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The State of Medicine
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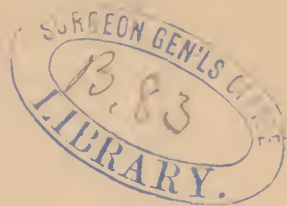
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THE STATE OF MEDICINE IN CHINA.

By

ROBERT P. HARRIS, M.D.

[Read May 2, 1877.]



AMONG the numerous articles in the Chinese section of the late Centennial Exhibition, there was nothing more curious, to the eye of a practitioner of medicine, than the collection of specimens of *Materia Medica*, embracing several hundred articles, used by the native Chinese doctor in the treatment of disease.

I shall not attempt to enumerate the various articles taken from the animal, vegetable, and mineral kingdoms, many of them objectionable, some highly disgusting, and a very few known to us, which enter into the Chinese *Materia Medica*, but will refer the curious to the catalogue which I have procured for the library of the College of Physicians from the Chinese Commissioner, in which will be found the value and uses of the several medicines, and from which may be learned how little of Chinese therapeutics is based upon a course of reasoning from cause to effect.

The fact that ginseng is still regarded in China, after centuries of trial, as a drug of marvellous healing, strengthening, and rejuvenating powers; and that liquorice root is esteemed only second to it in medicinal effects, shows how little connection there is between the real and conjectural value of Chinese medicines. The scarcity of a remedy, or the difficulty of obtain-

ing it, appears to greatly enlarge its value to the Chinese mind. When American ginseng (*Aralea quinquefolia*) was first exported to Peking, it sold for its weight in gold; but, being abundantly supplied, it gradually fell in estimation until now a pound is valued at about as many cents as an ounce formerly brought in dollars. The native varieties of *Aralea*, which are found wild, and only in small quantities, in Chinese Tartary, have, on the contrary, advanced in estimation, so that the price in Canton is reported at \$26 per ounce. Glue is also considered medicinal, but is of very little account unless the variety is prepared from materials difficult to procure, such as that from tiger bones, which is sold at \$11 per pound, etc.

Thus it will be seen, from articles of known value, how little faith is to be placed upon the Chinese estimate of any medicinal plant or product, although possibly having some remedial virtue. The main basis of Chinese therapeutics appears to rest upon mystical ideas; and the cure of disease is divided between the *exorcist*, the *diviner*, the *charlatan*, and the *doctor*, all of whom are believed by the native to deal in mysteries, and to derive the power through special divinities whose name is legion. In fact, the complicated religious belief of the Chinaman appears to make it almost impossible for him to reason from cause to effect in direct medication, even in the management of the most simple maladies.

Conjunctivitis, entropium, pterygium, sometimes double in both eyes, and cataract, are common maladies in China, especially the first two; and blindness from defective medical treatment in ophthalmia, very abundant; still the native physician does not appear

to have the least atom of common sense in treating even a simple inflammation of the conjunctiva. Imagine the sensation felt, and the result produced, by introducing a little pulverized and levigated *stalactite*, *fossil crab*, or what they call *medicine stone*, into an inflamed and highly sensitive eye; these being some of the remedies in use.

As the "*Outside Barbarian World*" was but a few centuries ago almost on a medical par with the inhabitants of the "*Flowery Kingdom*," we might reasonably hope for the same degree of enlightenment in a proportionate period, if it were not for the very strong opposition of the better classes of the Chinese to everything coming from foreigners, whether in the form of customs, change in dress, religion, or improvement in the medical or surgical treatment of disease. We say better classes, because the poor, who are most likely to suffer from bad or defective medicine and surgery, have been very readily induced to submit their cases to the care of English and American practitioners offering their services gratuitously. This prejudice applies not only to foreigners and foreign physicians, but also with almost equal force to those of their own countrymen educated in and practising foreign medicine. As there is no Chinese surgery of an operative kind, the work of the knife is gradually effecting a change, and preparing the way for the introduction of a rational system of medicine which must ultimately culminate in the opening of scientific medical schools under Chinese professors, and possibly even fostered by the government. There are great obstacles to be overcome, but the work of the last

forty years has effected such changes that a full fruition would appear to be only a question of time.

Physicians and apothecaries abound in all the large Chinese cities, and, strange as it may appear to us, they have such as are recognized as *regular*, and others that are regarded as *quacks*. The first requisite for a Chinese doctor, is hereditary descent; and this is a certain guarantee of success in gaining practice if a long line of ancestry shall have transmitted the virtues of the *medical succession*. The sign of a doctor often informs the stranger, not only of ancestral qualification, but states his several specialties as handed down, and claims for him the possession of valuable formulæ.

