

CHINA.

IMPERIAL MARITIME CUSTOMS.

II.—SPECIAL SERIES: No. 2.

MEDICAL REPORTS,

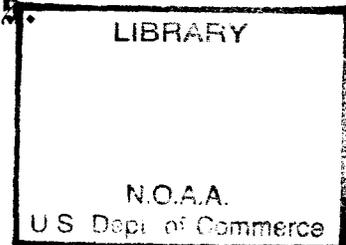
FOR THE HALF-YEAR ENDED 31ST MARCH 1887.

33rd Issue.

RA
407.5
.C5
M4
no. 33
(1887)

PUBLISHED BY ORDER OF

The Inspector General of Customs.



SHANGHAI:

PUBLISHED AT THE STATISTICAL DEPARTMENT OF THE INSPECTORATE GENERAL OF CUSTOMS,

AND SOLD BY

KELLY & WALSH, LIMITED: SHANGHAI, HONGKONG, YOKOHAMA, AND SINGAPORE.

LONDON: P. S. KING & SON, CANADA BUILDING, KING STREET, WESTMINSTER, S.W.

[Price \$1.]

1887.

CHINA.

IMPERIAL MARITIME CUSTOMS.

II.—SPECIAL SERIES: No. 2.

MEDICAL REPORTS,

FOR THE HALF-YEAR ENDED 31ST MARCH 1887.

33rd Issue.

PUBLISHED BY ORDER OF
The Inspector General of Customs.

SHANGHAI:

PUBLISHED AT THE STATISTICAL DEPARTMENT OF THE INSPECTORATE GENERAL OF CUSTOMS,

AND SOLD BY

KELLY & WALSH, LIMITED: SHANGHAI, HONGKONG, YOKOHAMA, AND SINGAPORE.

LONDON: P. S. KING & SON, CANADA BUILDING, KING STREET, WESTMINSTER, S.W.

1887.

National Oceanic and Atmospheric Administration

Environmental Data Rescue Program

ERRATA NOTICE

One or more conditions of the original document may affect the quality of the image, such as:

Discolored pages

Faded or light ink

Binding intrudes into the text

This document has been imaged through the NOAA Environmental Data Rescue Program. To view the original document, please contact the NOAA Central Library in Silver Spring, MD at (301) 713-2607 x124 or www.reference@nodc.noaa.gov.

Lason, Inc.
Imaging Subcontractor
Beltsville, MD
December 20, 2000

INSPECTOR GENERAL'S CIRCULAR No. 19 OF 1870.

INSPECTORATE GENERAL OF CUSTOMS,
PEKING, 31st December 1870.

SIR,

1.—It has been suggested to me that it would be well to take advantage of the circumstances in which the Customs Establishment is placed, to procure information with regard to disease amongst foreigners and natives in China; and I have, in consequence, come to the resolution of publishing half-yearly in collected form all that may be obtainable. If carried out to the extent hoped for, the scheme may prove highly useful to the medical profession both in China and at home, and to the public generally. I therefore look with confidence to the co-operation of the Customs Medical Officer at your port, and rely on his assisting me in this matter by framing a half-yearly report containing the result of his observations at.....upon the local peculiarities of disease, and upon diseases rarely or never encountered out of China. The facts brought forward and the opinions expressed will be arranged and published either with or without the name of the physician responsible for them, just as he may desire.

2.—The suggestions of the Customs Medical Officers at the various ports as to the points which it would be well to have especially elucidated, will be of great value in the framing of a form which will save trouble to those members of the medical profession, whether connected with the Customs or not, who will join in carrying out the plan proposed. Meanwhile I would particularly invite attention to—

a.—The general health of.....during the period reported on; the death rate amongst foreigners; and, as far as possible, a classification of the causes of death.

b.—Diseases prevalent at.....

c.—General type of disease; peculiarities and complications encountered; special treatment demanded.

d.—Relation of disease to $\left\{ \begin{array}{l} \text{Season.} \\ \text{Alteration in local conditions—such as drainage, etc.} \\ \text{Alteration in climatic conditions.} \end{array} \right.$

e.—Peculiar diseases; especially leprosy.

f.—Epidemics $\left\{ \begin{array}{l} \text{Absence or presence.} \\ \text{Causes.} \\ \text{Course and treatment.} \\ \text{Fatality.} \end{array} \right.$

Other points, of a general or special kind, will naturally suggest themselves to medical men; what I have above called attention to will serve to fix the general scope of the undertaking. I have committed to Dr. ALEX. JAMIESON, of Shanghai, the charge of arranging the Reports for publication, so that they may be made available in a convenient form.

3.—Considering the number of places at which the Customs Inspectorate has established offices, the thousands of miles north and south and east and west over which these offices are scattered, the varieties of climate, and the peculiar conditions to which, under such different circumstances, life and health are subjected, I believe the Inspectorate, aided by its Medical Officers, can do good service in the general interest in the direction indicated; and, as already stated, I rely with confidence on the support and assistance of the Medical Officer at each port in the furtherance and perfecting of this scheme. You will hand a copy of this Circular to Dr., and request him, in my name, to hand to you in future, for transmission to myself, half-yearly Reports of the kind required, for the half-years ending 31st March and 30th September—that is, for the Winter and Summer seasons.

4.—

*

*

*

*

*

I am, etc.,

(Signed)

ROBERT HART,

J. G.

THE COMMISSIONERS OF CUSTOMS,—*Newchwang, Ningpo,*
Tientsin, Foochow,
Chefoo, Tamsui,
Hankow, Takow,
Kiukiang, Amoy,
Chinkiang, Swatow, and
Shanghai, Canton.

SHANGHAI, 1st July 1887.

SIR,

IN accordance with the directions of your Despatch No. 6 A (Returns Series) of the 24th June 1871, I now forward to the Statistical Department of the Inspectorate General of Customs, the following documents:—

Report on the Health of Tientsin for the nine months ended 31st December 1886, pp. 4-7.

Report on the Health of Seoul (Corea) for the year 1886, pp. 38-41.

Report on the Health of Chefoo for the half-year ended 30th September 1886, pp. 8-10.

Report on the Health of Newchwang, pp. 1-3 ;

Report on the Health of Kiukiang, pp. 19-24 ;

Report on the Health of Chinkiang, pp. 26, 27 ;

Report on the Health of Canton, pp. 32-34 ; each of these referring to the year ended 31st March 1887.

Report on the Health of Hankow, pp. 11-18 ;

Report on the Health of Wuhu, p. 25 ;

Report on the Health of Shanghai, pp. 28-31 ;

Report on the Health of Hoihow (Kiungchow), pp. 35-37 ; each of these referring to the half-year ended 31st March 1887.

I have the honour to be,

SIR,

Your obedient Servant,

R. ALEX. JAMIESON.

THE INSPECTOR GENERAL OF CUSTOMS,
PEKING.

The Contributors to this Volume are:—

W. MORRISON, M.B., CH.M.....	Newchwang.
A. IRWIN, L.K.&Q.C.P., F.R.C.S.I.	Tientsin.
W. A. HENDERSON, L.R.C.S.Ed., L.R.C.P.Ed.	Chefoo.
C. BEGG, M.B., CH.M.	Hankow.
G. R. UNDERWOOD, M.B., CH.M.	Kiukiang.
E. A. ALDRIDGE, L.K.&Q.C.P.I.	Wuhu.
R. G. WHITE, M.R.C.S., L.S.A.....	Chinkiang.
R. A. JAMIESON, M.A., M.D., M.R.C.S.	Shanghai.
J. F. WALES, B.A., M.D., CH.M.	Canton.
J. H. LOWRY, L.R.C.P.Ed., L.R.C.S.Ed.	Hoihow (Kiungchow).
Dr. H. N. ALLEN.....	Seoul (Corea).

DR. W. MORRISON'S REPORT ON THE HEALTH OF NEWCHWANG

For the Year ended 31st March 1887.

IN the appended meteorological table and remarks a full exhibition is given of the climatic conditions which obtained during the year under review. The mildness of winter and the floods of the preceding autumn are there referred to as among the most noteworthy phenomena. The area of greatest distress from destructive effects of the floods may be roughly described as beginning at a point on the river Liao, about 20 miles north from this port, and extending thence northward for about 80 miles on either bank of the river. On three separate occasions the foreign community here sent deputations to visit that district and distribute relief. These deputies bore witness to the loss of life, the large number of houses washed away or thrown down, the over-crowded condition of the remaining houses, the large proportion of women and children (the men having gone elsewhere in search of work), the insufficient food, and, in consequence of these conditions, high per-centage of sickness and death. Bran of millet and *pai-tzũ* (a species of millet grown for feeding cattle) were the staple articles of food, while the more destitute contrived to get nourishment from a species of grass, chopped and forming cakes or soup, and others fed on the leaves and seeds of weeds gathered from the country round.

The native authorities endeavoured to meet the emergency by distributing help; while at T'ien-chuang-t'ai and elsewhere houses of refuge were opened for the homeless. Reports state that through over-crowding and imperfect food and sanitation, these houses were full of disease, and many of the unfortunate fugitives perished there after having escaped the floods.

In the country adjacent to Newchwang the destruction of crops and property was not so much felt.

During the year, although the per-centage of deaths among foreign residents has been high, the general health of the community has been good, and we have enjoyed an immunity from epidemics.

Four births and five deaths have to be recorded.

The causes of death were as follows :—

Suicide	2
Fatty heart	1
Apoplexy	1
Typhus fever	1

The fact that two suicides occurred in one year points to the necessity for early endeavours, by healthful and hope-inspiring influences, to combat those morbid views of life which in the face of difficulties and absence from home influences are apt to gain temporary ascendancy.

One of these suicides was a male, aged about 44, of intemperate habits. He shut himself up for three days, refusing admission even to his servant. At the end of that period he was found dead.

A postmortem examination showed that death was due to asphyxia, caused by excessive consumption of alcoholic liquor.

With regard to the deaths due to fatty heart and apoplexy, both patients were males, aged about 40, otherwise healthy and muscular.

The former furnished the usual history of a cardiac case, extending over a period of about two years. No indications of valvular lesion were present. The patient was very corpulent, and the accumulation of adipose tissue round the thoracic viscera must have tended to add to the cardiac embarrassment.

Broad-chested and short-necked individuals, with florid complexion and prominent eyes, we are told, form the class most exposed to apoplectic attacks. The latter of these cases was an illustration of the truth of the remark.

While piloting a steamer up the river, he suddenly fell down on the bridge. Consciousness was lost, and the breathing became stertorous. In this condition he continued for 9 hours, when death took place.

In the case of typhus fever—a male, aged 28—the fever ran a somewhat mild though rather protracted course.

The patient had passed the crisis and was slowly recovering. Having but shortly before entered into business, he could not be dissuaded from attempts to attend to business matters. The result was sudden failure of the heart. From a first attack he was restored by the use of stimulants, but next day a return of the syncope carried him off.

Use of Cocaine as an Anæsthetic.—In a case of amputation of penis for epithelioma, my friend Dr. CHRISTIE writes me from Moukden:—

Chloroform was administered, but taking it very badly it was decided to try cocaine. I dissolved 2 grains in 40 minims of water, and injected 20 minims in three doses at short intervals around the seat of incision. In about a quarter of an hour after first injection the part was removed perfectly painlessly, indeed the patient would not believe the operation was over. He has recovered without a bad symptom.

I had intended to repeat the method just indicated in a case of epithelioma of penis sent to me for operation from Kirin; but as some delay was caused by the difficulty of explaining to patient and his friends the necessity for the operation, I had to abandon the idea and use chloroform.

This patient made a good recovery and returned to his home much gratified by the operation.

Strange Custom in the Treatment of Debtors.—On 12th February a small farmer, named MA, was brought in to me from T'ien-chia-t'un, a village about 17 miles distant. On examination found right eye entirely enucleated and the left partially so and utterly useless, so far as hopes of seeing were concerned. He informed me that three days previously, on the road, he had been set upon by seven or eight men, who tied his hands and feet together, and, with a copper scoop, proceeded to gouge out his eyes. He knew they had only been partially successful with one, and therefore his friends had brought him to see if I could restore it to its natural condition. His offence was that his father owed a debt of 40 taels, which, at the Chinese New Year, when accounts are settled, he had failed to pay.

I am informed that this practice is not uncommon, and that about the same time another case occurred in our neighbourhood, where the unfortunate man died from the effects of the wounds. The matter is engaging the attention of the Chinese authorities.

I am indebted to Mr. Harbour Master E. STEVENS for kindly assisting me with the following table:—

METEOROLOGICAL TABLE for the Year ended 31st March 1887.

YEAR AND MONTH.	ANEROID BAROMETER.		NO. OF DAYS ON WHICH THE TEMPERATURE FELL BELOW (FAHR.)						NO. OF DAYS ON WHICH THE TEMPERATURE WAS ABOVE (FAHR.)						No. of Days on which Rain fell for over 2 Hours in 24.	Total Amount of Rainfall.	No. of Days on which Snow fell for over 2 Hours in 24.	No. of Days on which there were Dust-storms.	No. of Days on which High Winds blew.
	Highest.	Lowest.	-5°	0°	10°	20°	32°	42°	60°	65°	70°	75°	80°	85°					
1886.	<i>Inches.</i>	<i>Inches.</i>														<i>Inches.</i>			
April.....	30.20	29.69						6	17	1					5	1.7		2	2
May.....	30.16	29.64						1			15	1			6	2.8		2	2
June.....	29.96	29.48											16	6	6	2.1			3
July.....	29.97	29.50												27	1	11	8.2		
August.....	30.08	29.52												19	3	9	11.9		5
September...	30.24	29.78									12				6	1.9			3
October.....	30.48	29.92					5	11		8	3						1		4
November...	30.60	30.08				7	22										1		1
December....	30.46	29.96				31											2		
1887.																			
January.....	30.66	29.90	1	6	25												3	2	3
February.....	30.52	30.11		1	11	21											3	1	
March.....	30.56	29.70			3	7											1	2	5

REMARKS.—The summer of 1886 was unusually wet. Heavy rains fell in July and August, causing overflow of the river and consequent destruction (complete in many parts of the country) of the crops. Some idea of the vast quantity of water coming down the river may be gathered from the fact that the vessels in the Yingtzü Anchorage did not swing to the flood-tide for nine days, during the whole of which time heavy freshets were running at a rate of from about 5 to 8 knots per hour. The winter, on the other hand, has been unusually fine and dry, with a higher temperature than in the generality of seasons, and with little snow. The river was not frozen over until 5th January, and by the 23rd March the ice had completely disappeared. The barometrical pressure corresponded generally with that of corresponding months during the last few years, although considerably lower in June and July. N.E. winds prevailed largely in August, November and January, and generally during the whole year. S.W. winds prevailed in April, May, June and July. The climate of Newchwang (Yingtzü) is very changeable and unreliable; the barometer gives little warning, sometimes rising for a northerly wind and sometimes for a southerly wind, and, on the contrary, sometimes falling for both; again, a gale of wind will be blowing in the harbour, whereas at the entrance of the river, some 10 miles distant, it will be quite fine and calm.

