

中 華 醫 學 會

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第 四 屆 大 會

論 文 表 題 及 節 略

(論
文
委
組
目)

上 海

民 國 廿 六 年 四 月 一 日 至 八 日

TITLES AND ABSTRACTS OF PAPERS

for

The Fourth General Conference

of

THE CHINESE MEDICAL ASSOCIATION

held in

SHANGHAI

FOR SECTIONS REFER TO GENERAL CO

FOR PAPERS " " SECTIONAL

April 1-8, 1937

CINEMA FILMS

(These films of medical and scientific interest have been kindly provided for showing to members during the Conference. We wish to acknowledge our thanks to those who kindly lent these films, and especially to Eastman Kodak Co. for the loan of the projector.)

"Bayer":-

1. Evipan Sodium Intravenous Anesthesia.
2. Malaria.
3. Syphilis.

"Davis & Geck":-

4. Low forceps delivery.
5. Sterilization and preparation of suture material.
6. Healing of wounds.

"Eastman Kodak & Co.":-

7. Acute appendicitis.
8. Breathing.
9. Blood transfusion.
10. Cardiac irregularities.
11. Circulation.
12. Circulatory control.
13. Digestion.
14. Ectopic heart.
15. Preventing blindness and saving sight.
16. Simple Goitre.
17. The blood.
18. The living cell.
19. The skin.
20. Tuberculosis and how it may be avoided.

Dr. R. S. Lyman, P.U.M.C.:-

21. Protracted narcosis.

影 片

下列諸片富含醫學及科學上之興趣，本會放映，以供獻於與會諸君。

承下列諸行，借以影片及放映機本會深為感激。

“拜耳”：—

1. 一靜脈麻醉術。(用 Evipan Sodium)。
2. 瘧疾。
3. 梅毒。

“Davis & Geck”：—

4. 低產鉗術。
5. 縫綫之滅菌法及預備法。
6. 創口癒合。

“柯達公司”：—

7. 急性闌尾炎。
8. 呼吸。
9. 輸血術。
10. 心律不規則。
11. 血循環。
12. 血循環之節制。
13. 消化。
14. 心異位。
15. 盲之預防。
16. 單純性甲狀腺腫。
17. 血。
18. 生活之細胞。
19. 皮。
20. 結核病及其預防。

北平協和醫學院，Lyman 醫師：—

21. 延長麻醉。

總 綱

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We wish to acknowledge our warmest thanks to Dr. J. Y. C. Yieh, M.D., M.Ch. Orth. (Liverpool), who has kindly undertaken the laborious task of editing and correcting these Abstracts at short notice.

Several authors failed to send in abstracts either in Chinese or English, in which cases the Secretary of the Section or Dr. Yieh has attempted to fill the deficiency by writing such abstracts. In such cases no responsibility can be accepted for any seeming inaccuracies.

General Secretary.

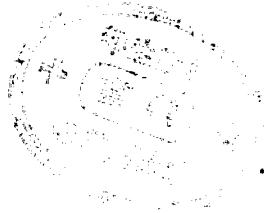
承 葉衍慶醫師編輯校訂此項節略費力甚多無任感謝
論文作者中有多位未曾附寄中英文節略即由各組秘書及
葉醫師代作節略惟如有錯誤恕不負責

總幹事啓

中文組

SECTION ON

CHINESE TERMINOLOGY PAPERS



中華醫學會第四屆大會中文組論文

題 目	機 關	著 者
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我國各省市衛生設施概況	全國經委會 衛生實驗處	金寶善 許世瑾
醫事在蘇俄之演進	齊魯大學醫學院	江 清
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公醫人員之訓練	全 上	朱章廣
公共衛生人員之訓練	衛生署公共衛生 人員訓練所	張 維
江寧自治實驗縣衛生實驗 及公醫制度	江寧自治實 驗縣衛生院	許世鈺
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十九種傳染性及寄生蟲性 疾病調查	全國經委會 衛生實驗處	許世瑾 葛家棟
南京市辦理生命統計方法之研討		許世瑾 王祖祥
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公共衛生機關門診疾病 統計的商榷	吳 淞 區 衛 生 事 務 所	李宜果

大會中文組論文

南京市死亡消費之調查	南 京 市 衛 生 事 務 所	王祖祥 許世瑾 齊連星
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一個改良的鄉鎮坑廁	吳 淞 區 衛 生 事 務 所	李宜果
江蘇省一年來衛生事業之推進	江蘇省立醫院	汪元臣
乙) 臨床醫學		
癱瘓性與攣性腸滯阻之治法及關於腰髓麻醉之採用	南京中央大學 醫 學 院	張查理
兩個人工氣胸之治療的觀察	國 立 北 平 大 學 醫 學 院	吳祥鳳 周陸高
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(丙) 基礎醫學		
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(丁) 中藥研究		
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(戊) 醫藥名詞		
醫學名辭標準譯法	上海醫藥評論社	宋國賓

花柳皮膚科組

SECTION ON

DERMATOLOGY & SYPHILOLOGY

SECTION ON DERMATOLOGY AND SYPHILOLOGY

1. The relationship between vitamin C and basal, sulphur and nitrogen metabolism in psoriasis vulgaris. F. Reiss.
2. The treatment of vitiligo with intradermal injection of a gold compound. K. L. Yang.
3. The fungistatic and fungicidal actions of potassium iodide and arsenical compounds in vitro.
T. L. Chi'n, T. J. Kurotchkin and J. W. Mu.
4. The prevention and control of syphilis:
A problem of Adequate treatment. C. N. Frazier.
5. Favourable response to neoarsphenamine treatment in gumma of the liver:
Report of two cases. H. C. Li and S. N. Tsao.
6. Treatment-resistant syphilis. I. K. Wong.
7. Simple oedema of the scrotum in congenital syphilis:
Report of three cases.... .. J. W. Mu.

大會花柳皮膚科組

1. 維生素丙與牛皮癬之基礎硫黃並氧質三種代謝之關係
羅愛思
2. 白斑病之皮內注射金質治法
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穆瑞五

1. THE RELATIONSHIP OF VITAMIN C IN BASAL, SULFUR, AND NITROGEN METABOLISM OF PSORIASIS VULGARIS

F. Reiss

The content of ascorbic acid of the urine in Psoriasis is averaging less than 1mg and the maximum is 3mg per 100cc. The basal, sulfur, and nitrogen-metabolism are in all cases distinctly decreased. After ascorbic acid medication (Redoxon), in the majority of cases basal metabolism is still further lowered, while a distinct increase of total-sulfur and nitrogen output in the urine is noticeable. On account of the low Vitamin-C contents of the urine in Psoriasis, without and other clinical signs of Vitamin-C deficiency it is suggested that one should consider Psoriasis as a Para-Vitaminosis-C, most probably due to a deficient utilization of Vitamin-C. These findings do not seem to clarify the etiology of Psoriasis, because only very few cases gave a favourable response to Redoxon-treatment.

1. 維生素丙與牛皮癬之基礎硫黃并氫質 三種代謝之關係

羅 愛 司

患牛皮癬病人之尿內的阿斯寇必可酸，每一百立方厘米尿中，約有一至三毫之多。此等病人之基礎，硫黃與氫質三種代謝，較之於通常人中所見者，甚為減低。用阿斯寇必可酸治療後，多半病者之基礎代謝，還要減弱，惟由尿內排泄出之硫黃與氫質的總量，反見增加。牛皮癬雖不呈現缺乏維生素丙之臨床症狀，然當視為與缺乏維生素丙相似之病症。其缺乏維生素丙之原因，大概係身體不能利用該維生素所致。此報告內記載之觀察，對於漸明牛皮癬之病源一層，似無顯著供獻，蓋用阿斯寇必可酸治療後，僅有少數患者呈良效故也。

2. THE TREATMENT OF VITILIGO WITH
INTRADERMAL INJECTION OF
A GOLD COMPOUND

K. L. Yang

10 cases of vitiligo have been treated with lopion intradermally. Subsequent pigmentation over the vitiliginous patches has been observed in each case.

2. 白斑病之皮內注射金質治法

楊國亮

茲有白斑病十例，於皮內注射金質 Lopion 後，在患白斑處皆增新色素。

3. THE FUNGISTATIC AND FUNGICIDAL
ACTIONS OF POTASSIUM IODIDE AND
ARSENICAL COMPOUNDS IN VITRO

T. L. Chi'n, T. J. Kurotchkin and J. W. Mu

The fungistatic and fungicidal actions of potassium iodide and arsenical compounds on *Actinomyces bovis*, *Blastomyces dermatitidis*, *Sporotrichum schencki* and *Monilia alba* were studied in vitro. At such concentrations in the culture medium as can be brought about in the blood of human-beings soon after intravenous administration of the drugs in their ordinary therapeutic doses, potassium iodide, arsphenamine and tryparsamide showed neither fungistatic nor fungicidal effect. The silver arsphenamine Sulph-arsphenamine and nearsphenamine were both fungistatic and fungicidal to *Actinomyces bovis*, but not to the other fungi.

3. 碘化鉀與砒霜化合物在玻璃器內對於
黴菌之阻止繁殖力與殺滅力

秦作梁 顧若祇 程瑞五

著者研究碘化鉀與砒霜化合物，在玻璃器內，對於牛放線菌，皮膚炎釀母菌，申克氏孢子絲菌，及白色念珠狀菌之阻止繁殖力與殺滅

力。試驗之結果：培養基內使用之藥劑的濃度，若與該藥品由靜脈注射後在人之血內所生之濃度相似，則碘化鉀，六零六及崔伯石買得，對於此試驗內所用之各種細菌，皆無殺滅力，亦無阻止繁殖力。然而銀阿斯斐那民，硫阿斯斐那民及九一四，能阻止牛放線菌之增殖，并能殺滅此病菌。

4. THE PREVENTION AND CONTROL OF SYPHILIS: A PROBLEM OF ADEQUATE TREATMENT

Chester N. Frazier

Syphilis is a communicable disease which can be successfully treated. The important sources of the transmission of the infection are those affected with primary and secondary syphilis and infected child-bearing women. The effective measures of control and prevention of the disease are to make early and accurate diagnosis and to treat the most infectious individuals early and adequately.

4. 適當之治療為管理及預防梅毒之重要步驟

傅 瑞 士

梅毒係一能治之傳染病。散佈此症之重要媒介，為染初期與二期梅毒之病人，並染此病之能生育之婦女。梅毒初得之後，若能正確診斷，並施以極早與適當之治療，則該病之管理及預防，即不難實現也。

5. FAVOURABLE RESPONSE TO NEOARSPHENAMINE TREATMENT IN GUMMA OF THE LIVER: REPORT OF TWO CASES

H. C. Li and S. N. Tsao

Gumma of the liver is rarely treated with neoarsphenamine.

This communication deals with two cases of gumma of the liver, in which rapid improvement occurred following the institution of nearsphenamine therapy. The common features of clinical interest in the two cases were fever, hepatomegaly, splenomegaly and positive blood serological tests. Ascites was present in one case and epigastric pain in another case.

5. 經九一四治療後呈良效之肝樹膠腫
并附病案二例

李洪通 曹松年

用九一四治療肝之樹膠腫，不甚常見。茲報告經九一四治療後見善效之病案二例。其共有而可注意之病症為發熱，肝脾腫大，及陽性血清反應。二例之一呈水腹，又一例呈腹痛。

6. THE TREATMENT-RESISTANT SYPHILIS
WITH REPORT OF TWO CASES

I. K. Wong

1. Two cases of treatment-resistant syphilis reported.
2. Incidences of treatment-resistance were reported on the increase in European countries and it is believed to be frequent occurrences in China.
3. Etiological factors of this unusual phase of syphilis are yet unknown. The general believes are that it might be due to a special strain of spirochetes, peculiarity in the host or some changes in the arsenical preparations.
4. The treatment-resistant syphilis is classified on the bases of clinical the persistence of lesions—serological—the persistence of spirochetes and parasitological—the persistence of spirochetes.
5. Three types of treatment-resistant syphilis were described. Primary, primary secondary and secondary.

6. The Wassermann reaction of Treatment-resistant Syphilis is believed to be 100%, positive, negative test means a lack of defensive processes on the part of the host.

7. Insufficient treatment in early syphilis believed to be one of the most important causes of treatment-resistance.

8. The cases were discussed and the importance of recognizing Wassermann negative syphilis and the employment of Salvarsan in the treatment of such case stressed.

6. 惡性梅毒

王以敬

(一)惡性梅毒兩例之報告：

(二)惡性梅毒在歐洲年有增加中國此類病亦定多。

(三)惡性梅毒之病理不明要不外，(甲)特種梅毒螺旋蟲。(乙)患者本身之特別變化。(丙)近日砒霜製劑之功效遠不如前。

(四)惡性梅毒大概類別為臨診的，血液的，及微生物的三種。

(五)惡性梅毒復可類別為本性的，引起性的及本性引起性三種。

(六)惡性梅毒瓦氏之血清反應皆應為陽性，而陰性反應者，即可認為患者本身抵抗力不足之明證。

(七)初期梅毒治療如失當即有發生惡性梅毒之可能。

(八)兩例惡性梅毒討論後，對於診斷瓦氏陰性之梅毒及，用六〇六之重要，再三商討之。

7. SIMPLE OEDEMA OF THE SCROTUM IN CONGENITAL SYPHILIS: REPORT OF THREE CASES

J. W. Mu

Non-inflammatory oedema of the scrotal sac without involvement of the structures inside the scrotum is a rare manifestation of

syphilis. During the past ten years, 6000 cases of syphilis have been seen in the Peiping Union Medical College Hospital and 330 of them had congenital syphilis. Of the congenital group, three patients showed simple oedema of the scrotum and other signs of syphilis, which disappeared after the institution of antisyphilitic treatment.

7. 先天梅毒中之單純性睪囊水腫并附病案三例

程 瑞 五

睪囊之皮膚內呈現無併發症之水腫，在梅毒病中，甚為罕見。於過去之十年內，在北平協和醫學院內，所見之梅毒病人，約有六千餘人，內中有三百三十人，係染先天梅毒。在此患先天梅毒之病人中，有三人於睪囊之皮膚內發生單純性水腫，並其他梅毒症狀。經抗梅毒治療後，所有之病徵，全皆消退。

醫院管理組

SECTION ON

HOSPITAL ADMINISTRATION

SECTION ON HOSPITAL ADMINISTRATION

1. The Food Question for Patients and Staff... .. S. K. Cheng.
2. *Group Hospitalization and Complete
Medical Service for An Educational and
Industrial Group.* Robert E. Brown.
3. Our Experience in Hospital Management. ..John K. S. S. Sung.
4. Food for Patients and Staff.... .. H. V. Lacy.
- 4a. The Food Question for Patients and Staff...L. L. Wilkinson.
- 4b. The Training of Hospital Personnel. K. Y. Wang.
- 4c. A Paper. J. M. Wilson
- 4d. On Hospital Report.

醫院管理組

- | | |
|----------------------------------|--------------|
| 1. 病人及職員之飲食問題 | S. K. Cheng |
| 2. 為教育及工業團體設立集團住院制度及完善之
醫藥服務社 | 包 讓 |
| 3. 醫院管理之經驗 | 孫國璽 |
| 4. 病人及職員之飲食問題 | H. V. Lacy |
| 4a. 病人及職員之飲食問題 | 惠路易 |
| 4b. 醫院工作人員之訓練 | 王子珩 |
| 4c. 一篇論文 | J. M. Wilson |
| 4d. 醫院報告 | 馬雅各 |

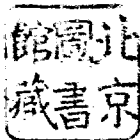
痲瘋科組

SECTION ON

LEPROSY

SECTION ON LEPROSY

1. Erythema Nodosum Leproticum F. Reiss'
2. A Statistical Review of 1379 cases of Leprosy
J.L. Maxwell
3. A Review of First Year's work of National
Leprosarium of Shanghai... ..D.C. Lai, C.L. Wang.
4. A Study of Gaehtgen's Serological Reaction in
Leprosy Patients... .. C. S. Pan
- 4a. Distribution of Leprosy in Part of Shantung
E.E. Murray.
5. Blood Lipoids in Leprosy
P. Haddow, G.L. Sergeant & S.D. Sturton
6. The Kahn test in Leprosy...P. Haddow & S.D. Sturton



大會 麻 瘋 組

1. 麻瘋結節性血斑 羅愛思
2. 麻瘋一千四百例統計概述 麥雅各
3. 上海中華麻瘋療養院一年來之回顧 賴斗岩 王昌來
4. 麻瘋患者之 Gaetgens 氏血清反應之研究 潘繼盛
- 4a. 山東省麻瘋之分佈 梅盛德
5. 麻瘋病之血液類脂質 P. Haddow G.L. Sergeant 蘇達立
6. 麻瘋之康氏試驗法 P. Haddow 蘇達立

1. ERYTHEMA NODOSUM LEPROTICUM

F. Reiss

Two cases of cutaneous leprosy developed under feverish conditions, nodular eruption effecting chiefly the extensor surfaces and partly the face. During the eruptive period, leprosy bacilli could be found in the nodes, which later on disappeared. The histological features are those, which are observed in Erythema Nodosum.

These observations confirm that Erythema Nodosum is of various etiology and besides Tbc., leprosy may be also the cause. The sudden appearance with lesions accompanied by fever is suggestive of a hematogenous dissemination.

1. 麻瘋結節性紅斑

羅愛思

皮膚性麻瘋二例，患者發熱，伸肌表面及面部發生結節，而尤以伸肌表面為多。該項結節初發生時，其中有麻瘋桿菌發見，惟稍後即行消隱。至該項結節之組織形態，則與結節性紅斑相同，由此可見結節性紅斑之病源並非一端，除肺癆外，麻瘋或為其原因之一。又觀於該項結節之與寒熱同時發生，可信其由血液所散佈也。

2. A STATISTICAL REVIEW OF 1379 CASES OF LEPROSY

James L. Maxwell.

This is a Statistical Review of 1379 cases of Leprosy. Obtained through the issue of questionnaire cards sent to as many of those working in Leprosy in China as possible.

The points on which information was sought were the following:— Sex, occupation, age at appearance of the first symptoms, length of time before coming for treatment, site of first manifestation of the disease, Leprosy in family, known contact with lepers, results of Bacteriological examination, types of disease.

2. 麻瘋一千四百例統計概述

麥雅各

此文注意下列諸點：

性別，職業，病狀初起時之年歲，病在治療前已經過之時間，初起症狀之位置，家屬之歷史，細菌檢查之結果及病之種類。

3. A REVIEW OF THE FIRST YEAR'S WORK OF THE NATIONAL LEPROSARIUM OF SHANGHAI

D.G. Lai, and C. L. Wang

This paper gives a general description of the National Leprosarium of Shanghai, and an analysis of the clinical records of 74 cases admitted during the year, 1936 which may be summarized as follows:

1. This institution was founded in 1935 under the auspices of the Chinese Mission to Lepers in co-operation with the National Medical College of Shanghai, with the object of: (1) giving adequate treatment and care to the leprosy cases; (2) serving as an educational center for medical students and physicians; and (3) conducting investigations and research.

2. It is located in Ta-Chang, a suburb of Shanghai, and has 80 mow of land, and sufficient buildings to take care of one hundred cases of leprosy.

3 During the year, 1936, 74 patients have been admitted, and a majority of them came from the three provinces, Kiangsu, Fukien, and Kwangtung

4 In this group of cases, only ten or 14 per cent were females, and the rest were males

5 Most of these patients were adults

6 As based on the clinical examinations and laboratory findings, 22 or 30 per cent were diagnosed as the neural type, 14 or 19 per cent as the cutaneous type, and 32 or 43 per cent as the mixed type, and 2 or 2.7 per cent as the tuberculoid type

3 上海中華麻瘋療養院一年來之回顧

賴斗岩 王昌來

據專家的估計，上海約有麻風病人二千餘人，若不設法預防，其害不知貽於胡底。中華麻風救濟會有鑒於此，特約同國立上海醫學院在滬郊大場地方，建立麻風療養院一所，以爲下列之用：(1)治療麻風病人，(2)培養麻風專家，(3)研究麻風問題。該院佔地八十餘畝。內有房屋多幢，可容病者百餘人。一年來，各方來就診者，計有七十四人，茲分析之爲下：

(一)籍貫 以江蘇，福建，廣東三省爲最夥。

(二)性別 男佔百分之八十六，女佔百分之十四。

(三)年齡 以成年爲最多。

(四)型別 患神經性者計 30%，皮膚性者計 19%，混合性者計 43%，結核性者計 2.7%。

4 A STUDY OF GAEHRTGEN'S SEROLOGICAL REACTION IN LEPROSY PATIENTS

C S Pan

Gaehrtgen's reaction uses pallida-antigen and a modified Wassermann technic for the detection of leptic infection. Leprosy

patients of the Shanghai Leprosarium and the Skin Clinic of the National Medical College of Shanghai were tested. The results obtained were in close agreement with Wassermann control tests, but not with Kahn and Kline which gave more positive readings in these tests. Therefore we are recommending the Gaehtgen's reaction as a supplementary test in doubtful cases.

4. 麻瘋患者反應之研究

潘繼盛

Gaehtgen 氏反應，係用 Pallida-Antigen 及改異之瓦氏 Wasserman 梅毒血清反應技術而成，本文所驗之血，一部取自上海麻瘋療養院，一部取自國立上海醫學院皮膚科門診處之麻瘋病人，其結果與瓦氏對照反應，頗為吻合，此等試驗中，康氏 Kahn 及克朗氏 Kline 對照反應，所給之正性較多，故此法似可用為解疑之一輔助。

5. BLOOD LIPOIDS IN LEPROSY

P. Haddow, G. L. Sergeant & S. D. Sturton

The outstanding result of this investigation is that all the cases investigated shewed 74% with cholesterol below normal limits, and that this was most marked among the severe cases of the disease. These findings are in general agreement with those of other workers on this subject. Boyd and Roy found the cholesterol content of the blood generally low in lepers. Anderson and Anderson found that advanced treated cases shewed greater unsaturation of the blood fatty acids and lower total lipoids, but that their findings were masked by the large amounts of chaulmoogra administered. Black and Ross investigating the total and free cholesterol, cholesterol esters and the percentage of esters, found that the esters were higher in lepers,

and highest in those retrograding. Girard and Woltz found that in Madagasean native lepers of neural type the cholesterol content was a normal mean figure of 1.10 gm., but a low mean figure of 0.95 gm. in nodular and mixed cases. They also quoted similar results obtained by A. Marras.

5. 麻瘋病之血液類脂質

P. Haddow, G. L. Sergeant 蘇達立

麻瘋病人中，有百分之七十四，血中之類脂質，較正常為少。

6. THE KAHN TEST IN LEPROSY

P. Haddow & S. D. Sturton

(1) Kahn tests were performed on 53 lepers, shewing 73.5%+ and only 1377 other patients shewing 26.6%+.

(2) Eight lepers were observed to have lepra reactions. Of these 6 were previously Kahn+, but 2 became more Kahn positive during lepra reaction, and 2 negative cases became positive.

(3) All 8 cases remained Kahn+ after the lepra reaction subsided.

(4) A 9th case, previously Kahn negative, is now having a lepra reaction, and has already become Kahn+.

(5) Histories were taken of all cases investigated shewing 58.7% of Kahn+ cases had a history of lepra reaction, and only 35.7% of Kahn negative cases had such a history.

(6) Of the total cases of leprosy investigated 43.4% were Kahn+ with a history of lepra reaction. If this figure is deducted from the total 73.5% of Kahn+ lepers we are left with 30.1% of Kahn+ lepers without a history of lepra reaction, and this figure is very little above that for the Kahn+ percentage among non-leprous patients.

6. 麻瘋之康氏試驗法

P. Haddow 蘇達立

醫學歷史組

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MEDICAL HISTORY

SECTION ON MEDICAL HISTORY

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- | | |
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| 9. 討論 | |

1. A PLEA FOR THE ESTABLISHMENT OF A CHINESE HISTORICAL MEDICAL MUSEUM.

K. Chimin Wong

I. The functions of a medical museum are:

(a) To collect and preserve the medical paintings, pictures, books, instruments, objects etc of the various dynasties so as to prevent their being lost to posterity.

(b) To furnish material for the research worker enabling him to understand the evolution and development of the art of medicine.

(c) To provide one of the most powerful instruments in teaching students and the most effective means of educating the public in popular medicine.

II. The Chinese Medical Association is the ideal center to establish such a museum. Having a membership of 2000 with over a dozen branches the members of which are of all nationalities and residing in every part of the country, it is in the best position to collect historical material. Besides, the Association has its own property with enough space and ample resources, so there is no fear of its ceasing to function, and the exhibits will therefore have a permanent home. There is a competent office staff to look after the museum. Moreover the headquarters are centrally located in Shanghai within easy access to members, and visitors and students will find the place most convenient.

III. Some suggestions for organizing the museum.

(a) Utilize the exhibits now on display at the Fourth Medical Conference as a nucleus. Hereafter the Association should appropriate a definite sum yearly for buying new material. In five or ten years time the results would be worth while.

(b) There are not a few members who have private collections. As individual resources are limited and to preserve

them permanently is difficult it is far better to present them to the Association for safe keeping, If one does not wish to part with such while living one can make a written statement to this effect to the Association and the collection can be handed in afterwards.

(c) The Association should draw up a set of regulations for perpetuating the memory of donors. If a collection is very valuable the Association may apply to the Ministry of Education for further commendation of the donor.

(d) A special section should be provided for memorial collections to physicians who have distinguished themselves in medicine. Gifts and loans of this description by the families, friends and admirers of such workers are specially welcome.

(e) The Association should appoint a Committee to take care of the exhibits. This committee should also be on the lookout for available material and, if a large and rare collection is on the market, try to acquire it when possible or devise means to prevent it going out of the country.

1. 籌設中國醫史陳列館議

王吉民

甲 醫史陳列館之功用：

- (一)保存 收集歷代醫藥物品，如雕刻，畫像，圖書，用具等，妥為保存，以免散失。
- (二)研究 所藏各品，足供學者研究，藉以考察醫學之變遷，治療之演進。
- (三)教育 對學生為有效之教授方法，對民衆可作宣傳醫藥常識之利器。

乙 本會設立醫史陳列館之便利

設立此項醫史陳列館，當推本會為最適宜之機關，蓋本會會員數達二千，各地分會十餘，會員遍佈各省，各國人士皆有，對於搜集材料，既極簡易，而會中置有恆產，房屋寬暢，經濟充裕，又不致中途停頓使陳列品得以妥垂永久，且總會設在滬上，地點適中，交通便利，職員衆多，易於管理，參觀研究兩得其便也。

丙 籌設醫史陳列館辦法。

- (一)以本會此次醫史文獻會所蒐羅之出品為起點，嗣後每年由本會指定的款，隨時收購，則五年十載之後成績必有可觀。
- (二)會員中收藏醫史材料者必多，但個人精力有限，且難永久保存，曷若捐贈本會，俾各件集中，質量充實，或有不欲生剖割愛者，亦得預立筆據，函送本會，以便日後接收。
- (三)本會須訂定酬謝辦法，以為捐贈者留作永久紀念，如係特別有價值者，得由本會轉呈教育部嘉獎，以示優異。
- (四)本會另開紀念先賢部分，對於醫界有特殊貢獻者，收集陳列其著作真跡遺物等，以資景仰，如有世傳之家，以其所藏，惠贈本會，尤所歡迎。
- (五)本會須推選委員若干人，專任保管之責，並隨時留意搜集，如發現某項有關醫史物品，為外人收買時，當設法勸止，俾國粹不致外流。

2. SOME FOUNDATIONS OF CHINESE MEDICINE

Edward H. Hume.

1. Geographical Foundations.

- (a) The great range of latitude and longitude
 - (1) Variety of Climate and Terrain
 - (2) Variety of Resistance to Disease
 - (3) Variety of Diseases capable of flourishing.
- (b) Every sort of flora

- (1) Cereals, the variety of whose types of culture permit variation in types of infection.
Great range of nutritional values.
 - (2) Enormous output of herbs and their uses
Stimulating empirical observation
Furnishing tonics (e. g. tea) and medicaments (see Pen Ts'ao).
 - (c) Very great variety of animals
Serving often as hosts for parasites
Possessing medicinal values (e. g. Pig's Stomach, Fish Liver, etc.)
 - (d) Supply of minerals of many sorts
Content of soil affecting food and water
Salts usable as remedies (e. g. Calcium, Mercury)
 - (e) Flood and drought
Economic results
Social disruption
Effect in contributing to disease.
2. **Ethnic Foundations.**
- Aboriginal races
 - Extent of immigration prior to 1400 B. C.
 - Effect of racial synthesis Han, Manchu, Mongol, et al
 - Physical structure and capacity for immunity
 - Exchange of racial strains and cultural influences, with Persia, India, South Seas.
3. **Social Foundations.**
- Early social grouping
 - Matriarchal rule
 - Property laws
 - Tribal customs
 - The family unit
 - Responsibility for health and disease
 - The physician an employee, never responsible for patient
 - Attitude towards birth, marriage, death.

The village and clan
Absence of vital statistics

4. **Psychologic and Religious Foundations.**

- (a) Certain psychologic traits
 - Intuition
 - Reserve
- (b) Fear as a crystallizer of procedure
- (c) Certain Religious Influences
 - (1) Early animism
 - (2) The Taoist search for the elixir of life
 - (3) The Buddhist concept of mercy
 - (4) Mohammedanism and fatalism
 - (5) Human relations - civic life
 - (6) Christianity and the Hospital.

