the temperature in the
rectum, for temperatures taken in the mouth were so unreliable as to
be worse than useless. Rogers recommends that cold sponging be practised and ice applied to the head as soon as the rectal temperature reaches 104 F. In Swatow, treatment could only be carried out in so far as it received the approval of the patient's friends, and as they did not generally approve of cold sponging, etc., it was often impossible to carry out the best line of treatment. On the other hand the administration of an iced enema was so entirely beyond their comprehension that they generally made no objection, and this line of treatment gave very satisfactory results.

The essentials in overcoming hyper-pyrexia are (1) that sufficient warning must be obtained by frequent measurements of the rectal temperature; and (2) that as soon as it reaches 104 F. prompt measures must be taken to reduce the fever.

3. The third main cause of death is Uraemia. About 7% of the patients treated died from this cause; only one of these was under forty-years of age, and most were over fifty. To avoid death from uraemia one must secure and maintain a copious flow of urine, and treatment directed to this end must embrace three distinct lines:—the blood pressure must be raised, the concentration of the blood must be diminished, and congestion of the kidneys must be relieved.

The importance of a high blood pressure has been shown by Rogers who found by experiment on kidneys obtained at post mortem examinations that, whereas in normal organs a pressure of 20 to 30 mm. of mercury sufficed to run a good stream through the renal circulation, yet in the case of those obtained from patients after death from the uraemic complications of cholera, a pressure of 80 to 100 mm. of mercury was required for the same purpose.

Theoretically, the blood pressure can be raised by intravenous saline infusion, but often the patient seems too well for such severe treatment, so a drug is prescribed for this purpose. The preparation which yielded the best results as a vaso-constrictor was the Liquid Extract of Apocynum Cannabinum, in doses of two minims every three or four hours.

For diminishing the concentration of the blood, water must be given—into the vein, or under the skin, into the mouth or into the rectum. Whichever route is chosen, once collapse has ceased to be an imminent danger, the amount of salt added to the water to be administered should be reduced to its lowest possible limits. If the fluid is for intravenous or subcutaneous use then "normal saline"—i.e., one drachm of salt to the pint—should be employed, while if it is proposed to give the fluid per rectum no salt at all need be added to
sterile tapwater. There is no doubt that, when one is dealing with a case of threatening suppression of urine, the less salt introduced into the body the better.

Practically it was found that the administration of enemata thrice daily usually produced an adequate amount of urine.

The third line of treatment is to relieve the congestion of the kidneys, and this is best secured by cupping. In many cases this was practised twice daily and although it occasioned some discomfort to the patient, the passage of urine, which so frequently followed the cupping, more than compensated him for the discomfort he had undergone. In cases that proved fatal it would have been well if as a last resort the capsules had been stripped off the kidneys, but neither the patients nor their friends would consent to this operation.

Unfortunately, however, the battle with uraemia is not won when the kidneys have begun to secrete a little urine; if the secretion is not maintained deaths will occur from delayed uraemia. The following may represent the history of a case in which this threatens:—A patient has got over the stage of collapse and has not developed hyperpyrexia; he has passed urine; the vomiting and diarrhoea have practically stopped; and no anxiety is felt either by the friends or the physician, but the patient has little desire for food and his friends do not insist on his taking it; and so day by day less nourishment is taken. The patient does not complain of any discomfort and he still gives a prompt and cheery response to enquiries for his welfare. After a few days a certain delay is noticed in the response; the patient is far from being comatose, he is only a little lethargic. Once the doctor's attention is aroused, enquiry reveals the fact that only little fluid is being ingested and that still less, if any, is being excreted. Prompt treatment will probably save the patient, but if this earliest symptom—the delayed response—is neglected, the results may be fatal. Treatment must be directed to the cupping of the kidneys and to getting plenty of fluid into the body: fluid foods at frequent intervals and enemata must be insisted upon.

It has already been indicated that, if deaths from collapse and from hyper-pyrexia are to be avoided, constant watchfulness is essential, and these threatenings of uraemia, even as late as the eighth or ninth day, show that this watchfulness must be maintained. [See Note.]