The Chinese doctor, like his brethren of India and Japan with some few exceptions, has not the remotest conception of the internal anatomy of his patient; and his expressed idea is that "it is not necessary to know what is in a man to know how to treat his diseases." Those who saw the old Japanese manikin exhibited in the collection of models, instruments, etc., before the members of the American Medical Association in this hall in 1872, will remember how remote the conjectural idea was from the real anatomy of the abdominal viscera.

As the dissection of the dead is not a part of his education, the Chinese physician has not the remotest idea of the arrangement of even the larger viscera. He places the heart in the centre, and believes that it is surrounded with six organs, three of which are connected with the pulse of one wrist, and three with the other. To feel the pulse *with ability*, is considered the important inherited faculty of the practitioner.

When called to a case of disease, he feels the pulse in each wrist *with three fingers*, asks the age of the patient, inquires as to the symptoms, assumes a grave importance, and then writes out a prescription, which in general calls for a number of ingredients to be made into a decoction; or a number of pills, the quantity to be taken being a marvel to any but a Chinaman; or it may be a bolus, or other form. This feeling of the pulse in both arms, and for a long time, in ignorance of the synchronism of the radial beats, is mentioned also of the Hindoo and Japanese physicians, who, with a few exceptions, have likewise no knowledge of the circulation of the blood.

As there are no native schools of medicine in China, an aspirant for medical honor, if he has not the advantage of being the son of a physician, simply engages himself to one, that he may witness his practice, and learn as many of his secrets as he may be willing to part with. The pupil is taught to believe that the power to heal disease lies in the assumption that the human constitution is composed of five elements in different proportions, all acting in harmony during health, and each presided over by a different deity. These elements are *earth, fire, gold, water, and wood*. As long as the proper proportion of each of these is maintained, the health remains good, but any ascendancy of either one deranges the system, giving rise to diseased phenomena, to be recognized by the physician, and counteracted by proper antidotes, or regulators. An example of this kind of practice is given in the history of the English embassy to China, under Sir George Staunton, in 1793. One of the ambassador's suite became affected with dysentery, stopped at

a Chinese inn, and was persuaded to consult a native physician, who, attributing his disease to a *predominance of cold humors*, prescribed strong doses of pepper, cardamom, and ginger, in hot distilled spirit, by which the disease was so much increased that the patient made a very narrow escape for his life.

As the cure of disease is very largely credited to the influence of the special deity having charge over the deranged element involved in any given case, large sums of money are annually expended by restored patients in processions and feasts in honor of the said gods, a portion of the year being specially devoted to these religious ceremonials.

Chinese physicians frequently combine necromancy and fortune-telling with the practice of medicine. They have one curious custom that prevails all over the Empire, which is to deposit in the street or road, opposite or near the house of the patient, the residuum of any prepared infusion or decoction prescribed for him, under a superstitious belief that there is at night a roaming divinity on patrol to take care of all diseased persons. This "*Spirit of the Celestial Cure*" (Tien-i-star) is believed to make his rounds on horseback, and the object of the deposit is to induce the charger to take a sniff at it in passing, by which it is held that the rider is influenced to look with favor upon the case of the patient.

A prevalent error with us is the belief that the Chinese pay their physician while in health at a certain rate, and stop payment during sickness. A bargain based upon a prospective cure, with no charge except for the medicine in the event of a failure, is frequently made, but this belongs more to the pro-

vince of quackery than to regular practice. The general fee for medical attendance varies from sixty to two hundred and forty cash, or from four to sixteen cents per visit.

Native surgery has no real existence, as the knife is rarely if ever employed. A compound comminuted fracture ends usually in gangrene, and frequently in death, as amputations are not performed even for such injuries. Abscesses are very rarely evacuated, and dislocations remain unrestored, being simply dressed with some secret vulnerary ointment.

We come now to a more interesting branch of our subject, viz., the efforts that have been made to introduce legitimate, or "western medicine" into China. Although some slight progress was made prior to that time, the first important step may be said to have been the opening of the Ophthalmic Hospital of Canton, under Dr. Peter Parker, an American, in 1835. This specialty was chosen for two reasons; the eye of the Mongolian is particularly subject to disease, and the treatment of ophthalmic cases involves no risk to life. It being the rule to make the physician accountable for any fatal result in cases where the knife was used, a written guarantee of immunity was obtained from each patient before an operation, as it was important to run no risks until an inspired and enlightened confidence should remove this personal accountability. By this plan, Dr. Parker gained the confidence of the natives, and was by slow degrees enabled to extend his surgical practice, until he could perform the capital operations without any fear to himself in case of a fatal result. From this beginning grew the present General Mission Hospital of Canton, with its

enormous out-door practice, and its branch dispensaries in which, collectively, as many as thirty thousand patients were treated and prescribed for in a single year, before it had been thirty years in operation.