2. 中國醫學之幾種根基

胡 美

(一)地理方面之根基

(甲)地域廣大

- (1) 各種氣候與地質；
- (2) 各處居民對於疾病抵抗力之差別；
- (3) 各處所發生流行之疾病，種類不同。

(乙)植物繁多：

- (1) 五穀種類不同，致食者所染之疾病亦異
五穀之營養價值，各不相同。
- (2) 草木繁多，功用不同，有可作補劑及強壯劑者(如茶葉)
有可作藥劑者(見“本草”)。此功用由經驗而得。

(丙)動物繁多：

常為寄生物之宿主；

具有醫藥價值(如豬壯，魚肝等)

(丁)礦產豐富：

地質對於食物與水之影響；
各種礦類有治病之功效(例如鈣，汞等)。

(戊)水災與旱災：

經濟方面之影響；
社會方面之影響；
對於疾病傳播之關係。

(二)種族方面之根基

原始各民族；
紀元前一千四百年之移民情形；
五族共和之影響；
體格與免疫能力；
與波斯，印度，及南洋羣島民族往來，及文化溝通之影響。

(三)社會方面之根基

古代社會制度：
女家長制；
財產法則；
各地習慣。

家庭制度：
健康與疾病之責任；
醫士為僱用人員之一；
對於生老病死之觀念。

鄉村與部族。
無疾病生卒統計。

(四)心理方面與宗教方面之根基

(甲)幾種特性：

(1)直覺發達；

(2) 言行穩重。

(乙) 恐懼心理。

(丙) 宗教影響：

- (1) 古代之有神論；
- (2) 道家求長生之術；
- (3) 佛教之慈悲觀念；
- (4) 回教與宿命論；
- (5) 人羣關係——城市生活；
- (6) 基督教與醫院。

3. PAST AND PRESENT TRENDS IN THE MEDICAL HISTORY OF CHINA

Wu Lien-teh

If any proof were needed for the truism that "History repeats itself", perhaps no better object lesson could be found than that offered by a study of Chinese medical history. It may be shown that tendencies which are now in the limelight of attention, have existed in the past as well. Thus, while past records speak of great surgeons like Fien Ch'iao and Hua T'o who performed major operations under anaesthesia, the art and practice of surgery became a terra incognita to later generations of medical men. Chinese medicine attained a high degree of development during the Chou dynasty, especially in the matter of medical organisation, hygiene and public health. But neither these efforts nor state medical examinations, first introduced in the 10th century B. C. and considerably improved during the Sung dynasty together with organisation of regular medical schools, were permanently kept up. Official recognition was given to a number of work on materia medica from 502 A. D. onwards including the monumental Great Herbal published by Li Shih-chen in the year 1578. However, from this time onwards no such encouragement was ever given to works

on materia medica. Besides most valuable drugs the old-style pharmacopoeia continued to contain useless and even absurd substances whilst potent remedies were kept secret by their discoverers and their families.

It may be said therefore that it is not so much a difference in ideas, many of which have been conceived in the past to be again forgotten, as a difference in the momentum they were able to attain and to preserve which led to the gulf now separating ancient and modern medical practice. Therefore we should not become too complacent through the success of the new medicine but be constantly on the alert to see that further progress is made in the right direction.

3. 中國醫學之過去與現在

伍連德

語有之，歷史事跡，循環往復。觀諸中國醫學史，而益信。蓋現代醫學之趨勢為吾人所深切注意者，在古時實已有之矣。中國古時外科大宗扁鵲華佗之施行外科手術時，即用麻醉劑，後代醫家反不知用之，以致失傳。中國醫學，在周代已極發達，尤以在醫事組織，衛生學，及公共衛生等方面為然。紀元前十世紀，中國即已創辦國家醫學考試，降至宋朝，進步良多，並設立醫學學校。惟上述醫學上之種種措置，以後均行廢弛不辦，實屬可惜。自西歷五〇二年以來，朝廷對於學藥方面之著作多予獎勵，如李自珍所著之“本草綱目”（一五七八年出版）即其一也。自是以後，不知獎勵醫藥方面之著作，遂趨衰頹。中國藥典中，雖有不少有價值之藥物記載，而荒謬無用之藥品實亦頗多，至有效之藥品，發明者往往秘而不宣，此亦中國醫界相傳之惡習也。

由此觀之，中國古時醫學上之見解，與現代醫學實大同小異。然古時醫學上之發見大多被人遺忘，遂致失傳耳。至於現代新醫學之成功，吾人不可過於滿意必須努力促其進步始可耳。

4. HISTORIC PERSONS CONNECTED WITH LEPROSY IN THE FAR EAST

Lee S. Huizenga

All through the history of leprosy there is a continuous chain of persons, who have interested themselves in leprosy. Some were lepers themselves, others were non-lepers who had compassion upon these innocent sufferers. Some were rulers and learned men, some were but ordinary men who sprang into prominence because of their relation to leprosy. Most of these were religiously minded, others by their action helped to change almost radically the religious beliefs of their day. No disease has so been influenced by society and by religion and in turn has so influenced society and religion as leprosy. Venereal disease recognized throughout all the ages as "born in sin" has escaped the punishment of society, whereas leprosy unrelated to any special sin has had the curse of sin and disease heaped upon it. The eastern religions put the leper with the outcasts. Judaism still gave him a chance to return, Christ cleansed and ordered his followers to do likewise, and the Church of the Middle Ages showed compassion with one hand and send the leper into exile with the other.

In this illustrated lecture the lives of kings and queens, the lives of saints and missionaries of doctors and benefactors are touched upon because of their historical significance to leprosy control. Most of the pictures come from the pages of history as expressed in art. This shows how deeply leprosy entered in upon society's inner life. The lecture takes us by way of the founders of the eastern religions and the rulers of eastern lands to a mass of two million sufferers, who now hold out mutilated hands and with broken hearts and hoarse voices cry out to medical men for a new deal, a square deal in their public health attitude.

4. 遠東麻瘋史中之人物

海 深 德

與麻瘋一症有關係之人物，麻瘋史中不乏其人。其中有本人患麻瘋者，有本人並未罹麻瘋病而於無辜之患麻瘋之人發生哀憐心者。其中達官學者有之，平民因與麻瘋工作有關一躍而為著名人物者有之。此類人物大多信仰宗教，或為宗教改革家。一切疾病，受宗教社會之影響，同時影響宗教社會者，莫如麻瘋病。世人莫不承認患花柳病者之有罪惡，而不受社會譴責。患麻瘋者，實屬無辜，然往往為人吐棄，認為有罪。猶太教驅逐患麻瘋者，惟准予回來之機會，基督為麻瘋病人治病，而中世紀之教會對於患麻瘋病者，一面雖加憐恤，一面則嚴加取締，加以驅逐。

此次演講中，述及許多帝皇，皇后，聖賢，及教士之與麻瘋史有關係者，並提出歷代畫家所繪關於麻瘋之圖畫。此次演講，一方面所以紀念與麻瘋有關之東方宗教創造家與東方之統治者，一方面亦為二百萬斷臂折足求救於現代醫家之患麻瘋病者呼籲耳。

5. HOBSON'S MEDICAL WORKS IN THE CHINESE LANGUAGE

C. S. Yang

An account of the work of Benjamin Hobson who came to China in 1839 and worked in Macao, Hongkong, Canton and Shanghai.

Dr. Hobson was the author of six books in the Chinese language, 1851 An outline of Anatomy and Physiology, 1851 An outline of Natural Philosophy and History, 1857 An outline of Western Medicine, 1858 Modern views of the diseases of Women and Children, 1858 Modern views of Internal Medicine, 1858 A medical vocabulary in English and Chinese.

The Outline of Anatomy and Physiology contained 40 chapters of about 30,000 words with 271 excellent wood cuts.

Written in popular style, bringing in comparative anatomy, and theological discussions. Most attention was paid to the circulatory and pulmonary systems. His opinions on such subjects, as the function of the spleen, are interesting.

An Outline of Western Medicine was more or less a clinical treatise. It was devoted largely to surgery which he considered the public could more easily understand. Other sections dealt with the art of internal medicine, and drugs. Chloroform was recommended as a general anesthetic. Quinine was given for malaria although it was still of unknown etiology. Opium occupied an important place in treatment. There were some 93 prescriptions described.

Modern Views on Internal Medicine was a supplement to his former works. It contained only 90 pages divided into two sections dealing with diseases and drugs respectively, and a formulary was given. The author discussed the difficulties confronting modern medicine which in many ways have not changed. He recommended the use of some Chinese drugs and condemned those he considered of no value.

The efforts of such pioneers as Hobson stand as a challenge and inspiration to those whose lives are devoted to the cause of modern medicine in China.

5. 合信醫師之中文醫學著作

楊濟時

合信醫師，於一八三九年來華，從事醫業，曾在澳門，香港，廣州，及上海等處行醫。前將其醫學上之著作，略述如下：

合信醫師共著中文醫學書籍六部：（一）“解剖學及生理學大綱”，一八五一年出版；（二）“博物學大綱”，一八五一年出版；（三）“泰西醫學大綱”，一八五七年出版；（四）“近世婦孺醫學”，一八五八年出版；（五）“近世內科醫學”，一八五八科出版；（六）“華英醫學辭典”，一八五八年出版。

“解剖學及生理學大綱”一書，共計四十一章，約三萬言，文筆流暢，並有精緻插圖二百七十一幅。書中述及比較解剖學，並有神學方面之討論。對於血液循環系及呼吸系討論尤詳，而著者對於脾之機能之見解，更有獨到之處。

“泰西醫藥大綱”一書，實與臨診學一類著作，無多差別。書中大多涉及外科，蓋合信以爲讀者可較易明瞭也。書內復述及內科醫藥，並介紹哥羅仿爲麻醉劑，介紹金雞納霜作爲治療當時病源尚未明瞭之瘧疾之用。鴉片在醫學上佔重要地位，書內亦論及之，並開列與鴉片有關之藥方九十三種之多。

“近世內科醫學”一書，實爲上述醫書之續編。書僅九十頁，分上下二編，上編討論病症，下編討論醫藥，並附藥方多種。著者認近世醫學困難之點頗多，至今尚未消除也。著者並贊成採用中藥之一部份，而棄其無用者。

醫學界之急先鋒，如合信醫師者，實足爲現今一般在中國從事醫事者所一致景仰矣。

6. ANCIENT CHINESE MEDICINE AND MODERN NUTRITION

H. C. Hou

The importance of diet to health has been early recognized in the Ancient Chinese Medicine. We have records of the first treatise on dietetics written by Shen Nung of about 3000 B. C. although the authenticity of this early work has been questioned. There was a number of other "contemporary publications", the authors and dates of publication of which again cannot be authenticated. Chou-li (Chou Rituals 1155, B. C.) describe that during the Chou dynasty there was a department of dietetics, which ranked first in the medical organization of the state, next the medical department, the surgical department and finally the department of veterinary medicine, indicating the recognition

of the importance of diet in preventive medicine at this early period. Numerous publications on diets and their relation to health were published later. The untoward effect of wrong combinations of food in eating and cooking, of plant materials picked at the wrong season, of poisonous foods, of excessive use of foods were emphasized. But unfortunately the harm due to an insufficiency of certain food constituents were not recognized although the usefulness of certain foods for certain diseases was early noted, and many of these remedies can now be explained on a scientific bases in the light of modern nutrition researches. The methods of cultivation and the preparations of foods and drinks were frequently described in Ancient Chinese works many of these are still being practiced nowadays. Their relation to nutrition problems in China requires further investigation.

6. 中國古代醫學與近世營養科學

侯 祥 川

飲食對於健康之重要，吾國古代醫學中，早已認識。其最早關於飲食之論著，傳係神農所作，時在紀元前三千年，然頗有人疑其非神農所作者。此外，尚有若干討論飲食問題之古籍，惟其作者與年代亦多不能確定。周禮（作於紀元前一一五五年）中記周室官制，設醫師以掌醫事，食醫居首，疾醫（即內科）次之，復次為瘍醫（即外科），最後為獸醫，由此可見當時對於飲食預防疾病之重要業已認識矣。此後復有多種著作出世，討論飲食及其與健康之關係，此等著作，對於煮物時與進食時食物配置錯誤，不按時季採摘五穀菓蔬，飲食過度，以及含有毒質之食物等所發生之不良結果，特加注重。惜對於營養不足之害處，未曾認識。然對於某種食物有治療某種疾病之功效，則頗多記載，而此等治療物，用近世營養科學之眼光加以研究，有數種已可予以科學上之解釋矣。又，中國古籍中，對於食料之培植與調製方法，亦常有記載，其中多種方法至今仍在使用，至其對於營養素之成份有何影響，則尚待研究也。

7.

CHINESE MATERIA MEDICA

A Review of the Work of the last Decade

Bernard E. Read

In 1927 Liu and Read made a brief review of the Scientific work done on Chinese Materia Medica, which was presented at the 1928 Conference. Since that time there has been a progressive interest in the subject with the publication of numerous books and papers, most of which are referred to in the third edition of Chinese Medicinal Plants (1936).

The work of the earlier part of this last decade in Japan is summarised from the Japanese Journals in the "邦産薬用植物" dealing with the chemistry of Fang chi *Stephania*, hsin tzu *Calalpa* seeds, ti huang *Rehmannia*, Fan chiao *capsicum*, hsia ku ts'ao *Brunella*, Tang yao *Swerdia*, &c. and the physiological action of Teang shu *Atractylis*, I mu ts'ao *Leonurus*, Hsua hua *Calystegia*, Shih nan *Rhododendron*, Ch'ai hu *Eupleurum* &c. The Shanghai Science Institute has issued 2 bulletins 1929-30 dealing with the pharmacognosy of 99 Chinese drugs. In 1930 Dr. Nakao published a study of the Shih Liao Pen T'sao, and in 1928 and 1934 historical studies of Chinese herbals.

The Academia Sinica has published the excellent Atlas of Chinese drugs by Y. H. Chao, (1931), who has also given us his book upon the histology of crude drugs, and in 1936 his studies upon the crude drugs from Ch'i chou. Wu Wei-erh (1934) and Ch'en T'sun jen (1935) prepared in Chinese useful modern presentations of the subject. Fundamental researches upon the chemistry, action and uses of Chinese drugs have proceeded under T. Q. Chou, K. K. Chen, S. K. Liu, Y. F. Chi, C. Pak and many others; publication of the results appearing in the Chinese Journal of Physiology, and the Chinese Chemical Society Journal. Dr. King Li Pin from the National Academy of Peiping has issued 3 volumes of studies of the physiological action of Chinese drugs.

From other countries come various studies upon identical drugs found in their territories. Chopra's *Indigenous drugs of India* (1933) has a wealth of information concerning their action and use. Hooper (1929) made study of the drugs of Chinese pharmacies in Malaya. Watt's *Medicinal and Poisonous plants of South Africa* has new information about the action of tribulus, cynanchum and senecio with a summary of facts hitherto not known concerning the effects of plants upon cattle and sheep. Hubotter (1929) in his, "Die chinesische Medizin", deals in one section with Chinese drugs and their uses.

7. 十年來中國藥物學之研究

伊 博 恩

一九二七年，劉君及鄙人，將中國藥物學之研究，著成論文，於一九二八年大會中發表。自是，醫界對於中國藥物之注意與時俱進，而此類書籍亦如雨後春筍，出版甚多。一九三六年，第三版“中國藥草”一書，敘述中國藥草頗詳，可以一讀。

日人在最近十年中之前期內，研究中國藥物之結果，均陸續在日本雜誌中發表；“邦產藥用植物”一書，即係自各雜誌中摘要編纂而成。該書敘述防己，地黃，番椒，當藥等之化學作用，及益母草，石南等之生理作用。上海自然科學研究所，曾於一九二九年及一九三〇年，刊印兩份專刊，詳述中國九十九種藥品之藥性。一九三〇年，Nakao 醫師發表對於本草之研究，一九二八年及一九三四年，又發表中國藥草之歷史。

趙君於一九三一年，著中國藥物圖，頗為精密，由中國學會 (Academia Sinica) 出版。趙君曾著書敘述未經提煉藥品之組織，一九三六年，著書討論未經提煉藥品之藥性。一九三四年及一九三五年，吳君與陳君先後著書，闡述中國之藥物。至中國藥品之化學作用，及其用途曾由趙承殿，劉君，朴秉柱，及其他醫師，澈底加以研究；研究之結果均在“中華生理學報”及“中華化學雜誌”內發表。北平大學金博士曾著書三冊，敘述中國藥品之生理作用。

除中國外，其他國家亦有各種書籍，論述本土之藥品。一九三三年，柯柏拉氏出版之“印度土藥”一書，闡述印度土藥之作用及其用途，頗為詳盡。一九三三年，霍柏氏在馬來亞，研究中國藥品。瓦特氏之“南非洲之藥草及毒草”一書，於數種植物對於牛羊之影響，發前人所未見。一九二九年，黑白脫氏出版“中國醫藥”一書，對於中國藥品之功用，亦述及之。

8. RECENT EDUCATIONAL DEVELOPMENTS IN OLD CHINESE MEDICINE

S. C. Wu,

About a decade ago in Nanking interest was taken in formulating systematic institutional training in old medicine instead of private tutorship as in the past, which led to the establishment of the Central National Medical Institute. From this has sprung 70 to 80 branch medical schools throughout the country. Three such schools exist in Shanghai.

This movement is also associated with the establishment of institutions for the hospitalization of patients treated by the methods of the old school.

In the teaching curriculum certain fundamental sciences such as modern anatomy and physiology have been introduced. In the causation of disease the theory of "yin and yang" is still retained, but the principle of "the interplay of the five elements" has been given up by some teachers.

The author discusses briefly the relationship of this movement to the medical profession and its future progress.

8. 舊醫教育之進展

吳紹青

約十年前，國民政府對於舊醫舉辦有系統之學校訓練，以替代私人傳授，遂有中央國醫館之設立，自是全國分設國醫研究所七八十所，上海有分校三所。

舊醫界除設立學校外，復設立醫院，用舊式醫病方法，診治病人。

舊醫學校課程表，已添置近代解剖學及生理學二科。關於病理學，仍沿用陰陽之說，惟五行之說，已為一部份教授所放棄矣。

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ave Pick

Pellego

1. MINOR AND MULTIPLE MANIFESTATIONS OF DIETARY DEFICIENCY DISEASES

B. S. Platt

The clinical characterisation of the grosser form of dietary deficiency diseases has been greatly facilitated by the introduction of special methods of investigation and by the use of potent and highly purified preparations in treatment. In consequence of the observations made in the study of diseases such as beri beri, scurvy and pellagra it has become increasingly clear that minor manifestations of dietary deficiencies are much more widespread than the well-developed forms and that deficiencies of more than one food factor commonly occur together in one subject. It is not yet possible to associate with certainty the various clinical evidences with the absence of particular factors in the diet; it can however be stated that there are a number of physical signs and symptoms which are frequently found together, that investigation by appropriate methods reveals mal-nutrition with respect to a number of dietary essentials, that results of examination of the diets of patients are in accord with these findings which are further confirmed by the beneficial effects of treatment.

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1. 飲食原素缺乏病之瑣碎症狀
濮子明

2. METABOLIC STUDIES ON THE HUMAN BONE MARROW

Habil Schretzenmayr

By means of the Warburg-apparatus, the oxygen consumption of the human bone marrow obtained by sternal puncture was estimated and the results were related to the microscopic picture of the bone marrow and the clinical symptoms. The oxygen

consumption of the bone marrow is seen to be dependent mainly on the activity of the erythroblastic marrow. By special arrangements of the experiments it was shown that the metabolism of the erythroblastic and the megaloblastic marrow is highly different, of which the result is of great importance for the theory of Pernicious Anemia. Adrenalin, Pituitary-extract, Liver-extract and similar stuffs have great influence upon the metabolism of the bone marrow.

The metabolic investigation of the surviving bone marrow seems to be able to give us a better insight into the active processes of the marrow than any other clinical or microscopic method.

2. 人體骨髓中新陳代謝之檢查

斯雷會邁

利用華堡氏器械，行胸骨穿刺術，由此所得之骨髓而測定其養氣之消耗；此種結果早經認為與顯微鏡像及臨床經過有關。現更表明此骨髓之養氣消耗，實與司赤血球形成的骨髓之機能有密切關係。若施用一特殊檢查之計劃，則可測知赤血球形成的骨髓及巨大赤血球形成的骨髓之養氣消耗，有基本上之區別。此種發見於惡性貧血之學理，有特殊之意義。腎上腺素，腦下垂體抽出物，肝臟抽出物及諸如此類之抽出物，皆與人類骨髓之新陳代謝有重要之影響。故新鮮取出之骨髓，行新陳代謝之檢查；則所得結果比任何臨床上或顯微鏡上之檢查骨髓工作之方法為佳也。

3. THE TREATMENT OF NEUROLOGICAL MANIFESTATIONS OF PERNICIOUS ANEMIA, WITH REPORT OF A CASE IN A CHINESE PATIENT

Yang, Chi-Shih, and Chang Shih-lu

The neurological complications of pernicious anemia is well known, although the nature of this association with the anemia is

still obscure. One of us has noted the comparative rarity of this condition in Chinese patients. The diagnosis of the case reported here was based on a typical blood picture of hyperchromic-macrocytic anemia, complete absence of free hydrochloric acid in the stomach juice obtained after histamine stimulation and the presence of combined sclerosis.

The patient was treated with liver, marmite and iron. Along with a very satisfactory remission of his anemia, there exhibited a marked improvement in the neurological symptoms. The mechanism of improvement can be accounted for most probably by three factors, namely, the recovery of the peripheral nerves due to antineuritic factor of the diet and vitamins preparations given, reeducation of the muscle, and the recovery of those fibers which are not permanently damaged.

The favorable result seen in this case can not be attributed to liver or marmite alone, since the patient took both in large quantities. When compared with other cases in which liver alone is given, we feel that marmite in this case has played an important part in the improvement of his neurological symptoms.

3. 惡性貧血病神經系併發症之治療

楊濟時 張師魯

惡性貧血症之神經系併發症，通稱為亞急性合併性硬化，公認該病與惡性貧血有關。而其正確之病原，則尚無明瞭之認識。此神經系之病變，並不限於脊髓腦纖維，而中區腦質及末梢神經，實俱有同樣之病變。

此神經併發症，實為惡性貧血中所習見者，大致有此症狀者，佔患者百分之七十不等。中國人之患惡性貧血者，甚不經見於最近三年中，曾見惡性貧血四則，惟不呈神經系症狀。本文所載一例，為一正型之惡性貧血，且呈神經症狀者，吾人曾用自解之麩母及肝劑治療，其結果不但貧血霍然，且其神經系症狀，亦呈顯著之進步。

患者爲一四十五歲之山東人，起病歷十一月，起時始覺上肢麻木，及疲乏，漸後下肢亦然，最後發生大小便留滯症狀，下肢痙攣及失調，以致不能行動。紅血球呈增色性大血球型之貧血，胃酸缺乏及脊髓神經之亞急性合併硬化症狀，及予以適量之肝劑鐵劑，及自解之麩母 Marmite 麥默脫後，其貧血及神經系症狀同呈顯殊之好轉。

吾人以爲神經系之進步原因有三，一爲未稍神經炎之痊愈，二爲調劑作用，三爲未完全壞變之神經纖維之復元。

本文所述之病例，除服用麥默脫外，同服肝劑。故不能據定爲麥默脫服用之成績，惟較諸文獻中所載，僅用肝劑者，其結果爲佳，故吾人以爲麥默脫誠有治療價值，而希望多加注意焉。

4. STUDIES ON HUNAN LOCAL FOOD PRODUCTS: I. THE CHEMICAL COMPOSITION AND VITAMIN C CONTENT OF HUNAN CITRUS FRUITS

Su, Tsu-fei and Liu, Dze-yung

Five Species of Hunan citrus fruits were studied in this experiment, the Ho Hsi orange (河西橘), the Hunan Kwang Chu (湖南廣橘), the Tsao Shih Mikan (草市蜜柑), and two species of pemulo from Hung Kiang (洪江柚), and Hengchow (衡州柚).

The usual chemical methods were employed in analysing their chemical compositions. The results were the following:

Citrus fruits	Ho Hsi orange (河西橘)	Hunan Kwang Chu (湖南廣橘)	Tsao Shih Mikan (草市蜜柑)	Hung Kiang pemulo (洪江柚)	Heng- chow pemulo (衡州柚)
Density	1.049	1.049	1.046	1.045	1.055
pH Value	5.6	5.3	4.8	4.8	4.1

% of Moisture & Volatile Matter	89.25	89.00	89.50	89.75	89.44
% of Total Solids	10.75	11.00	10.50	10.25	10.56
% of Ash	0.42	0.33	0.40	0.52	0.41
% of Reducing Sugar	5.56	3.54	3.00	2.61	2.77
% of Total Sugar	8.80	7.03	7.67	7.99	8.92
% Nitrogen	0.106	0.073	0.110	0.119	0.125
% Protein	0.675	0.465	0.701	0.758	0.780

The ascorbic acid contents of the Hunan Kwang Chu and two species of Pemulo from Hung Kiang and Hengchow were higher than that of the Sunkist orange. The ascorbic acid content of the Hunan Kwang Chu was same as that of the real Kwang Chu.

Citrus Fruits	Mg. of Ascorbic Acid in One c. c. of Juice.	Mg. of Ascorbic Acid in One Fruit.
Ho Hsi Orange (河西橘)	0.091	1.82(about 20 c.c.)
Hunan Kwang Chu (湖南廣橘)	0.538	57.66(about 70 c.c.)
Tsao Shih Mikan (草市蜜柑)	0.205	5.12(about 25 c.c.)
Hung Chiang Pemulo (洪江柚)	0.667	200.10(about 300 c.c.)
Hengchow Pemulo (衡州柚)	0.779	93.48(about 120 c.c.)
Sunkist Orange (美國橘)	0.388	19.00(about 50 c.c.)

4. 湖南土產食物研究之一：

湖南橘柚之化學成分及維生素丙種之含量

蘇祖斐 劉澤永

湖南土產橘柚甚多，冬季長沙市上習見者，為河西橘，湖南廣橘，草市蜜柑，洪江柚及衡州柚五種。

用普通化學方法試驗，所得橘柚汁之化學成分如下：

第一表 橘柚汁之化學成分

橘柚	河西橘	湖南廣橘	草市蜜柑	洪江柚	衡州柚
比重	1.049	1.049	1.046	1.045	1.055
PH 值	5.6	5.3	4.8	4.8	4.1
水份及揮發性物百分數	89.25	89.00	89.50	89.75	89.44
總固體百分數	10.75	11.00	10.50	10.25	10.56
灰份百分數	0.42	0.33	0.40	0.52	0.41
還原糖百分數	5.56	3.54	3.00	2.61	2.77
總糖百分數	8.80	7.03	7.67	7.99	8.92
鈣百分數	0.106	0.073	0.110	0.119	0.125
蛋白質百分數	0.675	0.165	0.701	0.758	0.780

湖南廣橘，洪江柚及衡州柚，所含維生素丙種之量，俱較美國橘為高。湖南廣橘之維生素丙含量，與廣東廣橘相若。

第二表 湖南橘柚汁及美國橘汁之維生素丙種含量

橘柚	每公撮所含抗壞血病酸之量	每個所含抗壞血病酸之量
河西橘	0.091 公絲	1.82 公絲 (約 20公撮)
湖南廣橘	0.538 公絲	37.66 公絲 (約 70公撮)
草市蜜柑	0.205 公絲	5.12 公絲 (約 25公撮)
洪江柚	0.667 公絲	200.10 公絲 (約300公撮)
衡州柚	0.779 公絲	93.48 公絲 (約120公撮)
美國橘	0.388 公絲	19.00 公絲 (約 50公撮)

5. STUDIES ON HUNAN LOCAL FOOD PRODUCTS: II. THE ANTISCORBUTIC ACTIVITY OF THE HUNAN KWANG CHU

Su, Tsu-fei and Tu, Tze-peh

Hunan Kwang Chu from Hengchow (衡州南嶽) was studied in this experiment using guinea pigs according to Hojer's method.

The antiscorbatic activity, from the result of this study, was comparable with that of the Sunkist orange and was equivalent to its ascorbic acid content determined by chemical method (Harris & Ray) quantitatively.

5. 湖南土產食物研究之二：

湖南廣橘之抗壞血病功用

蘇祖菱 杜梓伯

湖南衡州所產之湖南廣橘其抗壞血病功用，用賀氏 (Hojer) 法以豚鼠實驗之。

按此次實驗結果，湖南廣橘汁之抗壞血病功用與美國橘汁相若，且與其由哈氏 (Harris) 化學方法所測定之抗壞血病酸含量比較，亦相若。

6. STUDIES IN THE LIVER FUNCTION OF THE CHINESE

Wm. W. Cadbury, and Ting Tsok-Yan

Liver Function tests were made in 117 patients admitted to the Canton Hospital. Of these 64 had a primary diagnosis of liver disease. In fifty three the primary condition was some other disease. Besides noting the presence of jaundice and bile in the urine, the direct and indirect Van den Bergh, the icteric index and the Bromsulphalein tests were employed.

Among the 64 cases of liver disease and gall Bladder trouble, 8.1% showed evidence of abnormal function. Five out of six patients with abscess gave abnormal functional tests. Ten cases of Banti's disease all showed abnormal liver functions except one. In cancer of the liver the Van den Bergh and Icteric index tests gave the largest per cent of positive results. In the cases with gall bladder disease, the Van den Bergh and icteric index tests also proved to be the most frequently positive. In 19 cases of cirrhosis of the liver 73.6% had a positive reading in one or more of the tests, but the readings were not high. Cases diagnosed as jaundice naturally gave marked deviation from the normal in the Van den Bergh and Icteric index tests.

In thirty patients in whom the primary diagnosis was not hepatic one or more of the liver function tests was positive. In 8, secondary disease of the liver might be presumed. Five were cases of malaria. In general, it may be observed that the positive tests in this category showed a more moderate reading than in the first series of liver disease and were associated with a mild degree of secondary jaundice.

Finally 23 cases are reported in which liver function tests were all normal, the diagnosis having nothing to do with liver disease.

Where clinical jaundice exists, the Van den Bergh and Icteric Index tests are almost sure to confirm the clinical picture, and they help to determine the degree of the condition. In these cases the Bromsulphalein test is often negative.

There is a degree of parallelism between all the four tests, but a moderately positive Bromsulphalein reaction may exist where the other tests are negative. Marked evidence of liver damage as indicated by the Van den Bergh tests is confirmed by the icteric index and the Bromsulphalein.

Summary.

The direct and indirect Van den Bergh, the icteric index and the Bromsulphalein tests are readily applicable in a general hospital in China. While no one test is of conclusive value as to the extent of liver disease present, when all four are employed they greatly facilitate in the diagnosis of obscure hepatic lesions and in determining the extent of the injury in clearly defined disease of the liver.