This brings our consideration of the causes of death to an end. It would have been infinitely more agreeable to speak of the 70% who recovered, but if this paper helps anyone to realize the simplicity of Rogers' method of treatment and leads him, when faced with a cholera
epidemic, to put it into practice and to avert deaths from the causes that have been considered, it will not have been written in vain.

I cannot close without expressing my indebtedness both to my senior colleague, Dr. Alexander Lyall, and to Dr. Chalmers of Swabue—to Dr. Lyall for his invaluable help and advice in the treatment of the more serious cases, and for his kindness in setting me free from the routine work of the hospital throughout the epidemic; and to Dr. Chalmers for undertaking the cholera work during my temporary absence from Swatow.

**Note.** In regard to the woman of 27 referred to on page 111, Dr. Dalmahoy Allan of Hongkong, who gave a paper on blood pressures at the Far Eastern Medical Congress last January, has written me that he has found that in the majority of cases there is a distinct fall of the pressure at the beginning of the menstrual period which lasts for the most part during the period.

Further, my own observations on blood pressures leave no doubt in my own mind that, ceteris paribus, opium-smokers show a lower blood pressure than non-smokers of the same age.

In regard to the treatment of uraemia you or some other members of the Association may have noticed an article by Sarkar in the November "Practitioner" in which he advocates the giving of vaso dilators to procure a flow of urine. I do not agree with him and cannot think it wise to give vaso dilators habitually in a disease which, apart from treatment, is associated with such a dangerously low blood pressure. My own view is that the cupping of the kidneys secures all the dilatation of the vessels in these organs that is required without dangerously affecting the blood pressure of the body as a whole.

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**THE USE OF EMETINE SALTS IN THE TREATMENT OF AMOEbic DYSENTERY.**

By J. Preston Maxwell, M.D., F.R.C.S.

In the *British Medical Journal* of June 22nd, 1912, Rogers of Calcutta recorded some wonderful cures of cases of amoebic dysentery by the injection of Emetine salts. Since that date many have been experimenting with these salts, and the paper which follows is the record of some of these experiments carried out on patients in South Fukien.

Briefly it may be stated that the claims which Rogers put forward have been abundantly justified, and that the physician has now a drug which acts more surely on amoebic dysentery, than any drug hitherto in his hands, and that with a minimum of discomfort to the patient. And any one who has had the experience of a large dose of powdered ipecacuanha, will appreciate the possibility of giving the equivalent of a double dose, and that without even nausea.

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*Read by Title at Triennial Conference.*
The best testimony the writer can give to the new drug is this, that whereas he used to dread the arrival of these cases, now he welcomes them.

Case 1.—Female, aged 38. Subacute amebic dysentery of over a year's duration, and a large carbuncle of the neck. She was passing 10 to 15 stools a day, mostly composed of blood and mucus.

On Sep. 21st an injection of Emetine Hydrochloride .010 gramme was given.
On Sep. 22nd ,, ,, ,, ,, .020 ,, ,, ,, ,,
On Sep. 25th ,, ,, ,, ,, .010 ,, ,, ,, ,,

All blood had disappeared by the 23rd, and the mucus for the main part by the 25th, whilst the stools were solid, for the first time since the beginning of the illness, on the 26th. There was no attempt at a relapse, and she left hospital fat and flourishing.

Case 2.—Male, aged 33. Chronic amebic dysentery of four months' duration, and ascites of unknown nature.

On Sept. 20th an injection of Emetine Hydrochloride .010 gramme was given.
On Sept. 22nd ,, ,, ,, ,, .020 ,, ,, ,, ,,
In this case blood and mucus were mixed with the stools of which there were 8 or 9 a day. This cleared up at once, the stools became solid, but the general condition of the man did not markedly improve.

Case 3.—Male, aged 42. Subacute amebic dysentery of over a year's duration. There were 7 or 8 stools a day, and on an average 5 at night.