DR. A. IRWIN'S REPORT ON THE HEALTH OF TIENTSIN

For the Nine Months ended 31st December 1886.

THE health of the foreign residents during the first three months of the above-mentioned period was very good. The native population also was eminently free from serious sickness, small-pox, which is always present at this period, being of a mild type. I heard of very few cases of diphtheria in the city, and four cases came under treatment. These latter were benignant, and recovery was rapid and complete in each.

In May two cases of heat fever were treated, and during June and July intermittent fever was prevalent amongst those whose occupations or relaxations exposed them to the malarial poison.

I found antipyrine speedily reduce the temperature in the cases of thermic fever. It was given in 20-grain doses in the first case, hourly for three times, afterwards in 10-grain doses every third hour. In the second case, 25 grains hourly for 4 hours, and 10-grain doses as before.

In each it acted promptly as an antipyretic, reducing the temperature in Case No. 1 from 105°.4 to 98°; in case No. 2, from 105° to 97°.2 in 4 hours. Subsequently, there was no rise in the temperature above 99°; but the headache was severe and persistent for several days. From the moment the temperature began to fall there was marked relief from the intense restlessness, fever and burning heat of skin. The pulse rate did not fall until perspiration was established. Ice, dry-cupping between the shoulders, and mustard sinapisms were also used, followed by salines and mild aperients.

Simple diarrhoea was frequent during June and July, and one case of chronic dysentery (imported) was admitted into hospital.

This patient was very much reduced in strength. He had not been under treatment for three months. The root-bark of ailanthus was prescribed, as directed by Dr. DUGAT, of Peking.* It gave immediate relief, and there was complete cessation of all dysenteric symptoms on the third day, from which time he rapidly regained strength and continues well to date.

During July, August and September there were 12 cases of malarial fever, 1 of pneumonia and 2 of dysentery. These were the only cases of importance presenting themselves for treatment, and deserve mention only because seven of the sufferers from malarial fever were under 10 years of age.

The two cases of dysentery yielded readily to treatment. The patient suffering from pneumonia made a good recovery.

During the course of the attack, from the commencement to termination, there was neither cough nor expectoration. Both lungs were extensively implicated. He had tonic treatment from the beginning, as he was exceedingly prostrate, with large doses of quinine, 30 grains each night. He continued in a critical state until the 19th day of the attack, when improvement set in, with profuse perspiration and diarrhoea.

* Customs *Medical Reports*, x, 22.

The following cases from the Viceroy's hospital have been kindly supplied to me by Dr. MACKENZIE:—

Recurrent Temporary Paralysis of Right Arm, with Aphasia.—August 1885. Male, aged 35. In ordinarily good health. Awoke one morning with bad headache, rose and had his usual cold sponge bath. Upon getting out of the bath, realised a peculiar sensation beginning in the right angle of the mouth, a cold-creeping feeling with muscular quivering, spreading quickly over the right side of the face and head, right shoulder and arm and right side of chest to diaphragm. Attempting to call for assistance, as the right arm was numb and heavy and quite powerless, found speech gone. Could not utter a word after great effort. Right leg quite unaffected. Remained in this condition for over an hour, when gradually warmth returned to the arm and recovery of power of movement; the power of speech also returned, though gradually. During the attack a mustard-leaf was applied to the nape of the neck, and bromides were administered to relieve the severe headache. Temperature, about 101°; felt weak and prostrate after the attack. Next morning, upon awaking and while lying in bed, the same condition returned, beginning as before with coldness and quivering of the right angle of mouth; inability to cry out or to use the right arm. This attack only lasted about five minutes; mind clear throughout. There has been no return. After a short change of air, recovered strength again. Had been subject to short attacks of malarial fever during a residence of 11 years in China. No specific history.

Hepatic Abscess.—Soldier, aged 39; powerfully-built man. 12th March 1886, first came under observation. Complained of pain over the liver; hepatic dulness largely increased; hectic symptoms. Ill two months; admitted to hospital; aspirated, drawing off a pint of thick chocolate-coloured pus; aspirated again three days later, 4 ounces pus. All pain gone and appetite restored. Remained in eight days.

15th June.—Again admitted, with pain and other symptoms. Aspirated. Remained in nine days. This patient could not get leave for more than a few days.

14th August.—Again admitted. Drew off a pint of thick pus.

17th August.—Drew off 15 ounces pus. Would not consent to further operative measures. Went out, relieved, after six days. Was ordered 200 blows by his commanding officer for over-staying his leave.

24th August.—Came as out-patient. Aspirated.

3rd October.—Admitted to hospital. Had succeeded in getting a month's leave. In great agony; hepatic tumour much enlarged; hectic fever; face much worn and emaciated; thready pulse. Administered ether. With antiseptic precautions, inserted largest-sized trocar into the tumour just below the ribs; 2 pints of pus escaped through the canula; washed out the sac with chloride of zinc lotion, and inserted a large drainage-tube through the canula; canula removed; marine lint packed round and over the drainage-tube.

4th October.—About a pint of pus escaped through the drainage-tube during the changing of the dressings. Syringed with carbolic lotion; patient comfortable and free from pain; temperature normal.

14th October.—Shortened tube; only a small quantity of pus in dressings. Appetite good.

21st October.—Removed tube; wound quite superficial; no pus.

26th October.—Wound healed; enlargement has disappeared. The temperature never went above 99° after the operation. Patient feels in perfect health; eats splendidly. Returned to camp.

Calculus in Bladder; Supra-pubic Operation; Recovery.—Child, aged 6; has been ill two and a half years with constant pain upon micturition. The urine now dribbles incessantly, and the child is constantly screaming with pain.

1st November 1886.—Admitted to hospital.

2nd November.—Careful examination while under ether showed the bladder to be firmly contracted upon the stone. Failed to inject ½ ounce of water into the bladder. Introduced one of BARNES' dilators into the rectum, but could not raise the bladder very much. Supra-pubic incision. Had great difficulty in shelling out the stone, as it had to be scraped away from the mucous surface of the bladder with finger-

nail and lithotomy scoop. Dressed the wound with boracic wool, the wool lying loosely over the open wound. No sutures or drainage-tube used, and no catheter left in bladder. The stone weighed 60 grains.

3rd November.—Passed a quiet night, did not sleep much, but had no pain. Vomited his food this morning. Could not take temperature, as he yelled at the sight of the thermometer. Urine passed freely through urethra and wound. Changed the absorbent wool.

10th November.—Urine passed freely through the urethra, and very little by the wound, which is closing daily; eats well.

15th November.—Returned home. The wound has closed, leaving a small healthy granulating surface. Passes urine by the urethra without pain. Has gained flesh. Plays about happily.

This patient came from Ho-chien-fu, 300 *li* south-west of Tientsin, which is evidently a stone district, as the father says he knows of at least 20 similar cases, and that many deaths occur from this disease in his neighbourhood.

Stone in the bladder is supposed to be very rare in North China, but three cases, all from Ho-chien-fu, had previously been operated upon in this hospital, as follows:—

24th March 1885.—Boy, aged 16. Removed, by lateral lithotomy, a phosphatic calculus weighing 1½ ounce. Made a good recovery.

21st May.—Patient, aged 50. By lateral lithotomy removed a stone weighing 340 grains. Made a good recovery.

2nd July.—Patient over 50 years old. Had suffered from stone symptoms for more than eight years. For the last year unable to walk. A very large stone and tightly contracted bladder. Urine constantly dribbling away. In great agony. A very slight quantity of albumen in urine. By supra-pubic operation removed, with great difficulty, a stone weighing 6 ounces 2 drams 46 grains, and measuring 8 inches in circumference. The patient sank from exhaustion on the fifth day.

Mr. R. TRANNACK, Harbour Master, has been good enough to furnish me with the accompanying meteorological table for 1886.

METEOROLOGICAL TABLE.

MONTH.	WINDS.					BAROMETER.		THERMOMETER.		RAIN.		SNOW.	TIDES.	
	No. of Days N. to E.	No. of Days E. to S.	No. of Days S. to W.	No. of Days W. to N.	Variable.	Max.	Min.	Max.	Min.	Days.	Fall.	Days.	High.	Low.
						<i>Inches.</i>	<i>Inches.</i>	°	°	<i>Inches.</i>	<i>Feet.</i>	<i>Feet.</i>		
January.....	7	1	3	13	7	30.75	30.20	39	3	...	...	2	13.6	8.6
February.....	2	...	4	12	10	30.85	30.03	45	3	...	...	...	12.0	8.6
March.....	4	5	4	6	12	30.77	30.02	67	21	1	0.04	1	12.6	8.6
April.....	3	6	6	5	10	30.40	30.00	80	40	4	2.07	...	13.0	9.6
May.....	4	5	7	5	10	30.32	29.87	88	50	3	1.67	...	13.6	9.0
June.....	3	6	5	2	14	30.15	29.72	100	55	3	0.62	...	14.0	8.6
July.....	6	9	3	1	12	30.12	29.70	102	76	11	7.75	...	18.0	10.6
August.....	10	7	5	...	9	30.27	29.77	94	66	10	8.43	...	14.6	11.6
September.....	6	3	7	2	12	30.40	30.02	85	56	3	0.57	...	14.6	9.6
October.....	7	3	5	5	11	30.77	30.07	79	34	4	3.62	...	14.6	7.6
November.....	4	2	7	8	9	30.75	30.20	56	23	1	...	1	11.6	8.0
December.....	1	1	8	15	6	30.75	30.15	43	17	...	...	...	11.6	7.0

REMARKS.—January: fine moderate weather throughout. N.W. winds.—February: fine; two light dust-storms.—March: fine; two light dust-storms.—April: light rains during month.—May: fine weather, a few showers.—June: generally fine, few showers.—July: wet; rain, 7.75 inches; in 1885, 8.89 inches. 3rd July a sharp storm passed over the Settlement, making great ravage in a very short space of time. At 8 A.M. the barometer showed 30.08, temperature 78°; at noon, 30.08, temperature 101°; at 4 P.M., 30.10, temperature 72°; at 8 A.M. (4th), 30.24, temperature 78°. At 2 P.M. a squall broke from the N.W., with heavy thunder, lightning and rain. At 4 P.M. heavy rain with violent gusts of wind, circular in its action, accompanied by a heavy hail-storm, lasting for about 20 minutes, uprooting several of the trees in the Settlement and damaging the roofs of houses to a great extent. A man was blown by the force of the wind off the Bund and had his ribs broken by the fall.—August: wet.—September: generally fine, with light rain on two days.—October: fine, with a few rain showers.—November: fine, generally, with even temperature.—December: fine; mild.

DR. W. A. HENDERSON'S REPORT ON THE HEALTH OF CHEFOO

For the Half-year ended 30th September 1886.

DURING the last hot season no infectious disease has appeared at this port. Though cholera was raging in the neighbouring port of Chemulpo (in Corea), no case of it occurred either among the shipping or on shore, and that notwithstanding the entire absence of protective precautions. Among the natives there was no talk of epidemic intestinal trouble. The mortality amounted to seven cases, viz., two residents, the causes being cardiac dropsy and apoplexy respectively; two visitors, an adult from cirrhosis and an infant from abdominal abscess; three sailors from the shipping, two of whom were from the French fleet, one being typhoid and the other cerebral disease; and lastly, one from the German fleet, of typhoid.

Recently an attempt has been made to form a native hospital under the Taot'ai's auspices, and if properly supported ought to be of great service. For many a year there has been no such establishment in the native town, and its need is evident, not merely on account of the large population, but in view of such institutions as the army, navy, China Merchants' Steam Navigation Company, telegraphs and the mines.

Among Chinese patients the disorders principally met with are those of the eyes, skin and intestinal tract. The diet of the people for the most part consists of millet and salted vegetables, and here we find the latter prolonging intestinal catarrhs set up by other causes, and the excess of salt giving rise to such affections as neuralgia and asthma. Among skin diseases leprosy is frequently observed. As the doling out of remedial agents for this malady would occasion an undue drain upon the limited funds at our command, small doses of corrosive sublimate have been employed, with the result that patients often return for more. They say that under its use they feel better and gain strength, though to our eyes no improvement is observed.

Horns growing from the skin have been seen in two cases, one on the scalp and the other on the side. The latter was half an inch in diameter at its base, and grew from the skin over the middle of the ninth rib. To keep it from interfering with the movement of the arm it was at intervals pared.

Tumours containing air have been mentioned by authors, and by some the following might be so classed:—

Man, æt. 23. Over one parietal bone there was a somewhat circular tumour of 1 inch in elevation and 3 inches in diameter. Upon aspiration it collapsed, revealing round its base an irregular border of nodes and a ridge of nodes intersecting it. In the tumour there was no fluid. By the third day it filled out and was again aspirated with like result. There was no history to throw light upon its origin. The air-cushion seemed to protect the overlying skin from the irregularly-shaped nodes. The tumour only approached the temporal bone at the squamous portion.

In another man, upon bending the head downwards there was a tumour to be seen over the left frontal sinus. Its dimensions were three quarters of an inch deep and 1 inch in diameter. In the erect position it

disappeared. An opening in the bone over the sinus admitting air from the nose was the evident cause. At the age of 7 he had some active trouble in that neighbourhood, from which dated the origin of the tumour.

Acute rheumatism is rarely met with in this dry climate. Rheumatism, when it occurs, is limited to a part or a single joint; when several joints are affected, the cause is generally specific.

The contagious fevers are rarely to be seen. Nearly all adults have had small-pox, and for many years children have been vaccinated. Scarlet fever is occasional among children. Typhoid among natives I have seen but twice. Typhus and relapsing fever have only been epidemic after the famine of 1877.

The two cases next to be related are interesting to those who may have to treat opium-smokers,—the one showing the danger of suddenly stopping the drug in some who are habituated to it, and the other indicating how an apparently dying opium-smoker was, by the administration of the opium pipe, resuscitated.