6. 肝機能之研究

嘉惠霖 丁醫師

吾人在廣東博濟醫院內，對於入院之一百十七名病人，作肝機能試驗。其中六十四名，經初次診斷，認為肝病患者，而五十三名，則經初次診斷，認為患其他病症者。吾人除觀察病人之尿中有無黃疸及膽汁外，又施用直接與間接之凡登白氏試驗法，黃疸指數試驗法，及溴硫試驗法。

在六十四例之肝病，及膽囊病中，其百分之七八，一顯示機能失常。患腫脹者六人，其中五人，經試驗結果，發見機能失常。班替氏病十例，除一例外，餘均示顯肝機能失常。在肝癆病例方面，凡登白氏試驗及黃疸指徵試驗所獲得之正性結果最多。在膽囊病方面，凡登白氏試驗及黃疸指徵試驗亦常得正性結果。在肝硬化十九例中，其百分之七三·六，在一次或數次之試驗中，獲得正性結果，惟不常如此耳。至被診斷為黃疸之病例，則凡登白氏試驗及黃疸指徵試驗之結果，自與正常狀態顯有不同焉。

對於三十名經初次診斷認為非患肝疾之病人，其所為之肝機能試驗，有一次或數次亦獲得正性結果。其中八例，可認為副性肝疾。五例係癆疾。就大體而言，此類病例之試驗結果，其所獲得之正性結果較第一類肝疾病例為少，而與輕狀副性黃疸有關。

最後二十三例，經施行肝機能試驗結果，認為健全無恙，則斷定為與肝疾毫無關係。

凡臨診時有黃疸存在者，則凡登白氏試驗及黃疸指徵試驗均證實臨診時之現象，而使吾人得斷定病情之深淺。惟溴硫試驗，對於此等病例，常得負性結果。

綜上四種試驗法，大致相似，惟溴硫試驗法與其他試驗法稍異，蓋當其他試驗發生負性結果時，溴硫試驗獨獲得若干正性結果。凡登白氏試驗所顯示之肝部損傷，經黃疸指徵試驗及溴硫試驗，而更形證實也。

要 略

直接與間接凡登白氏試驗法，黃疸指徵試驗法，及溴硫試驗法，在中國一般醫院內可以實行。此等試驗法，雖其中無一種能確定肝疾病情之深淺，然將四種方法併合用之，則對於肝疾之診斷及確定其病情之深淺，有莫大之神益也。

7. A STUDY OF 17 CASES OF B. ENTERITIDIS SEPTICEMIA

C. H. Huang, H. C. Chang, and V. T. Lieu

1. Seventeen proved cases of systemic infection with *B. enteritidis* are reported and analysed, with summaries of the clinical picture and laboratory findings. Post-mortem examinations were done in 8 cases.

2. All the cases occurred in beggars (except one soldier) in poor health and bad nutritional state. Nine of the 17 proved cases were associated with relapsing fever. The possibility that this disease acts as a predisposing cause of *B. enteritidis* infection is discussed.

3. The relative importance and reliability of the various bacteriological methods of diagnosis in the different stages of the disease is considered.

4. The case fatality rate in this series was 52.9 per cent, including two cases complicated by meningitis.

7. 沙門氏菌屬感染：腸炎桿菌敗血病十七例之研究

黃禎群 張孝籌 劉維德

1. 本篇報告且分析腸炎桿菌病之十七例，其臨床現象及實驗室發見亦有摘要。其中八例更有死後剖檢之結果。

2. 除一病者為兵士外餘皆為乞丐，其健康及營養狀況極不良。十七例中有九例同時患回鑄熱，故回鑄熱為腸炎桿菌感染素因之可能性亦有討論。

3. 在此病之各期，各種細菌學診斷方法之比較，重要性及其可靠性亦有考慮。

4. 此十七例之死亡率為百分之 52.9，有腦膜炎併發病之二例亦包括在內。

8. ON ENCEPHALITIS IN SHANGHAI

R. D. Loewenberg

1. This clinical contribution tries to direct the practitioner's attention to a special form of Encephalitis, which is often not clearly differentiated from other cerebral infections. This type however has its distinct practical and epidemiological problems of its own and deserves therefore special interest from the point of view of Public Health.

2. Our observed cases of non-purulent Encephalitis occurred mostly among the foreign community during the last three years and are described with their main characteristics: The abrupt onset during the late summer (without any other preliminary infection) the grave more general and mental than local cerebral symptoms, spastic paresis of N. VII, but seldom Ophthalmoplegia, the absence of new symptoms months after the onset and the rapid recovery without essential sequelae. The favourable prognosis is specially important in the practice, as there is only a symptomatic treatment.

3. The differential-diagnostic considerations, specially difficult in the beginning, are decided by the mostly favourable course and the absence of all later midbrain-complications of the well known Parkinsonian type. This form of Encephalitis is neither of the lethargic type first described by Economo and in general exclusively considered by the practitioner—nor of the postinfectious type, the so-called Encephalomyelitis disseminata, as f. i. observed after measles, whoopingcough and smallpox.

4. This is a distinct group of its own. Although post-mortems, microscopical and experimental findings not yet seem locally available, there are clinical and epidemiological clear indications that these cases may be connected with the Japanese B-Encephalitis and the St. Louis form, recently described in the literature, and clinically apparently identical, so that a tentative classification to this group is justified.

5. At present there can be spoken only of a sporadic occurrence. But there is every reason to believe that this disease is

not so seldom among the whole population of Shanghai, although external conditions confined our observations mostly to foreigners. As some of our cases come from the North the possibility of a connection with the Japanese epidemic centre has to be considered. The specially exposed situation of Shanghai makes a spread from abroad and a sudden outbreak, as they occur in Japan from time to time, by no means impossible.

6. Therefore a careful study of all sporadic cases, which should be separately notified and investigated by all laboratory and experimental methods, is strongly advocated, in order to be prepared in time for all possible emergencies. The practitioner's cooperation is indispensable, he discovers the cases at first and his clinical observations have to serve as fundament for the further progress, in this field,

8. “上海之腦炎”

陸文斑

(一)本篇目的在引起一般醫師對於一種特殊之腦炎加以注意，此種腦炎，往往與其他各種腦傳染病混同，實則此種腦炎，自有其實際方面及流行病學上之問題，故在公共衛生之觀點上，應特加注意焉。

(二)就吾人在過去三年中所見之無膿性腦炎而言，大都發生於外僑之中，其主要特徵如下，此症每於夏秋之交突然發生，事前並無任何預徵，通常病勢均甚嚴重，使第七腦神經(即面部神經)發生輕癱，然發生眼肌癱瘓者甚少；病後數月，病象消退，病人不久即告復元，並無何等重大遺患。

(三)該症之鑑別診斷，在患病之初，最感困難，然在病程良好而不發生震顫麻痺現象之中腦併發症時，則可加以鑑別診斷。此種腦炎，既非 *Economo* 所提出而為一般醫師所公認之迷睡性腦炎，亦非為傳染麻疹，百日咳，及天花等病症後所患之腦炎，即所謂播散性腦脊髓炎者是。

(四)該項腦炎，實爲自成一類。死後檢查，顯微鏡檢查，及實驗檢查，此間一時似尚未能辦到，然從臨診方面及其流行情形觀察結果，該症與日本 B 腦炎及聖路易腦炎顯屬有關，姑認之爲一類可也。

(五)就目前情狀而言，此症僅可謂爲偶然發生，且大都限於外僑方面，然在實際上，上海居民患此症者數不在少也。又，吾人所研究之病例中，有數例係發生於青島者，由此可推知其與該症在日本流行之情形不無關係。以上海之門戶開放，中外雜處，隨時有使該症自他國傳入，而在此間流行之可能。

(六)因有上述情形，故對於所發見之一切病例，應一一報告，並用一切實驗方法，加以檢驗，以防該症流行。而醫師之合作尤爲重要，蓋此項病例均由醫師首先發見，而爲研究該症進步之基礎也。

9. RHEUMATIC FEVER IN PEIPING

F. R. Dieuaide and F. C. Chang

The patients with rheumatic fever admitted to the P. U. M. C. Hospital in the period 1921-1935 are reported. There were 141 in all, 16 of whom were foreigners. The incidence was 0.51 per cent of medical admissions. The ratio of males to females was 1: 1.35. The most frequent age was 14; 83 per cent of first infections occurred before the age of 30. 74 per cent of the attacks occurred in the season, December to May, inclusive. Prodromal respiratory infections were recorded in 45 per cent of the patients, and foci of infection in 83 per cent. Nearly all the patients had fever and leucocytosis. Polyarthriti, usually not severe, occurred in 90 per cent. Good evidence of cardiac involvement was found at some time in 64 per cent. There were 12 cases of Sydenham's chorea included.

The most striking peculiarity was the mildness of the arthriti^s and other symptoms of acute infection, with resultant marked

insidiousness of the disease. Relatively serious cardiac damage was not infrequently indicated. Available evidence strongly supports the conclusion that rheumatic fever in and about Peiping is neither fundamentally mild nor notably uncommon. Chorea is relatively uncommon, but occurs in typical form.

9. 北平之儂麻質斯熱

狄瑞德 張發初

一九二一年至一九三五年間北平協和醫院入院之儂麻質斯熱病者共一四一例，其中十六名爲外國人，佔內科入院病人百分之〇·五一，以性別論，男與女爲一與一。三五之比，年齡以十四歲佔最高率。最初感染在三十歲以前者佔百分之八十三，以季節論，由十二月至五月之間發病者佔百分之七十四。以呼吸器傳染爲前驅病者佔百分之四十五。有傳染病遺者佔百分之八十三。病者幾全數皆呈發熱及白血球增加。多關節炎者佔百分之九十，但多不劇烈。侵害心臟者佔百分之六十四。霍辛登韓氏舞蹈病 (Sydenham's Chorea) 者凡十二例。

最顯著之特點爲輕性之關節炎，及其他急性傳染之症狀，而成爲本病極度隱襲之性。較重之心臟傷害亦並不在少數，以上事實證明北平及其附近區域內之儂麻質斯熱，其性質既非輕性，而數量亦復不少，舞蹈病雖不多見，然所遇者則爲正型式。

10. STUDIES ON BRUCEA AMARISSIMA—A NEW SPECIFIC FOR AMEBIC DYSENTERY

Liu Hsiao-Liang

The seeds of *Brucea amarissima* or *Brucea sumatrana* (Ya Tan Tzi) were recorded in the Pen Ts'ao Kang Mu Shih I (本草綱目拾遺) in 1765 A.D. They were asserted to be useful in diarrhea, dysentery and hemorrhoids.

Experiments with these seeds were carried out on 3 cases of chronic bacillary dysentery with no visible improvement. Nineteen cases of chronic and acute amebic dysentery were treated with the seeds and over 80% were benefited.

The active constituents of the seed are not entirely known.

In animal tests, death followed a dose of 24 seeds when given to a puppy of 2 kg. Autopsy showed acute hemorrhagic gastroenteritis. The seed can kill the amebae both in vitro and in vivo. The bitter non-oil fraction of the seed is responsible for the amebicidal action.

The period of disappearance of amebae from the stool after administration of the seed is on an average of 2.6 days. Dysenteric stools disappear on an average of 3 days. Toxic symptoms produced in the patient by large doses of seeds were nausea, vomiting, purging and abdominal pain. The adult dose is 20-50 shelled seeds in capsule, taken in one or in divided doses. Each dose costs only about half a cent.

10. 鴉膽子爲阿米巴痢之新特效藥初步報告

劉效良

鴉膽子乃苦木科植物所結之子，曾載於趙氏本草綱目拾遺，言治泄肚，痢疾，痔有效。著者曾試用於慢性桿菌痢疾三次未見何效。用鴉膽子以治急慢性阿米巴痢十九例，病人十之八獲益。

鴉膽子所含之要素不甚明了。曾有一重二公斤之小犬令嚥下鴉膽子仁廿四粒，當日死亡。解剖見有急性流血性胃腸炎。此子在人體內或玻片上，皆能將阿米巴殺死。其含此作用之物質，乃在鴉膽子之苦味而不含油部份。

服鴉膽子後平均二至三日，阿米巴即不見。其血膿樣糞便亦平均於三日後停止，服大分劑，則顯惡心，嘔吐，肚疼及泄肚，成人之分劑，爲廿至五十粒全仁。放膠殼內一次或分數次服之。

鴉膽子之所值甚廉，每劑僅銀半分耳。

11. RELAPSING FEVER AS AN OCCUPATIONAL DISEASE IN CHANGSHA; A REPORT OF 41 CASES

Chang, Shih-lu,

Relapsing fever in form of epidemics has been observed in recent four years in Changsha. From 1933 to 1936, 41 cases have been treated in Hsiang Ya Hospital. The Majority of the cases belonged to a group of tailors who were also dealers in second-hand goods and lived in a dirty street, -Fan Chen Ti, in the western section of the city.

Most of these cases were seen in the months of May and June when it was familiar to them as the louse season. The living habit of these people was studied. It was found that the dirty second-hand goods which contained the body-louse in great numbers played the most important part in the transmission of the disease.

Of the 41 cases, the onset was acute in all but one. Fever, anorexia, general aching, headache and constipation were the most common symptoms. Jaundice and enlargement of the liver and spleen were observed in a large percentage of cases. The blood picture was not characteristic, but a very high leucocytosis was a sign of poor prognosis. The blood Wassermann reaction was found to be positive in many of them, but this was usually of transitory in nature.

Twenty-two cases were treated with neosalvarsan and 9 cases with acetylarsan (oxycetylaminophenolarsinate of diethylamine, 3 c.c. ampule containing 23.6% of the drug) intravenously. The dosage was small in all. We found that a dose of 0.15 of the former and 2 c.c. of the latter was effective. Severe reaction was observed in five cases in spite of a small dose, of them 3 died. We feel that the general condition of the patient, the presence of jaundice, enlargement of the liver were, factors responsible for the unfavorable result of treatment. Relapse was observed in 3 cases, of which, one was probably due to re-infection. We also feel that a preliminary injection of glucose before the administration of arsenic, particularly in those which show jaundice, enlargement of the liver and toxemia has reduced the untoward reaction. The mortality of our series is 10%

11. 長沙職業性之迴歸熱

附四十一病例報告

張師魯

迴歸熱於最近四年來證明爲一類普遍之流行病，於一九三三至一九三六年間，湘雅醫院，曾治療該病，凡四十一例。多數患者，係操縱雜貨販舊貨之商人，彼等皆設店於城西之藩城堤(街名)。

患者入院求治，多在五六兩月，且多係成年男子。著者於患者之居住區，曾爲生活及習慣上詳細調查，其生活情形及環境，極爲污穢，店主朝夕處於蠶子雲集之舊貨堆子，而其睡眠之習慣，尤爲傳染之主因。

該病初起時，均爲急性，其最普遍之主訴爲發高熱，全身作痛，頭痛及大便閉結，患者呈黃疸及肝臟腫大者爲數不少，診斷係根據血液中原蟲發現。白血球增多者，其預後往往不良。血液之乏色曼反應呈陽性者，爲一暫時現象。

用新酒而佛散治療者，凡二十二例，餘則用亞西太而遜(acetylsarsan)靜脈注射，所用之劑量甚小。新酒而佛散爲0.15 gm. 或2c. c. 之亞西太而遜，結果均佳。復發者僅二人，因注射發生劇烈反應者五例，其中三例因之死亡，非因反應而死者一名，總計迴歸熱之死亡率爲百分之十。根據吾人之觀察，反應之發生與否，與劑量之大小，似無甚重要之關係，而與患者一般之病情，則關係至巨。患者呈黃疸及肝臟腫者，治療之結果鮮佳。於此種情形中，如能先用葡萄糖液靜脈注射，繼以砒劑，則可減少反應之發生。

12. TYPHUS FEVER IN CHANGSHA

Hsieh, T. Y., Chang, Shih-lu, and Yang, Chi-Shih

A series of 13 cases of typhus fever is reported for the first time in Changsha. Among them, 10 were definitely indigenous to Changsha; in another, the patient came from Changteh (常德), Hunan.

The diagnosis of typhus fever was confirmed by a strongly positive Weil-Felix reaction. The course of the disease, in the greatest majority, was rather mild.

We believe that typhus fever in Hunan represents a different strain of virus infection from that observed in North China.

12. 長沙之斑疹傷寒

謝陶瀛 張師魯 楊濟時

本篇係報告十三例於長沙所見之斑疹傷寒。該病於湖南發現為第一次，此十三例中，十名為本市之居民，一名來自湖南之常德。

此十三例之診斷，皆由強度之陽性外斐氏反應所證實，該病之症狀大半皆甚輕微，腦系及呼吸系之症狀，均不甚顯著，斑疹亦不多，多分佈且於腹及胸部。

根據吾人一般之印象，湖南之斑疹傷寒，似與河北及華北所見者不同。吾人以為湖南之斑疹傷寒為另一種病毒所致，故值吾人之注意及將來之研究。

13. PATHOGENESIS AND PATHOPHYSIOLOGY OF OPISTHORCHIASIS

J. H. F. Otto,

The collective name of "Opisthorchiasis" for the complex of symptoms produced in the mammalian body by *Opisthorchis felineus*, *sibiricus* and *sinensis* is justified by virtue of the identity of the disease following infestation with one of the three flukes.

The pathological changes are mostly due to toxins produced by the parasites, such as hydrocarbon, ammonia, butyric acid, and to the action of highly effective proteolytic, lipolytic and carbohydrate splitting ferments found in the substance and the excretions of the flukes (Flury and Leeb 1928); their action on the injured host liver substance produces new and more toxins.

As studies on artificially infested animals have shown almost every liver function is affected:

N-metabolism: in serious cases the ammonia content of the urine was found to be increased, the purine metabolism to be "highly disturbed (Yoshimoto)

The normal splitting up of uric acid to allantoin was strongly impeded when pulp of infested liver was used; the content of sulfate sulfuric acid of this pulp was 5 times greater than that of normal liver; addition of sulfate sulfuric acid to normal liver strongly impeded ferment action (Yoshida).

The increase of aether sulfuric acids and paired glucuronic acids in the urine (Ido) points to disturbances in the splitting up of aromatic amino acids.

In fat-metabolism extract of infested livers impedes the action of bovine pancreatic lipasis (Uyeno).

The bloodsugar shows considerable increase in the last stages of serious infection, intravenous doses of sugars cause longlasting high hyperglycaemia (Uyeno).

Decrease of fibrinogen and thrombine (Hudini and Nishizaki) probably are responsible for the inclination to haemorrhages observed in cases of opisthorchiasis.

The reaction of the infested organism ranges from more or less harmless epithelial growth and new formation of connective tissue to cirrhosis parasitaria with all its serious clinical consequences and even to cancer of liver, papilla Vateri and pancreatic gland.

The stated facts emphatically stress the importance of early diagnosis and careful treatment of opisthorchiasis.

13. 前後舉吸蟲病之病原及病理生理

柯 道

由 *Opisthorchis felineus*, *sibiricus* 及 *sinensis* 在哺乳動物體中所引起之併發症像，在這裏集合的稱為前後舉吸蟲病是很有理的，因此症像與三絛中之一種傳染症像相同。

病理上的異變大都因於絛所生出之毒素，例如碳酸Carbonic acid 安摩尼亞 Ammonia，酪酸 Butyric acid，此外還有反應很靈驗之蛋白質，脂肪質及碳水化合物等之分解酵素；這是在絛體中及其排泄物上找得。(Fiury Leeb 1928)和他們的作用是在患者已受損之肝中，發生多量新的毒素。

用人工受傳染的動物實驗結果，幾乎全數的肝臟機能皆受損害。

氮素的新陳代謝，在沉重的病例中，小便的安摩尼亞含量增加，Purine 的新陳代謝大受障礙。

假始用患疾的肝臟糜弱，能使尿酸正常分裂變成 Allantoin 大受抑制。病者肝臟對硫酸化合物，硫酸的含量是五倍於正常肝臟。加硫酸化合物於正常健全的肝臟，則發酵作用大受抑制(Yoshida)。

小便中的依打硫酸 (Aether Sulphuric acid 和 Glucuronic acids) 的增加，(Ido) 是表示芳香性羧基酸的分解受障礙。

在脂肪質的新陳代謝，患者肝臟的抽出物有抑制牛的胰腺的化脂酶作用(Uyeno)。

在沉重之傳染末期，血糖增加甚高，如給以糖的靜脈注射，可致持久之血糖過高。

纖維素原 Fibrinogen 和凝血酶的減少，(Hudini 和 Nishizaki) 大約是可從患前後舉吸蟲病者流血之趨向而察得。

患者器官對此肝蛭毒素的反應，是無害的上皮細胞增生，和締結粗織的增多，而致肝臟硬化(即寄生蟲性的硬化 Cirrhosis Parasitaria)以及一切沉重的臨床結果。並且可致肝臟，十二指腸乳頭，胰腺之病症。

以上引證之事實，可證明肝蛭病之早期診斷及注意調理之緊要。

14. SCHISTOSOMIASIS, JAPONICA IN NANKING

C. F. Chu

From July, 1930 to January 1936, there were 39 cases of schistosomiasis Japonica admitted to Central Hospital. Most of them were admitted after 1934.

The age, sex, occupation and seasonal incidence are discussed.

Fever is present almost in all the cases according to the temperature charts of the twenty-two feverish patients but not complicated by typhoid; the daily intermittent character is found in every one of them. The long duration of the fever is another important feature. Chill is present in almost half of the the cases.

Besides fever, the symptoms referring to disturbances of the gastro-intestinal tract stand out most prominently.

Jaundice is seen in seven cases, and cirrhosis of liver in fifteen cases (38%). Schistosomiasis constitutes about 20% of our cases of cirrhosis of liver. It is suspected that many of the remaining 80% of idiopathic nodular cirrhosis of liver may be due to schistosomiasis.

Enlargement of liver and spleen is not a constant feature, though it is found in majority of the cases. The spleen may reach below the level of umbilicus. The liver is enlarged in 13 out of 14 cases of schistosomiasis with ascites. Therefore enlargement of liver in ascitic cases may lead one to suspect schistosomiasis.

Moderate anemia is found in most of the chronic cases. The high eosinophilia and leucocytosis are of considerable importance in the clinical diagnosis of the disease but they may not be found in certain cases. Positive globulin test is found in about two third of the cases on which the test is done.

The history of four cases with rare symptoms are given.

Eleven cases are treated by foudadin with five failures. It is found that foudadin may be pushed to very large doses in order to gain therapeutic effect. Tartar emetic is used with good response in four cases, neostibosan appears to be entirely useless. It appears that tartar emetic is the most effective and economical remedy that we can have at the present time.

14. 在南京所見之‘日本血吸蟲病’

瞿承方

自民國十九年七月起至民國二十五年一月止，六月之間在南京中央醫院住院而查出係患‘日本血吸蟲病’者共有三十九名，此三十九名中以民國二十三年以後住院者佔大多數，患齡性別患者職業及患病病時季皆有討論。患者每日皆有間歇性發熱，其發熱時期頗為長久，約有半數之患者有惡寒現象，發熱以外，腸胃反常之現象亦甚顯著，三十九名患者之中，有黃疸者七名，肝硬變者十五名，此十五名約佔院中患肝硬變者總數百分之二十，其餘百分之八十患肝硬變者，其病原未經證明，想或亦由於‘日本血吸蟲病’所致。

患‘日本血吸蟲病’者，大多數兼有肝脾之腫大，然此症狀並非恆有，脾臟之腫大時能展及臍下，兼患腹水者十四名之中有十三名肝臟腫大，故檢查病人時，若查有腹水而肝臟腫大，則當疑及‘日本血吸蟲病’。

患慢性日本血吸蟲病者，常呈中度之貧血狀態，白血球增多，嗜伊紅血球亦常增多，此二點常為診斷上之大助，然有時則此二點不顯著。

取患者之血液以作球蛋白沈澱試驗時約有三分之二，呈陽性反應，患者之中有四名呈罕見之症狀，本篇中皆有述及。

關於治療方面受 Fouadin 注射者共有十一名，其中有五名未經治愈，Fouadin 注射劑量，據經驗可以增加頗巨乃克收效。

受酒石酸銻鉀 Tartar emetic 溶液之注射者，共有四名，其成績頗佳，至於用 Neostibosan 注射，患者則似完全無功，自經驗所得，用酒石酸銻鉀以治‘日本血吸虫病’似為最經濟而最有效之法。

15. USE OF Sdt. 561 IN THE TREATMENT OF KALA AZAR

T. M. Yates

Sdt. 561 was used intravenously in the treatment of 82 cases of Kala azar in Hope Hospital and the results are reported in tabular form compared with results secured from treatment with the organic antimony compound used previously.

The new preparation was found to be very effective and not toxic, even in very large doses-up to 20c.c. for adult, and allows treatment to be completed in five days time.

15. 黑熱症之 Sdt 561 療法

T. M. Yates

民望醫院曾用 Sdt. 561 行靜脈注射治療黑熱症八十二例，並將所得之結果與以前所用銻製劑之確實結果，加以比較，報告於所列之表格內。

此種新製劑效力甚佳，成人每次注射至二十西西亦無副作用，並可在五日內，注射全量。

16. FILARIASIS IN CHANGSHA:
Preliminary Report

Kusum Lium

The aim of this paper is to find out if filariasis occurs in Changsha. Seventy nine inpatients and one attendant in the Hsiang Ya Hospital have been picked up at random for study. *Microfilaria malayi* has been found in the blood of two cases, who have had no symptoms or signs suggesting filariasis. These two positive cases are reported.

16. 長沙之絲蟲病:初步之研究并報告二病例

劉毅孫

本篇之主要目的為研究絲蟲病在長沙之染感情形。受檢驗者共八十人；內中七十九人為湘雅醫院住院病人，一人為病者從人。此八十人均為長沙籍。其中二人之血中含有馬來幼絲蟲，彼等均無幼絲蟲病症狀。本篇附有此二人之病案摘要。

17. SOME CLINICAL AND PATHOLOGICAL
ASPECTS OF SCHISTOSOMIASIS IN HUNAN

Yang, Chi-Shih, Y. T. Hsu, and T. H. Lu,

Only a year after Katsurada published his classical work in 1904, Logan then working in Changteh, Hunan, reported the occurrence of schistosoma in that area. Schistosomiasis in China was therefore first discovered in Hunan. Unfortunately since then no systematic study has been made for this province.

The disease is extremely prevalent in an area around 100 kilom of the Tung Ting Lake. Areas beyond are not endemic. It may be indigenous to Changsha and Henchow, but its extent is certainly negligible.

A series of 24 cases is reported. For convenience schistosomiasis may be divided into three stages, namely, the toxemic, dysenteric and visceral. 3 of them belonged to the first, 4 to the second and the rest to the third stages. The symptomatology of each is briefly described. In two cases the autopsy findings are given in details,

17. 湖南日本血吸蟲之臨床及病理觀察

楊濟時 徐蔭棠 呂靜軒

中國之血吸蟲病於湖南發現為最早，羅根氏根據於湖南常德之觀察而報告，其發現僅與日本桂田氏之名著相隔一年。此後關於本病之湖南情形，從未有系統之撰述，誠為一大憾事。蓋血吸蟲於本省猖獗之範圍及程度，其影響於農村之人口及經濟者，實非鮮淺。

本病之流行，以沿洞庭湖四周百公里之區域為最烈，北之華容東之岳陽西之常德南之沅江湘陰等縣尤甚，城陵磯一帶之農村，數十年來，其人口幾死亡殆盡，乃致數百里內廢為荒墟。據我人之觀察，於洞庭湖百公里以外之區域，則此病絕少。長沙曾發現一例，至於其確否於該處所傳染，不能確定，衡陽亦非為本病之傳染區。

本篇係根據二十四例之患，作一系統之討論，并附二則病理研究之報告。

18. LEAD POISONING; WITH SPECIAL REFERENCE TO SOME UNUSUAL SOURCES OF INTOXICATION

Yang, Chi-Shih, Chang, Shih-lu and Kusum Liu

One of us (Y. C. S.) reported previously two case of plumbism in which the lead was traced to the use of wine-pot made of pewter. The lead content of the poor grades of pewter was as high as 32 to 73 percent.

In this communication three new additional sources have been discovered, namely, charms and amulets, opium pipe and lead dust. These charms are drawn in red with lead oxide. In practice the charms were burnt into ash which was then swallowed. This was the cause of plumbism in two cases.

A special kind of opium pipe called the "hammer" was found to be made of pewter for its outside coating. A sample of this was found to contain 21 per cent lead.

The inhalation of lead dust in an individual who worked only for one month in breaching the ore into powder in a Lead Smelting Factory, was discovered to cause plumbism.

Very frequently, individuals who have opium habit were also addicted to wine. Both of them combined may cause lead intoxication.

It is of importance to trace the source of lead, so that patients suffering from plumbism are cautioned to remove the source of lead.

A series of thirteen cases is reported.

18. 數種不經見之鉛中毒

楊濟時 張師魯 劉毅孫

楊氏曾報告用錫壺熱酒，為嗜酒者得鉛中毒之重要原因，蓋普通所用之錫壺含鉛份甚多，於熱酒時，大量之鉛質得溶入酒內，繼續飲之，即可發生鉛中毒症。

最近吾人又發現三種中毒之原因：一為符咒，二為吸鴉片，三為鉛灰，所謂符咒者，即本地為求神却病時之符咒，往往焚燒成灰，將灰置水中飲服，著者發見畫符咒所用紅色，為一種鉛之化合物，(Pb₂O₃)故致中毒。

本地吸鴉片之鎗，有一種稱鎗者，多以錫製成，吾人曾化驗其一桿之錫質煙鎗，得鉛份百分之二十。吸煙時，將鎗口放入口中，及燃燒烟斗時，大量鉛質，即同時吸入。

其三爲鉛粉，此爲一鍊鉛廠工人，其工作爲將鑛苗搗碎成粉，經一月之久，即患中毒症狀。

此外嗜酒而兼有煙癮者，鉛質得由酒及煙鎗同時服入，而致中毒。

吾人如不詳細考察病者之生活習慣，及注意此種中毒之來源。雖能診斷治療，然終不能預防以後中毒之復發也。

19. THE "INSULIN SHOCK TREATMENT" OF SCHIZOPHRENIA

F. G. Halpern

The new method of treatment of Schizophrenia by means of "Insulin Shocks" was introduced at the Neuro-psychiatric Department of the National Medical College of Shanghai for the first time in China. The technic of the treatment, its application in various types of Schizophrenia and the obtained results are reported.

19. 心智分裂病之胰島素休克療法

韓 芬

國立上海醫學院神經精神病科施用因蘇林休克以治療心智分裂病；此種新療法之採用，在中國尙爲初次。關於治療之技術，各型心智分裂病之適應；及所獲之結果，文中均已述及。

20. HEREDITARY ATAXIA: FAMILIAL OCCURRENCE IN FIVE GENERATIONS

Yang, Chi-Shih, Ling, Ming-yu, and Chang, Shih-lu

A case is described in which the individual suffered from ataxia, spasticity, nystagmus, pes cavus, spinal curvature and

speech difficulty. The same disorder had existed in the same family in five generations, among 46 individuals of which 17 had the same disease.

In a brief discussion on the classification of the disease, it is pointed out that on basis of this report and those described previously, attempts at classification are not only difficult as most of them presented pictures of combined nature, but also are of no etiological significance, since these varieties are alike pathologically. It is therefore proposed that the generic term of hereditary ataxia should be adapted for this group of hereditary nervous disorder.

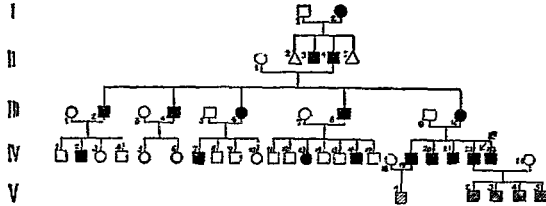


Chart 1. Pedigree of patient's family showing hereditary ataxia (symbols and schedule are according to the Eugenics Society). □, male; ○, female; ■, patient; solid square and circle represent individuals with the defect; △, sex unknown; iv, 22, is the patient (Fig. 2); iv 19 is his brother (Fig. 3).