On Sept. 26th an injection of Emetine Hydrochloride .020 gramme was given in the morning, and at night another .020 gramme.
On Sept. 28th an injection of Emetine Hydrochloride .010 gramme was given.
On Sept. 30th ,, ,, ,, ,, .020 ,, ,, ,, ,,

The stools were very foul, and there was a great deal of pus and blood. In four days the blood was gone, and the man was so much better that he insisted on leaving on the sixth day. There was still a good deal of pus. There were about 4 stools a day, partially formed, and the man was still improving.

Case 4. Female, aged 7. Subacute amebic dysentery of 15 days' standing. About 30 stools a day, composed of blood and mucus and accompanied by a considerable amount of pain.

On Oct. 5th an injection of Emetine Hydrochloride .020 gramme was given.
On Oct. 6th ,, ,, ,, ,, .030 ,, ,, ,, ,,
On Oct. 7th ,, ,, ,, ,, .030 ,, ,, ,, ,,
On Oct. 7th (afm.) ,, ,, ,, ,, .030 ,, ,, ,, ,
On Oct. 9th ,, ,, ,, ,, .020 ,, ,, ,, ,,

The blood immediately disappeared, and by the fifth day of treatment the mucus was also gone. After the last two doses she had
slight vomiting, but no retching. She was discharged well on the sixth day and has remained well ever since.

Case 5. Male, aged 19. Chronic amoebic dysentery of two years’ standing. He was a hospital patient six months back, and left hospital very little improved. He was at that time treated with ipecac powder and had a time of severe vomiting and retching.

On Oct. 14th an injection of Emetine Hydrochloride .040 gramme was given.
On Oct. 15th ,, ,, ,, ,, .040 ,, ,, ,,

Immediate improvement began. The stools at the commencement of treatment were foul and contained considerable quantities of mucus and a very little blood. By the tenth day of treatment the mucus was gone, and the stools were solid for the first time in two years. He went out well on the 15th day.

Case 6. Male, aged 49. Subacute amoebic dysentery of three months’ duration in a bad malarial cachectic. He was very ill, and depressed, having to go to stool constantly both night and day. The stools were mostly blood and mucus.

On Oct. 19th an injection of Emetine Hydrochloride .050 gramme was given.
On Oct. 20th ,, ,, ,, ,, .050 ,, ,, ,,
On Oct. 22nd ,, ,, ,, ,, .050 ,, ,, ,,
On Oct. 25th ,, ,, ,, ,, .050 ,, ,, ,,

He was so much better that he insisted on leaving hospital next day. There was no blood or mucus in the stool which was semiform ed, but the calls to stool were still too frequent, some 3 or 4 in the 24 hours. There has been no relapse, but steady progress up to the date of this paper (December).

Case 7. Male, aged 19. An acute attack on the top of a subacute and probably mixed infection. The patient was one of my own students and had neglected the matter. He had six injections of .050 gramme spread over five days. He was having constant stools of blood and mucus. The second day of treatment, faecal matter reappeared in the stools and I anticipated a rapid recovery. He then got chilled, the faecal matter disappeared again and the patient grew worse. On the sixth day of treatment he was put on sulphate of magnesium, and began at once to improve and made a satisfactory and good recovery.

Case 8. Male, aged 31. Subacute amoebic dysentery of two days’ duration. This patient was one of my own servants. On the third and fourth days of the disease he had an injection of Emetine Hydrochloride .050 gramme. When first seen he was passing only blood and mucus. Faecal material reappeared in the stools after the first injection, and the stools were solid next day. He was off work six days.
Case 9. Male, aged 18. Subacute amoebic dysentery of three days' duration. The patient was a school-boy, and was passing blood and mucus, with constant calls to stool.

He had two injections on successive days of Emetine Hydrochloride .050 grammes; the condition improved at once, and he left hospital well on the fifth day.

Case 10. Male, aged 13. Acute amoebic dysentery of ten days' duration. The boy was very wretched, hardly able to be off the bedpan, and the stools, mucus and blood with no faecal material.

On admission, an injection of Emetine Hydrochloride .050 grammes, and on the following day .040 grammes, was given. By the third day the stools were solid, no blood and very little mucus, and he left hospital well on the eighth day, but still very anaemic.

In speaking of these cases leaving hospital well, the writer does not mean it to be inferred that they needed no further treatment. An attack of dysentery nearly always leaves the patient anaemic and in need of tonics.