The first had an abscess almost co-extensive with the back of the thigh. As he was extremely poor it was improbable that he had the wherewithal to regularly procure the drug, so that no opium was given him in hospital. Soon the pulse became extremely rapid, the temperature rose, and collapse looked imminent. The drug was then given with the result of the immediate subsidence of the alarming symptoms. By good feeding, together with gradually diminishing doses of opium, he made a good recovery.

The second was stricken down with dysentery and high fever. When I saw him he was apparently in a state of collapse, judging from his pulse and appearance; what food and medicine he had taken had been vomited. In a couple of hours I returned, expecting to find him lifeless; but his friends had meanwhile given him his opium pipe. The swiftly-developing fatal symptoms were arrested and the half moribund man revived.

Epilepsy is not an infrequent malady. The following case of it is worth noting:—

Man, *æt.* 25, had epilepsy for 10 years, the attacks increasing in frequency till a year ago, when they came on daily and continued so for nine months, when his hand and arm were accidentally burned. Since then has had only two attacks, but soon after the burn the injured arm and hand began to hypertrophy, and now both palm and fingers are enormously enlarged, presenting the appearance of elephantiasis Arabum.

The Chinese frequently attribute their disorders to emotion, those of childhood to fright and of adults to terror, anger and disappointment, and here death may result from such causes. In cases occasioned by anger that I have seen among women, the pulse becomes rapid, the stomach extremely irritable, and prompt measures are advisable, as a fatal termination is not infrequent.

A youth of 18 I once saw die, the only apparent cause in his case being mental depression, as his father did not forward from Peking his school fees.

The case to be related came under my notice in 1876.

Man, *æt.* 26. Since the age of 12, after a rebel raid, has attacks of the following description. Once a month for two or three days is unconscious of what passes, cannot sleep, is in a state of great excitement; his muscular power is then very great; does not ask for food, but eats what is placed before him; when opposed becomes frenzied, curses and strikes, and, unless restrained, runs off to the fields or hills. After the period of excitement, is completely exhausted; he falls into a deep sleep and remains in bed for a fortnight in a more or less torpid condition, then is well for a fortnight, and again the period

of excitement comes on. For two years has had no attack, till a couple of weeks ago had recurrence of the trouble, which led him to consult me.

In such a case the preternatural strength and the frenzy are regarded by the country people as being due to demoniacal possession. To successfully practise among the natives it is well to remember their interpretation of such phenomena; neglect of this once led to my losing a case.

It was one of loss of consciousness, to be remedied by the application of ice to the head. Now unconsciousness such as occurs in fainting, the stupor of fever, and drunkenness is attributed to the spirit leaving the body and travelling elsewhere, which interpretation, as is well known, the unscientific Chinese hold in common with all people in a similar stage of development. In applying the ice-bag I expressed myself as I should to a European, and stated I expected that in the course of a few hours, by the continuous application of ice, consciousness would be restored; whereas an astuter individual would have accommodated himself to the lower interpretation, and roundly stated that the application of the bag would in the course of a few hours bring back the wandering spirit. Having applied the ice, I returned in an hour to see the result, and found that as it had not at once acted it had been removed, and the friends were howling for the spirit to return. In discussing the case with a young dispenser I asked him if he held with his countrymen in such matters; and in proof that they were right he told me of a relative of his who, towards the termination of his fever, fell into a state of stupor, his mind wandered,* and at length the spirit came to the house of a friend just as the family were at their evening meal. Getting hungry, he asked for food, and not meeting with any response, he struck a bowl of rice from the mouth of a child just as it was in the act of shovelling it down. When he came to himself* he related how badly he had been treated at his friend's house, upon which inquiry was at once made and the fact ascertained that at that date a bowl of rice had actually fallen from the mouth of the child.

The Chinese will not merely be benefited physically by foreign medical science, but mentally will be enabled to realise the true relationship of many phenomena which must otherwise confuse and stultify,—for is it not the province of science to interpret phenomena? In medicine, fanciful analogy or mere subjective correspondence has hitherto been their only guide, as witness their use of iron in blood diseases, as it produces a red colour; while certain parts of the tiger are given to the weak, that its great strength may be imparted to them. When the method of foreign medicine is explained to them, they will see that while such analogy may indicate a possible relationship, a real relationship can only be determined by careful induction; otherwise, as regards mundane affairs, there can be no reaching that solid ground upon which alone can repose the developed reason of man.

The meteorological record is as follows:—

	MAY.	JUNE.	JULY.	AUGUST.	SEPTEMBER.
Mean minimum . . .	53.4	61.7	72.2	70.5	63.4
Mean maximum . . .	70.5	76.4	85.0	83.7	76.6
Difference between wet } and dry bulbs . . . }	...	9°	5°	5°	6°

* For such phrases as "his mind wandered" and "he came to himself," see TYLOR, *Primitive Culture*, *passim*.

DR. C. BEGG'S REPORT ON THE HEALTH OF HANKOW

For the Half-year ended 31st March 1887.

THE hot season of 1886 resulted in several cases of sickness, due to the direct influence of the high temperature acting in specially favourable circumstances. I had to deal with cases of all degrees of severity—the suddenly fatal sunstroke, ardent tropical fever and a few cases where the effect of exposure was only sufficient to place the patient's life in very great danger without coming under our nomenclature, cases where, however, the effects lasted a considerable time. The principal symptom complained of was pain in the head, with total incapacity for work or thought. In one class of these patients the face was ghastly pale; the mucous membranes and even tongue tissue almost perfectly white; the pulse rate about 35 to 40, small in volume and soft and compressible; great throbbing complained of in the head; loss of appetite, etc. In another class it took a more sthenic form; the pulse was full and bounding and the face flushed. In cases of sunstroke it will generally be found that the victim has neglected some necessary precaution, or while taking precautions has exposed himself when not in a fit condition to resist the tax on his vital resources, as man requires to be in good health to stand long exposure to such a high temperature as rules here during June, July and August, even though he take all proper precautions as to sun hats, etc. The more I see of tropical climates the more convinced am I that the vital tone has to be lowered before the sun has much chance against a moderately careful person. If we carry out the same programme in the hot weather as we do in cold, in our eating and drinking, making no allowance for the necessary deprivation of exercise, we cannot be in a good condition to resist the influence of the sun. If, in addition, we expose ourselves when over-worked or over-worried, or after late nights, we increase the chances of our return home "feeling the sun."

Our diet during the hot weather should be as much as possible of fish and fowl, neither our meat nor our drink at that period should be of too stimulating a nature. I am an advocate of exercise for all without organic disease, and my opinion is founded on sound physiological reasoning. I would caution all against swimming after (or before) sundown during the extreme heat. One of the worst cases of sunstroke occurred in a young man who went out for a swim in the evening. Insensibility with convulsions lasted for five days, and though he ultimately recovered, yet his mental powers remained markedly affected.

When in the water the body is cooled but the head is congested. At such a time the water is very tempting, and many believe that after going in head first they are insured. It

may be so for a simple plunge and short swim, but not, certainly, if the stay in the water be a prolonged one.

The whole subject of health in a tropical climate is most interesting, and I purpose at a future date entering more fully into the subject. It seems to me to be specially important that the matter be brought under the notice of those in China. Precautions are apt to be forgotten and rules of health to be neglected on the return of each hot season, and it is the new apprenticeship that has to be served every year that makes the climate so searching, though it is also true that the cool months build up the constitution and enable it, if properly guided, to stand the trying period of heat.

During the period under review I have nothing of special interest to record in the way of diseases influenced by climate, that has not been noticed before. Neither has there been any cholera or small-pox among the residents.

One patient died in Japan, where he had gone convalescent from typhoid fever. The case was a more than usually typical one. From the history given me of the fatal termination, perforation of the bowel, followed by peritonitis, must have taken place probably after indiscretion in diet. One infant died in a convulsion, and an adult from sunstroke. There have been many cases of the various kinds of malarial fevers, and I am still of the opinion that the new drain has anything but improved the health of the Settlement. It is satisfactory to hear that at last the land-renters consider something ought to be done to establish surface drainage in its place.

The advent of the cold weather always brings me a number of throat and bronchitis cases; but still I am able to report most favourably on the Hankow climate during the past seven years.

Among causes of difficult labour in my private practice, I have met with two cases where the only obstacle was the great size of the child's head, and I was able to overcome the difficulty by a procedure that I think is worth recording.

When the head is found to be too large to enter the brim of the bony pelvis, and when forceps fail to complete the delivery, the next step is generally to perforate the head, evacuate its contents and extract the body of the child. During the execution of this, the soft parts of the mother are liable to damage, and therefore any plan is a good one which may spare us such a calamity, though it may only be applicable in a limited number of cases. Where you have to deal with deformity in the bones of the mother, or where muscular action is so strong that the child is wedged tightly in the brim, nothing, of course, is left but the above plan of reducing the bulk of the presenting part and a delivery of it as soon as possible. But in a great many cases we find that the only fault is in the relative size of head and pelvis, viz., the head being too large to enter the brim either *before or after turning*. In such a case the proceeding I have to speak of has in two cases saved me having to expose the mother to the risks of instrumental operations on the child, and enabled the infant to be born with life; and though in both cases the child died after some hours, we never can tell but another case may be successful, and the life of the child is the least advantage gained, the increased safety to the mother being a greater consideration. I refer to the use of the ordinary long forceps as a powerful compressor, and by their use to fracture the flat bones of the skull, *then turn* and deliver; and it will be found that the head, rendered pliant by such treatment,

will come through a pelvis *base first* through which it would be impossible to drag it vertex first, even after the same manipulation, or base first without it.

My first case was that of a lady with her second child. I had attended her in her first labour, and beyond the usual difficulty I had no special trouble. The head of the second child was too large to pass, and after all reasonable delay I applied forceps, but failed to drag the head through. On the point of perforating, I was struck with the mobile feeling of the head, and decided to turn, considering that if I failed then to get the head away, I could deal with it after extraction of the body. I turned, and was struck with the way I was able to force the head to mould itself to the canal, coming base first. The child was artificially resuscitated and lived for 24 hours.

My next case was a first labour, and after the water had escaped I still found the head rolling about on the brim of the pelvis unable to enter. I waited six hours, and then the condition of my patient showed that help was urgently needed. Long forceps were applied, but even when used to their utmost power as compressors and tractors, I was unable to force the head within the bony pelvis. I then remembered my former experience, and fractured, as well as I could, the flat bones, turned, and soon had the satisfaction of completing the labour with safety to the mother. Mouth-to-mouth artificial respiration established breathing in the child, which, however, only lived about three hours.

Objection may be made by some that if after turning we fail to drag the head through, we are placed at great difficulty in then attempting to reduce the bulk of the head from want of room; but I had an experience in the case of a Chinese patient, and found it rather an advantage than otherwise, for I was able with ease to divide the neck, and the head in the grasp of the forceps followed. I had to operate in this case in a small loft, in which there was hardly room for more than the bed, and which you had to reach by a ladder. There was one plank for standing on by the bedside, and one had to be most careful. I was called in to the case to give assistance to a brother medical man who had the case in hand, and, having failed to bring the head through in the usual way, intended to destroy the child and then extract. This, on consultation, was obviously the only course to adopt, but I brought it base first instead of the ordinary way. Let me, however, repeat that I do not, for an instant, hold that all cases should be done that way; all I say is that there are cases, such as I have described, where it is of the greatest use and for many reasons to be preferred.

An accoucheur alone can fully estimate the satisfaction of completing a labour without breaking the skin of child or mother, thereby diminishing the risks of subsequent infection with its fever. We in China have good opportunities of practice in difficult midwifery. The Chinese leave all the cases to midwives, and as they know absolutely nothing, only normal cases succeed, all difficult labours end generally in the death of the mother and child, unless nature takes pity on them. The reputation of the foreigner is making strong way, and in nothing is this so well seen as in the fact that the Chinese overcome their strong objection to allowing a male physician to treat their women. Every day the practice of sending to the foreign doctor for help in delayed labour is becoming more common, and a medical man in China has therefore to face many of the most difficult obstetric problems. Often we are only called in to have to pronounce a fatal verdict on both mother and child, delay and ignorant attempts to deliver having done their work. But, as a result of successful cases, there is good hope that with time the value of foreign assistance and instruments will be more and more realised, and sights such as most of us see frequently now-a-days will become things of the past.

A most instructive case of cancer of the breast has just had its usual termination. A fine-looking healthy Chinese girl of 21 applied for admittance as pupil boarder to the convent. From her appearance I was asked to see her, as it was suspected that she was pregnant, and it was necessary to avoid such an awkward position of affairs, as it might lead to serious trouble with the Chinese. She strongly denied the charge, and refused to permit me to examine her; and it was only by using tact that I was able to palpate her abdomen, and was fortunate enough to feel the foetal movements. She was then given into the charge of her own people, and left after about three months' stay in the institution. The above history is only important as touching the question of the exciting cause of carcinoma in so young a girl. Some few months after this I saw the girl in my waiting-room, and from the information I possessed and her appearance I should say it was about a month after delivery, though she would not allow the charge. She had an anxious look, the breasts were large, and the glandular parts were developed and secreting milk freely. She drew my attention to a hard nodule, deeply seated in the right breast, and said it was painful. From the amount of adipose tissue and gland structure, it was very difficult to make a satisfactory examination of it; and taking into consideration the age of the patient, I decided to plan my operation so that I need not deform the breast. I therefore made a circular cut in the line of the lower fold of the breast, and turning it up I excised from among the adipose tissue a tumour the size of a marble, and for precaution's sake I cut freely and removed a clear $\frac{1}{2}$ inch all round. It did not encroach on the gland. On section it proved to be a true scirrhus. Still, I replaced the breast, and it healed by first intention. After two months she returned with two small growths near the line of the cicatrix and another large one in the substance of the gland. I then removed all the breast freely, but left the axilla untouched, as there was no trace of enlargement in its glands, and I was still in hopes of having extirpated the disease, she being so young. She was looking markedly more cachectic, but made a rapid recovery. After about six months she again returned to hospital, with a mass the size of a closed hand developed on the old cicatrix, fungating and bleeding freely. She had marked cachexia, and the glands of the axilla were affected. Once again I removed all and cleaned out the axilla. I, of course, now had a large surface exposed, seeing that my last operation had been done almost entirely in cicatricial tissue. I made free use of the thermo-cautery. She made a slow but fair recovery; but just as she was again going home, about a dozen points looked suspicious and rapidly developed into distinct nodules in every corner of the scar. I did not feel justified by her state of health in again proposing an operation, seeing that now I could have no reasonable hope of stamping out the disease. Nor did she wish for one. She went home, and I have recently heard of her death. The interesting points in the case are the age of the patient and the chance of seeing, as I did, the beginning and course of the disease and its virulence in spite of the free removal.