20. 遺傳性之共濟失調症

楊濟時 凌敏猶 張師魯

本篇係報告一家屬，患本症曾經遺傳五代，總計四十六人中，有十七人患本病。病人某，長沙人，於三十五歲時，發現行路甚艱，此後症狀，愈為顯殊。入院後檢查，結果發現患者呈共濟失調，痲痺，言語不清，脊柱彎曲，眼球震顫，及弓形足諸症狀。

關於本症之分類，曾加以簡單之討論，根據本篇及文獻所載各例，嚴格分類，殊非容易，蓋其中大多數之患者，往往呈合併症狀，且本病之病變大致一律，其所異者，僅為病變之部位不同而已。故著者以為遺傳性共濟失調症，應為本病一種適宜之名稱，殊無繁瑣分類之優點及必要也。

21. THE HEART IN SEVERE ANEMIA

Chen-Lang Tung, Wan-Nien Bien

and

Ying-Chang Chu

With the Collaboration of

Shao-Hsun Wang, and Wan-Sen Ma

The effects of prolonged, severe anemia on the cardio-vascular system were studied in ten patients whose mean hemoglobin value was 2.5 gm. or 17 per cent. Detailed clinical, radiological and electrocardiographic observations were carried out; in addition, venous pressure and circulation time were determined in most of the cases. Of the nine patients who showed marked cardiac enlargement, six presented definite evidences of congestive heart failure. Both cardiac enlargement and cardiac insufficiency disappeared with the improvement of anemia.

21. 嚴重貧血對於心臟之影響

董承瓊 卞萬年 褚應章 汪紹訓 馬萬森

持久性嚴重貧血，對於循環系所發生之影響，著者曾在十例病者。用臨牀，放射學，心動電流器等方法研究之。靜脈壓力及循環速度，亦經測驗。其中之九例，心臟極度擴大。又九例中之六例，兼有心力不足。俟貧血減輕後，心臟體積及心力均恢復正常。

22. CARCINOMA OF THE STOMACH

A Clinical Study of 107 Cases

Kou-chen Ch'en

The present study concerns 107 cases of carcinoma of the stomach observed in the P. U. M. C. Hospital from 1921 to 1936

inc. Seventy-five patients were Chinese, two were Koreans and 30 were Westerners. There were 93 men and 14 women. The average age was 49 years. About one-fifth of the patients were under 40. The average duration of symptoms was 22 months. Two-thirds of the patients had symptoms for less than 1 year. The majority of the patients came because of some form of epigastric complaint. Twelve patients gave history indistinguishable from that of peptic ulcer. Significant and often marked loss of weight was present in the majority of patients. Dysphagia formed the chief complaint of 12 patients. Other common symptoms were vomiting, bleeding, loss of appetite and symptoms of anemia. Metastases were found in about one-third of the cases. Of patients for whom gastric analysis was done, about two-thirds had achlorohydrria; none had hyperchlorhydrria. About one-fifth of the patients had marked anemia. No hyperchromic anemia was encountered. In cases tested for occult blood in the stool a positive finding was obtained in about two-thirds. Of the cases in which X-ray examination of the stomach was satisfactorily done about 80 per cent gave positive findings. Sixty-four patients had operation. The lesion was considered resectable in only 15 cases. In these partial gastrectomy and gastro-enterostomy was done. The other operations were: exploratory celiotomy in 25 cases, palliative gastroenterostomy in 10 cases, gastrostomy in 11 cases and emergency closure of perforation of the stomach in 3 cases. At the operation the stomach was found to be extensively involved in 18 cases. The lesion was located in the cardia in 10 cases, in the fundus in 7 cases, in *pars media* in 6 cases and at the pylorus in 23 cases. Of the 60 cases in which microscopic examination of the lesion was carried out 55 gave positive finding. In 13 other cases in which no biopsy was taken the gross lesion of the stomach appeared carcinomatous. The results of the different operation, as far as they are known, are analysed.

22.

胃 瘡 一百零七病案之臨床分析

陳 國 楨

從民國十年至二十五年底，北平協和醫院共收胃瘡病者一百零七名，其中有本國人七十五名，朝鮮人二名，白種人三十名；男性九十三名，女性十四名。病人之平均年齡為四十九歲，在四十歲以下者佔五份之一。平均患病期間為二十二月，在一年以下者約佔三份之二。最普通之主訴症狀為胃口不適或痛。其中有十二病人之病史與患消化性潰瘍者全無分別。體重大減亦為常見之症狀，以下嘔吐難為主訴症狀者有十二名。其他普通症狀為：吐嘔，流血，食慾缺乏及貧血等。病人中有瘡組織遷移（至別器官）者佔三份之一。試驗室檢查之結果為：患胃酸缺乏者佔三份之二，而胃酸過多則並不一見，患劇烈貧血症者佔五份之一而其中並無一例為血色素過多性貧血。大便內有匿血者約佔三份之二。曾受透光線檢查者有五份之四為陽性診斷。六十四病人曾受腹部手術。但局部之胃截除術祇能施於十五名。其他手術為，探察腹部手術二十五例，腸胃吻合術十例，胃造瘻術十一例，胃穿破救急閉口手術三例。施手術時胃之大部有瘡症侵襲者計十八例。病竈祇在黃門者十例，祇在胃底者七例，祇在胃中部者六例，祇在胃幽門者二十三例。病竈曾受顯微鏡檢查者有六十例。其中五十五已定為瘡組織。尚有十三例其組織雖未經顯微鏡之檢查，但照肉眼之觀察可認為胃瘡，施手術後之結果文中亦論及焉。

23. INVESTIGATION OF THE SKIN-SENSATION AND ITS DISORDERS BY MEANS OF NEW METHODS

F. G. Halpern

With the usual clinical methods certain forms of the disturbance of the sensation can not be proved and happen to be over seen. The newer qualitative and quantitative methods of examination were applied from a new point of view on neurological cases with different localization of the foci in the peripheral

and central nerve-system. The quantitative estimation of the disorders were investigated by means of v. Frey's "touching hairs" series with regard to the "lability of the threshold". New conceptions of the mechanism, physiology and pathology of the sensation were obtained by the investigation of the various attributes of the skin-sense, e.g.: Confluence of the successive and simultaneous perceptions touch-hallucinations, "after-sensation", recognition of 2- and 3- dimensional shapes, localization of perceptions etc. All those particulars and their relationship to each other proved to be characteristic for the localization of the foci, thus this method of case-taking is of great value for the differential-diagnosis in certain neurological cases.

23. 皮膚感覺及其變態研究之新法

韓 芬

有數種反常的皮膚感覺，因非普通臨床方法所可測，致易爲人忽視。今根據一種新的見地，對於中央及周圍神經系統病變部位之質的及量的測驗，已施用較新之方法。關於“感覺量”測定各種皮膚感覺，爲繼續性及同發性知覺之融合，觸的幻覺，“遺覺”，平面及立體之認識，知覺之部位等，用新法研究之後，感覺之機械作用，生理及病理，有新的觀念發現，凡此諸點及其相互關係對於病灶之定位，確屬特要，故此法誠有助於數種神經病之鑑別診斷。

24. SYPHILIS AND NEUROSYPHILIS AMONGST THE CHINESE

F. G. Halpern and J. C. Tseng

The incidence of syphilis and neurosyphilis among the Chinese has been studied among the patients of the First Hospital of Red Cross Society of China (The National Medical College of Shanghai)

from 1930 to 1937. The investigation concerns: 1. Statistical data (Percentage of syphilis among all hospital-patients, ratio of Neuro- and Meta-syphilis to the general syphilitic infection) 2. Types of syphilitic manifestations 3. Forms of Neuro-syphilis 4. Incubation-period of neurosyphilis in China and its dependence upon the previous treatment 5. Malaria-cure in the Chinese and the influence of the naturally acquired malaria upon the course of the syphilitic disease.

24. 中國人之梅毒及神經梅毒

韓 芬 曾 景 臣

著者等對於中國紅十字會第一醫院，自一九三〇至一九三七年患梅毒及神經梅毒之中國病人，曾作以下諸項之檢討：

(一)統計資料（患梅毒者在總病人中之百分率；神經梅毒及後期梅毒對於一般梅毒之比率）。

(二)梅毒病狀之型別。

(三)神經梅毒之種類。

(四)中國神經梅毒之潛伏期，及其對於既往療法之關係。

(五)瘰癧療法及天然瘰癧傳染，對於中國人梅毒病程之關係。

25. THE IMPORTANCE OF THE SITUATION IN CHILDHOOD FOR THE DEVELOPMENT OF NEUROSIS

(with review of apsychoanalyzed ease)

Richard Wang

The importance of situation in childhood for the development of human character is briefly discussed. The dependence of the character upon the education and upbringing in school and home

life is pointed out. The causes of a neurotic character are illustrated. A short review of a case treated by psychoanalysis is given.

25. 幼年生活與神經病形成之關係

(附一心理分析後之實例)

王普仁

首述幼年生活於個性成熟過程中之重要性，以及學校與家庭中之教育，培養所有之影響。且說明神經性品格之成因，並略述一心理分析後之病案為例。

產 婦 科

SECTION ON

OBSTETRICS AND GYNECOLOGY

SECTION ON OBSTETRICS AND GYNECOLOGY

1. Oedema in Pregnancy
by Professor W. C. W. Nixon, Professor of
Obstetrics and Gynecology in Hongkong Un-
iversity.
Professor L.T. Ride, the Professor of Physiology
in Hongkong University will also speak on this
subject dealing specially with observations of
blood pressure in pregnancy and discussion will
follow.
- 1a. Blood Pressure in Pregnancy Lindsay Ride.
2. Vitamin B1 deficiency in relation to oedema in
pregnant and lactating women
G.D. Lu, B.S. Platt & A.E. Towers.
3. Obstetrical Criteria in North China :
I. An Analysis of Antenatal Findings
Gordon King & Chin Mao Yueh.

4. Endometriosis ... Professor J. Preston Maxwell &
Dr. Hazel Lin.
The discussion will be opened by
Dr. J. R. B. Branch.
5. Clinical Diagnosis and Therapy of Endometriosis
A.Von Miorini.
6. Die Bedeutung von Infantilismus und Hypoplasie
für die Ascension der weiblichen Gonorrhoe
Guenther von Wolff.
7. Placenta Previa and Accidental Hemorrhage
K.T. Lim.
8. Acute Appendicitis in New-born with
Report of a case Y.H. Cheng. & H.J. Kang.

- 9. *Hormone Therapy in the Treatment of Disturbances of Menstruation* Dr. Amos Wong
 The discussion will be opened by
 Professor J. Preston Maxwell.
- 10. *The Conduct of Third Stage of Labor* K.C. Sun.
- 11. *Social Gynecology in China* W. Neubauer.
- 12. *Obstetrical Criteria in North China*
 II. *The New Born* ... Gordon King & Tang Yu Teh.
- 12.a *Ectopic Gestation* P.H. Ho.
- 13. *Some Rare Monsters* S.W. Lee.

大會產婦科組

1. 妊娠水腫。 香港大學產婦科教授 W. C. W. Nixon
主講，並由該校生理學教授 L. T. Ride 討論孕婦
血壓之觀察。
- 1a. 孕娠期中之血壓 賴廉士
2. 乙(一)種維生素缺乏對於妊娠及授乳期時水腫之關
係。 魯貴珍 濮子明 陶衛爾
3. 華北產科檢查得所。
(甲)分娩前檢查之分析。 王國棟 金茂岳

4. 子宮內膜異位病。
由馬士敦教授及林愛羣醫師主講，白良知醫師討論
5. 子宮內膜異位病之診斷及治療。 米蔣禮
6. 兒性子宮及子宮發育不全對於婦女淋病上升之重要 吳樂福
7. 北平協和醫院胎盤前置及胎盤分離過早病案之研究 林巧雅
8. 初生嬰兒急性盲腸炎病歷報告。 程育和 康錫榮

9. 月經紊亂之內分泌素治療法。
由王逸慧醫師主講，馬士敦教授討論
10. 分娩第三期之處理。 孫克基
11. 社會婦科學在中國。 倪保爾
12. 華北產科檢查所得。
(乙)初生兒之檢查。 王國棟 唐郁德
- 12b. 異位妊娠 何醫師
13. 兩例罕見怪胎 李士偉

1. OEDEMA IN PREGNANCY

W. C. W. Nixon,

1. Pregnant women with oedema—mild, moderate or marked—unassociated with signs and symptoms of pre-eclamptic toxemia require just as careful supervision as those who obviously are suffering from some grave pathological lesion.

2. In the treatment of marked oedema intravenous glucose—50 to 100 cc of 50% solution—should be administered. If the condition is considered to be due to vitamin B₁ deficiency it is obvious that this vitamin must be given and in the severe cases preferably by the subcutaneous route.

3. It has been suggested that an interrelationship exists between vitamin deficiency, the endocrine system and the condition of toxemia of pregnancy.

4. The weight of a patient is the best test for decrease or increase of oedema.

5. With the onset of oedema there is little appreciable difference in the blood pressure compared with the average reading in the group of non-oedematous pregnant women.

1. 妊 娠 水 腫

倪 教 授

病數：1936全年香港大學醫科產科系管理醫院內。2244產婦中，患妊娠水腫者共366宗[佔全數產婦16.3%]。

病原：心臟病，妊娠血毒症，靜脈曲張，各種病血症，鈎蟲病，腎炎，圍產，絨膜炎，損傷，飢餓，乙(-)維生素缺乏，流行性水腫，暫時水腫。

所討論之特別幾種病原：流行性水腫，暫時水腫，鈎蟲病，非血毒症水腫[？因乙(-)維生素缺乏]。

非血毒性水腫 [？因乙(-)維生素缺乏]：共 210 宗。初產婦患者 91 人

[佔全數患者 44%]。歷產婦患者 119 人 [佔全數患者 56%]。

患者平均年歲：初產婦 23.9 歲。歷產婦 40.87 歲。

水腫之期限與度限，血壓，加雜病等等，曾詳細討論。並討論
“檢驗水腫器”，之表解。

病理：關於“體內之水留積”，按現代學說觀察，乙(-)維生素缺乏，
內分泌腺，及妊娠血毒症，似有互相連帶之關係。

治法：注意限制內用水分，用利尿劑，靜脈注射葡萄糖水 [(50%)50 至
100 c. c.]，強心劑，乙(-)維生素。

“妊娠期內”檢驗時，須量體重。以偵察隱藏“體內水留
積”。

1A. BLOOD PRESSURE IN PREGNANCY

Lindsay Ride

1. There are grounds for believing that there is a physiological fall in blood pressure during normal pregnancy especially in the diastolic readings, and that even in the early stages of oedema there is a rise in blood pressure and again this rise is especially evident in the diastolic pressure.

2. These facts coupled with the knowledge that of all the pressure readings, the diastolic is usually the most constant make the accurate estimation of diastolic pressures in the practice of obstetrics of utmost importance.

3. Work concerning these pressures should be directed along two lines.

(a) The establishment of physiological averages for pregnant women of the various ages at different periods of amen-

orrhœa and during various pregnancies so that the clinician may be able to decide whether the reading of a patient seen for the first time falls within average physiological limits or not, and

- (b) The establishment of a technique accurate enough to detect even small rise in pressures. This demands attention to small details, such as position, comfort and rest (both bodily and mentally) of the patient; application of the cuff of the instrument, and the bell of the stethoscope to the arm; steady and slow release of pressure; accurate identification of sound changes; complete freedom of the upper arm from tight clothing.

4. Wherever possible, instead of working from tables of established averages, it would be much better to work from the patient's own blood pressure figures recorded before pregnancy; by this means changes in pressure would be recognised with certainty much earlier; if this is not possible a blood pressure record should be taken early in pregnancy and used as a basis for future comparison.

5. Owing to their being the most frequently recognisable and least variable under normal conditions, the systolic and diastolic pressures should both be taken; since the latter is very sensitive to changes such as œdema, special attention should be paid to it. In those cases where the diastolic point cannot be distinguished with any degree of accuracy, two thirds of the final readings plus thirty m. m. s., gives a very close approximation to the diastolic pressure.

1A. 孕 娠 期 中 之 血 壓

賴 廉 士

本文討論。聶臣教授(Prof Nixon)，郭振金及作者三人。對於香港中國婦女孕期中及非孕期中之血壓觀察。用聽診方法。記錄可樂可夫

(Kortkoff) 所定之五期起點。即心縮壓點，雜音點，叩擊聲點，心舒壓點及終點是也。(Systolic, murmur, tapping, diastolic and final points)。結果顯示在所搜集中。百分之廿五以上，其雜音點及叩擊聲點不能辯明。所以心縮壓點，心舒壓點及終止點為最可靠。從所得數目，更可證明心舒壓點為最恆。在心舒壓點不易辯明者，可以運用公式，由終止點計算之。公式如下 $D = \frac{2}{3}F + 30\text{mm Hg}$ 。D 代表心舒壓點。F 代表終止點。

此數目更證明孕娠期中血壓並無生理的增進之說，然患水腫者。雖腫度極微。血壓確有增進。在心舒壓點尤為明目標。此等示數之在孕娠期中之重要。本文加以討論。

2. VITAMIN B₁ DEFICIENCY IN RELATION TO OEDEMA IN PREGNANT AND LACTATING WOMEN

G. D. Lu B. S. Platt and A. E. Towers.

Observations reported at the last conference on the occurrence of pyruvic acid in the blood of patients suffering from vitamin B₁ deficiency have been confirmed and developed to afford an indication by blood analysis of the prevalence of deficiency of this vitamin. Data obtained from the investigation of pregnant women reveals raised levels of pyruvic acid in the blood in pregnancy in women suffering from polyneuritis, oedema and heart lesions of the type characteristically seen in beriberi.

Even more striking than these observations are the findings, in an associated investigation, that the milk of apparently healthy

nursing women contains pyruvic acid, a greatly diminished amount of vitamin B₁ as estimated by the bradycardia method on rats, and a negative or only slightly positive reaction with guaiacum.

These preliminary results suggest that there is much more widespread vitamin B₁ deficiency in women in pregnancy and lactation than we believe has hitherto been suspected and point to a potential factor in the causation of oedema in these states.

2. 乙 (-) 種 維 生 素

缺乏對於妊娠及授乳期時水腫之關係

魯貴珍 濮子明 陶衡爾

孕婦現脚氣病病狀時，血中之焦葡萄糖酸量較高。

在健全婦人乳中，含有焦葡萄糖酸，而乙(-)種維生素含量甚少。

乙(-)種維生素缺乏症在孕時或授乳時較為普遍而為致水腫之原因。

3. OBSTETRICAL CRITERIA IN NORTH CHINA

I. An Analysis of Antenatal Findings

Gordon King, and Chin Mao Yueh,

1. The results of an analysis of the findings in 617 patients receiving antenatal care are reported. Conclusions are based on approximately 2500 routine antenatal examinations done on these 617 cases.

2. The average external pelvic measurements were found to be as follows—

Interspinous	23.69 cm.
Intercristal	26.54 cm.
External conjugate	19.18 cm.
Transverse outlet	8.88 cm.

3. A study of the blood pressure levels between the 20th week of pregnancy and term showed a slightly higher level in primiparae than in multiparae. It also showed a tendency to rise from the neighbourhood of 110/70 mm. Hg. at the 20th week to 120/80 mm. Hg. at term.

4. It was found that in both primiparae and multiparae the average height of the fundus at the 28th week was approximately 25 cm. This increased to 28 cm by the 32nd week, 31 cm at the 36th week and 33 cm at term (40th week). Within limitations the above figures may be used as a working rule in attempting to make an estimate as the stage to which pregnancy has advanced, when other data are lacking.

5. The Abdominal circumference at the level of the umbilicus is subject so many variations due to causes other than pregnancy that it is unreliable as a guide in estimating the age of pregnancy. The average measurement at term however, was found to be 92 cm.

6. Statistics are presented which show the increasing tendency of the fetus to occupy a normal position in utero as term approaches.

7. An observation of the fetal heart rate on 2155 occasions, and subsequent correlation with the sex as revealed at birth, shows that no reliability whatever can be placed in this as an indication of the sex of the child. The average rate was 144.327 in males and 144.328 in females.

8. The Wassermann Reaction was positive in only 11 of the 617 cases, 2 being in primiparae - a total incidence of less than 2%.

3. 華北產科檢查所得
產前檢查之分析

王國棟 金茂岳

1. 本論文分析結果乃依據六百一十七名產婦經過約有二千五百次之常規產前檢查而得。

2. 骨盆外徑平均數

髌棘間徑	23.69 釐
髌髁間徑	26.54 釐
髌恥外徑	19.18 釐
骨盆下口橫徑	8.88 釐

3. 詳細檢查血壓之結果

(a) 自受孕第二十星期至足月期，血壓之平線，初產婦較歷產婦稍高。

(b) 該期間產婦之血壓，在第二十星期縮壓一百一十舒壓七十，足月時縮壓一百二十舒壓八十。

4. 無論於初產婦或歷產婦，在孕二十八星期其子宮底之平均高度為二十五釐。第三十二星期為二十八釐，第三十六星期為三十一釐，足月時時(約在第四十星期)約為三十三釐。

在無其他證據時，按上列之數目可以推算孕婦之大概孕期。

5. 量孕婦臍處之腹部周線而推算孕婦之孕期實不可靠，因除妊娠外尚有其他種種關係可使腹部之大小不一，然在足月期平均約為九十二釐。

6. 根據本文所述之統計，胎兒愈近產期，其在子宮內愈有正常位置之趨勢。

7. 按胎兒心動速率難以判明胎兒之性別，詳檢二千一百五十五次胎兒心動率，於產出後見其結果，其中為男性者三百二十七，為女性者三百二十八，每分鐘之平均數為一百四十四次。

8. 檢查現乏色素體性反應者，在六百一十七產婦中祇有十一人，其中初產婦二人，歷產婦九人，其總計不足百分之二。

4.

ENDOMETRIOSIS

J. Preston Maxwell and Hazel A. C. Lin,

Endometriosis is a condition in which one finds the endometrial tissue where it ought not to be, i.e. outside the mucosal membrane lining the uterine cavity.

There are many theories about the origin of this disease. Von Recklinghausen gave a theory that its origin was from remnants of the Wolffian body. R. Meyer sponsors the serosa-epithelial theory. Halban mentioned the possibility of a theory of metastasis. Sampson in 1921 published an intensely interesting series of observations, asserting that the ectopic forms of endometriosis were due to dissemination and implantation of endometrial tissue.

Classification of this disease by Harbitz are—

1. Endometriosis in the genital organ
2. Intraperitoneal endometriosis
3. Extraperitoneal endometriosis

4.

子宮內膜異位病

馬士敦 林愛羣

子宮內膜異位病者即子宮粘膜組織生長於子宮粘膜層之外。

此病學說不一但 Sampson 氏之學說，為最有興趣，據稱行經時常有血液由輸卵管徽狀流出，則子宮之粘膜細胞，即行播散於他處，結果患得子宮內膜異位病。至於此病之分類 Harbitz 氏分為三類。(一)生殖器子宮內膜異位病，(二)腹膜內子宮內膜異位病。(三)腹膜外子宮內膜異位病。

5. CLINICAL DIAGNOSIS AND THERAPY OF ENDOMETRIOSIS

A. von Miorini,

There are four groups of endometriosis clinically as classified as follows—

1. Internal endometriosis
2. Retrocervical endometriosis
3. Intraperitoneal endometriosis
4. Extraperitoneal endometriosis, i.e. located in post-operated scars.

Symptoms and treatment were briefly mentioned and discussed. The paper is closed with report of a case of retrocervical endometriosis which was operated with tumour intact but the lumbar sympathetic trunk and ganglia were removed. The symptoms disappeared and the patient delivered a normal baby later on. She ought to be followed up but she left for Europe and unable to be traced.

5. 子宮內膜異位病之診斷及治療

米 菫 禮

據臨床經驗此病可分為四類如下：——

1. 子宮壁中子宮內膜異位病。
2. 子宮頸後子宮內膜異位病。
3. 腹膜內子宮內膜異位病。
4. 腹膜外子宮內膜異位病。

茲報告關於第二類病案一例：經剖腹手術時，發現此病，奈因病者急欲生育，故未試行相當手術，但將交感神經節割去，以免痛苦，結果甚好，然病者自受孕生產後回歐，故無從調查，對於相當治療不無遺憾。

6. DIE BEDEUTUNG VON INFANTILISMAUS UND HYPOPLASIE FÜR DIE ASCENSION DER WEIBLICHEN GONORRHOE

G. Von Wolf,

Es wird an einem Material von etwa 25 Fällen von hochgradigem Infantilismus gezeigt, daß eine gonorrhoeische Infektion dieser Frauen, wenn nicht behandelt, stets zur spontanen Ascension des Processes auf die oberen Genitalabschnitte führt.

Schwere Entzündungserscheinungen fehlen dabei fast immer infolge der geringeren Abwehrkraft der Kranken.

THE SIGNIFICANCE OF INFANTILISM AND HYPOPLASIA WITH RELATION TO ASCENDING FEMALE GONORRHOEA

G. Von Wolf

It will be demonstrated in about 25 cases of high degree Infantilism, that all those women, infected by Gonorrhoea, if not treated, will get a spontaneous Ascension of this disease to the upper parts of the genital organs. There are almost no symptoms of a severe inflammation because of the insufficient resistance of those patients.

6. 兒性子宮及子宮發育不全對於婦女 淋病上升之重要

吳樂福

吾輩曾見約二十五例之極度兒性子宮，受有淋症傳染而來治療者，該病症多自然上升於生殖器上部，因病者抵抗力之微弱故，常不顯有嚴重發炎之現象。

7. Placenta Previa and Accidental Haemorrhage

K. T. Lim

北平協和醫院胎盤前置及胎盤分離 過早病案之研究

林 巧 雅

胎盤前置及胎盤分離過早爲妊娠第三期內出血最普通之二原因，又爲產科內最重要之併發症。

最近十四年內五二零生產中，胎盤前置共有九十三案，胎盤分離過早共有七十四案。

歷產婦中患胎盤前置者較初產婦中多三倍半，患胎盤分離過早者，則多七倍，由此觀之，經產次數與胎盤分離過早有重要之關係。大多數患胎盤前置之病人，在二十五及三十歲之間，而患胎盤分離過早者，則在三十五及四十歲之間。

此二種70%以上爲無產期調護緊急入院之病人，多數已經病危及含有染毒性者。

此二症原因之比較，有兩種明顯之不同處。胎盤前置中，妊娠毒血病占1.7%，鴉片癮占2.1%，胎盤分離過早中，則妊娠毒血病占62%，鴉片癮占75%。

連次陰道出血及痛前出血，常認爲胎盤前置之特點，然依此醫案之研究，頗難證明之，強直性收縮及子宮痙痛爲胎盤分離過早之兩要點則甚明顯，至異常產式，在胎盤前置及胎盤分離過早中，均恆有之。

治療之原則：

- (一) 雖因遏止血流，亦不當不顧病人之情況而摧產。
- (二) 除非病人當入院時，正在流血甚急，不然第一須用預防輸血術使病人之全身狀況轉佳。
- (三) 導產之方法依各病人之情況而定。
- (四) 破腹產術及其他導產法於胎盤前置及胎盤分離過早之治療上，各有其相當之地位。
- (五) 當胎盤分離過早又胎已死時，常選用破腹產術與胎盤前置不同。

胎盤前置胎死率為 39%，其中 60% 當入院時，胎已死於子宮內。胎盤分離過早，胎死率為 87.5%，其中 75% 當入院時胎已死於子宮內。如此高度之胎死率，均信為由於早產，然依此醫案之研究，內胎盤前置之 76%，及胎盤分離過早之 66.9% 在三十六星期以後發生，其餘 50% 以上，為滿期者。若血色素至六 gr. 公分以下，雖胎已近期，亦絕少能活。

胎盤前置產婦死率為 4.3%，胎盤分離過早，產婦死亡率為 17% 均死於入院後十小時內，其中多半在三小時內即死。

產婦及胎死率可依下列之諸情形而減低。

- (一) 患病人及早住院醫治。
- (二) 勿忘不顧病人之情況而摧生，並多用預防輸血術。

8. ACUTE APPENDICITIS IN NEW-BORN REPORT OF A CASE

Y. H. Ch'eng & H. J. Kang

Acute appendicitis is decidedly rare in infants. Cases on record have resulted in death. The first and only case in the Central Hospital, Nanking is hereby reported. Patient, hospital

number 31861, the fifth child and the only boy of the family was delivered at term and appeared normal at birth. He began to run fever associated with abdominal distension, constipation and vomiting since the third day of life. It was then thought that he was suffering from an intestinal obstruction. Condition ran steadily down hill and he succumbed on the twelfth day of life. Autopsy performed fifteen hours after exitus disclosed an acute generalized peritonitis, the source of infection having apparently originated from an acutely inflamed appendix. The gross and histological findings are presented. Lastly one is urged to always keep the possibility in mind so that an accurate diagnosis could be made and timely operation resorted to.

8. 初生嬰兒急性盲腸炎病歷報告

程育和 康錫榮

嬰兒之患急性盲腸炎者，殊不多見。偶然有之，則往往致死。茲舉南京中央醫院一例，報告如下。患兒男性，住院號數 31861，第五胎，滿期順產，體格正常。在產後第三日，體溫驟增，兼有嘔吐便秘及腹脹。診斷為腸梗阻。迄第十二日而云亡。於死後十五小時行病理解剖，發現有以急性盲腸炎而起之急性瀰漫性腹膜炎。本文附錄其標本及顯微鏡之所見。凡我醫界，當有鑒於本病診斷之匪易，而不容絲毫忽視焉。

9. ENDOCRINE THERAPY IN MENSTRUAL DISORDERS

Amos Wong

In this paper, the writer relates his personal limited experience in the use of organs—products for the treatment of cases who suffer from menstrual disorders.

In view of the fact that endocrine therapy is still more or less in a stage of infancy, he feels it is a good time for the gynecologists in China to focus their interest in this uprising important subject. He is looking forward to a good and instructive discussion from members of the section.