Fractures and dislocations are very rare among the Chinese, who from carefulness, freedom from intoxication, and the absence of heavy machinery, are seldom injured in this way. Gunshot wounds inflicted by river pirates and in clan-fights, are much more common, and patients frequently carry balls for years, until they are finally removed at some foreign hospital or dispensary.

The practice of obstetrics is entirely in the hands of midwives, as it is considered indelicate for a man to attend a pregnant woman, or to officiate at her delivery. Foreign physicians, and properly educated natives, have in latter years been sometimes called in to use the forceps as a last resort, in cases where the midwives have utterly failed after a delay of from two to four days. Embryotomy was performed in 1860, for the removal of a putrid foetus, by Drs. John G. Kerr and F. Wong, of Canton, this, as far as known, having been the first time it was ever done in China. This Chinese, Dr. Wong, is a graduate of the University of Edinburgh, and has been in Canton since 1857. He is a valuable assistant at the hospital, performs many important operations, and has a good private practice notwithstanding the prejudice that attaches to his foreign medical education. He is also an important teacher of medicine to the class of native students attending the hospital.

Insanity is said to be rarely met with in China; but this is believed to be due rather to its management than

to its rarity, although one fruitful source (alcoholic intoxication) being almost exceptional, the disease is no doubt less prevalent than with us. Mild cases are left at liberty; troublesome patients are shut up, and often chained at home, where they not infrequently commit suicide; and dangerous subjects are sometimes quietly put to death by their relatives. There has never been a lunatic asylum in China, and never will be until introduced by foreigners.

The Chinese claim to have inoculated for the small-pox as early as the tenth century. Their method one would suppose might produce a general eruption, as the virus is introduced into the nose, in the form of powder placed in cotton. The person to be inoculated is first prepared by a course of medicine and dieting, and a lucky day is chosen for the operation.

Vaccination was introduced into China about 1805, by Dr. Alexander Pearson, physician to the East India Company, who instructed a Chinaman of the Nan-Hoi district, named Yan-Ho-Chun, how to perform it. Yan made a special business of vaccination up to the time of his death in 1850, and his son became his successor. He published a book of one hundred pages upon vaccination in 1818, and several Chinamen are said to have made fortunes by becoming professional vaccinators. From this early beginning under Dr. Pearson, the practice of vaccination has advanced to most of the eighteen provinces of China, but is still very limited in its application, owing to obstacles resulting from superstition and prejudice, one of the great difficulties being the impossibility of obtaining a continuous supply of *good*

virus. The natives have a superstitious fear of having the vesicle opened; are very careless in, or opposed to, preserving the crusts; and do not like to have the operation performed in the warm season. Hence native vaccinators, to secure a continual supply of virus, have been in the habit of bribing the lowest poor to submit their children to vaccination and furnish them with the resulting lymph, a very objectionable practice, owing to the prevalence of syphilis and leprosy. To obviate these evils, the mission hospitals and dispensaries are in the practice of vaccinating the poor on certain days, and securing their return for inspection, and obtaining the virus when unobjectionable, by a small pledge deposit, to be refunded to them, a plan not uncommonly adopted in our own dispensaries. They also have the means of obtaining fresh virus by reciprocal exchange with each other, or from physicians in India. As small-pox is almost an annual scourge in China, the importance of vaccination cannot be overestimated.

Prior to the opening of the Ophthalmic Hospital of Canton, in 1835, by Dr. Parker, there were established a Macao Dispensary in 1820, an eye infirmary at the same place in 1827, and the Dispensary of Canton in 1828.[†] Dr. Parker also established an ophthalmic hospital at Macao in 1838, and was the first to open a general surgical hospital and to teach medicine to the Chinese. His first pupil was Dr. Kwan Ato, who died in June, 1874, at the age of fifty-six. He was a valuable assistant surgeon, and did great credit to his preceptor. He had an extensive practice among the higher classes, and did much to introduce rational medicine into favorable notice. His uncle, Lamqua,

[†] By Dr Bradford, of Phil^a

was an artist, and painted a number of oil pictures for Dr. Parker, representing patients prior to operation, from whom he removed large tumors. These pictures were shown and explained by the Doctor at the surgical clinic of the University of Pennsylvania, during the professorship of Dr. Gibson. When the rebels besieged Canton, Dr. Kwan Ato offered his services as a surgeon to the Empire, was accepted, and for his skill was honored by the Emperor with the title of Mandarin of the fifth rank.