I should like to sound a note of warning against the use of celluloid catheters. The large sizes may do, and certainly I will grant them some special advantages, such as smoothness, etc.; but after my experience, I consider it to be culpable foolhardiness on the part of anyone to attempt to use them in the smaller sizes. I have had two cases of fracture of a very small size, one case where the piece was worked out along the canal by manipulation, etc., the fragment, fortunately, being fairly long; but in the other the part entered the bladder, and one of the most difficult operations in surgery had to be performed, viz., lithotomy, without the guiding help of a staff, the strictured canal being too small to admit of its use. There is no catheter but the silk web one which will stand this climate; and even then you need to be careful in using an old No. 3 or 4.

I would, however, go further than this, and say that no man has any right to use anything under a No. 6. If his stricture will not admit it, let him go to a surgeon and

have the stricture made to fit his catheter, and not to the chemist to get a catheter to fit his stricture.

Trichiasis and entropion of upper eyelid is a very common disease in China and the cause of endless cases of blindness. I am indebted to Dr. MILLES, of Shanghai, for drawing my attention to BUROW'S remarkably efficient operation for its cure. The results are most satisfactory if thoroughly done, and the rapidity with which the single cut can be made does away with all necessity for giving chloroform. If you examine most cases of entropion you will find the cartilage is only at fault, the condition being produced by its contraction and curvature. This is well seen on forcibly turning out the offending eyelid. The operation consists in cutting freely along the bottom of the groove so formed, and dividing all structures of the eyelid out to the skin and from end to end of the cartilage. I have made a series of bamboo spatulas to suit eyes of different shapes, over which to evert the lid. Standing behind the patient you press the proper sized stick at the root of the eyelid, seize the free edge with artery forceps, and you can evert the most distorted eyelid with the greatest ease. You can then make your cut with perfect security, even in the most troublesome patient, as the flat part of the bamboo intervenes between your knife and the eye-ball.

Causes of failure that have come under my notice have been from want of free cutting, especially at inner and outer ends of cartilage; also where the cartilage is very narrow, the operation seems only of temporary advantage. After operation, firm bandaging with pads of cotton wool for the first 24 hours; then daily forcible everting of lid. The result is free from deformity.

Some time ago I saw a case of entropion that had been operated on by a Chinese doctor. He had strangulated enough of each upper eyelid (between two needles tied at each end with string) to correct the deformity, and then let them cut their own way out. The result was very good, being a fine linear scar.

In the *British Medical Journal* for 25th April 1885 there is an article on Leucoderma, a disease of which we in China see a great deal. Dr. BRITO gives a very good description of its appearance, though my experience differs from his on certain points, viz., it seems much more common on the trunk than on the face, and there seems a decided disturbance of vascularity in the part, experience having shown me that whenever I had to retain one of those white patches in the flap of an amputation, it invariably sloughed. The influence of sex has not been marked, but I know some cases where every menstrual period the marks show up, and disappear as soon as it is over. I have never seen it in children. And as a rule the hairs on the patches are also white. I have been able to do nothing in the way of treatment.

As a contribution to the pathology of the disease, I wish to put the following case on record.

A most intelligent boy of one of the hong's consulted me for the cure of a white patch on either wrist. He stated that two years before, during the hot weather, he was suddenly seized with illness, which he could only describe as "very hot inside," and great pain in throat. A Chinese doctor applied some

medicine to the inner aspect of wrists, which caused a large blister to form, and the present marks were the result. The marks answered perfectly to the description of vitiligo, being pure white, size half a dollar, outline irregular, skin smooth, neither raised nor depressed from level of healthy skin, perfectly pliant and certainly not cicatricial, no loss of sensation. Has seen no change in them since they came. Knows more than a hundred Chinamen marked in the same way by the same doctor. Knows the skin disease common in China where skin is similar, and which the Chinese attribute to a certain wind.

I also had a case where the patches were more sensitive than the healthy skin, and itchy without discernible cause.

Puerperal Eclampsia about the Eighth Month of Pregnancy ; Os dilated and Labour induced ; Recovery.

—I was called about 2 A.M. one day to a Chinese patient, aged 24, pregnant with her third child ; former labours had been natural. She had been for the last month greatly troubled with anasarca, and her urine was loaded with albumen. At my visit she complained of having been startled by seeing flashes of fire before her eyes, and was making strong but ineffectual attempts at vomiting. Her skin was cool, and pulse 90. I gave a mustard emetic, and left her sleeping quietly. I was again called at 4 A.M., and was told she had had a slight fit, lasting five or six minutes. While I was with her she was again seized. The body became rigid and slightly bent back ; arms extended in front ; hands closed with thumbs in the palms ; loud, stertorous breathing ; froth from mouth and spasms in the facial muscles ; head turned to right shoulder ; teeth tightly clenched. I decided to induce labour, and after giving chloroform I introduced my hand into vagina ; soon dilated the os to admit first one, then two, then three fingers. The edge felt thin, hard and resisting, feeling as if it would lacerate easily ; so I had, after 15 minutes' work, to content myself with introducing a gum-elastic catheter well up to the fundus. Water began to drain off in large quantities, and there was no recurrence of the fits, and the patient slept off and on.

At 8.30 A.M. labour set in, and at 11 A.M. the child was born. Mother and child did well. It is worthy of note that whereas the other two children are perfect, this child has a vascular tumour on the scalp, both ankle-joints are malformed, permitting the child to walk, if it so please, on either side of the foot, which can only be kept in its proper position by a specially-made boot, and it has a strumous enlargement of one of the phalanges of the left hand. Otherwise it is a large, fat child.

The hospital continues in the same satisfactory state as regards attendance and providing me with most interesting surgical cases. Last year's record was 399 major operations with one death. I keep no record of the cases of minor surgery done in the out-door department.

I am making free use of cocaine, and find an 8 per cent. solution quite strong enough to abolish pain, even in the excision of considerable tumours, and in other operations.

One afternoon's work may be worth recording, with the results taken three weeks after—too soon for a very favourable picture, as the parts had not yet recovered from the operations, but the patients were leaving for their homes. The woodcuts bring out the difference between the malignant and non-malignant tumour ; and though in the after pictures the man with the larger tumour does not yet look so presentable as his friend, yet he has reason to congratulate himself, because I anticipate speedy recurrence in the other case, and in a position that will place it out of the power of the knife to remove it : then—death.



PLATE I.—*Non-Malignant Tumour.*



PLATE II.—*Malignant Tumour.*

Through the kindness of Mr. Harbour Master ARMOUR I am able to give the annexed table.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS for the Years 1885 and 1886.

DATE.	BAROMETER.				THERMOMETER.			WEATHER.				RIVER LEVEL.	
	Maxi- mum.	Mini- mum.	Mean.	Range.	Highest for the Month.	Lowest for the Month.	Diurnal Mean in Shade.	Fine Days.	Rainfall.	Cloudy or Overcast.	Snowfall.	Rise.	Fall.
1885.	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>° F.</i>	<i>° F.</i>	<i>° F.</i>					<i>Ft. in.</i>	<i>Ft. in.</i>
January	30.65	30.14	30.39	0.51	56	26	41	15	7	8	1	4 2	0 8
February	30.56	30.12	30.34	0.44	62	28	45	7	1	18	2	11 8	2 4
March	30.65	29.98	30.31	0.67	83	34	58	9	4	18	...	8 7	7 8
April	30.50	29.80	30.15	0.70	86	35	60	12	11	7	...	14 6	...
May	30.29	29.70	30.00	0.59	86	55	70	19	12	...	...	8 1	...
June	30.30	29.78	30.04	0.52	95	61	78	20	10	...	...	6 2	...
July	30.10	29.61	29.85	0.49	98	66	87	27	4	...	...	1 8	...
August	30.08	29.72	29.90	0.36	99	71	85	22	8	...	...	...	2 2
September	30.35	29.95	30.19	0.38	92	61	76	25	4	1	...	...	6 9
October	30.45	30.10	30.27	0.35	85	54	69	21	3	7	...	...	5 10
November*	30.80	29.97	30.38	0.83	77	31	54	24	1	4	1	...	17 2
December	30.65	30.07	30.36	0.58	68	32	50	13	8	10	...	...	3 5
1886.													
January	30.63	30.22	30.42	0.41	60	23	41	15	2	13	1	0 5	6 3
February	30.72	30.04	30.38	0.68	55	23	39	4	2	18	4	1 2	2 1
March	30.45	29.80	30.12	0.65	70	35	52	...	15	16	...	16 8	3 5
April	30.32	29.62	29.97	0.70	82	47	65	7	14	9	...	15 5	4 1
May	30.14	29.72	29.90	0.42	89	55	72	5	16	10	...	3 8	3 4
June	30.00	29.55	29.77	0.45	98	63	80	6	17	7	...	7 10	1 6
July	29.96	29.58	29.77	0.38	104	74	89	18	3	10	...	3 0	1 4
August	29.99	29.45	29.72	0.54	98	74	86	16	5	10	...	3 6	2 11
September	30.23	29.88	30.05	0.35	90	63	76	22	3	5	...	1 2	2 11
October	30.56	29.87	30.21	0.69	90	40	65	10	14	7	...	0 9	2 10
November	30.55	30.13	30.34	0.42	70	34	52	13	3	14	...	0 2	10 10
December	30.57	29.93	30.25	0.64	62	34	48	12	...	19	...	...	17 0

* On the 3rd November a slight shock of earthquake was felt, lasting about three seconds.

DR. G. R. UNDERWOOD'S REPORT ON THE HEALTH OF KIUKIANG

For the Year ended 31st March 1887.

DURING the 12 months just ended the health of foreigners residing here has been much the same as in former years. The diseases most commonly met with have been of the usual character, and there has been no epidemic. Malarial affections are the most prevalent ailments, and children born in the port rarely escape an attack of quotidian or tertian intermittent during the spring and summer.

Children from home or other parts not malarious are less liable to aguish complaints. These onsets yield readily to quinine; and the good food, clothing and sanitary condition of their houses give these youngsters a great advantage over their young Chinese neighbours, who, in districts round Kiukiang, suffer much from malarial troubles, and die in large numbers from the results, as seen in hypertrophied spleen and liver, anæmia, ascites and anasarca, dysentery and chronic diarrhœa.

No foreign child has been under my care in the course of the last six years who has shown any of these sequelæ of malarial poisoning. One adult European has been professionally attended who suffers much from dumb ague, and has frequently headache, feeling of chilliness, slightly increased temperature and pulse, and all the misery of an impending attack which never develops itself.

Tertian and quartan of an irregular type have been met with in eight cases during the year, the patients being adult males. The mischief was readily subdued except in those who came here with a predisposition left by former attacks, and in these cases a change to the hills or down river was found necessary. Seven of the eight affected were living on the back street and near the pond adverted to in former Reports. All the compounds in the Concession have been raised with mud taken from the bed of the river or adjoining creek, and there is little difference as regards dampness except in very high-water seasons. It is certain, therefore, that the stagnant pond referred to continues to exercise a bad influence on the health of those in its proximity. The chief results of malaria, seen in those long resident, are anæmia, not generally pronounced, and an infirmity of temper, and disposition to be worried by petty annoyances that would hardly be noticed in health.

A case of typhoid was brought in from the country when the disease had all but completed its course. Abortion, attended with considerable hæmorrhage, ushered in the attack, and for the first week masked the symptoms somewhat. After eight days there was no doubt as to the diagnosis, the morning and evening temperature variation, the flushed face, the condition of the tongue, the fulness of the abdomen with gurgling in the right iliac region on pressure, and the peasoup-looking stools, all taken together being characteristic. The temperature was never high, though from the severe loss of blood the patient

was low and semi-conscious a good part of the time. Congestion of the middle portion of the left lung, anteriorly and posteriorly, came on at the end of the third week with increased temperature and other concomitant signs.

Fortunately the lung substance affected remained limited and gradually cleared up. Pain over the left hip-joint was complained of during the whole illness, and an abscess which formed later over the trochanter major kept the temperature above the natural when the fever had left the patient. It was opened as soon as fluctuation could be detected, and, on the pus escaping, the temperature fell to normal. Blood was seen only once in the stools, and one doubtful spot on the abdominal wall. This was the patient's second attack within the last 10 years, both having been in China.

The surroundings of the residence in a dirty native street, with a water-supply open to contamination from many sources, were quite enough to explain the origin of the disease.

Typhoid, as we know it, does not seem to be at all common among the Chinese here, though most of the factors favouring it are present in superabundance. There is no system of drainage, and it would be difficult, on account of the little fall, to drain the place efficiently at that season when decomposition is most rapid. All the ground built upon is saturated with the sewage of scores of years, if not of centuries, and in any side street or alley and in very many houses may be seen putrefying animal and vegetable matter in unstinted quantity. Foul smells meet one everywhere, and the well water largely used is a solution of organic salts. On the other hand, native houses are much more open than those of foreigners, in most cases less from purpose than from imperfect construction. The doors are kept open all day, so that practically it is life in the air of a courtyard, though, of course, at night the breathing space is limited, and in illness that is further circumscribed by curtains and other contrivances to keep draughts from the sick. Cold, unboiled water is rarely or never used when tea can be had, and to this much of the immunity from typhoid must be due. The population suffer much from this insanitary condition of things, in that the average health is poor and the power of resistance small. Anæmia is very common among those who follow in-door occupations, and, in shop-keeping and well-to-do families, especially among the women who are less out of doors than all others. Typhus is often seen, and not a year passes without its being epidemic in some of the towns and villages of Northern Kiangsi. It is rapidly fatal, from the general low state of health and want of sufficient nourishment that obtain in many of these places, and one hears not rarely of 15 or 20 per cent. of the inhabitants of a country hamlet having perished from that cause. The disease has not once attacked foreign residents in this district.

A malady resembling plague, so the symptoms described would indicate, was prevalent in certain districts of Southern Kiangsi last autumn. Particulars were not to be had.

General diseases, specially affecting the throat, are little known here, while simple throat affections are met with often enough.

Diphtheria has never, I believe, been encountered among foreigners in Kiukiang, and in a series of over 25,000 Chinese treated at the hospital, there has not been one case. In Chungking it is, according to medical missionaries, an important factor in mortality statistics.

Acute lung affections are not frequent among Europeans here, and when they do occur, are, as a rule, easily traceable to imprudent exposure or such cause.