9. 月經紊亂之內分泌素治療法

王逸慧

著者憑個人之經驗，述內分泌製劑對於治月經紊亂之作用。內分泌製劑治療，尚在幼稚時間，著者希望海內之產婦科專家羣起注意此問題。

10. HORMONE THERAPY IN THE TREATMENT OF DISTURBANCES OF MENSTRUATION

J. Preston Maxwell,

From clinical experinees, hormone therapy in the treatment of dysmenorrhea, amenorrhea and metrorrhagia is still perplexed and uncertain. There are cases which have shown good results but there are also many failed cases. We need to learn a lot more about the symptoms and signs of defective ovulation, retained corpus luteum and the like, before we can use these remedies with any degree of precision for the cure of menstrual irregularites. And we need the actual substances themselves in pure form before this desirable end can be reached.

10. 月經紊亂之內分泌素治療法

馬士敦

此種治療，係一複雜而不確定之問題。在臨床經驗，此類藥品，對於同樣病人，結果有時甚好然亦常失敗。故吾人欲應用內分泌素

劑。治療月經失調諸症。必須將 defective ovulation 及 retained corpus luteum 等症，詳細研究。庶幾對症下藥方有效果。而所應用之黃體製劑，亦必須純潔，始可得所希望之正確結果。

11. SOCIAL GYNAECOLOGY IN CHINA

W. Neubauer

Social Gynaecology means gynaecological and obstetrical work for all groups of women in the interests of human society, the community and the state.

I shall dwell chiefly upon the problem of:—

- | | |
|-----------------------|---------------------------|
| 1. Maternity. | 2. Public Health Centers. |
| 3. Birth Control. | 4. Criminal Abortion. |
| 5. Venereal Diseases. | 6. Sterility. |
| 7. Sterilization. | 8. Uterus-Cancer. |

1. The chief concern for China today is the progressive education of midwives as to both quantity and quality.

2. There is a need for the establishment of additional public health centers and for the improvement of those already functioning. These will form the central and focal point for all social gynaecology. These will include clinics for birth-control, for premarital sexual problems, and for ante-natal care; and centers for anti-venereal and anti-cancer propaganda.

3. Explanations of recent population control movements in other countries are illustrated by a series of slides. Declining birth and death rates are shown illustrating the maintenance of the population level on the one hand and the avoidance of overcrowding on the other. Here a parallel is drawn between the populations of India and China. In this movement a birth rate of 20% and a death rate of 16% is estimated, it being necessary to maintain a 4% increase in favour of the former. There is a necessity for exact statistics in this regard. High infant mortality is connected with high birth rate.

4. The combat against criminal abortion through birth-control.

5. Importance of the venereal diseases in our field of social Gynaecology is stressed. The recommendations of Dr. Wu-Lien-Teh:— Emphasis upon prevention; distribution of popular public health tracts; teaching in missionary and lay schools; supervision of prostitution; distribution of prophylactics; and importance of inexpensive treatment for the masses is stressed. A state-law for prevention is suggested.

6. As to the question of sterility, the need for administering treatment in the early stages for the constitutional hypoplastic cases, is explained.

7. Sterilization in cases of mental diseases is recommended. In hereditary diseases especial caution should be taken.

8. It is necessary to intensify the anti-cancer propaganda,—an important duty of public health midwives as well. The possibility of early recognition of cervix-cancer is demonstrated and the yearly examination of women of over thirty years of age is demanded.

We physicians must try to be perfectly grounded in all these subjects. From the brain and from the heart we must be of influence to the members of the administration and teaching institutions, for they are the source of all future betterment in the social order. It is only through the fulfilment of the aim of the gynaecologists that the health of the Chinese mothers will be secured.

11. 社會婦科學在中國

倪保爾

“社會婦科學”者，以社會與國家之幸福為前提，而對各階級婦女所為之婦產科工作是也。

茲就下列各問題，加以討論即：（一）產科學，（二）公共衛生機

關，(三)節制生育，(四)非法墮胎，(五)花柳病，(六)不育，(七)絕育，(八)子宮癌。

(一)產科學 今日中國之產科教育在質與量方面，均有革新之必要。

(二)公共衛生機關 公共衛生機關，如節育指導所，婚前兩性問題指導處，產前護持診所，以及花柳及預防癌症宣傳機關等；其未設者，應即籌設，而已設者，亦應加改良。

(三)節制生育 概近世界各國，對於節育運動，極力推進，(演講時，放映幻燈片，顯示各國節育運動之情形)。此項運動之結果，厥為生育率減低，而死亡率亦同時減低如是一方面維持生育水準，而另一方面得免人口過剩。節育運動中之生育率約為百分之二十，而死亡率約為百分之十六；前者應提高百分之四。關於此項生育率與死亡率，須作精確之統計。中國之人口情形，與印度相彷彿。又嬰孩死亡率之高，與生育率之高有關。

(四)非法墮胎 非法墮胎之舉，可用節育方法防止之。

(五)花柳病 花柳病問題，為社會婦科學中之重要問題。伍連德醫師對於此問題，提出下列數種建議，即：注重預防，分送衛生常識傳單冊子，學校中教授衛生常識，管理娼妓，分送預防藥物，及為平民廉價治療花柳病。至國家制定法律，以防花柳，尤為有效之辦法也。

(六)不育 關於不育一事，應及早加以治療。

(七)絕育 對於精神病人，應減絕其生殖能力；而對於遺傳病者，尤應特加注意。

(八)預防癌症 擴大預防癌症宣傳，且此項宣傳亦為公共衛生產科醫師之重要責任。子宮頸癌可於初生時發見，而三十歲以上之婦女每年有受檢查之必要。

吾僑醫界中人，對於上述各項問題，必須有澈底之研究，而使吾人之影響達於行政及教育機關負責人員，蓋社會之進步改良多賴若輩也。總之，一般婦科醫師之目的實現以後，中國之母性始有健康上之保障焉。

12. OBSTETRICAL CRITERIA IN NORTH CHINA

II. The Weight and Measurements of the Mature New-born Child

Gordon King, and Tang Yu Teh

1. The average weights and measurements in a series of 1000 mature new-born infants of North China are reported.
2. The series was made up of 521 boys and 479 girls, showing the usual small preponderance of the male sex.
3. The average maturity of the fetus (menstruation-parturition interval) was 277 days in the males and 278 days in the females. The over-all average was 278 days (39⁵/₇ weeks).
4. The average birth weight of the male was 3138 gm. and of the female 3038 gm., showing a general average of 3090, grams.
5. The foetal diameters and circumferences in general showed results consistently less than those usually taken as standard in Western countries. The measurements in the case of female foetus were all slightly less than those of the male.
6. The umbilical cord was found to separate between the 5th and 10th days of life in 88% of the cases, the commonest day of separation being the 8th.

12. 華北產科檢查所得 初生兒之檢查

王國棟 唐郁德

1. 本文係將在華北連續所見之一千初生兒身體平均之重量及其量度作成之報告。
2. 本報告中之嬰兒爲男性者 521 名，女性者 479 名，顯亦男性之數略多於女性與常例相符。

3. 胎兒平均之成熟期(月經與分娩間期)計男嬰爲277日，女嬰278日，總平均爲278日(39 $\frac{6}{7}$ 星期)。
4. 男嬰出生時平均體重3138克，女嬰3038克，總平均數爲3090克。
5. 一般初生兒之直徑與周線，較在泰西各國尋常所量得之標準數極少。
6. 臍帶脫落在出生後第五日與第十日之間者佔88%，脫落期最常見者爲第八日。

13. RARE FETAL MONSTERS
WITH REPORT OF TWO CASES

S. W. Lee,

Two rare cases of congenital deformities of fetuses are reported. One is a syncephalus and the other a cyclops. The former gave some difficulties during labor.

13. 兩例罕見怪胎

李士偉

文爲報告兩例怪胎。一名併頭聯胎，一名獨眼畸胎。兩例均甚罕見。

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1. ACUTE GONORRHEAL CONJUNCTIVITIS

An Analysis of 105 Cases in Chinese

W. P. Ling

Between July, 1933 and December, 1936, one hundred and five patients with acute gonorrhoeal conjunctivitis, all proved microscopically, visited the Eye Clinic of the Central Hospital, Nanking. The incidence of the disease was 8 per thousand of the 12,435 new eye patients seen during the corresponding period, a figure which is slightly higher than that reported by Pi from Peiping (6 per thousand). There were 77 males and 28 females. Of these 24 were infants; 17, children; and 64, adults. The duration of the gonorrhoeal conjunctivitis when the patients presented themselves varied from 1 to 60 days, but in about 74 per cent of them it was between 1 and 15 days. The following tables indicate eyes involved and frequency of corneal complications:

Eyes involved

Both eyes.....	69 cases, or 64 per cent
Right eye alone	18 cases, or 17 per cent
Left eye alone.....	19 cases, or 18 per cent

Corneal Complications

Without	60 cases, or 57 per cent
With	45 cases, or 43 per cent

The residential addresses of the patients showed that they came from nearly all the parts of the city, a wide spread menace to public health of the community.

The occupation of the patients varied greatly, but soldiers were very few, in contrast with the statistics published by Pi.

Because of economic and other reasons only 25 cases or 23 per cent could be admitted into the hospital for treatment, which consisted of very frequent ocular lavage with normal saline and milk injections. By this procedure the gonococci could be made to disappear from conjunctiva in from 3 to 16 days after admission of the patient, but in the great majority of them the favorable result

could be secured within a week after admission, and only in exceptional cases did it require as long as 3 weeks to 2 months. It confirmed the experience of others that milk injections together with frequent ocular lavage materially shorten the course of acute gonorrhoeal conjunctivitis, which might otherwise be prolonged to several weeks or even months, thus lengthening the duration of of the danger to the community in which such patients live. But whether this form of treatment can really prevent or stop corneal complications remains to be investigated.

1. 華人急性淋病性結合膜炎一百零五例

林文乘

自民國二十二年七月至二十五年十二月因淋病性結合膜炎來本院就診者共一百零五人。此按同時眼科初診總數計算為千分之八，與北平畢氏所報告者相差不多(千分之六)。一百零五人中男性七十七名女性二十八名，嬰孩二十四名兒童十七名，成人六十四名。其來院時之病期最短一日，最長六十日大多數為一日至十五日。

下列二表指明患眼之數與角膜合併症之有無：——

(1) 患眼

(a) 兩眼……………共六十八例(64%)

(b) 右眼……………共十八例(17%)

(c) 左眼……………共十九例(18%)

(2) 角膜合併症

無……………共六十例(57%)

有……………共四十五例(43%)

觀其住址，一百零五人來自本城之各方，分佈極廣，危及公共衛生，實非淺鮮。

彼等所操職業各不相同，惟士兵極少，與畢氏所報告者相反。

因經濟與其他關係，一百零五人中僅二十五人得入院治療。治療方法分局部(用生理鹽水灌洗患眼每五分鐘一次)與全身(新鮮牛奶肌

內注射)。依此法，淋病細菌於患者入院後三日至十六日完全消滅，大半於一星期內可達到此目的，足見此種治療法，確能縮短本病時期，否則必延至數星期或數月而不癒，同時於公共衛生極有危險。惟是種治療法，是否能預防角膜合併症不發生，或停止其進行，則尚待研究。

2. PRELIMINARY REPORT ON THE QUININE TREATMENT FOR TRACHOMA

S. P. Chang

The quinine treatment for trachoma has been used as a routine in our clinic for the last four months. There have been about seventy patients with trachoma under this treatment. They presented varying clinical pictures of trachoma, some showing the follicular and papillary type and some the follicular and cicatricial type. Most of them had been treated with the copper stick regularly for from 5-10 years with only little improvement, but responded favorably to the quinine therapy. Although the period of observation is relatively short and does not permit final conclusions, we wish to report at the present time our impressions as to the efficacy of quinine in the treatment of trachoma.

Technic

The treatment consists of the application of a 10% solution and a 2% ointment of quinine bisulphate. Before the application of the 10% quinine solution which is painful some local anesthesia is necessary. For this purpose 1% pantocain solution is instilled into the conjunctival sac twice. The 10% quinine bisulphate solution is then applied to the upper palpebral conjunctiva, the upper fornix, the lower palpebral conjunctiva, and the lower fornix with a cotton applicator previously immersed in the solution. The application at each place should last about one minute or until the color of the conjunctiva becomes slightly greyish. The excess of the solution on the conjunctiva is washed off with normal saline, also by means of a cotton applicator. This treatment is carried out

three times a week in our Out-Patient Department, Besides this, 2% quinine bisulphate ointment is prescribed to be used at home twice a day.

Results So Far Obtained

Subjectively, the patients frequently complained of a greater degree of irritation in the form of lachrimation, sandy sensation and discharge after the first six treatments. Each time this increased irritation lasted about one day. However, the irritation caused by the quinine application was not worse than that following the copper stick treatment. After a few applications these symptoms gradually subsided and the patients began to feel better. Some of them even claimed that they could see more clearly than before. Since the introduction of the quinine therapy the number of patients in the trachoma clinic has increased and almost all of them remarked that the new treatment was better than the old one, i.e. the copper stick treatment.

Objectively, the following observations were made on our patients:

1. The various pathologic elements of trachoma responded to the quinine therapy differently. The follicles usually began to decrease in number after twelve applications had been given regularly, (that is three times a week for one month) and entirely disappeared after forty-eight applications, viz. three times a week for four months. Fine linear scars appeared as soon as the follicles disappeared. The papillary hypertrophy, however, did not show so prompt an improvement as the follicles. Only after continual treatment for two or three months, did it start to present signs of regression.

After the papillary hypertrophy and the follicles disappeared there was always left behind a considerable hyperemia of the palpebral conjunctiva which persisted and was very hard to eradicate.

2. In order to get satisfactory results it was necessary to carry out the treatment regularly. Irregular attendance of the patient definitely decreased the rate of improvement.

3. Quinine ointment alone was much less effective than when combined with rubs with the 10% solution.

4. The corners of the fornices are not as easily accessible to the quinine application as the other parts of the palpebral conjunctiva and are easily missed during the application of the drug. That is the reason why the follicles in these areas frequently persisted or disappeared last. Therefore special attention should be paid to these places during the treatment.

5. The length of time of each application seems to play an important role in the effect of the treatment. The drug must be applied until the palpebral conjunctiva becomes grayish in color which takes approximately one minute. It is also advisable to make, during the application, rolling or rubbing movements with the applicator, so that in addition to the chemical action of the drug, some mechanical effect is secured.

So far I have observed no patient with idiosyncrasy or hypersensitivity to the drug. The eczema of the lids, the chemosis of the bulbar conjunctiva and the corneal erosions which have been met with were merely temporary complications. After discontinuing the treatment for one or two weeks these complications disappeared promptly, and, on starting the treatment again, did not recur.

One may ask how long does it take for the quinine treatment to effect a cure of trachoma. This question can not be answered at the present time, for in our clinic the quinine treatment was only started a few months ago. I have not yet seen a completely cured case, but almost all patients have shown remarkable improvement.

2. 砂眼奎寧療法之短期經驗

張式溥

本科對於砂眼實行奎寧療法，已有四月之久。就診患者共有七十餘人。其症狀有呈濾胞乳頭型者，有呈濾胞癬痕型者。多半曾用硫酸銅棒 (Copper Sulphate stick) 治療數年而未見卓效，但對於奎寧則

收效頗速。顧此法試行未久，對於其最後之結果尚不欲遽行判定，茲僅就近數月內經驗所得作一非正式之報告。

治療之術式

所需之藥品為10%重硫酸奎寧 (Quinine Bisulphate) 溶液及2%重硫酸奎寧軟膏。因10%溶液有刺激性，使眼感覺疼痛，故未塗擦前，先滴1% Pantocain 於結合膜囊內二次，使眼之知覺鈍麻。然後以棉棍浸10%藥液塗布於上下瞼結膜及上下穹窿等部。於每一處放置約一分鐘之久。待結合膜面變為灰色為止，再以他一棉棍浸食鹽水，洗去結合膜面上過剩之藥液。如此治療每星期至少三次。患者在家仍須自敷2%軟膏，每日二次。

短期內所獲之效果

自覺：最初五六次塗擦後，患者多苦刺激，即羞明流淚，分泌過多及異物感等症。一日後始漸消失，但較擦硫酸棒後所受之刺激不為過劇。經數次治療後患者即不再感覺任何不適，且眼症大覺清爽，自謂視物較清，晚間工作，目不疲倦，亦無分泌物。故均喜用此法。砂眼之就診人數亦隨而驟增。

他覺：對於本法效力之觀察，有下列數端：

1. 經過十二次治療後(治療一月之久)濾胞即開始減退；四十八次後(四個月)則可完全消失。同時癬痕生成。其癬痕之發生，較用硫酸銅棒治療既速且微，結合膜面仍保持其平滑美麗之狀態；至乳頭則消失較遲，至少須經過二三個月之治療，始漸次減退。又濾胞與乳頭消失後，瞼結合膜多遺留著明之充血，持久不愈。
2. 欲收速效，須繼續治療。不可間斷。否則收效甚緩。
3. 若只用軟膏，而不用10%溶液塗擦，則收效極微。
4. 上下穹窿之內外隅部，藥液不易達到，故該部之濾胞消失最遲。治療時宜特別注意此部。
5. 每次治療之時間愈長愈好！又塗藥液時最好將棉棍旋轉，或用力磨擦，藉以增進治療之效。

6. 於治療期間，尙未遇合對於奎寧有特殊異質之人。雖曾見敷藥後發生眼臉濕疹，球結合膜浮腫，及角膜上皮脫落等合併症，但將藥液停止一二星期，則自行消失。以後繼續治療該症亦不再發。

設有人問曰：用此法治療究需若干日，砂眼始獲全愈？對此問題現尙不能圓滿答覆，因實行奎寧治療僅數月之久，爲期過短，故尙未見一完全治愈之例，但其症候皆大見輕則勿庸置疑。

3. INTERSTITIAL KERATITIS IN CHINESE

Report of 31 Cases

Chen P'an

Of thirty-one patients with interstitial keratitis admitted into the Central Hospital during 1933-1936, 14 were males and 17 were females. In number the children were in the minority, being only 7 as against 24 for adults between the ages of 20 and 50. In 17 patients both eyes were involved, while in equal number of cases, namely 7, the right or the left eye alone was involved. The duration of the disease on admission varied considerably in individual patients, from as early as 3 days to as late as 7 months. In the great majority of them, several weeks had already elapsed after onset before they presented themselves in the clinic. Regarding occupation there were 7 soldiers, 5 students, 9 housewives, 3 laborers, 1 merchant, 1 monk, and 5 children. Blood Wassermann reaction was positive in all cases but one, in which the Mantoux (tuberculline) reaction was positive. Internal examination showed no lesions pointing to congenital syphilis in any one of them but evidences of acquired syphilis were found in two of the adults.

In the great majority of the patients, vision of the affected eye could be restored for working purposes within two months after admission. This was apparently independent of any treatment including air injection into the anterior chamber, auto-blood injection into the anterior chamber, and Elliot's trephining, all of

which were done in twelve cases with the idea of breaking down, at least partially, the theoretical aqueous-blood barrier in the hope of admitting an increased amount of such therapeutic substances as neosalvarsan which was given intravenously in varying quantity before and after the above-mentioned operative procedures.

The present cases show undoubtedly that syphilis is practically the only cause of interstitial keratitis in Chinese. When the age factor is considered, acquired syphilis seems to be more important than congenital syphilis in the causation of this particular eye disease in Chinese, a point which was previously mentioned by Pi in Peiping, It is contrary to the experience of some Western authors, e.g. Igersheimer, who asserted that almost all cases of interstitial keratitis on syphilitic basis were due to the congenital variety.

3. 華人間質性角膜炎

三十一例

陳 馨

自民國二十二年七月至二十五年十二月本院眼科病人因患間質性角膜炎而入院者共三十一人。內中男性十四人，女性十七人。兒童爲數不多，僅七名，其餘二十四名悉係成人自二十至五十歲。兩眼同時患者共十七人，右眼或左眼單獨患者各七人。來院時其病期長短頗不一致，自三週日至七閱月，大半均數星期之久。論職業則士兵七名，學生五名，已婚女子九名，工人三名，商人一名，兒童五名。

除一例外血乏色曼氏反應均呈陽性。患者無一呈先天性梅毒之現象。成人中僅二名有後天性梅毒之憑據。

大半病者入院後，在兩月以內，得恢復其視力至能工作之程度，此與治療方法似無特別關係。

由以上三十一例觀之，華人間質性角膜炎之原因，幾全屬梅毒性。患者泰半爲成人，論原因後天性梅毒似較先天性梅毒爲普通。此與西方梅毒專家伊克司黑默氏之經驗背馳。

4. A NEW TREATMENT OF VARIOUS DISEASES OF THE EYE WITH ULTRA SHORT WAVES.

T. B. Sun,

It is only recently that the treatment of various diseases of the eye with ultra short waves has been introduced. Though this treatment is still in the experimental stage, there have been some astonishing successes.

The physical quality of the short waves is entirely different from diathermy and we can use short waves to advantage in the treatment of inflammatory diseases where diathermy is undesirable. Besides producing heat the ultra short waves have a number of effects which may be summed up as biological effects, i. e. protracted hyperemia, alleviating pain, leukocytosis and increase of phagocytosis, etc.

Up to now only a few papers have been published e.g. by Decker, Grueter, Gutsch, Bergner reporting good results in the treatment of inflammatory diseases of the eyelids and the lacrimal sac as well as in herpetic diseases of the cornea, ulcus serpens, iritis, iridocyclitis tuberculosa and newly developed diseases of the retina and choroid.

I have used myself ultra short waves in different diseases and found the results to tally with those described by the above authors. I have only to add that I had good results in atrophy of the optic nerve.

The application of ultra short waves is simple and easy, the patient feels nothing but an agreeable warmth in the eye.

Dosage:— 10 to 20 minutes daily applied 10 to 30 times.

Up to now there have not been any injuries.

4. 關於眼科之超短波電新療法

孫成璧

超短波電最近才應用於各種眼科病症，雖然還在試驗時期，但已經有了很好的效果。他的物理性質與透熱電不同，他對於發炎症的病

症很相宜，透熱電則不能。除去產生深度熱以外，他還有其他很多功效，總共叫他為生理學的功效：如持久的血管擴張作用，止痛作用，局部的白血球增加，增強白血球吞噬作用，殺菌作用等等。

到現在不過只有幾篇文章發表，如 Decker 氏 Grueter 氏 Gutsch 氏，Bergner 氏等。他們的報告是對於下列諸症有良好效果：眼瞼及淚囊炎，疱疹性角膜病症，匍行性角膜潰瘍，虹膜炎，結核性虹膜毛狀體炎，初期之視網膜及脈絡膜病症等等。

鄙人亦曾用超短波電治療各項病症，所得結果與各位學者的報告大致相同。不過尚需補充一點。即超短波電對於視神經萎縮，亦有很好成績。應用時手術簡便，病人除眼內發熱外，無其他感覺；治療為每日一次每次 10—20 分鐘，共需 10—30 次。至今尚無發現對於病人有若何損傷。

5. ABOUT THE TREATMENT OF ABLATIO RETINAE

Ch. Schwarzenburg

11 years ago Gonin was able to report on 5 cases of ablatio retinae cured by ignipuncture and since that time the literature about the treatment of the ablatio retinae and its success has grown considerably. By his ignipuncture Gonin has proved that the closing of a hole in the retina will cure the ablation. To-day most authors consider it a proved fact that the formation of a crack in the retina is the last requirement for the development of an ablation. Such cracks develop from degenerative processes in the retina either consequently to old age, excessive myopia, chronic tuberculosis or hereditary disposition.

Besides Gonin's ignipuncture several other operations for the closing of cracks are practised to-day such as corrosion by caustic potash according to Lindner, the catolysis by Vogt, the double pole electrolysis by v. Szily-Machemer, the diathermic puncturing by Safar and the diathermy treatment by Weve.

Report on 12 cases of ablatio retinae which received the latter treatment; out of these 9 were cured, in 3 cases there was no result.

5. 視網膜剝離之療法

許華村

十一年前 Gonin 氏發表用燒灼穿刺術治好五例視網膜剝離以後，在文獻上關於視網膜剝離的治療，同治療的結果，報告愈是廣大了。Gonin 氏證明用他的燒灼穿刺方法，把視網膜裂孔閉塞後，剝離即愈。現在大多數的學者都證明若視網膜發生裂孔後，將來即成為視網膜剝離症。這類裂孔是因為視網膜上有變質現象才發生的，如高年者，深度近視，慢性結核或遺傳病等。

在 Gonin 燒灼穿刺術之後，現在還有其他很多閉塞裂孔的手術方法，如 Lindner 氏的用腐蝕鹼類，Vogt 氏的催化方法，Szily-Machemer 氏的雙極電解法，Safar 氏的透熱電穿刺，Weve 氏的透熱電方法。

現在報告是用最後一法治療的十二病例，其中有三例沒有效果。

6. CHRONIC RETROBULBAR NEURITIS IN SHANGHAI

H. M. Ling

This study represents a statistic of 41 cases of chronic retrobulbar neuritis treated in the First Hospital of the Red Cross Society of China, during the past 7 years (1930-1936).

A. Etiology:—

1. Beriberi	1	2.4%
2. Accessary sinus diseases	10	24.0%
3. Lactating period in woman	1	2.4%
4. Increase of internal secretion	1	2.4%
5. Syphilis	5	12.0%
6. Increase of intracranial pressure	1	2.4%
7. Suspected nicotine poisoning	1	2.4%
8. Teeth and tonsils troubles	5	12.0%
9. Unknown causes	16	40.0%

B. Incidence:—

1. Age: Between 20-34

2. Occupation
 - a. Soldiers 35%
 - b. Students 20%
 - c. Miscellaneous 45%
3. Sex: Male 88%
Female 12%

C. Symptoms:

1. Impairment of vision; For the distant and near objects
2. Discomfort in moving the eye balls.
- 3! Dizziness.

D. Objective findings:

1. Scotoma
 - a. Absolute central scotoma
 - b. Relative central scotoma
 - c. Pericentral scotoma

Only a few cases had some changes of field for white.
2. Fundus: Only 8 cases showed temporal pallor and the rest are normal.
3. Cerebrospinal fluid: In 50% of the examined cases there were increases of cell count, sugar, protein and chlorides.

E. Treatment:

1. Vitamin and tonics: In a case of woman during lactating period vitamin, strychnine and iron compound were given and lactation was stopped though she presented no symptom of beriberi or deficiency of vitamin B. Within three week's time she was cured completely. However in another case, (Case 16) a soldier, the same treatment was prescribed, but no improvement of vision at all within the same period.
2. Anti-luetic treatment: One patient with strongly positive Wassermann, neoarephanamine actually aggravated the symptom.
3. Operative treatment: Ethmoidectomy of one case did not improve the vision.

4. Foreign protein fever therapy: Thirty seven cases were treated with intravenous typhoid vaccine injection in ascending doses, even cases of definite known causes this therapy proved to be definitely valuable in shortening the course.
- F. Result of treatment: The result of cure in this Hospital, was 54.2% by applying various methods of treatment.

6. 論上海慢性球後性視神經炎

林和鳴

(一)慢性球後性視神經炎，在上海中國紅十字會第一醫院，自民國十九年(1930)起至民國二十六年(1936)止七年中共計住院病人四十一例，其原因

脚氣	1人	2.4%
副鼻腔疾患	10人	24.0%
婦人授乳期	1人	2.4%
梅毒	5人	12.0%
內分泌增加	1人	2.4%
腦壓亢進	1人	2.4%
疑似煙草中毒	1人	2.4%
牙齒及扁桃腺疾患	5人	12.0%
原因不明	16人	40.0%

(二)年齡之統計，以二十歲至三十四歲之間為發病期，職業上保安隊佔 35%。學生佔 20%。其他職業共計 45%。性別以男性為最多佔 88% 女性 12%。

(三)眼症狀；患者訴遠近點視力障礙，眼球運動有不快感及頭暈。

(四)他覺檢查上顯絕對，比較，中心暗點，及心外暗點。少數患者顯合併視野變化。眼底除八眼有乳頭竇側視色外，其餘皆。正常腦脊液檢查：細胞，糖，蛋白質及氯化物，在 50% 患者係增加。

(五) 治療。

1. 維他命及補劑；婦人授乳期中之一患者。雖無維他命缺乏及脚氣病症狀診出，然停止其授乳，給與乙種維他命及 Strychnine 鐵等補劑，在三星期中完全治癒，例(十六)一患者，原因不明；職業為保安隊，給與同樣療法。在三星期中，並無增進其視力；
2. 抗梅毒療法：一患者血中乏色曼氏 (Warssermann) 呈強陽性反應？但給與薩乏散靜脈注射，反使視力增惡。
3. 手術療法：本病例行篩骨切除術，術後並未能增進其視力。
4. 異性蛋白發汗療法：三十七例中皆用傷寒菌苗靜脈注射；其効甚著，雖原因明瞭，行原因療法兼用傷寒菌苗注射，有縮短治癒期之功。

(六) 慢性球後性視神經炎，行以各種治療方法。其治癒數約 54.2%。

7. CAUSES OF IMPAIRMENT OF VISION IN CHINESE

An Analysis of 1171 Cases

S. M. Kiang,

During a period of six months (November, 1932 to April, 1933) among the new patients visiting the Eye Clinic of the Peking Union Medical College Hospital 1171 persons were found to have visual impairment of varying severity in one or both eyes. The most common cause was refractive errors of one kind or another. Next came pannus corneae due mostly to trachoma. Still next came conditions like leucoma adherens and staphyloma corneae. Many other causes come under consideration but they are too varied to be mentioned here one by one.

7. 華人視力減損之原因

一千一百七十一例

報告

姜辛曼

民國二十一年十一月至二十二年四月，六個月以內，北平協和醫院眼科初診病人中，有一千一百七十一名，其一眼或兩眼之視力不及正常。推其原因最普通者，厥為屈光不正。次則砂眼性角膜血管翳。又其次為粘連性白斑，與角膜葡萄腫。尙有其他原因，名目繁多，不及備述。

8. A NEWER METHOD FOR THE CORRECTION OF EXTREME DIVERGENT STRABISMUS.

Report of a Case.

F. S. Tsang,

A girl of 19 complained of her left eye turned outward for the last fifteen years directly after an attack of measles at the age of four. On admission the left eye was seen to squint temporalward in extreme degree. During the operation the internal rectus was found to be very thin and atrophic, while the external rectus was very thick and stout with great deal of hypertrophy of the surrounding tissue. An advancement of the internal rectus and the recession of the external rectus was performed under general anesthesia. The result was very disappointing because the operation did not improve the squint to any appreciable degree. The author then performed another operation on the internal rectus with his newly conceived method by suturing the insertion stump of the muscle to that of the internal caruncle. With this he achieved excellent result in that the eye became straight. In the absence of a better term the author designates the operation "Pulley correction". It is to be hoped that the author's correction will be given a fair trial when other measures of correcting divergent strabismus have failed.