The drug used in these cases, as has been already stated, was Emetine Hydrochloride. The powder was dropped into the barrel of an all-glass hypodermic syringe, and dissolved in about .75 c.c. freshly boiled and cooled normal saline. It was injected subcutaneously into the back of the forearm or upper arm, and the site of injection gave no trouble.

In every case before treatment the stool was examined, and the presence of amœbœ ascertained. In every case except No. 7 the type present was Amœba histolytica. In Case 7 there were present amœbœ of both the coli and histolytica types, the former predominating.

The writer also noted that the more active the amœbœ the better the drug seemed to act. In Case 7 it is an interesting question how far the chilling affected the failure of the drug to act.

As to other treatment the patients were also placed on a powder of bismuth and soda with in some cases a little quinine; and in Case 3, where there was almost certainly active ulceration of the bowel, enemata of quinine were also given.

Under the microscope the amœbœ seemed to be rapidly killed by the treatment.

The classification of these cases is somewhat difficult. By "acute" the writer means severe dysentery with severe constitutional symptoms. By "subacute" severe dysentery, the constitutional symptoms being mild. By "chronic" dysentery, but faecal material present and the condition of long duration.
A MEMORABLE CONFERENCE.

What more inspiring theme could be found than the Peking Conference? Those who had the privilege of attending this conference of the C. M. M. A. have taken back home with them impressions that are indelible. When in Hankow in 1910, with almost prophetic vision our Peking friends gave the following invitation.

"Believing that by the end of three years the transportation facilities will have been so improved that it will be comparatively easy to get to Peking and believing that the many places of interest in Peking will prove an attraction and lead many of our members to visit the capital of the empire we most heartily extend an invitation to the China Medical Missionary Association to hold its next triennial Conference in the city of Peking" did any one then dream of the great political changes which were to take place in three years adding a unique interest to the city of Peking?

The Tientsin-Pukow railroad started its through train service only two weeks before the date of our conference, thus making possible a very quick and comfortable trip for all south of Tsinanfu. Never could there have been a more auspicious time for such a conference; the first year of the Republic, a President friendly to foreigners, and a general absence of Manchu exclusiveness.

The personell of the conference was of the highest type and it was noteworthy that among the 85 delegates there were present three of our ex-presidents or honorary vice-presidents of the As-
sociation all of whom put their shoulders to the wheel and acting on various committees brought their long experience and mature judgement to bear on large and vital issues. The spirit of the conference was excellent. Not a discordant note was struck. The members even extricated themselves from questions pertaining to the gentler sex such as the nurses association and women's colleges without any one throwing down the gauntlet. Eighty-five members from more than one country, representing many missions, can justly be proud of their mutual courtesy and harmony throughout the Conference.

The most vital and interesting subject of the Conference was medical education in China and many hours were spent in discussing this great and difficult issue. The Conference voted to sanction the equipment of eight Union Medical Schools for all China each of which eight have already an existence real or proposed. The sentiment of the conference was embodied in the Resolutions to the Mott Conference in which a definite policy is laid down for the future of Medical Mission activity in all its phases. These resolutions are comprehensive, far reaching and statesmanlike; and for clear statement of a definite policy clothed in language in full harmony with the importance of the theme they are a piece of work of which the Association may well be proud. It is to be hoped that copies of this report be secured by members all over China and given wide circulation among their friends on the mission field as well as in the homelands to enlighten them on the aim and scope of Medical Missions in China. That the men gathered in Peking were men who realize the catholicity of our interests in China who realize that we are brought face to face with issues of a most varied type, that we are here to bring sanitation, education, and light in all its forms was clearly shown in the manner in which they met the challenge of medical education for China.

The Association has never before had so well presented the claims of co-operation with the Chinese in Medical Education as it was presented at this conference. May the next Conference bring still further light on this interesting and practical question.

An event of great importance and of probable historic interest was the reception of a delegation from the recently organized China
Medical Association. After an interchange of greetings on the floor of the Conference the Terminology Committee met this same delegation in private conference. Judging from their apparently friendly attitude toward the conference and their expressed desire for co-operation with the Association the visit of this delegation is pregnant with possibilities for the future success of our educational plans for China.