A case of pneumonia, affecting both bases, came under treatment in October. The patient, 25, not robust to begin with, had been living in the interior, and for some weeks had not been in condition from the unsuitable fare he was bound down to, when, after exposure to cold, he had a chill. He left immediately for Kiukiang, but was storm-stayed four days in a hut on the east shore of the Poyang Lake. A journey of 110 miles in 12 days brought him here very ill indeed, and he could give no clear account of how the time had passed. With careful nursing, convalescence was after a time established, and the recovery, if slow, has been satisfactory.

Enthetic troubles are seldom met with, a circumstance to be wondered at considering how prevalent they are among the Chinese. As seen in Europeans, the type is mild.

Washer's itch is the most common skin disease of parasitic origin met with in foreign practice, the contagion being conveyed by the water used in washing clothes. It is less frequently seen at the dispensary, most probably in the case of the poorer classes at all events, owing to the long intervals between the cleansing of their inner clothing. Other vegetable parasitic skin affections are certainly rife enough among them. Now and then a form of pityriasis calls for treatment, which is also far from rare in native dispensary work. It is easily got rid of in the majority of cases by a lotion of soda hyposulphite. Scabies is occasionally found on the hands of foreign children, and is quickly cured by ordinary applications. Eczema between the toes is a not unusual source of annoyance to adult Europeans in summer, and is at times most obstinate, unless rest can be had.

One patient who left during the year has died at home from sprue. The disease was so far advanced as to be all but hopeless before the sufferer left China. The chief symptoms were (1) shallow ulcers of the mucous membrane of the cheeks and gums and, at times, of the tongue, which was smooth and planed-looking and not coated with fur; (2) soreness of the mouth, tongue and gullet on anything not bland being taken; (3) want of appetite; (4) weight at the epigastrium and discomfort and distention for hours after food; (5) constantly recurring diarrhoea, with light-coloured stools, containing undigested food; and (6) increasing anæmia, emaciation and loss of strength. The heat and roughness of the voyage had an unfortunate effect on the patient, who just lived to reach home. Hardships and exposure in the interior had much to do with the causation of the disease in this case.

A diet exclusively of milk was the treatment successfully carried out in two cases shown to me lately by a professional friend. Both patients were under 36 years of age, and had not been over 15 years in China, as compared with an age of 54 years and a residence of over 25 years in the fatal case. In them, too, treatment was begun at an early stage of the disease.

During the year there have been three births—two males and one female, and one death from chronic alcoholism. 6,450 Chinese came to the dispensary during the 12 months, and of these over 300 remained as in-door patients. Eye cases, of which there were 590, contributed largely to the latter; trichiasis, inversion of the eyelids, granular lids, corneal ulcers, leucoma and iritis being the affections most commonly treated. Trichiasis and conjunctivitis in its more severe forms are very frequent in the district of Tu-ch'ang-hsien, on the east side of the Poyang Lake, some 30 miles off. The irritation produced by the fine powder carried in the air from the many sand-hills in the locality leads to inflammation of the ocular and palpebral conjunctiva in all degrees up to absolute destruction of the eye as an organ of sight. In spring and summer strings of patients set out thence for Kiukiang, he whose sight is least injured leading the others, all in hope of relief and having much faith in the

power of the knife. Last summer the river was comparatively low, with little subsequent malaria, and on that account cases of rapidly-sloughing corneal ulcers, such as are frequent after continued intermittent, and for which the best treatment used here has so often been of little avail, were fewer than in former years. Iridectomy after leucoma is exceedingly useful in many cases at the hospital, and that, with artificial pupil, are the usual operations on the interior of the eye. Cataract is comparatively uncommon.

A small melanotic sarcoma of the ocular conjunctiva was removed lately. It was situated on the upper and outer surface of the sclerotic conjunctiva of the right eye, its base being spread over a surface of $\frac{3}{8}$ of a square inch, and with a depth at the thickest part of $\frac{1}{8}$ of an inch. The patient said that it had been cut off by a Chinese doctor three years ago, but had quickly returned. In colour it resembled exactly a piece of iris removed in iridectomy, and, though not painful, its size gave rise to much discomfort and irritation of the palpebral conjunctiva. It was easily dissected off the sclerotic, and the use of a 10 per cent. solution of cocaine made the operation all but painless.

Cases of enthetic disease have been fewer than last year, from the large reduction in the number of soldiers in the garrison, among whom, as among sailors on native boats, these affections are more prevalent than in the ordinary population. Few of the public women escape syphilis sooner or later. While generally in a mild form, it is occasionally very severe. Gonorrhœa seems to be less frequently followed by stricture in Chinese patients of this district than at home. The explanation is to be looked for in that the condition of body of the well-nourished European is much more favourable to inflammatory deposit with permanent thickening and contraction than is that of the poorly-fed anæmic native. Retention from prostatic disease or from hypertrophy in old men is very rare, not one case of the latter having come for treatment in the past six years. Pulmonary troubles are met with all the year, but pneumonia is most frequent in hospital practice in May and June. Several thousands of workmen from country districts are employed in Kiukiang at that time in preparing tea for the foreign market. The sudden and considerable fall of temperature, which here often follows a thunderstorm, finds these men unprepared, especially during the night, and without other protection than the clothes they wear. Pulmonary inflammation is the result. There being little heavy machinery, accidents are not frequent; and operations for the removal of tumours and for diseases of bones and joints are the principal in native practice. Fractures are brought for treatment now and then, but the patient, in many instances, goes away before he ought. After his limb has been in splints for a fortnight or less, he as a rule requires to be taken home to his mother who is ill or lamenting his absence. The mothers of patients not quickly cured are liable to much sickness, and, indeed, are generally at the point of death in this part of China. One case of epithelioma of the lower lip presented itself for treatment. Unfortunately, operation was not permitted. It is difficult to understand why the disease is not encountered more frequently, considering that almost everyone smokes. Brass, porcelain, glass, jade and bamboo are all used in making mouth-pieces, and the finish is often far from perfect. Something more than irritation is required to account for the beginning of the mischief. The tea-house pipe, common to everybody, must be an active agent in disseminating syphilis in China, to judge from the well-known glass-blower's tube cases of the books.

The following case of opium-poisoning presents some points of interest :—

HWANG SHIH, 23, childless, was brought to the hospital at 8 P.M. on 20th February, her husband stating that she had swallowed a quantity of extract of opium three hours before. Her face was cold to the touch and pallid (the out-of-door temperature was about 50°), while the extremities, being protected by wadded clothing, were warm; the pupils were contracted and the pulse slow and feeble, the right being stronger than the left which was just perceptible; the breathing was slightly stertorous; respirations, 12; mucous râles were audible to those standing near, and with each expiration a frothy fluid showed at the nostrils. The patient was deeply comatose, and the full current of a GAIFFE'S battery applied to the lips had no effect in rousing to consciousness. The facial muscles responded at once to the stimulus, but those of the fore-arm acted less readily. Within a few minutes of the arrival of the patient, the stomach was washed out as she lay on the bed, and the contents gave out an odour of alcohol and opium. $\frac{1}{12}$ grain of atropine was injected subcutaneously, and followed at once by an injection of 5 minims liquor strychniæ. Artificial respiration was begun as soon as the stomach was empty, and kept up; and to assist the failing heart, very warm poultices were frequently applied over the cardiac region. Within half an hour the face began to get warm and the paleness less, and the pulse gained in strength and quickness. Gradually the mucous râles diminished and disappeared, and the pupils dilated to their full extent. Then came on, every few minutes, slight tonic spasms of, at one time, the neck, face and limbs, and at another of the muscles of the back. Towards midnight, with the better circulation, the muscles of the fore-arms could be thrown into a state of contraction by a weaker current; as yet, however, there was no sign of consciousness on the part of the patient. Hot bottles to the trunk and extremities and artificial respiration were kept up till 4 A.M., when there were signs of returning sensation, the arm or hand to which the current was applied being withdrawn. During the night, weakening of the pulse quickly followed the stopping of artificial respiration, even for a few minutes only. The patient was conscious at 4.30 A.M., and a few hours later had quite got over the effects of the poison. One avoidable accident marred to some extent the happy result of the treatment. One of the poultices applied over the cardiac region was too hot, and caused sloughing of the skin over the whole of the left breast. It was long in healing, and proved a painful experience to the patient. The quantity of opium taken, as nearly as could be found out, was from 15 to 20 grains in a pint of Chinese wine. The dose of atropine was very large, but as to its good effect on the respiration and in arresting œdema of the lung, there is not the slightest doubt in my mind.

A case of infanticide under peculiar circumstances was met with lately.

One night last month my assistance was desired for the relief of a woman in labour. The patient was a strong and healthy-looking quadripara of 32. A male child had been born two hours before, and the right hand and fore-arm of a second was protruding from the vagina. The head was in the right iliac region and the face looking forwards. Chloroform was given, version performed and the patient delivered of a living female child. The first-born had been removed from the room, and, asking where it was, I was told that the woman was the second wife of a shopkeeper in Shanghai, and was in charge of a branch shop here. In the prolonged absence of her husband, she became pregnant. Being very desirous that it should not be known, she, expecting that the labour would be natural, did not call in a midwife, as under ordinary circumstances she would have done. On the birth of the child she throttled it at once, and sent her paramour, the head shopman, to sink the corpse in the lake. Unfortunately for their hopes of secrecy there was a second child which did not come naturally, and it was necessary to call the midwife. She recognised her powerlessness in the case, and sent for help. The woman was sitting behind the counter as usual within 10 days.

I am indebted to Mr. Harbour Master GÜNTHER for the following abstract of meteorological observations:—

MONTH.	THERMOMETER.				RAINFALL.	
	Maximum.		Minimum.		Days.	Inches.
	Highest.	Lowest.	Highest.	Lowest.		
1886.						
April.....	85.0	57.0	70.5	43.5	14	7.02
May	94.0	62.0	75.0	50.0	15	7.53
June.....	95.0	72.0	80.0	60.0	18	15.34
July	101.5	79.5	84.5	74.0	5	0.49
August	102.0	83.0	82.0	73.0	13	5.34
September	92.5	71.0	78.5	62.0	6	0.74
October	93.0	51.0	72.0	46.0	11	9.22
November.....	69.5	50.0	57.0	41.0	3	0.21
December.....	65.0	47.0	45.0	30.0	2	0.06
1887.						
January.....	64.0	27.0	40.0	19.0	12	4.59
February.....	60.0	31.0	47.0	20.0	6	2.77
March	80.0	42.0	59.0	35.5	14	2.99

Number of days on which rain fell during the years, 119; inches, 56.30.

DR. E. A. ALDRIDGE'S REPORT ON THE HEALTH OF WUHU

For the Half-year ended 31st March 1887.

THE following abstract is from the Harbour Master's meteorological register taken here (latitude, 31° 19' 12" N.; longitude E. of Greenwich, 7^h 53^m. 28^s.):—

METEOROLOGICAL TABLE.

MONTH.	THERMOMETER.			BAROMETER.			RAINFALL.
	Highest.	Lowest.	Average.	Highest.	Lowest.	Average.	
1886.	°	°	°	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>
October	83	44	65	30.54	29.98	30.22	7.50
November	66	34	52	30.59	30.20	30.38	0.10
December	58	30	36	30.54	30.08	30.36	...
1887.							
January	57	19	32	30.46	30.08	30.30	1.09
February	52	15	36	30.50	30.03	30.30	1.60
March	71	34	50	30.42	29.96	30.00	3.72

The first three months were bright, fine and pleasant, and there was little sickness among either foreigners or natives. The cold during the last three was the severest that has been experienced here for many years. A great amount of misery and suffering was felt by the poor; many were starved and frozen to death, and many had their houses destroyed by the heavy weight of snow, the falling in of the roofs and walls in some instances crushing the occupants. Snow fell during the winter altogether for 154 hours, and lay on the ground for about five weeks.

There are now 48 foreign residents—17 females and 31 males. Their health during the period under review cannot be called very good.

Malarial fevers were the predominating complaints. Seven foreigners suffered from one or more attacks of intermittent fever, and two from remittent fever. Cases of the following diseases were also observed: chronic rheumatism, sciatica, brow ague, acute and chronic diarrhoea, hæmorrhoids, gonorrhœa, dhobie's itch, conjunctivitis. In my attendance on the above cases I observed no peculiarities worthy of special record.

Two missionaries arrived from up country, suffering from acute dysentery, and the treatment by large doses of ipecacuanha and morphia was most successful.

I understand a dispensary is to be opened at Yi-chi-shan, near Wuhu, by the American Methodist Episcopal Mission, under the superintendence of Dr. STEWART.

DR. R. G. WHITE'S REPORT ON THE HEALTH OF CHINKIANG

For the Year ended 31st March 1887.

FOR the last 12 months the health of this port has been good amongst foreigners and natives. The weather was fine, and, excepting the fact that summer was prolonged, was all that could be desired. The wheat and rice crops were exceptionally good, consequently there was less poverty and less disease among the natives. In June the fall of rain was considerable. In February at least 4 to 5 feet of snow fell; the frost was not severe. To these two last facts we are no doubt indebted for the present verdant condition of the fields and hills.

During the last year there have been five births here of foreign children—three males and two females.

The cases were all natural with one exception, wherein, in consequence of some disproportion, the application of forceps was required.

Chronic rheumatism, diarrhœa and intermittent fever were the chief complaints among foreigners. Of fever, two specially severe cases presented themselves, but speedily yielded to large doses of quinine.

A case of cystitis came under treatment in a foreigner, who imprudently took violent riding and walking exercise while recovering from gonorrhœa. The usual symptoms were present, with, in addition, considerable loss of blood. Treatment by hot baths, hyoscyamus and gallic acid rapidly brought about complete recovery.

The following case of displaced testicles is of interest:—

A Chinese presented himself whose testicles were, on examination, found abnormally situated. The left had not descended from the inguinal canal, where it was incarcerated, and at times was slightly painful. The testicle which should have occupied the right side was fixed in the middle line of the perineum. The patient explained that the testicles had always been in these positions, and were no inconvenience to him. His reason for calling on me was because he had been married some years and had had no family.

An interesting case of elephantiasis of the scrotum lately presented itself.

The growth must have weighed at least 20 or 25 catties. Having no suitable conditions for operating here, I agreed to pay steamer expenses to Shanghai, where Dr. JAMIESON offers hospitality to all the cases I can send him. The patient, however, finding it so easy to receive relief, demanded a present of bedding, etc., thus illustrating the Chinese proverb, "The benevolent door is difficult to open."