8. 極度分開性斜視之較新矯正術

病例報告

張福星

患者乃一少女，年十九，於四歲時，曾患麻疹。愈後即覺其左目外斜。迄今已閱十五載，來院求治。察得該眼斜向顛側，已臻極度。於施行手術時，發見該眼內直肌，極纖薄而萎縮。但其外直肌，則甚廣厚健強。周圍之組織，亦極肥厚。經全身麻醉後，施行內直肌移前，及外直肌退後術。維施術後，未曾奏效，斜度依然。作者乃思得一新術，即將內直肌之末幹，縫於內鼻，經此矯正，果著成效。茲以未得他稱。姑名斯術為“韃轡或調帶矯正術”作者並冀同仁，對於矯正外斜視，他術失效時，試行斯術，以資研討。

耳鼻喉科組

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OTOLARYNGOLOGY

SECTION ON OTOLARYNGOLOGY

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1. PARALYSIS OF THE RECURRENT LARYNGEAL NERVE

A Study of Thirty-five Cases Seen in the P.U.M.C. Hospital

J. Hua Liu and Y. H. Hsu

A general review of the literature on paralysis of the recurrent laryngeal nerve was made. Thirty-five cases of paralysis of the recurrent laryngeal nerve seen in the P.U.M.C. hospital were studied. The males were affected about twice more than the females. Hoarseness of voice is nearly the only symptom, though dyspnea may occur in case of bilateral paralysis. The chief causes of the paralysis were, in the order of their frequency, cardiac enlargement and mitral stenosis, operative or external injuries, pulmonary tuberculosis, infections and tumor of neck, carcinoma of esophagus, tumour of the thyroid gland, periphery toxic neuritis, tumour of the mediastinum and congenital anomaly. The left side of the cord was involved in 28 cases, right side in four and bilateral in three. The cords were found in the cadaveric position in twenty-four cases, and in midline in eleven. Pure adductor paralysis was not observed. The change of the position of the cord from midline to cadaveric position or vice versa was not noted.

1. 喉返神經之麻痺

劉瑞華 徐蔭祥

本篇先作“喉返神經麻痺”諸文獻之溫故，再就北平協和醫院診治之三十五例加以研究。患者男子倍於女子。聲音嘶澀為唯一之病狀。在兩側性麻痺患者往往有呼吸困難。就其主要原因發現之多少，順序述之如下：最多者為心臟擴大，次為二尖瓣狹窄，手術或外部之

創傷，肺結核，頸部傳染或腫瘤，食管癌腫，甲狀腺腫瘤，中毒性周圍神經炎，縱隔障內之腫瘤，及先天性異常等。左側聲帶受累者二十八例，右側者四例，兩側者三例。聲帶保持於屍體位者二十四例，位於中線者十一例。純粹內收肌麻痺者則無有。聲帶由屍體位變為中線位或由中線位變為屍體位者均為所未見。

2. RETRO-ESOPHAGEAL ABSCESS FOLLOWING DEGLUTITION OF A PIECE OF DUCK BONE

M. L. Hu

A case of retro-esophageal abscess following deglutition of a piece of duck bone is reported. The patient was admitted to the Central Hospital, Nanking nine days after the accident. He had disability of swallowing. His neck was held stiff in a twisted position causing his head to lean to the left side. Roentgenogram showed a huge abscess in the post-tracheal space pushing the larynx and trachea forward and the cervical spine backward changing the normal curve of lordosis of the spine into kyphosis. The lower portion of the abscess had extended in to the upper part of the mediastinum. The abscess was drained through the neck. Continuous intravenous infusion of 5% glucose in normal saline was given for four days. Subsequent esophagoscopy revealed no foreign body or fistula in the esophagus. The incision healed in about 3 weeks and the patient had an uneventful recovery.

2. 誤嚥鴨骨而生之食管膿腫

胡懋廉

報告一例因誤嚥鴨骨而生之食管後膿腫。病人於此事發生後九日始入南京中央醫院。當時已不能嚥下。頸部強直而傾向左側。愛克司光發現於喉及氣管之後方有一碩大膿腫，將氣管向前方推出，並將頸椎向後方推彎；致頸椎之正常前凸一變而為後凸。膿腫下部已侵入縱

隔障之上部。膿腫由頸部排膿。繼續靜脈注射葡萄糖百分之五之溶液凡四日。後行食管鏡術，但未發現異物或瘻孔。頸部切開創約三星期即癒合，病人終恢復健康而出院。

3. DEPRESSION OF THE NASAL BRIDGE AND ITS PLASTIC TREATMENT WITH TRANSPLANTATION OF THE COSTAL CARTILAGE

M. L. Hu

A case of depression of the nasal bridge is reported. Deformity of the nasal bridge formed following an abscess developed in the nasal septum. The abscess is cured by simple drainage through a septal incision, and the nasal depression, by transplantation of a piece of cartilage from the rib. The case history and the operation technic with all necessary photographic and diagrammatic illustrations are described in detail.

3. 鼻樑凹陷及其肋軟骨移植術

胡懋康

報告一例因鼻中隔膿腫而生之鼻樑凹陷。膿腫經施鼻中隔上之切開術而治愈；畸形藉肋軟骨之移植而矯正。本篇對於病歷及技術均詳加記述。

4. MALIGNANCY OF THE NASO-PHARYNX AND EUSTACHIAN TUBE.

A. M. Dunlap

Important points in the histories of cases of malignancy of the nasopharynx and eustachian tube seen in private practice will be presented together with a brief description of our present method of treatment.

4. 咽鼻部惡性與耳咽管惡性

鄧樂普

就私人診所中所見之咽鼻部惡性與耳咽管惡性病例，提出其病歷中之要點，並略述其療法。

5.

TONSILLECTOMY

A Review of 1,000 Cases

C. P. Yang

This report consists of a review of one thousand cases of tonsillectomy performed within a five-year period, together with a statement of the indications for this procedure and a description of the technique of operation used at the Peiping Union Medical College Hospital. Most of the operations were performed because of frequent attacks of tonsillitis associated with enlargement of the tonsils. The majority of the patients were from six to fifteen years of age.

Postoperative hemorrhage and pulmonary complications were minimal for this series. There were only two instances of postoperative bronchopneumonia and no instance of lung abscess. In thirty-one instances the excised tonsils proved to be tuberculous, and in sixteen instances actinomycosis was found.

Of the one thousand patients studied, follow-up data is available for five hundred and twenty-two. Seventy-seven per cent of these patients reported that they were well; 14 per cent that they were improved; and 8.8 per cent that they were unimproved. The improvement occurred chiefly in those patients having had frequent attacks of tonsillitis, coughs, colds, and obstructive symptoms; whereas patients tonsillectomized for the removal of a focus of infection were not benefitted so frequently by this procedure.

5

扁桃體截除術

楊靜波

本篇為北平協和醫院五年內所施行一千例扁桃體截除之研究，與

適應截除之討論，及手術之程序。其截除之原因大半為扁桃體屢次發炎與體積之增大。大多數病人之年齡為六歲至十五歲。

其手術後之出血及肺部之併發病則不常見，此組中僅有二例患枝氣管肺炎，患肺部膿腫者無。扁桃體內有結核病者共三十一例，有菌狀菌者共十六例。

此千例中有五百二十二人已行繼續調查，其結果如下：百分之七十七人甚健康，原病全除。百分之十四人大有進步。百分之八·八人無變化。其奏效最著者為常患扁桃體炎，咳嗽，感冒，及咽鼻閉塞等症之病人，其僅因除去病竈而施行手術者，獲益最鮮。

6. OTOMYCOSIS.

A. M. Dunlap

The prevalence of otomycosis in the Shanghai area will be described together with methods of treatment.

6. 外耳通黴菌病

鄒樂普

概述上海境內外耳道黴菌病盛行之情形，及其治療之方法。

7. LAVAGE OF THE NOSE WITH SUCTION

T. King

Description of a device used in the Peiping Union Medical College for the removal of nasal discharge or crust in nursing care of preoperative or postoperative cases of rhinitis or sinusitis. The apparatus consists of two nozzles fitting in to the anterior nares, two lengths of rubber tubing, two waste bottles, and a reservoir containing 0.9 per cent saline. By means of negative pressure the fluid is allowed to flush through the nasal cavities and carries away whatever is adherent on their walls.

7. 抽吸器洗鼻法

金 鐘

凡患鼻炎或鼻竇炎者，鼻內之排泄物甚多，每感乏術滲出，現經北平協和醫院耳鼻喉科，創用抽吸器注洗二法，此法用具，構造簡單，只須有抽吸器（Suction）之設備即可，且用法極易，效果頗佳。

8. FOREIGN BODIES IN THE AIR AND FOOD PASSAGES

A Report of Twenty-one Cases

M. L. Hu & P. W. Wong

21 cases of foreign bodies in the air and food passages were admitted to the Central Hospital, Nanking, in the past 18 months. In three out of the 21 cases foreign bodies were found in the air passage, and in the remaining 18, in the food passage. The foreign bodies vary greatly; they are water melon seeds, green bean, coins, button, whistle, partial denture, meat, bone and a piece of dry reed. Among all the cases, one with water melon seed in the trachea for 16 months without setting up any reaction in the air tract; one with a piece of dry reed punctured into the right axilla with its upper end seen in the pharynx and a third one with a large retro-esophageal abscess formed following deglutition of a piece of duck bone are of special interest. All foreign bodies were removed and patients got well and cured, except one patient with a button in the upper esophagus was who discharged against advice before operation.

8. 氣道及食道中之異物

胡 懋 康 王 鵬 萬

南京中央醫院於近十八月間診治之氣道及食道異物之病人共廿一例。其存於氣道者三例，存於食道者十八例。異物種類頗多；如西瓜

子，青荳，錢幣，鈕扣，口笛，假牙，肉塊，碎骨及乾蘆柴之斷節等。其中最富有興趣者有三例：一為西瓜子存於氣管中，歷時十六月而氣道中未生若何反應；二為一節乾蘆柴由右腋部刺入，其上端直達咽部；三為因誤嚥鴨骨而生之食管後膿腫。除一例嚥有鈕扣者於術前自動出院外，餘均治愈。

9. FOREIGN BODY IN THE MAXILLARY SINUS

P. W. Wang

This paper is a report of three cases of foreign body in the maxillary sinus with a discussion chiefly of the symptoms and the treatments.

The first case was a fresh case—a piece of a bomb-shell entered the maxillary sinus through the face for only a few hours. The most important sign that led to the diagnosis, besides the history and the wound of the face was epistaxis—bleeding from the middle meatus. This diagnosis was confirmed by X-ray.

The second case was a similar foreign body but this bomb-shell was in the maxillary sinus for a much longer time. The wound of the face became a fistula. There was no epistaxis, but suppuration of the nose. This case was also confirmed by X-ray.

The last case was a piece of wood broken from a wooden board which fell on the face from a certain height. The wound of the face was first attended as a surgical emergency case. X-ray reported only fracture of the superior maxilla, so the wound was sutured up. The patient was apparently well for a time. But the suppuration of the nose became worse and there formed a discharging fistula in the vestibule of mouth. And at last patient began to have signs of osteomyelitis—fever, redness and tenderness around the original wound. It was during that time that the diagnosis was made.

As to the treatment, in the first case the foreign body was removed through an opening made in the canine fossa under local anesthesia. The lining mucosa of the sinus was left intact and to ensure efficient drainage a big hole was made in the inferior meatus

by a Knowles trocar, before suturing up the incision of the vestibule of mouth.

For the second and the third cases Caldwell-Luc's operations were performed. Local anesthesia was used for the second case and ether inhalation for the third on account of infection.

All those cases turned out favorably—the wound and the fistulae healed up and the suppuration stopped.

9. 上頰竇中之異物

王 鵬 萬

此篇係三個上頰竇中異物之病例報告，並特別討論其症狀與治療。第一係一新鮮病例，一炸彈片在上頰竇中僅數小時。除病史與顏面傷外，其最主要之病狀為鼻流血，鼻中道出血。此診斷有愛克司光片證實之。第二病例係一相似之異物，但此炸彈片在上頰竇中為時已久，其顏面之傷口已成瘻孔。此時已無鼻流血，但鼻出膿甚多。愛克司光亦證實鼻中有異物。第三例係一木板由極高處落下，將顏面打破，上頰骨骨折，並碎一小片於竇中。最初病者就治於外科急症處，愛克司光只證實骨折。故顏面傷口隨即縫合。病者初稍有進步。但鼻流膿甚多，口前庭部亦成一瘻孔，後病者有上頰骨骨髓炎之病狀，高熱，紅腫，痛疼。此時始診為上頰竇異物。

關於治療；第一例於局部麻木下，由犬齒窩鑿孔，取出異物。上頰竇內之粘膜，並未取下，但為易於排液起見，在口前庭創未縫合前，於鼻下道外壁上亦穿一洞。第二例及第三例均施以上頰竇根治手術。Caldwell-Luc's operation 前者用局部麻木法；後者因周圍有傳染，則用髓麻木法。以上之治療結果皆甚圓滿，傷口及瘻孔皆癒合，鼻內溢膿亦停止。

10. ALLERGY AS AN EXPLANATION OF
VASO MOTOR RHINITIS IN CHINA.

A. M. Dunlap

A statement of our experience with hypersensitiveness of nasal mucosa where it is believed that some substance either inhaled or ingested is the etiological factor. Some difficulties met with in our search for allergens.

10. 用變態反應解釋中國血管舒縮性鼻炎之原因

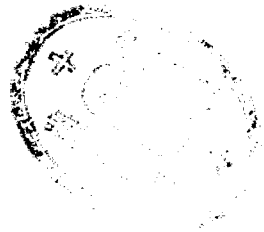
鄧樂普

根據吾人對於鼻粘膜過敏性現象之經驗，認為其病源為某種吸入或輸入之物質。惟在找尋過敏素(變態反應素)時，曾遇若干困難。

小 兒 科

SECTION ON

PEDIATRICS



SECTION ON PEDIATRICS

Discussion on: "TUBERCULOSIS IN CHILDHOOD"

Leader: Dr. A. V. Scott.

Assistants: Drs. G. A. M. Hall, C.L. Kao and T.C. Greene,
and S. H. Hsu.

1. Tuberculosis Incidence Among Chinese Children
A.V. Scott.
2. The Probable Tuberculous Nature of A Commonly
Observed form of Pulmonary Infection in Infants
and Children. T. F. Su and C. Hsiao.
3. The Present Status of B.C.G.;... .. S. H. Hsu.
4. Tuberculous Meningitis S. H. Hsu.
5. Disease incidence among Chinese children
Observations from six hospitals... ..
A. V. Scott, C. C. Pi & K. S. Lair.
6. On the preparation of bacillus pertussis vaccine :
a preliminary report.
J.P. Wu, F.T. Chu & C.L. Tsao.
7. Typhoid fever and paratyphoid fevers in infancy
and childhood — a study of eighty-seven cases ...
T. F. Su and H. S. Yang.
8. Disease incidence in the first year of life—
Observations made on 1034 infants. C.C. Pi.
9. Bronchopneumonia in childhood... .. Y.E. Kao.
The following will be read if time permits:—
10. Hereditary ectodermal dysplasia, chondrodystrophy,
polydactylism and congenital heart disease in two
children of the same family... .. C. Fan.
11. Cerebral palsies in children. T.F. Su.
12. Diabetes mellitus in childhood —
Report of a case with dietary treatment
T.F. Su. & H.S. Yang.

13. **Staphylococcus bacteremia in children:**
A clinical study of 43 cases J. P. Wu.
-

Discussion on: "THE GROWTH AND DEVELOPMENT
OF CHINESE CHILDREN—PHYSICAL
AND DIETARY ASPECTS"

Leader: Dr. Ernest Tso.

Assistants: Drs. B.G. Dieuaide, P.H. Stevenson,
T.F. Su, and B.S. Platt.

14. The Technique of Measuring Infants and Children
P.H. Li, F.T. Chu & P.H. Stevenson.
15. Growth and Development of Chinese Infants of
Hunan: I
Body Weight. Standing Height and
Sitting Height During the first year
T.F. Su, & C.J. Liang.
16. Growth and Development of Chinese Infants of
Hunan: II
Closure of Fontanels and Eruption of
Teeth During the First Year T.F. Su & C. J. Liang.
17. Growth and Development of Chinese Infants of
Hunan: III
Muscular and Mental Developments
During the First Year. ... T.F. Su & C.J. Liang.
18. Studies on Rice: II
The Use of Whole Rice in the Feeding of Infants
and Young Children ... B.S. Platt & E.F. Yang.
19. Soy Bean "Milk" as A Food for Young Infants.
R. A. Guy & K. S. Yeh.
20. Physical Traits of Peiping Children.
R.A. Guy, G. C. Chiang, H. H. Huang & K. S. Yeh

21. Studies on Hunan local food products : III. The value of 'vegetable water' in infant feeding. T.F. Su.
 22. The vitamin C. content of the blood plasma in normal and sick children. ... F. T. Chu & C. Sung.
 - 23a. Control of diphtheria : I.
Schick test among ChineseP.L. Fan.
 - 23b. Control of diphtheria : II.
Active immunization against diphtheria.
P.L. Fan.
 24. Convulsions in childhood
I. A Study of 4386 Families
II. Analysis of 274 cases of Convulsions
Y. E. Kao.
 25. Bacillary Dysentery in children P.K. Li.
- (The following Papers will be presented if time permits)
26. Dualistische Provenienz der Kolostrumkorperchen
S.M. Yen.
 27. The efficacy of parenteral vitamin A administration in vitamin A deficiency.
F. T. Chu and C. K. Lin.
 28. Dick test among Chinese P.L. Fan.
 29. An unusual case of acute poisoning by opium in childhood, T.F. Su & H.S. Yang.

大會小兒科組

- 討論題目 兒童之結核
- 主講 史安納
- 助講 賀樂醫 高鏡朗 谷潤德 許世詢
1. 中國兒童結核病之病發數 史安納
 2. 一種常見於兒童疑似結核性之肺疾 蘇祖斐 蕭卓
 3. B.C.G. 之現代地位 許世詢
 4. 結核性腦膜炎 許世詢
 5. 中國兒童之病發數 史安納 畢金釗 R. S. Lair
 6. 百日咳菌苗製法的初步報告 吳瑞萍 諸福棠 曹鍾傑
 7. 兒童腸熱症及副腸熱症（八十七病例之研討） 蘇祖斐 楊顯素
 8. 第一年内嬰兒所患之病症 畢金釗
 9. 兒童之枝氣管肺炎 高永恩
- 如尙有餘時則宜讀下列諸文
10. 遺傳性外胚葉結構不良軟骨發育障礙多指畸形及先天性心臟病之病例報告 范權
 11. 兒童之大腦癱瘓症 蘇祖斐
 12. 兒童之糖尿病（飲食療法病例一則） 蘇祖斐 楊顯素
 13. 四十三例葡萄菌血症之臨症研究 吳瑞萍

- 討論題目 中國孩童之增長及發育（體力及飲食方面之討論）
- 主講 祝慎之
- 助講 狄瑞德 許文生 蘇祖斐 濮子明
14. 衡量兒童之方法 李璧夏 諸福棠 許文生

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|--|------|-----|
| 15. 長沙嬰兒之增長及發育研究之一
一歲內之體重身長與坐高 | 蘇祖斐 | 梁覺如 |
| 16. 長沙嬰兒之增長及發育研究之二
囟門閉合及出牙時期 | 蘇祖斐 | 梁覺如 |
| 17. 長沙嬰兒之增長及發育研究之三
肌肉與智力之發達 | 蘇祖斐 | 梁覺如 |
| 18. 米之研究之二 用整粒大米以飼兒童及嬰兒之
研究 | 濮子明 | 楊麟師 |
| 19. 豆漿飼嬰兒研究 | 蓋醫師 | 葉醫師 |
| 20. 北平兒童體格之特點 | 蓋醫師等 | |
| 21. 湖南土產食物研究之三：菜湯對於嬰兒營養之
價值 | | 蘇祖斐 |
| 22. 我國兒童血液內三種維生素之含量 | 諸福棠 | 宋杰 |
| 23a. 白喉之節制(1)華孩之錫克測驗 | | |
| 23b. 免疫法 (2)白喉之自動 | | 樊培祿 |
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(2) 274 患驚厥者之分析 | | 高永恩 |
| 25. 兒童時期之桿菌痢疾 | | 李丕光 |
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| 26. 初乳小體之二原性 | | 顏守民 |
| 27. 甲種維生素肌內注射之功效 | 諸福棠 | 林景奎 |
| 28. 狄克試驗 | | 樊培祿 |
| 29. 兒童急性雅片中毒 | 蘇祖斐 | 楊顯素 |

1. TUBERCULOSIS INCIDENCE AMONG CHINESE CHILDREN

Annie V. Scott,

A total of 1,642 city hospital and O.P.D. children who received intradermal 0.1 mgm. old tuberculin test showed 45.9 per cent positive male reactors; 49.6 per cent positive female reactors. Statistical test shows there is no significant difference in the male and female reactors in this group. 1742 rural school children tested showed 44.68 per cent positive male reactors; 52.5 per cent positive female reactors. Statistical test shows there is a significant difference in the number of positive male and female reactors in this group.

When the rural and city children tested are combined we have a total of 3384 children tested with 45.5 per cent male reactors; 50.41 per cent female reactors. Statistical test shows there is a significant sex difference between the positive reactors in this group.

1. 中國兒童結核病之病發數

史安納

城市醫院及診所一千六百四十二名小兒科之病人，曾受十分之一舊結核菌素皮內注射之測驗，其中男子之陽性反應為百分之四十五又十分之九，而女子者為百分之四十九又十分之六，但此差異無統計之價值。

農村學童受此測驗者一千七百四十二名結果男童陽性反應為百分之四十四又百分之六十八，女童為百分之五十二又十分之五，此差異按統計計算甚有意義。

總計城市及鄉村兒童受結核菌素測驗者，共三千三百八十四名，其男童之陽性反應為百分之四十五又十分之五，而女童為五十又百分之四十一，此兩性間陽性反應百分率之差別，按統計學計算甚有意義。

2. THE PROBABLE TUBERCULOUS NATURE OF A COMMONLY OBSERVED FORM OF PULMONARY INFECTION IN INFANTS AND CHILDREN

Su, Tsu-fei, and Hsiao, Cho,

In Changsha, tuberculosis is very prevalent in children as well as in adults. According to the yearly report (1935-1936) from the Division of Pediatrics of this hospital, the incidence of tuberculosis among all in-patients is around 50% which includes positive tuberculin reactors but not including surgical forms of tuberculosis. We have the opportunity of studying these cases.

Among the series in which x-ray films were taken, we were able to find types of pulmonary tuberculosis which are included in Holt and McPhedran's classification. There remains a group of cases, however, which do not fall into the usual classifications.

This type of pulmonary infection consists the large number of our tuberculous patients. X-ray films in this type of disease revealed soft and fine mottling in the hilia and adjacent parenchyma. The age incidence varied from 1-12 years. Roughly speaking, about 2/3 occurred in children below five and 1/3 from 5-12 years of age. The clinical pictures of these two age groups were entirely different. Symptoms and signs in children from 5 to 12 years were similar to those with tuberculosis of tracheobronchial lymph nodes without calcification.

Children under 5 years of age, especially below two, gave a characteristic clinical picture of this type of infection. The patients were usually brought to us because of fever, lassitude or restlessness and poor appetite. The fever reached 39° or 40° C at the height of the disease. The duration of fever was usually around one month. Diarrhea was a common symptom; cough was present in most of the cases but it was not an important complaint. Physical signs were not very definite and the most common finding was the presence of fine râles at the interscapular region. W. B. C. varied from 5,000 to 16,000.

The tuberculin reaction to 0.1 mg dose was positive in 66.66% of the whole group. Tuberculous lesion of the other part of the body was observed in around 30% in these patients.

Family history of tuberculosis and history of intimate exposure were obtained in half of the cases.

The prognosis of this type of infection was usually good in uncomplicated cases.

We suspect that this is probably a form of pulmonary tuberculosis in infants and children. The true nature of this infection is not clear.

2. 一種常見於兒童疑似結核性之肺疾

蘇 祖 斐 蕭 卓

長沙之患結核病者甚多，兒童與成人皆然。按本院小兒科報告(1935—1936)，住院兒童之有結核病者，達百分之五十之多。此項統計，包括結核菌素呈正反應者，但外科結核性疾患不在內。X光線檢查之機會亦甚多。

照有X光相片組內，如Holt氏及Mc Phedran氏所述之各種肺結核病，皆有病例可按。尚有大多數兒童之肺部X光照相，則未能吻合於兒童肺結核病通用之任何分類。

此種病例之X光照相，其肺門及附近之肺部，有細而軟之小點。患者年齡自一歲至十二歲皆有。簡言之，約三分之二為五歲以下之兒童，而三分之一為五至十二歲之幼童。此兩組年齡之症狀頗不相同。五歲至十二歲之幼童，其症狀及病徵，與兒童之患未鈣化之肺門結核病者相若。

五歲以下兒童，尤其在二歲以下者，呈此疾之特殊病狀。此種兒童常因發熱困憊或神情不寧及胃口不佳而來就診。發熱最高時，可達攝氏39°或40°度。發熱期限約一個月左右。腹瀉為一種普通症狀；患咳嗽者亦多，但並非重要之訴述。病徵不甚一律，而最普通者為胸骨間之細小囉音。白血球最少5,000，最多16,000。

百分之六六·六六之患者，呈陽性結核菌素反應(0.1公絲)。約百分之三十之患者，同時又發現其他部分，之結核病。

家屬病史之有結核病而兒童與患結核病者帶有接觸者占半數。
無併發症者，預後多佳。
按吾人觀察，此種肺疾，恐係兒童之一種肺結核病。其病理則尙
未明瞭。述之以供討論。

3. THE PRESENT STATUS OF B. C. G.

Hsu Shih-hsun

The present status regarding the question of effectiveness of antituberculous inoculation with B. C. G. in different countries in the world was critically reviewed. A discussion on the practical applicability of such a measure in China was also presented.

3. B. C. G. 之現代地位

許世詢

本文中討論近來 B. C. G. 防癆接種在各國之地位及在中國應如何採用此法

4. TUBERCULOUS MENINGITIS

Hsu Shih-hsun

A clinical analysis of 98 cases of tuberculous meningitis admitted to the Pediatrics Division of the First Red Cross Hospital in Shanghai and the Chung San Hospital from January, 1931 to February 1937 was reported. Selection of cases was made on the basis, besides the postmortum finding of tuberculosis in the meninges and presence of tubercle bacilli in the cerebrospinal fluid, that each case must satisfy most of the following conditions: 1. a typical clinical course leading ultimately to death, plus, 2. a typical cerebrospinal fluid finding, plus, 3. the presence of tuberculous lesion elsewhere in the body, and plus, 4. the presence of tuberculosis in the family, giving positive contact history.

4. 結核性腦膜炎

許世詢

本文係分析近六年來上海紅十字會醫院及中山醫院小兒科住院，之九十八例結核性腦膜炎，病之診斷除基於死後，檢查腦膜結核，及脊腦液呈結核菌外尤注意於下列諸點。

1. 從病起至死顯一標準之症狀。
2. 標準之脊腦液之改變。
3. 身體他都現結核損害。
4. 家屬中有結核病人，病者曾與之接觸。

5. DISEASE INCIDENCE AMONG CHINESE CHILDREN OBSERVATIONS FROM SIX HOSPITALS

Annie V. Scott, C. C. Pi and Kathryn S. Lair.

A total of 41,471 diagnoses made in pediatric services are reported from six hospitals, extending from South to North China. These reports come from services recently organized.

Diseases involving the respiratory and the gastro-intestinal tracts are about equally divided in number and together comprise about sixty per cent of the total diagnoses.

The nutrition problem among children seen in these six hospitals is not primarily concerned with vitamin deficiency diseases.

5. 中國兒童之病發數

史安納 畢金釗 K. S. Lair

國內由南至北之六大醫院共有 41471 小兒科診斷報告，此等報告，雖未敢謂為完全，但小兒病發數之大概，可略見一斑：呼吸道及消化道之病，佔總診斷數百分之六十；各該系統之病發數，大致相等。至於由維生素缺乏而致之營養疾病，並無顯著之重要性。

6. ON THE PREPARATION OF
BACILLUS PERTUSSIS VACCINE

A Preliminary Report

Jui-ping Wu, Fu-tang Chu and Clifford Tsao

The present study is aiming chiefly at the choice of proper cultures of bacillus pertussis for the preparation of a potent vaccine. Three fresh cultures recently isolated from whooping cough patients and grown on the Bordet-Gengou medium enriched by 20 per cent human or sheep blood and one old stock culture isolated years ago and kept growing on ordinary 10 per cent horse blood agar were studied. Vaccines prepared from these cultures were subjected to the agglutination and animal immunization tests with Sauer's vaccine and another commercial product of doubtful potency as controls.

The results of these tests showed that both Sauer's vaccine and the vaccine prepared from our fresh cultures were agglutinable by the antipertussis rabbit serum to the full titer of the serum and also capable of stimulating antibody formation in rabbits through successive intravenous inoculations at short intervals, while the commercial product of doubtful potency as well as that made by us from the old stock culture were neither agglutinable by any of the antipertussis rabbit sera available nor capable of stimulating antibody formation in rabbits.

After a period of three months with weekly transfers on the medium stated above the antigenic properties of these fresh cultures were still well retained.

The vaccine made in our laboratory, after passing through rigid sterility tests, had been tried on several children without any untoward effect. Studies on the evidence of antibody formation in the vaccinated children are in progress.

6. 百日咳菌苗製法的初步報告

吳瑞萍 諸福棠 曹鍾樑

利用新從人體分出的百日咳桿菌，來製造菌苗，手續並不太煩，而且所費也極有限。這種菌苗，經過培養法證明不再有繁殖能力後，就用來給孩童試種。在已經試過的幾個例子裏，並沒有一個人受到任何不良影響。至於受這種注射後的兒童，血液中有無多量抗體產生，還得繼續研究。

7. TYPHOID FEVER AND PARATYPHOID FEVER IN INFANCY AND CHILDHOOD

A Study of Eighty-Seven Cases

Su, Tsu-fei and Yang, Hsieh-su

Typhoid fever in Hunan is prevalent in infants and children throughout the year. Eighty-seven infants and children were admitted to this hospital in the past four years, among which seventy-seven were diagnosed as typhoid fever and five each as para-A and para-B varieties.

The mode of onset was gradual in the majority of cases and fever was the usual chief complaint at the onset. Regarding symptoms and signs, those belonged to the digestive system were predominant. The spleen was enlarged in half of the cases; rose spots were observed in about one-tenth of the cases. Drowsiness, restlessness and delirium were present in the majority. The pulse rate was higher than that in adults while the total duration of fever was shorter than that of the adults.