Of the papers many were read by title due to the time consumed in the discussion of business and educational questions, but those read were full of interest and showed that our Association can boast itself of many men who are doing work of a high order.

Our entertainment in Peking left nothing to be desired. Our hosts were not content that we simply visit their city and hold our conference amidst clear bright weather, but they insisted that we see some of the many interesting sights of the capital. Led by Dr. Dilly armed with special privileges, our sightseeing trips became one of the features of the conference. Peking, with its broad streets, was a revelation to most of us from the little narrow streets of our Southern cities.

On Monday afternoon our hosts secured for us the privilege of visiting the Winter Palace, the island where Kwang Hsi was confined and where the old Empress Dowager died. Such a rare privilege has not been enjoyed by a large body of foreigners since 1900. On Tuesday we visited the Temple of Heaven. This most impressive sight was eclipsed in interest by the wonderful Altar of Heaven where for centuries the people of China through their emperors have worshipped not an idol but an infinite expanse called Heaven. Here with bared heads we sang the doxology as we reflected that from this most sacred spot in all China the Living God and Jesus Christ had just been preached by Christian Chinese. Other places visited were the Confucian temple, Hall of Classics and places of minor interest.

The conference was entertained socially on four separate occasions. On Monday at a reception in our honor at the British Legation, Sir John and Lady Jordan made themselves charming host and hostess and everybody enjoyed themselves immensely. On Wednesday, H. E. Yuan Shik Kai, President of the Republic, received the delegates in his mansion most graciously. In response
to an address prepared by Dr. Neal the President gave us a speech of welcome to China and Peking, then, shaking hands with each of his guests, he retired from the room. The last of our social honors took place on Friday, when we were most delightfully entertained by Mr. and Mrs. Calhoun at the American Legation quarters where our minds were refreshed after strenuous hours of conference with an amateur theatrical performance. On the same evening we were received at the foreign office by the Minister of the Board of Foreign Affairs.

Honor was paid to whom honor was due in electing Dr. D. Duncan Main to the office of President.

The conference was then brought fittingly to a close by the reading of a paper by its newly elected president on "How to Present Christian Truth to our Patients." There could be no more fitting close to a conference characterized all through by scientific and spiritual harmony. Truly it is a privilege to have been there! All honor to our hosts and all honor to those foreign and Chinese colleagues who, remaining at their posts, made it possible for so many of us to attend this truly memorable conference.

PRESIDENT'S LETTER.

I appreciate the honour of the members of the Medical Missionary Association in electing me its president for the next two years, an honour which I declined many years ago, because I felt it could be better borne by some one else, and I know that the kindness is not instigated by any special qualities of mine for the office, because my limitations and my own inability to do it justice are only too apparent, at least to me at any rate, and the more so when I think of the valuable services rendered in the interests of the Association by my devoted predecessors; these, however, will not prevent me recognizing the duties and responsibilities which the honour involves; and now having put my hand to the plough I shall with your help and co-operation seek to make a straight furrow and fulfil my duty to do the best for the Association, which has to congratulate itself, not on its president, but on the great advance it has made; on its official recognition by the President of the Government; and on the important position it now occupies; and on the unique and urgent opportunities which it now possesses. The conference at Peking was
most inspiring and encouraging; the desire for unity and co-operation was most marked; and the spirit of "in love preferring one another" was very much in evidence. As our aim is to bring the blessings of healing to the bodies and souls of men it is most important that we should be united in all branches of our work. It is essential that the evangelistic tone should ring clear, and that we, in our work which so literally represents practical Christianity and is preeminently fruitful in spiritual results, should be undivided and ever keep the spiritual side of our work to the front. We have now arrived at the time when all our medical and surgical work must be of the highest order and done faithfully and well, and where possible small and poorly-equipped hospitals should unite in the interests of efficiency and economy, and so avoid overlapping, multiplicity of effort and waste of energy. But the most important work before us is medical education. Much teaching has been done in the past and those who have been trained have justified all the time and money spent upon them, but the need for fully-qualified assistants, and for teachers to teach others, is more urgent then it has ever been, and in order to develop Christian leadership in the medical profession, and to provide for the future men to whom may be entrusted the care of our hospitals it is absolutely essential that we unitedly support the existing Medical Schools and see to it that they are efficiently staffed and thoroughly equipped. Our schools should be of the very best type with capable teachers, so that students will be drawn to them and kept from going where they can get a Western medical education without Christianity, for they are now determined to get this education, and the question is: Are they to get it, with or without Christianity? Now is our opportunity, and opportunity is our responsibility. The time has now come when we must recognize the natural desire on the part of the people to carry on their own work, and we must make ours prominent by having our dispensaries, hospitals, and medical schools, gradually and increasingly staffed, supported, and managed by the Chinese themselves. And we must also encourage and assist them in their philanthropic work to establish institutions for the insane, blind, incurable, and lepers, and sanatoria for tuberculosis. The relation of our Association to the advance of medical science and new treatment is most important, and we must seize our opportunities which are many and most valuable, to try and do our duty in this matter. It is of course quite impossible for many of our busy members to devote much of their time to research, but those who have the talent should stir it up, and we should endeavour to have at least one doctor set apart especially for research work in co-
Publication Committee.