A poor fellow, of about 26 years of age, came from the country, with an enormous tumour of the right thorax.

The growth extended from the floating ribs along the right border of the sternum up to the axilla; posteriorly it reached from the posterior border of the axilla to the lower limits of the ribs. It had existed five years. The patient was much exhausted; the tumour was firmly fixed, evidently involving the ribs, and was beyond the aid of surgical operation.

In a case of diseased ankle-joint, where amputation, if permitted, would have been the proper treatment, I lately excised the astragalus, most of the os calcis and the malleoli.

The only marked result was great relief of pain; but as the drain on the patient's system was not much affected by the operation, amputation of the leg will eventually have to be performed.

For the subjoined meteorological abstract I am indebted to Mr. Harbour Master POYNTER.

METEOROLOGICAL TABLE, April 1886 to March 1887.

MONTH.	THERMOMETER.				BAROMETER.		RAINFALL.	NO. OF DAYS.
	Highest.	Lowest.	Average Highest.	Average Lowest.	Highest.	Lowest.		
1886.	°	°	°	°	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>	
April.....	83	42	69	51	30.24	29.62	2.63	7
May.....	88	52	72	60	30.04	29.60	3.08	8
June.....	91	57	81	66	29.91	29.50	10.04	11
July.....	100	70	95	76	29.84	29.55	3.82	7
August.....	97	72	88	79	29.77	29.45	3.31	11
September.....	82	60	75	67	30.25	29.75	2.58	3
October.....	82	47	73	56	30.71	29.80	4.09	7
November.....	65	33	56	43	30.71	30.21	...	...
December.....	56	31	48	39	30.76	30.10	...	...
1887.								
January.....	56	23	46	33	30.72	30.10	1.56	5
February*.....	56	20	48	30	30.76	30.30	1.06	2
March.....	74	31	59	45	30.55	29.80	1.41	5

* Four days snow.

DR. ALEXANDER JAMIESON'S REPORT ON THE HEALTH OF SHANGHAI

For the Half-year ended 31st March 1887.

ABSTRACT of METEOROLOGICAL OBSERVATIONS taken at the Observatory of the Jesuit Mission at Zikawei, for the Six Months ended 31st March 1887. Latitude, 31° 12' 30" N.; Longitude E. of Greenwich, 8h. 5m. 45s.*

DATE.	Barometer at 32° F.	THERMOMETER.		Amount of Vapour in the Air per Cubic Foot.	Hu- midity, 0-100.	Ozone, 0-21.	Velocity of Wind per Hour.	Mean Direction of Wind.	Total Evaporation during Month.	Total Rainfall during Month.	REMARKS.	
		Diurnal Mean Temperature in Shade.	Extreme Temperature in Shade.									
1886.												
	<i>Inch.</i>	<i>° F.</i>					<i>Miles.</i>		<i>Inch.</i>	<i>Inch.</i>		
Oct.	Max...	30.409 (30)	75.6 (10)	84.4 (10)	.02337	89 (28)	14 (24)	32 (11)	N. 42° E.	3.013	5.293	Fourteen rainy days. Thunderstorms on the 19th and 27th.
	Mean...	30.077	65.7	...	.01043	76	10	12		
	Min...	29.812 (11)	50.0 (31)	42.6 (31)	.00656	65 (30)	8 (15)	1 (1)				
	Range	0.597	...	41.8	...	...	...	...
Nov.	Max...	30.481 (31)	59.5 (3)	67.5 (3)	.01261 (11)	82 (12)	14 (10)	40 (18)	N. 15° W.	2.743	0.343	Five rainy days. First hoar-frost on the 23rd; the thermometer below the freezing point for the first time.
	Mean...	30.295	52.3	...	.00953	73	10	9		
	Min...	30.067 (18)	36.5 (30)	30.2 (30)	.00487 (30)	59 (18)	7 (26)	1 (20)				
	Range	0.414	...	37.3	...	...	...	...
Dec.	Max...	30.551 (3)	50.7 (13)	59.4 (13)	.00987 (5)	86 (5)	13 (20)	54 (7)	N. 53° W.	3.373	0.154	Two rainy days.
	Mean...	30.325	40.4	...	.00547	67	9	12		
	Min...	29.996 (13)	31.8 (8)	24.1 (11)	.00340 (15)	53 (10)	6 (24)	1 (17)				
	Range	0.555	...	35.3	...	...	...	...
1887.												
Jan.	Max...	30.517 (8)	46.2 (10)	57.9 (1)	.00995 (10)	100 (18)	20 (18)	37 (19)	N. 15° W.	1.292	7.687	Eighteen rainy days.
	Mean...	30.283	37.4	...	.00637	86	13	14		
	Min...	29.936 (10)	28.8 (20)	23.5 (7)	.00508 (20)	66 (7)	7 (7)	0 (7)				
	Range	0.581	...	34.4	...	...	...	...
Feb.	Max...	30.579 (15)	48.4 (19)	59.2 (19)	.00892 (19)	92 (22)	18 (25)	34 (24)	N. 35° E.	1.736	1.513	Eight rainy days.
	Mean...	30.293	39.9	...	.00640	78	12	12		
	Min...	30.105 (24)	30.6 (3)	26.1 (18)	.00460 (3)	63 (15)	10 (18)	0 (18)				
	Range	0.474	...	33.1	...	...	...	...
March...	Max...	30.415 (24)	64.6 (28)	81.0 (28)	.01214 (28)	93 (5)	17 (30)	41 (11)	N. 72° E.	3.241	1.374	Ten rainy days.
	Mean...	30.180	47.9	...	.00835	75	12	13		
	Min...	29.852 (28)	40.1 (18)	30.0 (19)	.00509 (18)	55 (27)	9 (24)	0 (18)				
	Range	0.563	...	51.0	...	...	...	...

* Position of British Consulate-General, Shanghai:—Latitude, 31° 14' 41" N.; longitude, 121° 28' 55" E. of Greenwich.

NOTE.—The figures in parentheses indicate the days on which the observations to which they are appended were made. Under the headings "Diurnal Mean Temperature in Shade," "Humidity," and "Ozone" they indicate the days on which the mean readings were respectively highest and lowest.

For the above abstract I am indebted to the kindness of the Rev. Père DECHEVRENS, S.J., Director of the Zikawei Observatory.

The meteorology of the half-year does not call for much remark. The weather was dry and mild up to the end of 1886, and after a couple of rigorous weeks in January the remainder of the first quarter of this year left little to be desired. Several cases of small-pox occurred among foreigners, but only one proved fatal. The prevalence of enteric fever must not be estimated from the satisfactory fact that no death occurred under this head. In my own practice I had six cases, four of them being in children, and in two of these latter all the typical symptoms were present except diarrhoea.

MURCHISON * states that he had observed six instances of parotid bubo after typhoid fever, of which five died. CHOMEL, LOUIS and GAIRDNER each report a case. CHOMEL, according to MURCHISON, regarded these swellings as critical and auspicious; while TROUSSEAU † is emphatic in declaring them a most disastrous complication, almost always bringing death in their train. In more recent medical literature I can find only one case followed by recovery. ‡

In January a lady who had been but a few weeks in Shanghai contracted typhoid fever of exceptional gravity. About the middle of the third week both parotid regions became brawny, but it was not until several days had elapsed that deep-seated fluctuation could be detected. When the swellings first appeared all the general symptoms were very menacing, but these diminished in intensity before the position of the pus could be ascertained with sufficient accuracy to justify the deep incisions required. Recovery ensued.

The last fatal case of cholera for the season occurred on the 21st November. The admissions for cholera during 1886 to the Shanghai General Hospital, where, practically, all cases are treated, were 22, and the number of deaths 17, showing a mortality of 77.27 per cent., and confirming the observation already frequently made in these Reports, that the form of the disease observed here is exceptionally severe. The total number of deaths for the year from cholera was 20, to which residents contributed only 3. That is to say, cases of cholera, fatal and otherwise, occur almost exclusively among people who are suddenly brought under the sway of the local conditions producing the disease, while a considerable number of foreigners live habitually under these same conditions without appearing to suffer in an extraordinary degree from them, and certainly without contracting cholera. On the other hand, the few cases that are observed among residents are almost all drawn from the class whose surroundings and habits are in the highest degree unfavourable to general health. Admitting, then, the extreme severity of the cases that do occur, the rarity of the disease among those who take ordinary precautions for the preservation of health disposes of any claim to an epidemic character as attaching to the cholera encountered in Shanghai.

No year now passes without the prevalence of diseases peculiar to children, but infantile mortality remains low. Whooping-cough, measles and varicella could not be considered epidemic last winter, although many cases of each came under treatment. One death from whooping-cough is reported.

Two cases of abscess of the liver proved fatal. In one a previous abscess had been successfully treated some years ago by incision. Both patients were men of regular and abstemious habits.

The burial return on the following page is drawn up from the municipal registers and the sexton's books.

* *Treatise on Continued Fevers*, 2nd ed., p. 583. † *Clinique Médicale*, 3^{me} ed., t. i, p. 270. ‡ *Lancet*, 1879, ii, 909.

BURIAL RETURN of FOREIGNERS for the Half-year ended 31st March 1887.*

CAUSE OF DEATH.	OCTOBER.	NOVEMBER.	DECEMBER.	JANUARY.	FEBRUARY.	MARCH.	TOTAL.
Variola .....	...	...	...	I	...	...	I
Pernicious fever.....	...	...	...	I	I‡||	...	2
Cholera	5†	2†	...	...	...	...	7
Whooping-cough.....	...	...	...	...	...	f I‡‡	I
General tuberculosis.....	...	...	I†	...	...	...	I
Phthisis.....	...	...	I§ I†	...	f I	...	3
Tabes mesenterica.....	f I‡	...	...	...	...	...	I
Rheumatic gout.....	...	...	I	...	...	...	I
Bright's disease.....	...	I	...	...	I	I	3
Alcoholism.....	I	2†	...	...	...	...	4
Meningitis.....	f I‡	...	...	...	...	...	I
Apoplexy.....	...	...	...	...	...	I†	I
Cerebral hæmorrhage.....	...	...	...	f I||	...	...	I
Tonsillitis.....	f I‡	...	...	...	...	...	I
Bronchitis.....	...	...	f I‡||	...	...	...	I
Pneumonia.....	...	I†	...	...	...	...	I
Broncho-pneumonia.....	...	I†	I‡	...	...	...	2
Disease of aorta.....	...	I	...	...	...	...	I
„ heart.....	...	f I	...	I	...	...	2
Dysentery.....	I†	...	...	I	...	...	2
Diarrhoea.....	I† f I I‡	...	...	...	...	...	3
Abscess of liver.....	2	...	...	...	...	...	2
Hepatitis.....	...	I||	...	...	...	...	I
Cirrhosis of liver.....	...	...	...	I	...	...	I
Tumour of kidney.....	I	...	...	...	...	...	I
„ ovary.....	...	...	f I	...	...	...	I
Eczema.....	...	...	...	f I‡	...	...	I
Infantile marasmus.....	f I‡	...	I‡	...	...	...	2
Premature birth.....	f I‡	...	...	...	...	...	I
Concussion of brain.....	...	f I	...	...	...	...	I
Accident.....	...	...	...	f I‡	I†	...	2
Drowned.....	...	I§	2†	I†	...	...	4
TOTAL.....	18	12	10	9	4	4	57

* Not including deaths (if any) among the Catholic religious bodies, among Eurasians or Japanese; exclusive also of still-births.

† Non-resident. ‡ Infant. || Native of Macao. § Native of Manila.

If we subtract from the total of 57 deaths 1 case of premature birth, 1 of concussion of the brain, and 6 of accident including 4 deaths by drowning, there remain 49 deaths attributable to disease. There were 11, deaths among children, the oldest being aged 4 years and the youngest 16 days. 2 of the children were of Macao parentage, 1 was the child of a visitor, the remaining 8 were of European birth and children of residents. The foreign adult mortality from disease was therefore 38, including 2 natives of Macao and 1 native of Manila, or 35, if Europeans only are considered. Of this 35, non-residents contributed 16, leaving the mortality from disease among resident European adults at 19 for the half-year (15 males and 4 females).

CAUSES OF DEATH FROM DISEASE among RESIDENT EUROPEAN ADULTS.

Variola	I	Dysentery	I
Pernicious fever	I	Diarrhoea	I (female).
Phthisis	I (female).	Abscess of liver	2
Rheumatic gout	I	Cirrhosis of liver	I
Bright's disease	3	Tumour of kidney	I
Alcoholism	2	Tumour of ovary	I (female).
Diseases of heart and aorta	3 (1 female).		

15 males and 4 females, against 14 males and 5 females for the last previous corresponding period.

CAUSES of DEATH from DISEASE among the CHILDREN of RESIDENT EUROPEANS.

Tabes mesenterica	1 (female).	Diarrhœa	1
Meningitis	1 („).	Eczema	1 (female).
Tonsillitis	1 („).	Infantile marasmus	2 (1 female).
Broncho-pneumonia	1		

3 males and 5 females, the numbers for the winter six months of 1885-86 having been
1 male and 3 females.

CAUSES of DEATH from DISEASE among NON-RESIDENT EUROPEAN ADULTS.

Cholera	7	Pneumonia	1
General tuberculosis	1	Broncho-pneumonia	1
Phthisis	1	Dysentery	1
Alcoholism	2	Diarrhœa	1
Apoplexy	1		

16 males, against 15 males during the corresponding period of 1885-86.

CAUSE of DEATH from DISEASE of a CHILD of NON-RESIDENT EUROPEAN.

Whooping-cough 1 (female).

CAUSES of DEATH from DISEASE among RESIDENT NON-EUROPEAN ADULT FOREIGNERS.

Phthisis	1 (Manila).	Hepatitis	1 (Macao).
Cerebral hæmorrhage	1 (Macao, female).		

2 males and 1 female, against 7 males and 2 females in the last corresponding period.

CAUSES of DEATH from DISEASE among NON-EUROPEAN FOREIGN CHILDREN.

Pernicious fever	1 (Macao).	Bronchitis	1 (Macao, female).
----------------------------	------------	----------------------	--------------------

1 male and 1 female, both of Macao parentage, as against 1 male and 1 female, also of
Macao parentage, during the previous corresponding period.

DR. J. F. WALES'S REPORT ON THE HEALTH OF CANTON

For the Year ended 31st March 1887.

DURING the past year the health of this port has been good, and neither endemic nor epidemic disease has prevailed. There were three deaths—one, an infant, from tetanus, the result, I think, of rough manipulation of the navel string by the amah, who on one occasion caused it to bleed; one from valvular disease of heart; and one from hydrophobia.