The white blood counts of the vast majority were from 3,000 to 7,000/ cmm. The red blood cells and hemoglobin were usually reduced in the third and fourth weeks of the disease. The Widal tests were positive in 95% of the cases. Stools were positive for ova of intestinal parasites in 56.3%; the urine was positive for albumin in 20.7% of the cases.

The major complications as intestinal hemorrhage and bronchopneumonia were present in 11.4% each but perforation of the intestine was exceedingly rare. Among the minor complications, bronchitis, deafness and peripheral neuritis were the most frequent ones.

Relapse was observed in 10.3% of the cases.

Besides the general care and treatment of the disease, the supply of sufficient amount of vitamins and the intramuscular blood transfusions were found to give good results.

The conditions of patients at the time of discharge were: 60.9% cured, 16.1% improved, 2.3% not treated, 12.7% unimproved and 8.0% died.

7. 兒童腸熱症及副腸熱症

八十七病例之研討

蘇祖斐 楊顯素

長沙一隅，腸熱症終歲流行，兒童亦然。近四年來，兒童之患腸熱症而住入本院治療者，共八十七人。患正腸熱症者七十七人，而患副腸熱症者。甲乙兩種各五人。

起病以逐漸者為多；起病時主訴，則以發熱為最普通。症狀方面，則以屬於消化系者為最多。脾腫者約占全數之半；有玫瑰疹者僅約十分之一。神志朦朧，不甯或昏迷者，居其多數。脈搏較成人為高；發熱時限較成人為短。

大多數兒童之白血球為 3,000—7,000。紅血球與血色素則輒於第三第四星期內減低。肥達氏反應陽性者，達95%之多。糞便含有腸寄生蟲卵者，為56.3%；尿有蛋白質者為20.7%；

主要併發症，如腸出血及支氣管肺炎，均占11.4；腸破裂則極為罕見。次要併發症，則以支氣管炎，耳聾及周圍神經炎為最多。

復發者占有10.3%。

除普通療法外，各種維生素之供給，及肌肉輸血，較為有效。

八十七病例中，出院時痊癒者為60.9%，轉輕者為16.1%，未治者為2.3%，未見進步者為12.7%而死亡者為8.0%。

8. DISEASE INCIDENCE
IN THE FIRST YEAR OF LIFE
Observations made on 1034 infants

C. C. Pi

Diagnoses made during the first year of life are reported for 1034 infants. There were 3135 diagnoses classified under 130 headings.

Table I is arranged to show the age and sex incidence of the diseases, and Table II shows the seasonal incidence of the diseases in order of frequency. Table III gives the incidence of diseases affecting various systems of the body in order of frequency.

Chart I is arranged to demonstrate the five most frequently seen diseases during the first twelve months of life.

Chart II is arranged to show predominating seasonal incidence of diseases during the first year.

8. 第一年内嬰兒所患之病症

畢金釗

統計一千零三十四個病案之中，所患病症為一百三十種，歷次診斷數目之總合，為三千一百三十五症。對於本文所提各點，列為三表二圖以詳示之：

自第一表內，可知年齡與性別對於所患病症之百分值。

第二表示一年內各月份所患病症之百分值。檢視此表，即可知嬰兒最常見之病症矣。

第三表則分各病為十四類，以各類病症發現之多寡先後列之，以便知何類疾病較為多見。

圖解一，詳示一歲以內各月所最常見之五病。

圖解二，詳示一年內各月份中所最常見之五病：

9. BRONCHO-PNEUMONIA IN CHILDHOOD

YUNG EN KAO

152 cases of Broncho-pneumonia were admitted to the Department of Pediatrics of the Moukden Medical College Hospital from January 1928 to the end of June 1936. The results were as follows:

(1) March and April were the months during which the greatest number of patients were admitted, and may therefore be regarded as the months of maximum incidence of broncho-pneumonia amongst children in Moukden.

(2) The incidence of broncho-pneumonia was greatest during the first year of age.

(3) Most cases of broncho-pneumonia came to the hospital for treatment on the fifth, third or fourth days.

(4) Cough, high fever and shortness of breath were the symptoms of broncho-pneumonia most frequently noted.

(5) Broncho-pneumonia of the lower part of left lung is the commonest site.

(6) About three fourths of cases of broncho-pneumonia show leucocytosis.

(7) If a case of broncho-pneumonia is associated with pneumococcus meningitis, rickets, septicaemia, cancerum-oris or empyema, the prognosis of broncho-pneumonia of such patients is very bad. Heart failure, severe degree of shortness of breath, unconsciousness and symptoms of intoxication all indicate a bad prognosis.

(8) Of the 152 cases, 83 recovered completely, 31 were greatly improved before discharge, 21 were discharged against advice and 17 died in hospital.

(9) The treatment of broncho-pneumonia is discussed.

9. 兒童之枝氣管肺炎

高永恩

由 1928 年一月初至 1936 六月底，有一百五十二患枝氣管肺炎之兒童入奉天醫科專門學校醫院小兒科治療其結果如下：

- (一)三月四月入院者治療者最多，三四兩月亦可云奉天小兒患枝氣管肺炎之最多月份。
- (二)患枝氣管肺炎者，以一歲小兒為最多。
- (三)多數患者於得病後之第五日，第三日及第四日來院治療。
- (四)咳嗽，發熱，呼吸短促，為枝氣管肺炎最常見之病狀。
- (五)左肺下部為患枝氣管肺炎最常見之部位。
- (六)四分之三患者顯白血球增多之狀。
- (七)若患者同時患肺炎雙球菌之腦脊髓膜炎，骨軟症，敗血病，走馬疳，胸積膿，患者結局為最危險，如心力不足，劇烈之呼吸短促，人事不省，及中毒狀態，其判症亦危險。
- (八)152 患者，有83人完全見愈，31 人於未出院之先亦見愈，21 人因不守院章，半途出院，17人死於院中。
- (九)枝氣管肺炎之治法已討論之。

10. HEREDITARY ECTODERMAL DYSPLASIA, CHONDRODYSSTROPHY POLYDACTYLISM AND CONGENITAL HEART DISEASE IN TWO CHILDREN OF THE SAME FAMILY

C. Fan

Recently we had the opportunity of observing two patients, 13 and 3 years of age respectively who had developmental defects of hereditary ectodermal dysplasia, chondrodystrophy, polydactylism and congenital heart disease. Such combination in the same patients is extremely rare, especially when they are siblings. Both of them had scanty hair, atrophic teeth and nails, typical chondrodystrophic body proportions, six fingers on both hands and loud systolic murmur at the apex of the heart. The younger sister also had six toes on the left foot. Mentality was normal. No family history of similar conditions could be obtained.

10. '遺傳性外胚葉結構不良' '軟骨發育障礙' 多指畸形'及'先天性心臟病'之病例報告

范 權

'遺傳性外胚葉結構不良' '軟骨發育障礙' '多指畸形' 及 '先天性心臟病' 之發現於同一患者時，甚為罕見。本篇報告兄妹二人，俱呈頭髮稀少，萎縮性牙齒及指甲，顯著的軟骨發育障礙，多指畸形及收縮性心臟雜音。智能正常。患者之先代，並無同樣之畸形。

11. CEREBRAL PALSIES IN CHILDREN

Su, Tsu-fei

Cerebral palsies in children is a clinical syndrome rather than a disease entity. Etiologically, many factors were contributory; its pathological changes and clinical manifestations are often variable.

According to previous work and observations made on this disease, cerebral palsies may be divided into three groups: (1) those due to prenatal conditions, (2) those following birth accidents and (3) those acquired as complications of infectious diseases.

The clinical symptoms and signs depend on the extent of the lesion in the brain. There are, however, signs in common in all cases, namely, (1) spasticity of limbs, (2) exaggeration of deep reflexes (3) diminution of superficial reflexes and if lower limbs are involved (4) positive Babinski's sign and (5) scissors legs and scissors gait are observed. These patients usually manifest some degree of mental deficiency.

Eight cases of cerebral palsies are reported here. On basis of the histories and clinical observations, two cases due to prenatal conditions, one was the result of birth accident, and in five it was acquired following infectious diseases in infancy and childhood.

11. 兒童之大腦癱瘓症

蘇祖斐

兒童大腦癱瘓，係一種綜合病徵。病原繁多，病理與病狀有相差甚多者。

參考專家著述，兒童大腦癱瘓之病原，病理雖繁，然大概不外三大類：(一)先天缺損，(二)臨產受傷，(三)後天疾病。

病狀之不同，及肢體癱瘓之多少，視腦部損害之部分而異。其主要病徵，為(一)肢體作痙攣性強直，(二)深反射增強，(三)淺反射低減或消失，如下肢癱瘓，則又有(四)巴彬斯奇氏徵 (Babinski's sign) 陽性反應，及(五)剪刀腿與剪刀步。患者並常有癡愚症狀。

是篇彙述病例八則，由病史，病狀，病徵，而推斷病原，及病理，則兩例屬於先天缺損，一例為臨產受傷，而五例為後天疾病所致。

12. DIABETES MELLITUS IN CHILDHOOD

Report of A Case With Dietary Treatment

Su, Tsu-fei, and Yang, Hsieh-su,

A boy of nine years old came in with symptoms of diabetes mellitus for three months duration. On admission, he was found to have 190 mg / 100 c.c. of fasting blood sugar and 45 grams of sugar in 24 hours urine.

The urine was free from sugar after patient having put on basal diet for 10 days. The blood sugar was reduced to 93 mg / 100 c.c. on the 24th day. After a period of two months with gradual increasing of caloric intake, he was able to have a diet with more than 75 calories / kg. of body weight a day without recurrence of symptoms.

12. 兒童之糖尿病

飲食療法病例一則

蘇祖斐 楊顯素

九歲男孩主訴爲貪食，口渴及多尿，有三個月之久。入院時每百公撮禁食血內，含糖 190 公絲，而每日尿內，含糖 45 公分。

入院後給與基本代謝量飲食，至第十日尿內即無糖發現。至第二十四日則每百公撮禁食血內僅含糖 93 公絲。

自此飲食量逐漸增加，經兩個月後，全日之食物量，按每公斤體重計算，已超過 75 加路里，而並無復發症狀。

13. STAPHYLOCOCCUS BACTEREMIA IN CHILDREN;

A Clinical Study of 43 Cases

Jui-ping Wu,

(1) Staphylococcus bacteremia is neither a rare condition nor an innocuous one. The mortality for the whole group was 86% and that for the children under two years of age was 100% excluding two patients who left the hospital unimproved.

(2) It occurred much more frequently in younger children, 69.8% of the cases being in the age period of 0 to 2 years. The infection could be traced usually to some sort of skin lesions in the summer and respiratory diseases in the winter months. Premature infants or children rendered delicate by other disease processes are more likely to get into trouble. Skin infections resulting from superficial abrasions or punctures for diagnostic and therapeutic purposes may at times lead to fatal outcome.

(3) Although specific therapy for such condition is not available, energetic treatment along the general line does at times give gratifying results. A boy, 11 years old, with persistent bacteremia, recurrent osteomyelitis and arthritis, pneumonia with empyema, and

suppurative pericarditis in addition to a coexisting *B. suis* infection of the blood finally got well in about five months' time, as a result of prompt and adequate surgical interference of the local conditions and repeated blood transfusions.

13. 四十三例葡萄菌血症之臨證研究

吳瑞萍

(一)本篇所述四十三例之總死亡率為百分之八十六；而兩歲以下之嬰孩患斯症者，幾乎無一倖免。

(二)全數病例中其年齡在兩歲及兩歲以下者，達百分之六十九又十之八，此種病菌每易由夏日常見之皮膚病，及冬日流行之呼吸器病侵入血液；而不足月之嬰孩及病後身體猶未元復之兒童，尤易受害。即極輕微之外皮傷痕亦間有染毒而致命之可能。本文內即不乏此類實例。

(三)此病雖至今無特異療法，但若始終不放棄救治之責，而於普通治療方面，極度努力，亦不無成功之時。本篇所述一例，可作明證。

14. THE TECHNIQUE OF MEASURING INFANTS AND CHILDREN

P. H. Li, F. T. Chu, and P. H. Stevenson

There is urgent need of standard norms for the physical development and nutrition of Chinese children in the earliest age groups. In an attempt to meet this demand we started in October 1936 to collect data relating to various physical measurements on infants and young children. In the course of this experience we have developed certain methods of measurement which we consider to be fairly satisfactory. Herewith the equipment and method used are described somewhat in detail. It is hoped that this note will stimulate interest in collecting such data with standard instruments and by uniform methods of measurement so that before long we will have a list of satisfactory standards of physical measurements of Chinese children.

14. 衡量兒童之方法

李璧夏 諸福棠 許文生

我國兒童時期體格發育之可靠標準，尙付闕如，宜集全國同志，共策共力，以求其成。本文將最近衡量兒童之經驗，作一詳細報告，以供同道之參考。

15. GROWTH AND DEVELOPMENT OF CHINESE INFANTS OF HUNAN: I. BODY WEIGHT, STANDING HEIGHT AND SITTING HEIGHT DURING THE FIRST YEAR

Su, Tsu-fei, and Liang, Chueh-ju,

With a Statistical Analysis by

Yuan, I-chin,

949 observations, 561 in males and 388 in females, were obtained on infants below one year from two well Baby Clinics in Changsha. A statistical analysis was made. A comparison with previous work in China and foreign countries was studied and discussed.

15. 長沙嬰兒之增長及發育研究之一

一歲內之體重身長與坐高

蘇祖斐 梁覺如

統計 袁貽瑾

長沙兩處保嬰診所之嬰兒，爲是篇研究之材料。度量總數爲 949 次，男孩 561 次，女孩 388 次。

用統計方法分析之結果，與吾國及各國嬰兒之發育紀錄爲比較之研究。

16. GROWTH AND DEVELOPMENT OF CHINESE
INFANTS OF HUNAN: II. CLOSURE OF
FONTANELS AND ERUPTION OF TEETH
DURING THE FIRST YEAR

Su, Tsu-fei, and Liang, Caueh-ju,

Infants from two Well Baby Clinics in Changsha were studied monthly in the past two years. 561 observations were made on males and 388 on females on the closure of fontanel and eruption of teeth.

The posterior fontanel was closed from the end of the second month in vast majority of infants in males as well as in females. The closure of the anterior fontanel occurred in one-third of males and in one-sixth of females at the end of first year.

First dentition occurred in one or two cases at the 5th month in both males and females in the majority of male infants at the 8th month and in the majority of females at the 9th and 10th months. At the end of the first year, about half of males and females had 6-8 teeth.

16. 長沙嬰兒之增長及發育研究之二

顛門閉合及出牙時期

蘇祖斐 梁覺如

長沙兩處保嬰診所之嬰兒，為本篇所引用之材料，與第一篇同。一歲以內嬰兒之顛門閉合及出牙時期，曾有 949 次之觀察，其中男孩為 561 次，女孩為 388 次。

大多數嬰孩之後顛，於第二個月底閉合，男孩與女孩無異。一週歲時，男孩之前顛閉合者，約三分之一，女孩約六分之一。

偶有一、二男女嬰兒，於第五個月出生第一個牙。大多數男孩於第八個月開始出牙而大多數女孩則於第九第十個月出牙。一週歲時，有半數嬰兒，已生乳牙六至八個，男女孩相同。

17. GROWTH AND DEVELOPMENT OF CHINESE
INFANTS OF HUNAN: III. MUSCULAR
AND MENTAL DEVELOPMENTS
DURING THE FIRST YEAR

Su, Tsu-fei, and Liang Chueh-ju,

Infants from two Well Baby Clinics in Changsha were studied monthly in the past two years. 561 observations were made on males and 388 on females and on the muscular and mental developments.

The raising of head occurred in a small number at the 3rd month in both males and females; it occurred in 100% at the 5th month in males and 6th month in females.

The action of laugh was observed in majority of males and females at the 4th and 5th months: it was observed in 100% at the 10th months in males and 8th months in females.

To play with hands occurred in 1/3 of infants at the 3rd month and in 100% at the 8th month, both in males and in females.

To sit erect was first noticed at the 5th month in nearly 1/6 of females but only occasionally in males. This, however, occurred in 100% in males at the 10th months and in females at the 8th month.

To stand up with slight assistance occurred occasionally at 7th month in males and 5th month in females. At the end of first year, nearly 90% of males and females were able to perform this muscular activity.

Single words were pronounced occasionally at the 7th month in males and at 8th month in females and in 60% at the end of first year in males as well as in females. There was less than 10% of infants who were able to talk simple sentences.

17. 長沙嬰兒之增長及發育研究之三

肌肉與智力之發達

蘇祖斐·梁譽如

長沙兩處保嬰診所之嬰兒，為本篇研究之材料，與第一篇第二篇同。一歲以內嬰兒之肌肉與智力之發達，有 949 次之觀察，其中男孩

爲 561 次，女孩爲 388 次。

少數男女嬰兒於第三個月抬頭。全數男孩於第五個月抬頭而女孩則於第六個月，皆能抬頭。

大多數之男女孩於第四第五個月作出聲笑。男孩於十個月時而女孩於八個月時皆能作出聲笑。

三分之一之男女孩，能於第三個月舉手玩耍。至第八個月時，則皆能作此舉動。

扶起坐直，偶見於五個月之男孩，但六分之一之女孩已能於此年齡時坐直。男孩於十個月時，而女孩於八個月時，皆能坐直。

扶着物件站住，偶見於七個月之男孩與五個月之女孩。一週歲時，男孩女孩之 90% 能扶着站住。

男孩於七個月而女孩於八個月時，偶能說單字。一週歲時，嬰兒之能說單者，約 60%，短句者不及 10%，男女孩皆然。

18. STUDIES ON RICE:- II. THE USE OF WHOLE RICE IN THE FEEDING OF INFANTS AND YOUNG CHILDREN

B. S. Platt and E. F. Yang

Whole rice, powdered in order to minimise losses in digestion retaining at the same time minerals and vitamins, has been used as the basis of a feeding formula for the weanling. Combined with soft bean curd, whole egg and a green vegetable soup a mixture is obtained which has yielded good results in a number of cases when fed over periods of several months.

18. 米之研究之二： 用整粒之大米以飼兒童及嬰兒之研究

濮子明 楊醫師

整粒之大米，研成粉末，既易消化，又富鐵物質及維生素，曾用以飼育斷乳之嬰兒，與豆腐雞卵及菜湯同授，結果甚佳。

SOYBEAN "MILK"
AS A FOOD FOR YOUNG INFANTS

R. A. Guy, & K. S. Yeh

Detailed clinical histories of fifteen infants fed "tou-fu chiang" for many months are presented and discussed. About forty other patients who were given "tou-fu chiang" for short periods are presented more briefly. The following conclusions are reached:

1. "Tou-fu chiang" (yellow soybean "milk") reinforced with calcium lactate, sodium chloride, starch and sugar and well boiled is taken readily by young infants, even by those a few days old. When properly diluted and given in suitable slowly increasing amounts, remarkable few, and only mild and transient, gastrointestinal disturbances have been noted.

2. Vitamins C, A and D must be provided in addition.

3. Vitamin C is well provided in Peiping by cabbage (*Brassica pekinensis*, or *Brassica chinensis*,) soup made by boiling the leaves in an equal volume of water for approximately ten minutes and giving 50 to 100 cc. of the decanted fluid daily. The attention necessary to insure that this is done in the home is great, but no instance of even the slightest signs of Vitamin C deficit have been noted.

4. Vitamins A and D were supplied in this study by cod liver oil, 12 cc. daily. In spite of reiterated instructions by the physicians and visiting nurses, and free supplies, many patients have not taken regularly the advised amount. The only clinical sign which could be attributed to Vitamin A deficiency was occasional slow growth. Very slight signs of Vitamin D deficiency were noted in the epiphyses of the ribs and long bones and were confirmed by x-ray evidence of healing slight rickets.

5. "Tou-fu chiang", supplemented as specified, has contributed to good growth and development. All the infants had a little

human milk, but some who had very little, as evidenced by their need for more than 100 calories per kilogram of artificial food, have developed well. None was suspected of anemia.

6. All the infants, as compared with those in our clinics who are fed entirely by maternal milk, have shown less muscular vigor, although they have all sat up and stood alone at the usual ages, and appeared to be quite normal to their mothers. This relatively poor muscular development is most easily seen in the abdominal muscles, and those of the upper arm. Its possible relation to the very slight degree of rickets observed, or to some deficiency in the soybean protein or to inorganic inadequacies cannot be decided by the present study.

7. The difficulty of making "tou-fu chiang" of proper strength and cleanliness is pointed out. The necessity for close supervision of the process by a well-trained, intelligent and honest person is stressed. The dangers of leaving it in the hands of a servant are emphasized.

8. The need for supervision in the making, for medical advice in the use and for constant nursing supervision to see that the other foods with vitamins are properly given, adds greatly to the cost of "tou-fuchiang", and must be included in the assessment of cost. In any form of artificial feeding of young infants, provisions for accuracy, cleanliness and professional advice have proved costly, but essential.

9. Improvements in the method of using soybean protein in infant feeding are needed, are practicable, but can be made only by careful clinical investigation.

19. 豆漿飼嬰兒研究

蓋醫師 葉醫師

20. PHYSICAL TRAITS OF PEIPING CHILDREN

I. Height and Weight Measurements from One Month to Three Years of Age

R.A. Guy, C.C. Chiang, H.H. Huang, and K.S. Yeh.

Since August 1931, at the First Health Station of the Municipality of Peiping, measurements of the length and weight of all infants and children brought to the clinics have been made. We have selected for this study all normal infants nursed by their own mothers. Other children said to have been nursed by their own mothers and to have been weaned in the usual way, found by us to be normal on physical examination, were also included. None of the children has had any other milk or any specially advised feeding. None has had cod liver oil or instructions concerning exposure to sunlight. Infants developing malnutrition as diagnosed by clinical examination have been excluded from the group, the exclusion being made without reference to the measurements. Measurements taken during minor respiratory, intestinal or other upsets have been included, as well as those taken when doubtful or slight rickets was diagnosed clinically. No moderate or marked rickets was seen. All the children's homes have been visited by the nursing services, and the diet and general economic status of the families investigated. Very poor, moderately poor and comfortably well-off families were included.

The children were measured nude. Length measurements were made by the authors, with the child lying flat on the measuring board. A nurse held the child's head against the fixed perpendicular head-board, the examiner held the patient's knees in firm extension and brought the perpendicular foot-board, sliding in a groove, firmly against the soles of both feet and read the length to the nearest two millimeters on the scale fixed to the board. Weight measurements were made on a Seca infant beam balance to the nearest five grams. Until 1936, they were made personally by the authors, since then by the clinic nurse, one of the authors checking at least once daily the adjustment of the

balance. Children over fifteen kilograms were weighed on a Seca adult beam balance accurate to 100 gms. Although the measurements were made as part of a general physical examination and subject to the errors of speed and lack of systematic checking, they were all done by physicians trained in the technique and interested in the problem.

In analyzing the data, age classes of one month have been selected for the first year. All children from 16 to 45 days were considered to be one month old; those from 46 days to 2 months and 15 days, as 2 months old and so forth. During the second year three month classes were selected—that is, those from 12 months and 16 days to 15 months and 15 days were classed as 14 months; those from 15 months and 16 days to 18 months and 15 days, as 17 months and so forth. During the third year six month classes were selected—that is, those from 24 months and 16 days to 30 months and 15 days were considered as 27½ months; those from 30 months and 16 days to 36 months and 15 days, as 33½ months. No one child has been included more than once in any age class. If more than one set of measurements were made, the one nearest the class designation, the central point, was chosen. No one child appeared in all the age groups. The figures for the one month old group are probably too high, both for weight and height, since few children were brought to the clinic before they were 30 or 40 days old. Birth weights taken at home on a small spring balance were not considered sufficiently accurate for record. The day of 'birth' was recorded according to the solar calendar (Gregorian) and was accurately known in each case.

The statistical work was done in the Peiping Union Medical College Statistical Laboratory under the supervision of Dr. I.C. Yuan, to whom we are greatly indebted.

20. 北平兒童體格之特點

蓋醫師等

21. STUDIES ON HUNAN LOCAL FOOD PRODUCTS III

The Value of "Vegetable Water" in Infant Feeding

Su, Teu-fei

Fourteen varieties of vegetables from the Changsha market in season were taken for study. One level bowl of tender vegetable leaves was boiled with one level bowl of water. For determination of vitamin C content, Tillmans' 2-6 dichlorophenol indophenol titration modified by Harris and Rays was employed.

"Vegetable water" prepared by Pai Tsai (白菜) yielded the highest titration value (about 1/5 of Sunkist orange juice); New Zealand spinach (新西蘭菠菜或木耳菜), cabbage (洋白菜), Mallow (冬寒菜), Chia Tsai (芥菜) the next (about 1/10 of Sunkist orange juice); Chia Lai Tsai (甘藍菜), Chinese green amaranth (白莧菜), spinach (菠菜), turnip leaves 菜薹菜 again the next (about 1/10 to 1/20 of Sunkist orange juice); while lettuce (生菜), Paris daisy (茼蒿菜), and ipemea (蕹菜) were the lowest (about 1/50 to 1/100 of Sunkist orange juice).

The effect of heat and soaking on vitamin C content in "vegetable water" was not noticed in this experiment.

"Vegetable water" prepared from Pai Tsai (白菜), New Zealand spinach (新西蘭菠菜), cabbage (洋白菜), mallow (冬寒菜), and Chia Tsai (芥菜) are to be recommended for infant feeding on account of its comparatively high vitamin C content and its low price.

21. 湖南土產食物研究之三

'菜湯'對於嬰兒營養之價值

蘇祖斐

長沙時令菜蔬之取用研究者，自春至冬，共十四種；用切細嫩葉一平碗加水一平碗，煮沸若干分鐘。測定維生素丙種含量，則用Till-

mans 氏之測定法，曾為 Harris 氏與 Bray 氏修改者。試驗結果，十四種‘菜湯’中以三種白菜湯之測定值為最高（約美國橘汁五分之一）；新西蘭菠菜，俗稱木耳菜，洋白菜，冬寒菜及芥菜次之（約美國橘汁十分之一）；甘藍菜，白苺菜菠菜及紫藍菜又次之（約美國橘汁十分之一至二十分之一）；而以生菜，茼蒿菜及蕪菁為最低（僅美國橘汁五分之一至百分之一）。

熱度與泡浸，對於‘菜湯’維生素丙種含量之影響，在此次實驗中，不甚顯著；

白菜新西蘭菠菜，冬寒菜及芥菜所製備之‘菜湯’極宜介紹為嬰兒飲食，因其維生素丙種含量較高，而價值較低。

22. THE VITAMIN C CONTENT OF THE BLOOD PLASMA NORMAL AND SICK CHILDREN

Fu-tang Chu, and Chieh Sung

The reduced vitamin C content of the plasma was determined in a group of apparently healthy infants and also in a number of young patients during the active and convalescing stages of certain prevalent diseases.

In the breast-fed infants, the concentration of the vitamin C in plasma was found to be about twice as much as that of artificially fed infants. When a considerable amount of orange juice or ascorbic acid was administered orally to the artificially fed infants who were not acutely ill, an increase of the vitamin C in the plasma was invariable demonstrated.

The vitamin C content of the plasma remained at a low level during the active stage of acute bacillary dysentery, even when antiscorbutic fruit juices had been given in a liberal amount. Parenteral administration of vitamin C may be indicated in such patients.

In patients with kala-azar, noma, tuberculosis or typhoid, the concentration of vitamin C in the plasma was also low.

22. 我國兒童血液內丙種維生素之含量

諸 福 棠 宋 杰

- (一) 哺乳的嬰兒，較之人工飼育的嬰兒，血內丙種維生素之含量，高出一倍左右。
- (二) 人工飼育之嬰兒，若給予大量之橘汁或純粹維生素，其血內丙種維生素之含量，即顯見加增。
- (三) 急性桿菌痢疾之患者，雖予以充分之橘汁或西紅柿汁，其血內丙種維生素含量，仍屬低微，似宜以純粹維生素，用肌肉或靜脈注射補充之。
- (四) 黑熱病，走馬疳，結核病以及傷寒病，均呈血內丙種維生素缺乏之現象。

23A. CONTROL OF DIPHTHERIA I. Schick Test Among Chinese

Paul L. Fan

Out of 6979 Chinese tested and reported from authors, 4238 (47.19%) showed a positive reaction to the Schick test.

Pseudo-reactions among 7281 persons tested were only 5.84%.

Except the first six months of life, about 80-90 per cent of the pre-school children are susceptible to diphtheria, while about 50 per cent of the primary school children, and about 40 per cent of the adolescents and adults show positive Schick test.

With a few exceptions Chinese females have a larger group susceptible to diphtheria. The positive Schick percentage for 5402 males is 48.84 while that for 1813 females is 56.59. The difference between sex is statistically significant.

The positive Schick percentage for 1931 Chinese rural students tested was 37.76. Except those reported from Nanking, this is definitely lower than that reported for urban students.

Inmates in orphanages have the lowest positive percentage of Schick reaction, (25.42%) among the reported series for Chinese.

23A. 白喉之節制 (其一)

樊培祿

五千五百一十七華人之錫克測驗，陽性反應者二千五百九十二人，陽性反應百分率凡四十六又百分之九十一。著者搜羅八千九百七十九華人之錫克測驗之報告，陽性者四千二百三十八人，陽性反應百分率居四十七又百分之十九。

七千二百八十一人之假錫克反應，僅居百分之五又百分之八十四：

除最初六月之嬰兒外，學齡前期兒童之陽性錫克反應百分率，為八十至九十之間。學齡兒童者約百分之五十。成人約百分之四十對於白喉病無免疫力。

除少數例外，女子之陽性錫克反應百分率較男子者高。五千四百零二男子之陽性反應百分率為四十八又百分之八十四。一千八百一十三女子之陽性反應百分率為五十六又百分之五十九。此兩性間陽性錫克反應百分率之差異有統計上之意義。

一千九百三十一農村兒童之陽性錫克反應百分率為三十七又百分之七十六。除南京秦文傑氏之報告外，較其他都市之錫克測驗報告者為低。

一千三百一十八孤兒之陽性錫克反應百分率為二十五又百分之四十二，較其他任何組之報告為低遠甚。

23B. CONTROL OF DIPHTHERIA II.
Active Immunization Against Diphtheria

Paul L. Fan

By means of repeated Schick tests, the values of toxin-antitoxin (Temple of Heaven), anatoxin (Pasteur Institute), toxoid (Temple of Heaven) were compared.

Our best results of active immunization against diphtheria were obtained either by two injections of 1cc. of alum toxoid at weekly intervals or by three inoculations of toxoid, $\frac{1}{2}$, 1, and $1\frac{1}{2}$ cc. respectively, with an interval of three weeks between the first two injections and two weeks between the last two injections.