From the opening of the Mission Hospital of Canton, down to the present time, it has been in a small and imperfect way more or less of a medical school; and now gives a promise of becoming a college for the education of the Chinese in all the branches of medicine. Besides Drs. Kwan Ato and Wong, already referred to, we find honorable mention in the reports of the hospital, of Drs. So-To-Ming, U. A-Chung, and others, with special reference to their skill in operations for stone, cataract, necrosis, removal of tumors, etc.

The want of medical books in the Chinese language, and the existence of an almost unconquerable prejudice against human dissection, or autopsies, has long been felt; but the former has been in large measure provided for, as text-books have been published on all the branches taught in our schools.

Anatomy has been demonstrated by the use of models and plates, and by the dissection of dogs; but recently an advance has been made in the occasional autopsy of a patient dying without friends; the dissection of a child, young subjects being less cared for by the Chinese than adults; and the hurried

examination of an adult arm or leg before the class. These have been openly done, to test the progress made in overcoming the prejudices of the natives, and to pave the way for future advances. As the Chinese worship their deceased ancestors, they have consequently a sort of reverence for a cadaver, and the use of one for scientific study is very abhorrent to their feelings: but this antipathy will in all probability give way, as many others have, in the progress of medical enlightenment.

The chief contributors to Chinese medical literature have been the late Dr. Richard Hobson and Dr. John G. Kerr, recently returned to our country after an absence of twenty-two years.

To Dr. Hobson is due the credit of having prepared the first medical work, *An Outline of Anatomy and Physiology*, published in Shanghai in 1850. His other works were on *Physiology*, 1851; *First Lines of Practical Surgery in the West*, 1857; *A Treatise on Midwifery and Diseases of Children*, 1858; and *Practice of Medicine and Materia Medica*, in the same year.

Dr. Kerr published a paper on *Vaccination* in 1859; *Fever and Hernia*, 1859; *Materia Medica*, 1871; *Bandaging*, 1872; *Symptomatology*, 1873; *Skin Diseases*, 1874; and *Chemistry*—the last, an octavo of 597 pages, in four fasciculi. The first two appeared in 1871, and one hundred copies were ordered for the Imperial College of Peking, and fifty by a bookseller in Yedo, Japan, where the educated natives understand the Chinese printed character.

Dr. Dudgeon, of the London Mission Hospital of Peking, published a series of *Miscellaneous Essays*

on Western Medicine, in 1875. Dr. F. P. Smith, of the Hankow Hospital, a work on Hygienics, in 1867; and Dr. Manson, of Amoy, a large work on Diseases of the Testes, in 1874.

A collection of these works, together with numerous, illustrated, hospital reports, and some medical pamphlets, were placed upon exhibition in the Chinese section of the Centennial. When it is remembered that it requires on an average a period of six years, under a teacher living constantly in the house of the pupil, for an American to obtain even a very imperfect knowledge of the Chinese language, the labor of preparing these medical works will be appreciated.

Mission Hospitals have been established at Taiwan, in the Island of Formosa; at Canton, where the ground and buildings belong to the Society; at Swatow, Amoy, Foochau, Ningpo, Shanghai, and Peking; and in connection with these, or located at a number of inferior stations, dispensaries, the out-practice of which is in some instances immense, averaging over a thousand cases per month.

The Province of Kwang-Tung, in which Canton is located, abounds in cases of stone in the bladder, urethra, and prepuce, and furnishes a large number of subjects for the operations of lithotomy and lithotrity every year, amounting in 1875 to 31 of the former, and 20 of the latter; and for the whole period since the founding of the hospital to 332 of lithotomy, with 26 deaths, and 87 of lithotrity, with 8 deaths. As these cases are generally of long standing, the calculi are on the average unusually large. Tumors of very large size are also abundant, as the native

physicians do not remove them, and they are permitted to grow until their bulk and unsightliness compel their extirpation at the hands of a foreigner.