In the last-mentioned case the patient had his right thumb lacerated by his dog, on 5th April. 15 minutes after, a ligature was applied above the seat of injury, and the wounds were freely incised to encourage bleeding, after which they were cauterised with strong nitric acid. On 17th July he was depressed and feverish. On 18th July he complained of rheumatic pains in right arm, and early in the morning of the following day I visited him. He suffered from want of sleep and from discomfort about the throat. His breathing was hurried, and every now and then I observed a slight catch—respiratory spasm. He was able to take some breakfast, consisting of toast and a soft boiled egg, and at noon he swallowed a piece of ice, but with difficulty. Soon afterwards the respiratory spasm deepened into convulsions of terrible intensity, and he died from exhaustion on the same day shortly after 3 P.M. Death was hastened by the rupture of a blood-vessel, situated somewhere in the alimentary tract, for he vomited large quantities of blood. By way of treatment, diaphoresis was freely induced and maintained by means of pilocarpine and vapour baths, but without any benefit so far as I could observe.

I have had favourable experience of the use of antipyrine in two cases of enteric and one of malarial fever.

In one of the former the temperature rose rapidly to 105° F. during the first week. I gave the drug in 1-gramme doses whenever the temperature exceeded 102.5 F., and always with the result of a fall of from 1° to 2° F. in the course of an hour. This was accompanied by a gentle perspiration and a sensation of comfort. By this means, plus the occasional application of the wet pack, the weakening effects due to prolonged high temperature were more or less avoided, and the patient's strength, in consequence, was exceedingly well preserved, notwithstanding the presence of severe diarrhoea which at times was controlled with difficulty.

The good effects of antipyrine are doubtless more or less transitory, but this is no serious drawback when its administration can be repeated as often as necessity arises. It is of small consequence to the practitioner whether this and similar drugs produce their specific effects by acting directly on the pathogenic agent causing the febrile symptoms or on the latter only. What he has to do is to preserve, if possible, the cardiac muscle from those degenerative changes which are due to the high temperature of a continued fever, and which are so likely to cause syncope.

The following abstract from the meteorological tables for last year has been prepared by Mr. Harbour Master MAY:—

ABSTRACT OF CANTON CUSTOMS METEOROLOGICAL TABLES, April 1886 to March 1887.

MONTH.	WINDS.							WEATHER.			BAROMETER.				THERMOMETER.			
	No. of Days N. to E.	No. of Days E. to S.	No. of Days S. to W.	No. of Days W. to N.	No. of Days Variable.	No. of Days Calm.	Average Hourly Force.	No. of Days Fog.	No. of Days Rain.	Rainfall in Inches.	DAY.		NIGHT.		DAY.		NIGHT.	
											Highest Reading and Average Highest.	Lowest Reading and Average Lowest.	Highest Reading and Average Highest.	Lowest Reading and Average Lowest.	Highest Reading and Average Highest.	Lowest Reading and Average Lowest.	Highest Reading and Average Highest.	Lowest Reading and Average Lowest.
1886.							miles				Inches.	Inches.	Inches.	Inches.	°	°	°	°
April	7	20	1	...	2	...	4.3	...	11	9 ⁷ / ₈	{ 30.10 30.03	29.80 29.89	30.08 30.02	29.79 29.88	82 77	63 69	78 73	63 69
May	2	29	...	...	...	...	3.7	...	8	8 ³ / ₈	{ 30.10 29.99	29.81 29.91	30.05 29.98	29.83 29.89	91 84	69 77	85 81	68 74
June.....	6	19	2	1	1	1	5.4	...	18	13 ¹ / ₂	{ 29.99 29.89	29.64 29.76	30.00 29.90	29.69 29.77	88 83	73 79	86 82	75 76
July.....	...	25	...	...	6	...	6.8	...	13	11 ¹ / ₂	{ 29.97 29.89	29.65 29.76	29.94 29.89	29.60 29.78	92 86	76 81	89 83	76 79
August.....	...	21	5	...	5	...	5.6	...	10	6 ³ / ₈	{ 29.96 29.87	29.60 29.74	29.93 29.85	29.61 29.72	93 89	78 83	88 83	78 80
September....	20	3	3	...	4	...	5.4	...	3	4 ¹ / ₂	{ 30.10 29.98	29.76 29.85	30.08 29.98	29.78 29.86	95 88	77 81	90 82	72 77
October	10	15	2	...	4	...	5.9	...	...	...	{ 30.26 30.07	29.80 29.98	30.21 30.03	29.80 30.00	92 83	63 78	85 78	59 76
November	28	2	...	...	...	...	7.2	...	...	...	{ 30.30 30.20	29.90 30.11	30.22 30.15	29.90 30.13	82 76	56 66	76 70	57 67
December.....	21	2	...	...	8	...	4.0	...	4	4 ³ / ₈	{ 30.33 30.23	30.00 30.15	30.30 30.18	30.00 30.17	73 67	56 60	67 62	53 58
1887.																		
January	17	5	...	...	8	1	7.0	...	7	5 ¹ / ₂	{ 30.25 30.11	29.90 30.04	30.20 30.08	29.89 30.06	74 64	43 53	71 59	43 55
February.....	16	3	1	...	8	...	6.0	...	8	2 ¹ / ₁₆	{ 30.38 30.14	29.94 30.07	30.30 30.11	29.95 30.09	76 62	46 57	71 57	42 54
March.....	14	13	1	...	3	...	6.0	...	13	5 ¹ / ₂	{ 30.20 30.09	29.80 30.01	30.17 30.04	29.82 30.02	82 70	58 66	77 66	55 63

REMARKS.—1886: During April the highest reading of the barometer was 30.10 inches, on the 21st and 22nd; and the lowest 29.79 inches, on the 17th. The highest temperature was 82°, on the 10th and 30th; and the lowest 63°, on the 14th and 15th. Rain fell on 11 days, measuring 9⁷/₈ inches. S.E. winds prevailed, and the strongest was recorded on the 24th, averaging 8.8 miles an hour during 24 hours.—During May the highest reading of the barometer was 30.10 inches, on the 1st; and the lowest 29.81 inches, on the 30th. The highest temperature was 91°, on the 21st; and the lowest 68°, on the 6th. Rain fell on 8 days, measuring 8³/₈ inches. S.E. winds prevailed, and the strongest was recorded on the 11th, averaging 9.3 miles an hour during 24 hours.—During June the highest reading of the barometer was 30 inches, on the 20th; and the lowest 29.64 inches, on the 15th. The highest temperature was 88°, on the 17th, 27th and 30th; and the lowest 73°, on the 13th. Rain fell on 18 days, measuring 13¹/₂ inches. S.E. winds prevailed, and the strongest was recorded on the 27th, averaging 13.5 miles an hour during 24 hours.—During July the highest reading of the barometer was 29.97 inches, on the 6th; and the lowest 29.60 inches, on the 27th. The highest temperature was 92°, on the 14th; and the lowest 76°, on the 9th and 18th. Rain fell on 13 days, measuring 11¹/₂ inches. S.E. winds prevailed, and the strongest was recorded on the 18th, averaging 12.1 miles an hour during 24 hours.—During August the highest reading of the barometer was 29.96 inches, on the 28th; and the lowest 29.60 inches, on the 14th. The highest temperature was 93°, on the 14th; and the lowest 78°, on the 10th and 26th. Rain fell on 10 days, measuring 6³/₈ inches. S.E. winds prevailed, and the strongest was

recorded on the 16th, averaging 12.3 miles an hour during 24 hours.—During September the highest reading of the barometer was 30.10 inches, on the 30th; and the lowest 29.76 inches, on the 5th and 18th. The highest temperature was 95°, on the 19th; and the lowest 72°, on the 24th. Rain fell on 3 days, measuring 4½ inches. N. E. winds prevailed, and the strongest was recorded on the 6th and 23rd, averaging 9.5 miles an hour during 24 hours.—During October the highest reading of the barometer was 30.26 inches, on the 31st; and the lowest 29.80 inches, on the 10th. The highest temperature was 92°, on the 11th; and the lowest 62°, on the 31st. No rain fell. S. E. winds prevailed, and the strongest was recorded on the 13th, averaging 17 miles an hour during 24 hours.—During November the highest reading of the barometer was 30.30 inches, on the 23rd; and the lowest 29.90 inches, on the 17th. The highest temperature was 82°, on the 4th; and the lowest 59°, on the 1st. No rain fell during the month. N. E. winds prevailed, and the strongest was recorded on the 2nd, averaging 14.4 miles an hour during 24 hours.—During December the highest reading of the barometer was 30.33 inches, on the 11th; and the lowest 30 inches, on the 22nd. The highest temperature was 73°, on the 2nd; and the lowest 56°, on the 9th and 23rd. Rain fell on 4 days, measuring $\frac{7}{8}$ inch. N. E. winds prevailed, and the strongest was recorded on the 6th, averaging 10.8 miles an hour during 24 hours.—1887: During January the highest reading of the barometer was 30.25 inches, on the 11th; and the lowest 29.89 inches, on the 23rd. The highest temperature was 74°, on the 11th; and the lowest 42°, on the 26th. Rain fell on 7 days, measuring 5.63 inches. N. E. winds prevailed, and the strongest was recorded on the 5th, averaging 12.2 miles an hour during 24 hours.—During February the highest reading of the barometer was 30.38 inches, on the 15th; and the lowest 29.94 inches, on the 6th and 7th. The highest temperature was 76°, on the 19th; and the lowest 42°, on the 10th. Rain fell on 8 days, measuring 2.1 inches. N. E. winds prevailed, and the strongest was recorded on the 14th, averaging 11.2 miles an hour during 24 hours.—During March the highest reading of the barometer was 30.20 inches, on the 23rd; and the lowest 29.80 inches, on the 29th. The highest temperature was 82°, on the 29th; and the lowest 55°, on the 19th. Rain fell on 13 days, measuring 5.6 inches. N. E. and S. E. winds prevailed, and the strongest was recorded on the 18th, averaging 14 miles an hour during 24 hours.

DR. J. H. LOWRY'S REPORT ON THE HEALTH
OF HOIHOW (KIUNGCHOW)

For the Half-year ended 31st March 1887.

DURING the past six months there have been few cases of serious illness. Of the Customs staff only two members have been off duty on account of sickness, and then only for short periods.

The weather began to get cool from the first week in November, and the remainder of that month and December were exceedingly pleasant. With January came the miserable weather with which residents in these regions are so familiar, drizzling rain and northerly blows. But unpleasant as it is here, it does not compare with the cold, miserable weather I have experienced at the neighbouring port of Pakhoi during the early months of the year. It is quite remarkable the small amount of rain that has actually fallen during the period under review. Throughout the island there is a great cry out for rain, and the rice fields are dry and hard.

During October I was called upon to treat a foreigner, suffering from congestion or inflammation of the liver.

When seen by me on the 4th, he complained of having felt out of sorts, and thought he was in for an attack of ague, from which he had before suffered. Prior to my visit the patient had one distinct shivering fit. The liver I found enlarged and tender; in the nipple line absolute dulness was increased to 5 inches; there was also some enlargement and tenderness of the spleen; the bowels kept constipated; urine very scanty; and for a few days the secretion almost suppressed; subsequent examination found $\frac{1}{4}$ albumen. The temperature during the whole period of the patient's illness ranged from 99° to $101^{\circ}.6$ F., there always being a morning fall. So slow was the progress of the case, that I feared I should eventually have to deal with an abscess; but with the cool weather in November, improvement set in. The liver and spleen enlargements decreased, and there was less tenderness; temperature became normal; and the urine on the last examination contained no albumen. The treatment consisted of full doses of muriate of ammonia combined with nitro-muriatic acid, saline purgatives, 10-grain doses of quinine at bedtime, and sinapisms applied frequently over both liver and spleen. The diet consisted of as much milk as could be obtained, supplemented with chicken soup and puddings.

A case of delirium tremens occurred in a foreigner, long resident in the East and long addicted to alcoholic abuse. The usual symptoms of such a case were present, but, in addition, he had convulsions, which caused me some anxiety. The man recovered, and has since had another attack, but less severe, no convulsions being present.

Case of Traumatic Tetanus.—On 4th December a cargo coolie was brought ashore, from one of the steamers in port, with a severe, lacerated wound of the index and middle fingers of his right hand, it having

been caught in the machinery of the steam crane. The wounds were cleaned and dressed with carbolic oil and the hand placed on a splint. The wounds continued to granulate, and the man was doing well until the 16th, when he complained of stiffness of the jaw and inability to open his mouth completely; he also complained of pain up his arm. On the following day the symptoms were more marked, and the risus sardonicus was distinctly present. I put the man on 15-grain doses of chloral hydrate, dressed the wounds very carefully, and sent him home. The patient lived a long way off, so I was unable to see him daily. The medicine was continued and the wounds were dressed daily, and the man made a complete recovery. I saw him last on the 29th January; the wounds were completely healed, and there was no difficulty in opening the mouth. He was extremely weak and emaciated. He has since resumed his work as a coolie.

Case of Adherent Placenta.—On the evening of 28th December I was asked to see a woman, aged 30, said to have been in labour 12 hours. I found her sitting over a jar, in the defecating position, surrounded by an array of Chinese midwives. In this position I was told she had been more or less all day. Having got her into bed, I made an examination and found the os dilated to size of a half crown. In a couple of hours I returned, found the os dilating and the pains fairly strong, and in due time the child was born without the aid of instruments. After the birth of the child there was a period of repose, but soon some slight pains were felt, so I grasped the uterus and commenced making pressure in the usual way, with the intention of assisting the expulsion of the placenta. After patient kneading and pressure for some time, there being no sign of the placenta being expelled, I made an examination, and traced the cord through the os. Some slight pains returning, I resumed making pressure and continued it for a long time, with no improvement in the state of affairs. Gave ergot, and waited a little, then made firm pressure and continued it without any sign of advance. I now passed my hand into the uterus, and made out that the placenta was adherent. The woman being greatly fatigued, I decided to defer any further operation. The following day Dr. McCANDLISS, of Kiungchow, kindly saw the patient with me. We placed her under chloroform, and made every effort to extract the placenta, but, beyond some small portions, it could not be removed. So firm was the adhesion that we decided to abandon making any further efforts. During this long operation we gave repeated doses of ergot, in the hope of getting the uterus to help us, but it was of no use. The binder was firmly applied, and we left the house, feeling sure that it was an exceedingly grave case. The further progress was, as anticipated, very serious, but in spite of all complications the woman recovered. Symptoms of septic poisoning set in soon, with shivering fits, high temperature, quick pulse. Secretion of milk ceased; and it is needless to say that the discharge was profuse and fetid, portions of placenta being from time to time expelled. Abdominal pain was present, but not constant. Pneumonia set in and ran a regular course, and was followed by an obstinate diarrhoea. Bed-sores threatened, but did not form. The treatment from beginning to end was to keep up the strength; every form of nourishment was poured into her, and the best port wine was given liberally. Antiseptic injections of CONDY'S fluid and, later, tincture of iodine were administered twice daily. The buttocks and external parts were washed with carbolic lotion, and embedded in a mass of oakum, changed as required. Quinine was given throughout, and the pneumonia and diarrhoea received the usual treatment of such cases. By 20th February the patient was sitting up. There was a history of abortion some years ago, and no doubt some disease of the uterine mucous membrane had been left behind and was the cause of the adhesion.