Connection with all large hospitals, if we are to keep abreast of the times, and solve many of the problems that are constantly confronting us in the practice of our profession. Let us all pull together in carrying on the great work that lies before us, thus glorifying God and helping to save this people.

D. Duncan Main.

Publication Committee.

Attention is drawn to the completion of Rose and Carless' Surgery. The book can be had in one volume or in five parts at the price of $5.00. It is finely illustrated and printed, at the publishers' request, on high grade paper.

Roys' Pharmacology and Pharmacy is also now on sale bound in two volumes. This is done for the convenience of dispensers who will find the volume on Pharmacy exceedingly useful. The volumes are not sold separately. It is well illustrated and conveniently arranged. The British Pharmaceutical Codex and the works of Cushny, Caspari, and Whitla have been utilized in compiling the book.

Sub-committees.

The following sub-committees were appointed by the Committee on Terminology and Publication, to make changes or additions to the Medical Lexicon on the subjects assigned. It is earnestly requested that anyone, having suggestions as to additional terms or changes in old terms, will communicate with the convener of the proper subcommittee. The first named being in each case the convener.

R. T. Shields, Secretary.

Materia Medica, Therapeutics, Chemistry, Toxicology: Drs. Ingram, Gillison, and Cousland.


Physiology: Drs. Cousland, Neal, and Hopkins.

Medicine: Drs. Cousland, Cormack, and Hall.

Pathology: Drs. McAll, Cormack, and Cousland.

Surgery: Drs. Cormack, McAll, and Cousland.

Eye, Ear, Nose, and Throat, Skin, and Dentistry: Drs. Neal, Ingram, and Cousland.

Bacteriology: Drs. Venable, McAll, and Cousland.

Midwifery and Gynecology: Drs. Cousland, Fulton, and Niles.

Medical Jurisprudence and Public Health: Drs. Cormack, Yen, and Cousland.

General Terms not included in preceding lists: Drs. Gillison, Ingram, and Cousland.
The China Medical Journal.

China Medical Journal Financial Statement.
C. M. M. A. in account with Presbyterian Mission Press—Year 1912.

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Balance in hand 2,472.70  $1,183.84

3,656.54

REVISED LIST OF MEMBERS.

A new list of members of the Association will soon be prepared. Will all members who wish any corrections as to name or address, etc., to be made, please notify as soon as possible the secretary

Dr. H. H. Morris, 4 B Minghong Road, Shanghai.

CLINICAL STUDY.