At Ningpo the chief diseases treated are intermittent and remittent fevers, rheumatism, pneumonia, ulcers, ophthalmia, cataract, and scabies. Victims of opium-smoking frequently apply for treatment, with a view to reformation, and some become broken of the habit, although the temptations to relapse are very great where the vice is so common. As the habit is not a social one, and there is no treating on the part of inviting companions, as in spirit-drinking, the reformation should be less difficult than that from the habit of drinking to intoxication is with us. Although very difficult to estimate, it has been thought by observers, claiming the requisite experience, that not more than from one to three in a hundred of the inhabitants of China smoke opium, and that these are mainly residents of cities and the larger towns. As with our drunkards, the cost to a habitual smoker is often half of all that he can make.

Among children, infantile convulsions, serofula, and hereditary syphilis, are frequently met with. The uses of quinine in autumnal fevers, and of the truss in hernia, are becoming known to the Chinese through hospital and dispensary cases, and the dissemination of pamphlets. Surgical instruments are being made by native cutlers after European and American models, but the workmanship is inferior to that of the Japanese.

Native physicians and their sons are commencing to appreciate the superiority of a proper medical education, and are entering the Canton Hospital as stu-

dents. Thus the work of the gradual enlightenment of the Chinese mind upon the question of the relative merits of the native practice, and of the scientific methods of treating diseases and injuries as taught and employed by foreigners, steadily advances. Much of the prejudice felt by the Chinese could be done away with if the prescriptions given them by foreigners could be put up at their own apothecary shops; and, this being recognized, they are directed to them when practicable; but as yet the Chinese druggists pay little attention to keeping foreign articles such as we prescribe, and when they do professedly, the preparations, such as sulphate of quinine, etc., are not reliable. No doubt this will in time, however, be met by the education of natives in practical pharmacy.

Dr. Parker has lived to see a wonderful growth in the reputation of the Canton Hospital, since the time when a few suffering eye patients came almost by stealth to consult him at his office. The in-door cases are now about 1000 per annum, and the out-door somewhere about 18,000. The Hospital Society has also under its care four Dispensaries, and the whole number of patients prescribed for in all the institutions amounts to nearly or quite 35,000, as it reached 33,317 in 1875.

Dr. Happer, another medical pioneer, graduated in the University of Pennsylvania in the class of 1844, and arrived out at Canton the same year, where he has remained almost uninterruptedly ever since. The Canton Hospital has been supported mainly by the foreign merchants resident in China, but in latter years has been largely aided by Chinese government officials, merchants, and compradores.

Clinical reports, some of them of very remarkable cases, occasionally appear in European medical journals; such as those of Dr. Edward Henderson, of Shanghai, given in the January and February numbers of the Edinburgh Medical Journal for this current year. One of his cases would never have occurred in any country where operative surgery is legitimately practised. A young Chinaman, twenty years of age, became affected with urethral calculi at the age of four, and permitted them to multiply until his glans and prepuce were dilated into a calcareously lined cyst of twelve inches' circumference, containing thousands of small calculi, and weighing, after removal behind the corona, a pound and a half.

Calculi are frequently found in the urethra of the Cantonese, located near the end of the canal, and as many as 116 have been removed from the cavity of a constricted prepuce in a man of 72. In the northern regions of China vesical calculus is rarely met with as compared with the southern.

The peculiar form of the palpebral opening in the eye of a Mongolian, appears to render him especially liable to entropium as a result of a chronic conjunctivitis, and vast numbers present themselves for treatment. This character of the eye also materially interferes with the operation of extracting the lens for cataract, especially by the superior incision, and the inferior one is generally resorted to, although the other is preferred where there is competent assistance at hand. Operations for cataract are remarkably successful in Chinese subjects, and the peculiar, innate, manual dexterity of the natives appears to fit them to become skilful operators.

The remarkable prevalence of conjunctival inflammation among the rice-eating nations of the world, has given rise to an impression that this grain has an influence in producing it; but a careful investigation will determine the existence of a variety of causes in different localities, not connected at all with this diet. The purulent conjunctivitis of Egypt is believed to be due to uncleanly habits, inviting the attacks of flies, which thus transfer decomposing matter, obtained from dead animals or parts in a diseased condition, to the eyes—mostly of children. Not only is the eye of the Chinaman peculiarly susceptible to inflammation, but this is produced by a variety of influences. The cold and dust-storms of the north, the effects of heat, sunlight, bad ventilation, and exposure, especially in the water-boats, at the south, and of the over-straining of the eye in delicate handicraft, all act as exciting causes; and, when once produced, the inflammation is apt to become chronic, from pernicious or the want of proper medical treatment in the acute stage.