The natives of the island are beginning to appreciate the benefit of foreign medical science, as, latterly, Dr. McCANDLISS has had a large number attending the American Mission Hospital at Kiungchow.

ABSTRACT of METEOROLOGICAL OBSERVATIONS, taken at the Custom House by Mr. Harbour Master MÜLLER, for the Six Months ended 31st March 1887. Latitude, 20° 3' 13" N.; Longitude, 110° 19' 3" E.

MONTH.	WINDS.							BAROMETER.		THERMO- METER.		No. of Days Fog.	No. of Days Rain.	Rainfall in Inches.
	No. of Days N. to E.	No. of Days E. to S.	No. of Days S. to W.	No. of Days W. to N.	No. of Days Variable.	No. of Days Calm.	Average Hourly Force.	Highest.	Lowest.	Highest.	Lowest.			
1886.							<i>Miles.</i>	<i>Inches.</i>	<i>Inches.</i>	°	°	<i>D. h.</i>	<i>D. h.</i>	
October	23	3	...	...	5	...	3	30.22	29.83	85	70	...	1 15	5 ⁸ / ₁₀
November	29	...	...	...	1	...	4	30.30	30.00	78	68	1 0	0 6	2
December	30	...	...	...	1	...	4	30.37	30.05	72	52	1 6	0 12	0 ⁸ / ₁₀
1887.														
January	26	...	...	1	4	...	3	30.25	29.93	75	52	9 0	4 0	3 ⁸ / ₁₀
February	28	...	...	...	...	...	3	30.39	29.98	73	56	7 0	5 0	2 ⁸ / ₁₀
March	22	3	...	...	6	...	3	30.25	29.88	85	60	6 0	2 0	1 ⁸ / ₁₀

DR. H. N. ALLEN'S REPORT ON THE HEALTH OF SEOUL

For the Year 1886.

DURING the past year the European community at Seoul has been steadily increasing, so that there are now upwards of 45 adults and 11 children. There have been 4 births and 1 death within the last 12 months.

The climatological conditions have been excellent. We missed the severe rains of the summer; yet the hottest days were far from unbearable, and some bed-covering could be used every night. Cholera raged during the hottest weather, but foreigners were not attacked. The precautions observed consisted in keeping the compounds clean, using only boiled and filtered water for drinking, cooking and the toilet, and avoiding purchasing food from the Korean market.

During the winter season small-pox was very common and unusually severe. Several Chinese and Japanese residents were attacked, some of them fatally. The tendency of the disease seemed to be to become confluent, and the natives themselves recognised that it was exceptionally malignant.

One foreigner was attacked soon after his arrival. He was above 40 years of age, and looked much older. He had been vaccinated successfully in early life, and refused to be re-vaccinated in Japan when passing through. Still feeling secure, he neglected proper precautionary measures on his arrival at this place. He hired a house in which his bed-room was only separated from a room occupied by Koreans by a paper partition, and in which lay a child suffering from small-pox. He took the disease, and it ran a characteristic course, with the exception of a throat complication which threatened for a time to become true diphtheria. As it was it made deglutition so difficult that nutrient enemata had at last to be resorted to. Towards the end the eruption became confluent and strength failed. He died on the 12th day of the eruption.

One case of pernicious fever was seen in June.

The patient, a Japanese, had been comparatively well till within a few hours of the attack. He had caught cold the day before, and the attack in question came on with a severe chill. He had also suffered from diarrhoea, which made the diagnosis more difficult. When seen, the patient was cyanosed, pinched and cold, like a person in the collapse of cholera. He had been vomiting, and was very anxious for water, so that had cholera been prevalent at the time, the case might have been mistaken for that disease. It did not then exist here, however, and no history of exposure could be obtained. Everything seeming to point to pernicious fever, patient was given 10 grains of quinine, at once, and this was repeated with the addition of calomel. He died within two hours.

Another very interesting disease that is well-known in Korea is relapsing fever, called by the Koreans 染病 or 열병, pronounced *yem pyeng*. It is one of the most dreaded diseases of the country. Small-pox is seen everywhere, and is passed unnoticed, because those who have survived their first attacks are not liable to receive it again. On the contrary,

yem pyeng having once attacked a person renders him liable to repeated future seizures. The disease is decidedly contagious. I tried to persuade the Koreans that it was not, but a little experience with the malady proved conclusively to me that the people were right.

The poor and those who are ill-fed and much exposed to the weather are the most likely to suffer, though all classes are affected by the disease. Like rheumatism, it is much influenced by damp weather, and is most severe during the spring and rainy seasons. The mortality is greatest among the poor also, for they cannot have the care that is necessary to the cure of the affection. As soon as the disease is recognised in the person of a slave or other person who has not a house of his own, the sufferer is turned out of doors. Indeed, during the past season whole communities of these outcasts could be seen lining the wall, both inside and outside the city, sheltering themselves but poorly by little straw canopies resembling Indian wigwams.

It was difficult to study the disease among these folk, as they were so destitute that the symptoms were often masked by those of neglect. A few cases were seen and treated at the hospital, one of which will be noted. However, the best case for study was that of a foreigner, one of the Catholic fathers, who, in his ministrations at the bedside of relapsing fever patients, contracted the disease himself. His case also shows the great advantages of care.

1st June.—Had been feeling somewhat tired and indisposed to exertion for some days previous. Had a chill in the morning, followed by fever, which became worse daily in spite of quinine and other household remedies. I was called on the 5th June. Found patient with pulse 116; temperature, 102°.4; skin moist at the time; severe pains in legs, and considerable epigastric tenderness; mind clouded, yet answers to questions were quite intelligible. He suffered from severe pain in the head and obstinate insomnia and restlessness. He was given 10 grains of quinine in hydrobromic acid, with 20 grains of chloral to induce sleep. The following night was passed more comfortably; and the next day, being about the time for the crisis, providing it was relapsing fever as it seemed evident it was, a mixture was ordered, containing nitric ether and pilocarpine.

6th June.—Before taking the mixture, pulse was 108; temperature, 102°.2. He got 1 grain of pilocarpine in 4 hourly doses, with the effect of causing a profuse perspiration.

7th June.—He had no fever, and considered himself well enough to dispense with further medical services. He was cautioned that in 7 or 14 days he would doubtless have a return of the fever. He therefore observed great care, and took a tonic of bark and muriatic acid. The 14th day (7th from termination of last attack) was passed safely, but the fever returned on the 21st day. The return was not severe, and yielded to a good sweat, leaving him with none of the sequelæ so much dreaded by the natives.

With Koreans suffering from the disease, quinine seems of no avail. The temperature falls slightly for the time, but soon rises again. Pilocarpine is the sheet-anchor, and it must be given at about the crisis. A wet pack would doubtless be a good thing to administer in these cases.

If profuse perspiration fails to come on at the time of the crisis, the fever and delirium continue, and the patient generally dies. If he does not die, he continues in a low state, having a crisis, less severe, on the 14th day or thereabouts, and another at about the 21st day. It is rather common for them to die of exhaustion at about the time for this third crisis. If they do have strength to survive, they are apt to be left with an unsound mind, impaired hearing or vision, with also constantly recurring rheumatic pains whenever the weather is damp.

A case was brought to the hospital of a boy, 14 years of age, who had missed the sweat, and was in a low, delirious condition. He passed his stools involuntarily, refused to eat anything, and lay in a state of exhaustion, with a temperature ranging from $102^{\circ}.5$ to $103^{\circ}.8$. Anticipating the 21st day crisis, I gave him $\frac{1}{2}$ -grain pilocarpine, which caused him to sweat profusely, but from exhaustion he became so low that he was reported as dead, and arrangements were made for sending him away. He was ordered to be left alone, and I administered an enema of an ounce each of cod-liver oil and rum. That night he got up, washed himself, and asked for a clean room and clothes. He made a complete recovery, without loss of mental power, sight or hearing.

We had another case that only remained a short time, being removed by friends. Temperature at the time of entry was 107° . He was delirious, and quinine deafened him without allaying the symptoms perceptibly.

No eruption is observed with the disease, and the pains are mostly confined to the legs and back. The onset is much like that of small-pox, and the course and general characteristics very much resemble remittent fever. The contagiousness of the trouble, its epidemic and fatal nature, together with the uselessness of quinine, serve to confirm the diagnosis. A friend, to whom I sent some of the blood from a patient who had passed the first crisis, for microscopic examination, writes me that by staining the dry film he found the characteristic spirillæ, although he searched for them in vain before staining. He describes them as slender, corkscrew-shaped filaments, occurring singly away from the blood corpuscles.

On 15th July 1886 cholera reached Seoul. It came overland from the southern ports, and we had ample time to prepare for it, as we heard of its approach. It found the city generally in a filthy condition, and the people ripe for the harvest. They would not take the proper precautionary measures, and even the servants of foreigners would persist in eating all sorts of unripe trash, notwithstanding our remonstrances. They acted like fatalists, and let their friends die almost uncared for once they were taken. Booths were erected, at considerable expense, about the city, and the cholera god was prayed to. Battalions of soldiers fired off charge after charge to scare him out of the Palace grounds. At the hospital officers were instructed as to the manner of giving the cholera mixture, composed of sulphuric acid, opium, camphor and capsicum. Someone was at hand day and night, giving out the medicine. The foreigners all entered into the work, and dispensed medicine from their houses. The Chinese Representative sent out hundreds of opium pills on his own account. By about September 1st the disease had disappeared. Its disappearance was doubtless due to the fact that all the available material was exhausted. It was very quick work, for the conditions were so favourable that the disease spread like wildfire.

Through the kindness of Prince MIN YONG-IK, officers were stationed at the two gates through which the dead are carried, with orders to keep a careful account, and send in daily returns concerning the number of dead borne out. We found in this way that from 15th July to 25th there were 3,060 dead bodies carried out for burial; 26th July, 460; 27th, 421; 28th, 371; 29th, 297; 30th, 345. It then began to decline, so that on 16th August the rate was but 66, and by 1st September it had fallen to 20. The whole number for the month and a half was 7,092.

All who die in the city must be carried outside for burial, and they have to pass through one of two gates, so that it was easy to get the total of deaths. This number, however, would necessarily include the deaths from all other causes. Therefore a rough calculation was made

as follows: The city has, as nearly as may be ascertained, 150,000 inhabitants within the walls. There are as many outside, but there is no way of obtaining the number of deaths among them. Giving the city a very high mortality for the summer months, say, 50 per 1,000 inhabitants, we may count 20 deaths per day as normal. Deducting this number for the 47 days of the cholera reign (940) from the aggregate number, we have 6,152 as the probable number of deaths from cholera alone. The number is probably greater than this estimate, for during September the mortality ran down to 7 or 8 per diem, and 50 per 1,000 is a rather heavy rate to adopt. In any case, the number of deaths from cholera inside the city during the epidemic of 1886 did not exceed 7,092, and was not less than 6,152.

During the height of the epidemic it was unpleasant passing through the streets. In order to keep up with the heavy death rate, bodies were allowed to be borne out during the day as well as at night (night is usually the time for funerals), and so great was the demand for carriers that one litter was often made to carry several bodies, with simply a mat for covering. The hill-sides were badly marred with the numbers of new made graves, and in some places animals had removed the thin layer of earth which covered the coffinless bodies.

The treatment followed was the afore-mentioned mixture, in cases which could not be personally attended, otherwise hypodermic injections of morphia and chloral for the cramps and of brandy for the collapse were administered. Treatment was not eminently successful. The disease seemed very malignant, and usually terminated fatally within a few hours, a few cases hanging on till the next day. I was several times called to see a patient at the commencement of the attack, and found him dead when I reached the place, though not over two or three hours had elapsed since the recognised onset of the trouble.

The progress of the cholera wave was very peculiar. It started from the region of the Port of Fusan, probably from the remains of the Japanese cases that occurred there last season. It then advanced on the capital, taking all the country in a wide belt across the peninsula. After finishing up at the capital, we heard of its ravages to the north. The whole country is now free from the disease, and the Siberian ports are suffering from it.

Several cases of enteritis have occurred among foreigners, and many cases are seen among natives, due probably to the anti-cholera doses too freely indulged in.

Perityphlitis occurred in the person of a foreigner who had been having sufficient daily stool to quiet his mind, but not enough to relieve his bowels, which became loaded, and, upon aggravation, induced the attack in question. He was given little but opium and calomel. The opium was pushed to the full extent. A large poultice was kept constantly warm upon the whole abdomen, and he made a good recovery, with, however, occasional pain over the seat of the inflammation when a certain position is assumed, indicating the presence of some adhesions.

In the Government hospital during the year ended 10th April 1886, there were treated 10,460 patients, which were classified and discussed in the first annual report of the institution. The numbers for this year continue about the same, and are expected to increase, as a fine new building has been given by special act of His Majesty. It contains ample room, and a separate adjoining compound is nicely fitted up for a female department, under the care of Miss ELLERS, M.D. A well-equipped school is also one of the features of the new institution.

II.—SPECIAL SERIES.

No. 1. —NATIVE OPIUM	Published	1864.
„ 2. —MEDICAL REPORTS : 33rd Issue (First Issue, 1871)	„	1887.
„ 3. —SILK	„	1881.
„ 4. —OPIUM	„	1881.
„ 5. —NOTICES TO MARINERS : Fifth Issue (First Issue, 1883)...	„	1887.
„ 6. —CHINESE MUSIC	„	1884.
„ 7. —INSTRUCTIONS FOR MAKING METEOROLOGICAL OBSERVATIONS, AND THE LAW OF STORMS IN THE EASTERN SEAS	„	1887.