The following notice has been received from the Executive Committee of the below-mentioned society:—

"A Society for the Advancement of Clinical Study has recently been organized in New York City, the purpose of which is to maintain a bureau of information which will furnish to resident and visiting physicians definite information regarding the clinical facilities of the hospitals and laboratories of the greater city. For this purpose a bulletin board has been installed at the Academy of Medicine, 19 West 43rd Street, in charge of a special clerk who will be on duty between the hours of nine and six to answer all telephone inquiries (Telephone 974 Bryant). The bulletin board will consist of two sections, on one of which will be posted, month by month, the regular clinics, medical and surgical, and also laboratory demonstrations, all of which are held at stated hours. The second section will include full announcements of daily operations and demonstrations of cases both medical and surgical, which as far as possible will be announced.
on the day preceding their performance. It is believed that these facilities will afford physicians who are interested in observing particular operations, and operators or clinicians, an opportunity to obtain the desired end with the least trouble. It is hoped that by this means the large and unexcelled clinical facilities of New York City will be made more accessible to those who may desire to make use of them.”

Nurses’ Department.

NOTICE.

The Secretary has heard—unofficially—that the Medical Conference of Peking have requested a sub-committee to consult with the N. A. C. re the minutes laid before them by the N. A. C.

Members will realize the impossibility of having registration forms etc., printed, before the consultation. So will all please continue as at present; as soon as possible we will get them through the printers' hands and to you who request them.

We suppose “Silence gives consent” and that members in the North and West agree to our propositions. Letters have come from the South and there they seem to unanimously agree.

A. Clark, Gen. Sec., N. A. C.

BOOKS ON NURSING.

Nursing in Abdominal Surgery and the small Manual of Nursing are out of print and will not be reprinted until the necessary revisers can be found. Meanwhile Robb's Nursing is being revised with a view to the issuing of a new edition.

The question arises: Are three books on nursing required? Will it not be enough to have one, i.e. Robb’s?

What about elementary Anatomy and Physiology for nurses? Is a book wanted? I do not know what book is used at present but Dr. Porter's Physiology (Educational Association) seems fairly suitable. It is, I believe, the only elementary book using our terminology.

So far I have not heard of any nurses attempting translation. Surely there are now some who can help in this matter.

I shall be very glad to hear from anyone interested in nursing in reference to any of the above points. The Publication Committee seldom receives any expression of opinion and consequently is at a loss to know what is wanted.

P. B. Cousland,

10 Hermitage Gardens,

Edinburgh, Scotland.
Correspondence.

MEDICAL SCHOOL,
Cambridge, Eng., Jan. 7th.

To the Editor of
"THE CHINA MEDICAL JOURNAL."

Dear Sir: I am, with my colleagues, busily engaged in writing a monograph of the ticks of the world, and would very much like to obtain some material from your country. Is there anybody you know who would be so good as to send me ticks for examination? I shall be glad to forward reports on their determinations. All that is required is to drop the specimens into tubes containing 60 or 70% alcohol, together with a pencilled label bearing the name of the host, and date and place of collection. As you doubtless know, ticks are very important transmitters of diseases to man and animals.

I also desire to find out if Piroplasmosis occurs in cattle, horses, sheep, and dogs in your country; to obtain blood-films from diseased animals, and to know if any special ticks have been found associated with these diseases. Does Relapsing Fever occur in man? And does Spirochaetosis occur in fowls? In case you are unable to help me will you do me the favour of referring my letter to somebody who is familiar with the subject and who may, perhaps, be able to give me the information desired.

Your very faithfully,
G. H. F. NUTTALL.

To the Editor of
"THE CHINA MEDICAL JOURNAL."

Sir: In my paper on "Snake Bite in the province of Fukien" published in the CHINA MEDICAL JOURNAL, July, 1912; I was compelled to classify Bungarus candidus and Bungarus fasciatus under the same name 披箕甲.

I have now been able to search further into the matter.

Bungarus candidus is called:—雨傘節.
Bungarus fasciatus is called:—披箕甲.

With regard to the name for the Cobra naja tripudians the common term is:—烏鳴.

Sometimes however it is called:—白鳴.

It is never called 飯匙筷 in South Fukien, this name being reserved, as I stated in my paper, for Lachesis mucrosquamatus.

I am, yours very truly,
J. PRESTON MAXWELL.

YUNGHUN, Jan. 16th, 1913.

Personal Record.

BIRTH.
At Soochow, December 9th, to Dr. and Mrs. J. A. Snell, a son (John Raymond).