No one in China has had so much influence in overcoming, at least apparently, the antipathy of the natives for foreigners as the operative surgeon. There is no question that they at heart hate us, and will often be heard, by those understanding them, to apply the epithets, "*foreign devils*," "*outside barbarians*," etc., when talking among themselves in regard to us. But the surgeon appeals to their sense of gratitude by favors conferred, in restoring the blind to sight, removing diseased growths, etc., and thus secures not only their kindly feelings, but in some cases immunity from attack, and safety to life and property. He is

also enabled to obtain the *entrée* into the houses of the nobility, and thus secure the protection of those high in authority, and their co-operation in carrying on the work of medical reform.

Among the surgical patients applying for aid are great numbers whose cases belong to the domain of minor surgery, and who are readily relieved by the puncture of an abscess, or performance of some trifling operation; but, influenced by the success in these cases, are many other patients upon whom the surgeon is expected to exercise his skill, and is given full liberty to perform whatever operation he may think advisable, no matter how severe or hazardous it may be. Confidence begotten of success has done wonders for surgery in China, and very fortunately the habits and temperament of the natives greatly favor them in their recovery. Pyæmia is a very rare sequel, although such a drawback to success with us, where its occurrence is evidently on the increase. We believe that both pyæmia and gangrene are greatly due to the condition of the tissues and organs brought about by intemperance, and that the absence of organic changes in children and the Chinese, is largely due to freedom from the use of intoxicants, which will account for the rarity of pyæmia in both. In this respect the Japanese are an inferior race, being addicted to intemperance, and having very little recuperative power when operated upon.

Opium smokers are not good subjects for serious operations, as their systems are exhausted from the effects of the poison; those not addicted to the habit, or but slightly affected by it, generally do well.

As one of the methods of treating hemorrhoids

adopted by the native physicians is to apply escharotics (probably pulverized sulphate of copper, which is one of their remedies), patients present themselves with cicatricial strictures of the anus; in some cases, with the rectum almost entirely closed up. For this condition there does not appear to have been found any permanent relief.

Removal of the upper jaw has been several times performed at Canton; and a large aneurism of the carotid artery was successfully treated by digital compression, kept up by relays of the Chinese medical students. The method was very painful at first, and could not be long sustained, but in time the compression became much less severe, and was continued a number of hours uninterruptedly except for the momentary change of students. Treatment in this form lasted at intervals twenty days, and the patient was under observation for eighty-two.

Elephantiasis prevails in its most frightful forms among the Chinese, attacking in one subject the face, and particularly the mouth; in another, the upper extremity, enormously enlarging the hand; in a third, the scrotum; and in a fourth, the lower extremity, as in the Barbadoes leg. Operations have in some instances been performed, as upon the face, but not with any permanent benefit, as the hypertrophic enlargement is renewed.

The Chinese evince an excellent capacity for acquiring medical knowledge, and several have become very skilful in their surgical operations. At one period the Canton Hospital was conducted entirely by them for nine months, during which time the operations performed exceeded the average usual for the

same number of months, and at all times they now do a large share of the hospital work.

The great central organization, known as the "Medical Missionary Society," which was inaugurated at Canton, February 21, 1838, under Dr. Thomas R. Colledge, as its first president, and with a full corps of officers and directors, appears to have been well aware at its beginning of the importance of educating the Chinese in rational medicine, and evidently had it then in view to found a school for the training of native physicians and surgeons, as will be seen by reference to an address drawn up by Drs. Colledge and Parker and Mr. E. C. Bridgman, in April, 1838. To these three also is due the credit of taking steps to form this Society in December, 1835. Dr. Colledge was a surgeon in the British service, stationed at Macao, and divides with Dr. Parker the credit of having established the Mission Hospital of Canton, although its reputation with the natives was chiefly the result of the surgical skill of Dr. Parker, who very fortunately possessed the physique to endure the vast amount of work that he was called upon to perform. Some of the Fellows of this College still living, have the satisfaction of feeling that they aided in providing a fund with which this hospital purchased for its use several cases of much needed surgical instruments, that in their day did very important service.

Much credit is due to the Medical Missionary Society in China, for the persevering activity and faith with which it has labored to accomplish the ends for which the organization was founded thirty-nine years

ago ; and we congratulate its members upon the success they have met with in their endeavors to introduce "*western medicine*," and make it popular with the natives, both as patients and practitioners. It is certainly a matter of much professional interest to us to know that a revolution in medical ideas is being slowly effected even in China.