23B. 白喉之節制 (其二)

樊培祿

對於白喉之預防注射，曾應用中央防疫處所製之白喉毒素抗毒素，白喉類毒素，及沉澱白喉類毒素，與巴黎巴斯德研究所製之白喉類毒素等數種，茲將其結果，提出比較之。

著者經驗，為得白喉之自動免疫力，以注射二次洗滌白喉類毒素，或三次普通白喉類毒素為最佳。

24A. CONVULSIONS IN CHILDHOOD

A study of 4386 families

Yung-En Kao.

4386 families who had children were studied in the Department of Pediatrics of Moukden Medical College Hospital, from the beginning of January of 1934 to the end of June, 1936. The results were as follows:

1. 10069 infants were delivered by old style midwives.
2. 6583 infants were delivered by trained midwives.
3. Infants delivered by old style midwives who died of convulsions within one month were 1167.
4. Infants delivered by well trained midwives who died of convulsions within one month were 192.
5. In this series the proportion dying with convulsions in males was greater than in females, 893 : 798.
6. The death rate was highest on the 7th day
7. There was one case of convulsion in each of 603 families, and there were twelve infants who died of convulsion in one family.

24A. 兒童之驚厥 (其一)

4,386 家庭之研究

高永恩

由 1934 年一月初至 1936 六月底，有 4,386 家庭之兒童至奉天醫科專門學校醫院小兒科治療，關於嬰兒驚厥病，其研究之結果如下：

- (一) 經舊式產婆收生嬰兒有 10,069 名。
- (二) 經新式助產士接生之嬰兒有 6,583 名。
- (三) 由舊式產婆收生之嬰兒死於驚厥者為 1,167 名。
- (四) 由助產士收生之嬰兒死於驚厥者為 192 名。
- (五) 男嬰死於驚厥者較女嬰為多，其比例數為 893:798。
- (六) 死於驚厥症之嬰兒，以生後七日為最多數。
- (七) 在 603 家，每家有一嬰兒死於驚厥，並於一家有十二嬰兒死於驚厥。

24B. CONVULSIONS IN CHILDHOOD

Analysis of 274 Cases of Convulsions

Yung-En Rao.

274 cases of convulsions were seen in the department of pediatrics of Moukden Medical College Hospital from beginning of January of 1932 to end of June 1936. The result were as follows :

(1) The incidence of convulsion in children coming to hospital in Moukden is 3 percent.

(2) Male infants and male children in this series are more commonly affected than female children.

(3) The incidence of convulsions is greatest during the first year of age.

(4) Most cases of convulsion come to the hospital for treatment on the first day of illness.

(5) The most frequent causes of convulsions in infants and children in Moukden were cerebro-spinal meningitis, measles and its complications, broncho-pneumonia, rickets and its association with other diseases, scarlet fever and its complications, tuberculous meningitis, whooping cough and its complications and diarrhoea.

From birth to the end of 12 months of age the common causes of convulsions were cerebro-spinal meningitis, tuberculous meningitis, broncho-pneumonia and hydrocephalus. From 13 to 36 months of age the common cause of convulsions were tuberculous meningitis, measles, bronchopneumonia and cerebro-spinal meningitis. From 37 months to 5 years of age, the common causes of convulsions were cerebro-spinal meningitis, and epilepsy. From 5 to 12 years of age, the common causes of convulsions were epilepsy and epidemic encephalitis.

(6) The symptoms of convulsions are described.

(7) The mortality rate of infants and children with convulsions is 15.7 percent out of 274 cases of convulsions.

(8) The treatment of convulsions is discussed.

24B. 兒童之驚厥(第二篇)

274 患驚厥者之分析

高永恩

由 1932 年正月初至 1936 年六月底，有 274 患驚厥者，至奉天醫科專門學校醫院小兒科治療其結果如下：

- (一) 瀋陽兒童至醫院治療驚厥者，其病發數為百分之三。
- (二) 男嬰及男孩患驚厥者較女孩為多。
- (三) 患驚厥之兒童以第一歲為最多。
- (四) 多數患驚厥者於患病之第一日來院治療。
- (五) 奉天嬰兒及兒童患驚厥之最常見原因為：腦脊髓膜炎，疹熱症，及其併發病，結核腦膜炎，百日咳，及其併病，及腹瀉。
由生後至十二月末之小兒，患驚厥之常見原因為腦脊髓膜炎，結核腦膜炎，枝氣管肺炎，及腦積水。
由十三月至三歲之兒童患驚厥之常見原因為枝氣管肺炎，腦脊髓膜炎，及癲癇。
由三十七月至五歲之兒童患驚厥之常見原因為腦脊髓膜炎，及癲癇，由五歲至十二歲之兒童患驚厥之常見原因為癲癇及流行腦炎。
- (六) 驚厥之病狀已述明之。
- (七) 二百七十四之患驚厥之兒童，其死亡率為百分之十五又十分之七。
- (八) 驚厥之治法已討論之。

25. BACILLARY DYSENTERY IN CHILDREN

Analysis of 127 cases

P. K. Li

The present paper is a report of an analysis of bacillary dysentery in children under thirteen years of age in Red Cross Hospital, Shanghai, from January, 1933 to December, 1936, four

years. Altogether, 127 cases were studied seventy-seven were males and fifty were females, all of them were hospitalized cases. The dysentery bacillus was discovered from seventy-five of these individuals; the Shiga bacillus from twelve, the Flexner bacillus from sixty-one and the Sonne bacillus from only two.

The seasonal distribution shows the highest prevalence in July, August and September, however, cases may occur throughout the whole year even during the winter.

In regard to age incidence, the highest attack rate was in the group from one to four years of age, this covers 70.3% of the total series. Children under one year of age were afforded a relative degree of protection from this infection by their sheltered existence and the customary breast-feeding in this country.

In the uncomplicated cases serum is an effective therapeutic measure in the treatment, especially if it is administered in the early stage of the disease. In the fulminating cases or in cases with complications Serum has very little effect. Among the Complications bronchopneumonia is the worst of all; fifteen out of the seventeen cases of this series with this complication died. Convulsions in the beginning of the disease are a bad sign and at the end are a signal of death.

The mortality of this series of cases was 13.9%. This is about the same as the figures which have been reported by authors in other countries.

25. 兒童時期之桿菌痢疾

李丕光

本文將最近四年內所見之一百廿七病例，分析其年齡，時令，桿菌種類，併發病及在亡率等。凡無併發痛之病兒，若在早期用血清治療，功效頗佳。

26. DUALISTISCHE PROVENIENZ DER KOLOSTRUMKORPERCHEN

S. M. Yen

26. 初乳小體之二原性

顏守民

初乳小體之來源，至今尚未決定。即各教科書中記載亦不一致。余採取 Brillant-Kresylblau 之血液生體染色法，應用於初乳染色，而得較良之結果。因是證明初乳中上皮性初乳小體及白血球性初乳小體均可存在。就中上皮性初乳小體為初乳之主要成分及常在成分。而白血球性(常係中性嗜好性多形核白血球)初乳小體，僅係一定原因而出現，為非常存成分。

上皮性初乳小體與白血球性初乳小體之核形態，原形質染色，脂肪顆粒等，均有顯著之不同。

初乳小體既係二原性，故向來一切爭論，均可解決。腺上皮細胞說既係事實，白血球論亦非謬誤。惟二者並存，不限於一種。

27. THE EFFICACY OF PARENTERAL VITAMIN A ADMINISTRATION IN VITAMIN A DEFICIENCY

Fu-tang Chu and Ching-k'uei Lin

It was the purpose of this study to prove the efficacy of the intramuscular injection of a vitamin A concentrate in the treatment of human cases of vitamin A deficiency. Three infants and six adolescents who showed various degrees of xerophthalmia were chosen for the treatment. During the course of parenteral therapy, special care was taken to prevent the ingestion of more vitamin A than what had been received before the development of the ocular symptoms. An improvement of the eye condition was invariably noticed within 48 hours of the treatment. Parenteral therapy is therefore considered to be a valuable adjunct in the treatment of acute cases of keratomalacia and in cases with complicating diseases of the gastro-intestinal tract.

27. 甲種維生素肌內注射之功效

諸 福 棠 林 景 奎

本文主旨，係證明肌內注射甲種維生素之功效。計嬰兒三人，青年六人，皆患乾眼病，純用肌內注射之外，不加授任何含蓄甲種維生素之食物，在四十八小時內。即顯見功效。此種治療法，既屬可恃，在治療急性乾眼病時，宜與口授甲種維生素，同時進行。若患者兼有消化管疾患，則注射治療法尤為適應。

28. DICK TEST AMONG CHINESE

Paul L. Fan

Out of 3825 Dick tests done in Cheeloc, 797, or 20.84% were positive. The positive Dick reaction for 15,049 Chinese tested by various authors reported is 29.63 per cent.

Out of 797 positive Dick reactions about three-fourths were weakly positive and one-fourth were moderately or strongly positive. There is evidence to show that there is a close relation between the intensity of the positive Dick reaction to the severity of the subsequent scarlatinal infection.

Both the present series reported and the total series for Chinese show that females have a higher positive Dick percent. This difference of positive percentage of Dick reaction between sex is statistically significant, and true in each 5-year age period after the preschool years.

Generally speaking, as the age is advanced the immunity to scarlet fever is increased. During the first half year of life only 4.4% showed a positive Dick reaction. This is due partially to the transplacental immunity and in a greater number to the peculiarity of the baby's skin. About 70% of the pre-school age, 40% of primary school children and 30% after thirteen years of the Chinese show a positive reaction in Dick test.

There is statistical evidence that country school students have a lower positive percent of Dick Reaction and inmates of orphanages have the lowest positive percentage.

28. 狄 克 試 驗

樊 培 祿

三千八百二十五人之狄克試驗，陽性反應者七百九十七人陽性反應百分率為二十又百分之八十四。著者搜羅一萬五千零四十九華人之狄克反應，平均之陽性反應百分率為二十九又百分之六十三。

本文中之七百九十七人顯陽性狄克反應者，其中弱陽性者佔四分之三，餘四分之一為中度陽性或強陽性反應。所顯之陽性反應程度，約與以後得之猩紅熱病之輕重成正比例。

女子之陽性狄克反應百分率較男子者高。此兩性間陽性反應百分率之差異，在統計上亦有意義。但此差異，按相同之年齡者計算亦甚顯著。

簡約言之，年齡愈長，對於猩紅熱之免疫力亦愈增。首六月之嬰兒，狄克陽性反應百分率僅為四又十分之四。此因初生嬰兒由母得有暫時之被動免疫力，及嬰兒皮膚之反應不及成人者靈敏而致。學齡前期兒童之陽性狄克百分率約為七十。初小學生者為百分之四十。中學以上者約為百分之三十。

鄉村學童之陽性狄克反應百分率，較城市學童者為低。孤兒院中兒童之陽性狄克反應百分率則最低：

29. AN UNUSUAL CASE OF ACUTE POISONING BY OPIUM IN CHILDHOOD

Su, Tsu-fei, and Yang, Hsieh-su

The chest wall of a boy of six years old was burnt by a bottle of boiling water. His father applied opium paste (about 10 gms) over the wound. The symptoms of opium poisoning were discovered about half of an hour later. The boy died on the third day, inspite of energetic treatment.

29.

兒童急性鴉片中毒

報告罕見病例一則

蘇 龍 斐 楊 顯 索

六歲男孩，胸部皮膚為沸水所燙傷。其父用鴉片膏(約10公分)，水敷於患處，半小時後發現中毒症狀。極力救治無效，至第三日清晨而死。

公共衛生組

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PUBLIC HEALTH

SECTION ON PUBLIC HEALTH

Symposium on State Medicine:

1. Fundamentals of State Medicine Wu Lien-teh.
2. State Medicine Problems F. Oldt.
- 2a. State Medicine in a Planned Economic
System in China C. E. Lim.
3. State Medicine Robert Lim & C. C. Chen.
- 3a. State Medicine and the Health Center I. C. Yuan.
4. Some Aspects of the Relationship
Between the Government Health
Program and the Mission Hospitals E. H. Hume.

General Discussion by Drs. C. Borcic, C. K. Chu, Chang Wei,
J. B. Grant, P. Z. King, T. A. Li, S. M. Woo, T. H.
Wang, and F. C. Yen.

Symposium on Rural Health:

- 4a. Problems of Rural Health Organization C. C. Chen.
- 4b. Rural Health as Undertaken by
A Provincial Government... ..C. Pan & F. Y. Li.
5. Diet and Health in China H. C. Hou.
6. Training of Junior Personnel for
Rural Health Service in China D. G. Lai.
- 6a. A Proposal for the Training of
Secondary Medical Personnel Z. W. Koh.
- 6b. Five Years of Jennerian Vaccination
in Tingsien H. W. Yu & C. C. Chen.
- 6c. Diphtheria Immunization in a
Sample Village H. W. Yu.

7. Mosquito Larvicidal Measures J. H. Jordan.
8. Fasciolopsis Buski Infection Among
School Children in Shaohsing and
Treatment with Hexylresorcinol
O. R. McCoy & T. C. Chu.

General:

9. First Annual Report on Plague Work in
Fukien Y. N. Yang, E. Landauer,
C. K. Koo & P. C. Ling.
10. A Suggested Standard Budget for Hsien
Health Administration H. Y. Yao.
11. Results of physical Examination of the
Rural School Children in the Li-cheng
County, Shantung
E. B. Struthess and Yung-en Kao.
- 11a. The Incidence of Ringworm Among
Rural School Children, Li-cheng,
County, Shantung Yung-en Kao.
- 11b. Physical Defects in Rural School
Children, Li-cheng County, Shantung
E. B. Struthers and Yung-en Kao.
- 11c. The Body Weight and Height and
Circumference of Head, Chest and
Abdomen Among Rural School Children
Li-cheng County, Shantung Yung-en Kao.
12. An Examination of Village Wells in Li
Cheng County, Shantung
Yung-en Kao and E. B. Struthers.
13. Studies on Death Rate of Children by the
Order of Birth in a Rural Area of Kiangsu C. S. Tao.
14. Vital Statistical Reports of an Experimental
Health Area in Wusih C. S. Tao.

15. Demonstration of a Sanitary Privy—
Hsiang Ya Type K. Tsiang.
- 15a. A Contribution to the Biology of
Hookworm Infection—
Motion Picture E. A. Heife, & Lu-sing Wu.

**Symposium on the Relation between Public Health
and Socio-economic Conditions in a Community:**

16. Relationship between Public Health and
Social and Economic Conditions in the
Community J. B. Grant.
17. Chinese Rural Economics and Their
Influences on Medical Service R. B. McClure.
18. Mal-nutrition Amongst City Workers
and Proposals for Improvements B. S. Platt.
19. Malaria as a Rural Social Problem
T. L. Su & T. F. Huang.
- 19a. The Preliminary Report of the
Anti-Fasciolopsiasis Work of
Chekiang Chen Wen-li & Poo Lang-go.
20. An Inquiry into the Prevalence of
Syphilis in Nankiang
T. H. Wang, J. Y. Shen and C. C. Chung.
21. Lead and Antimony in Shanghai Industries
in Relation to the Health of the Worker
B. S. Platt & R. Alley.

General:

22. An Investigation of 19 Communicable
Diseases in China S. C. Hsu & C. T. Ke.
- 22a. A Report on Preliminary Survey of City
Health Administration in China T. A. Li.

23. Air Conditioning and Effective Temperature
as Applied to Premature Nurseries
Shih-wei Wang and T. F. Foster.
24. Some Observations on the First
Menstruation of Healthy Chinese Women
C. S. Tao & D. T. Shu.
- 24a. Observations on Midwifery Work in
the North West Z. W. Koh.
- 24b. Blood Pressure of Chinese Railway
Employees T. F. Huang & T. L. Su.
- 24c. Schistosomiasis in Fukien—
Motion Picture R. C. Robertson.
25. Tuberculous Infection Among School
Children in Kacchiao
C. S. Chen, G. F. Zee & T. C. Hsu.
26. Einfache Vorweisungsversuche zur
Pathologie und Therapie der
Kampfgaserkrankungen Wilhelm Blume.

(Simple experiments to show the pathology and
therapy of poison gases and the results of poison gases.)
27. Rural Health Service at Wu-Li-Ting, Foochow,
Fukien T. H. Lu & S. Y. Chao.
28. The Health Program of The Provincial Government
of Fukien. T. H. Lu.
29. Report on Investigation for Schistosomiasis
In Fu-Ching, Fukien T. H. Lu & K. C. Chen.

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| 2. 公醫制度之檢討 | 老恩賜 |
| 2a. 中國經濟制度計劃中之公醫制度 | 林仲揚 |
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| 5. 中國之飲食與健康問題 | 侯祥川 |
| 6. 我國鄉村衛生初級人員訓練之檢討 | 賴斗岩 |
| 6a. 中級醫務人員訓練之檢討 | 葛成慧 |
| 6b. 定縣五年來種痘之經過 | 陳志潛 |
| 6c. 鄉村中之白喉預防接種 | 俞煥文 |
| 7. 幼蚊撲滅方法 | 朱爾典 |
| 8. 紹興學童薑片蟲之傳染及其治療 | 麥蓋 朱佐治 |
| 9. 福建省鼠疫防治之經過 | 楊永年 柯立光 蘭虔雅 林乘正 |
| 10. 我國目前縣衛生經費標準之商榷 | 姚尋源 |
| 11. 山東歷城縣鄉村學童體格檢驗結果之分析 | 杜儒德 高永恩 |

- 11a. 山東歷城縣鄉村學校兒童癩癬之病發數 高永恩
- 11b. 山東歷城縣鄉村學校兒童身體缺點之統計
杜儒德 高永恩
- 11c. 山東歷城縣鄉村學校兒童體重身長頭胸腹之
測量 高永恩
12. 山東歷城縣鄉村水井之檢查 高永恩 杜儒德
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1. FUNDAMENTALS OF STATE MEDICINE

Wu Lien-teh

It may be claimed that State Medicine, the most vital of present-day problems facing our profession, has a long history in China. A kind of state medical organization seems to have existed at the time of the Chou dynasty (1121-249 B. C.) It must be feared that the excellent system then built up did not long remain in full force, as during the Han and Tang dynasties superstition reigned supreme. Progress was made once more during the Sung dynasty (960-1279 A. D.) to culminate after another period of retrogression in the foundation of the College of Imperial Physicians under the Yuan dynasty (1206-1368). Sad to relate, this first independent medical institution vested with definite administrative powers soon began to lose its influence and became gradually devoid of any practical importance.

Though the first modern medical method to be permanently introduced into China early in the 19th century, Jennerian inoculation against smallpox, was prophylactic in nature, the activities of the foreign pioneers of the new medicine and their Chinese pupils remained for a long time limited to curative work. Indeed it may be said that real progress in the field of public health work was achieved only with the dawn of the 20th century. A period of consolidation then followed which culminated in 1928 in the foundation of the Ministry of Health (now National Health Administration).

Though the progress during the last quarter of a century and particularly since the inauguration of the National Government in Nanking may be considered satisfactory, much still remains to be done. The number of medical practitioners available at present is utterly inadequate. More than that, a mere increase in their numbers would not really improve the situation, as under the present conditions the broad masses of the population, especially in rural areas, are unable to avail themselves of modern medical methods. The introduction of a system of state medicine is therefore inevitable.

While the great difficulties besetting such a scheme should be fully realized, we should not forget that useful preparatory work has been done both in cities and in rural study areas. Nor should we overlook the fact that state medicine or allied systems have been successfully introduced in other countries. Finally, it may be confidently asserted that, should the medical profession in China be called upon to participate in this reform, it will respond as nobly as in past emergencies.

1. 公醫制度之基本原則

伍 迺 德

公醫制度在中國有悠久歷史。當周朝全盛時代，已實行公醫，嗣後漸見退步。近代醫學雖於十九世紀時，由歐洲傳入中國，惟經過多年，均僅限於治療方面。至於衛生方面，延至最近二十餘年，始見發展。民國十七年乃有衛生部之設立，後改組為衛生署。自國民政府奠都於南京以來，衛生工作，成績尚佳。然而醫務人員人數太少，而鄉村間尤缺醫務設備。惟一補救方法，即推進公醫制度是也。公醫制度之實行，雖多困難，而數年各村市辦理，已有端倪。且此種制度，歐洲數國，業已表見成績，著者敢信我國醫界同人，必樂為盡匹夫之責，以促其成也。

2. STATE MEDICINE PROBLEMS

F. Oldt

State Medicine finds many advocates in China. The author points out it is high time the C.M.A. discusses this matter thoroughly and defines its position. The following are some of the problems which must be faced: Should a programme of State Medicine include preventive as well as curative work and communicable disease control? How should the teaching of

medicine be modified? What part should be taken by private practitioners, nurses and midwives, and school teachers? How should we face the question of practitioners of old-type Chinese medicine? What part should health insurance play in the programme?

2. 公醫制度之檢討

老恩賜

近年我國醫界多有主張公醫制度者，本文著者以爲中華醫學會對於此項主張，及其連帶問題，亟應加以詳細討論，公醫制度應否包括預防及治療，以及傳染病之防制？現在之醫學教育制度，應如何改組？在公醫制度之下開業醫師，護士，助產士，以及學校教員，應佔何地位？中醫問題如何解決？應否採納健康保險？

3. STATE MEDICINE

R. K. S. Lim and C. C. Chen

The authors after a discussion of the principles and practice of collective medical protection, consider the desirability of applying state medicine in China. The special socio-economic conditions in China are outlined and the problems connected with the adoption of state medicine are presented. The whole plan of medical service under State Medicine, it is pointed out, must be centred on the hsien as the unit within the province. The questions of organization and personnel training are studied in detail.

Plans for a proposed Experimental Area are outlined and charts of provincial and local health administrations in a scheme of State Medicine are appended.

3. 公 醫 制 度

林 可 勝 程 志 潛

本文討論公醫制度之原則，及實施，與中國社會經濟現狀之關係。以爲吾國如實行公醫制度，應以縣之組織爲單位，而以省之組織總其成。並討論組織詳細辦法及各級衛生人員之訓練。

著者以爲實行公醫之初，應先設立一公醫實驗縣，並詳述此種實驗縣應有之組織及組織之系統。且附圖說明。

4. SOME ASPECTS OF THE RELATIONSHIP BETWEEN THE GOVERNMENT HEALTH PROGRAM AND THE MISSION HOSPITALS

E. H. Hume

I. Historical

1. Medical Missions a "foreign" enterprise.

Early missionaries and Government relations

Insistence by missionaries on right of travel

Periods of Toleration

Periods of Prohibition

Causes of these varying attitudes

The "entering wedge" motive of early missionaries

Contration in "hospital compounds"

Limited participation in research and in extramural
outreach, urban or rural.

2. Economic Limitations.

Mission hospitals unable to undertake anything but
limited tasks

Even moderate fees were apt to cause criticism

3. **Limitations of Authority**

Foreign doctors had no powers to enforce sanitary measures, to combat infectious diseases or to collect vital statistics.

4. **The Large Measure of Service Rendered.**

Success in surgery
Devoted ministrations

II. Present Relationships

1. **The Government Assumes Responsibility**

- a. **The National Quarantine Service**
- b. **The Wei Sheng Shu**

2. **Certain "Foreign" Attitudes Continue**

- a. **The Concession and Settlements**
- b. **Attitude of foreigners towards registration of physicians**
- c. **Hesitancy regarding registration of hospitals and schools of nursing.**
- d. **Manufacture and purchase of narcotics, drugs and vaccines.**

3. **The Training of Chinese Physicians**

- a. **In Europe and America**
- b. **In Japan**
- c. **The Importation of Ready-Made Foreign Procedures and Curricula**
- d. **Contact with Chinese Culture**
- e. **Understanding of Racial Psychology**
- f. **The Element of Nationalism**

III. Certain Factors Needful for Progress.

- 1. **Exchange of Ideas**
- 2. **Mutual Visitation and Conference**

3. Avoidance of Duplication and Acceptance of Certain Responsibilities.
4. The Development of Provincial Health Programs
5. The Care of Certain Special Types of Disease
 - a. Tuberculosis
 - b. Leprosy
 - c. Chronic Orthopedic Conditions
 - d. Psychoses
6. Recognition of a Common Task.

4. 教會醫院在中國衛生計劃中之地位

胡 美

本文分爲三章（一）基督教會醫院在中國之歷史及工作困難之情況。（二）近年來基督教會醫院與中國衛生機關之關係。（三）將來之進展。

5. DIET AND HEALTH IN CHINA

H. C. Hou

Recent surveys have shown that the nutrition of the mass in China is in many respects inadequate and that there are current many frank deficiency diseases, as well as a general ill-defined state of malnutrition which lowers the efficiency in, and the capacity for work. This state of affairs is brought about through lack of attention in the past to the question of diet in its relation to health. Although its importance was recognised at one time as early as the Chou dynasty about 1115 B.C., unfortunately little advance was made and much has since been left to custom tradition and the culinary art. While the population does survive through many centuries, their development and health are certainly not the best they can be. Infant mortality has been very high.

Instinct alone as a guide in the selection of food is not enough. (For instance, appetite for sugar is readily developed in children with many harmful consequences.) The accumulated experience of the past should be studied and investigated in order to make use of its really good points.

The present inadequacy in the diet of the mass is not merely due to the low economic level of the people but rather to ignorance of the real values of certain foods and the fundamentals of nutrition. For example one may mention the large consumption of polished rice instead of the more nutritious unpolished rice, the use of quite nutritious soybean cake for field fertilization in the cultivation of the less nutritious rice, and many other examples.

With the exception of the extremely poor the energy requirement of the mass is usually satisfactory but the quality is often at fault. The deficiency is usually in animal proteins, fats, calcium and vitamins A and D in North China and vitamins A and B in South China. The vitamin C intake is probably below the optimum in many places. Even the diet of the rich or the well-to-do class not infrequently suffers from lack of balance, since during the process of refinement and the preparation of food the important protective principles are often lost. It is not uncommon to observe in these classes a condition of latent deficiency which deprives them of the vitality and predisposes them to infection or to frank deficiency diseases at times of stress. Much of this can be corrected through the proper education of the mass in the value of foods and their importance to health, an improvement in the transportation and preparation of foods, the cultivation of more protective foods such as more leafy vegetables in place of a certain amount of the cereal grains and so on. Without adding any economic burden on the people the diet can be improved by the more general use of such substance as soybean, the use of more green leafy vegetables, substitution of polished rice with unpolished rice and potatoes and the inclusion of some eggs. Since the production of dairy products on a large scale is as yet impractical, the greater production of eggs should be

sought by encouraging more and better poultry raising. Owing to the shortage of dairy products and for economic reasons the dietary standards recommended by the League of Nations are not applicable to this country at present.

With the coming industrialization of the country the diets of the factory workers need more attention since indoor life with its "unhygienic" conditions calls for a better nourished state. The foods further should be in a more easily digested and assimilative form than those of the farmers or the open air laborers. A complete or balanced diet is particularly necessary during the growing period, and for women during pregnancy and nursing, since during these periods there is a greater demand for the various dietary constituents for a full development of the young and proper functioning of the mother.

5. 中國之飲食與健康問題

侯 祥 川

據近頃調查研究之結果，發見一般中國人在營養方面缺點甚多，各種營養素缺乏症極為流行，而一般營養情形亦屬不良，影響一般人之工作效率甚鉅。至此種情形之所以發生，則以過去一般人對於飲食與衛生之關係多加忽視之故。然吾國人未嘗不知飲食與健康之關係，遠溯周公之時（約紀元前一一一五年），即已知其關係之重大，惜後世對於此一方面進步甚少，而獨注重於烹調等方面。雖吾國民族數千年來繼續存在，然其體格發育則斯難認為健全，而嬰孩之夭折者尤多。

關於飲食之選擇，不能專憑吾人之好惡本能以定去取，例兒童多喜食糖，而致發生種種不良之結果。即一般經驗之談，亦須細加究審，以期去其弊而存其利也。

今日一般人飲食不良之原因，不僅由於其經濟能力之薄弱，而尤由於不知營養之要素以及各種食物之真正價值也。例如一般人多食精米而不喜糙米，實則糙米之營養料較精米為富，又如用豆餅為種米之肥料，而不知豆餅之營養料亦較米為富，其他事例尚多，不勝枚舉。

中國地方除一般赤貧之人外，其餘一般人之飲食中關於熱力方面所需之營養料尚稱足夠，惟其質則常欠佳，大致北方人之飲食中缺乏動物蛋白質，脂肪，鈣，以及甲種與丁種維生素，而南方人之飲食中則缺乏甲種與乙種維生素而多處人民飲食中所含之維生素丙大都亦嫌不足。即一般中上階級，其飲食中所含之營養料，亦往往有多寡不均之情形，蓋在精製與烹煮之際，對於重要營養素每每失去，故此種飲食表面雖似豐富，實則營養不良，體力不強，一遇疲勞，即發生營養不良症狀以及其他傳染病焉。

上述種種營養不良之情形，可設法補救，如以正確之營養知識灌輸於一般民衆，使其明瞭各種飲食之價值以及其對於健康之關係，改良食物之運輸及調製方法，多種蔬菜及有益人體之食料以代穀類等。一般人之飲食中宜多用大豆，青菜，番薯，雞蛋，並以糙米代精米，凡此種種，均並不加重經濟負擔者也。吾國農村間，目前尚無大規模出產牛乳等食料之可能，然吾人當極力鼓勵一般農民多蓄家禽，以期能有大量之雞蛋供一般人之食用。至國聯衛生部營養專家委員會所規定之飲食標準，則以我國牛乳等食料出產缺乏，以及經濟方面之關係，一時尚不能在吾國實施也。

中國現已漸趨工業化，故對於工人之飲食應多加注意。工人在戶內工作，其衛生情形往往不良，故宜於飲食方面加以補救，其食品當較農夫或戶外工作之人所食者易於消化及同化。生長時期之兒童以及妊娠期間與哺乳期間之婦女，其飲食中所含之營養料尤須完備及多寡平均，蓋在此等時期中，各種營養素之需要尤大，藉使兒童之體格得以充分發育，而一般婦女在妊娠期間與哺乳期間得盡其育兒之功能也。

6. TRAINING OF JUNIOR PERSONNEL FOR RURAL HEALTH SERVICE IN CHINA

Daniel G. Lai

One of the most difficult problems of the rural health service in China is the lack of adequate personnel. This paper presents results of a recent survey of the training of the junior staff in the well-known rural health centers in this country, and outlines the course of instruction for "health helpers" as given in the Kao-Chiao Rural Health Station. It also makes a strong plea for the official recognition of this type of assistants, and for standardization of the curriculum in training them up to meet the urgent needs of the rural health programme in China.

6. 我國鄉村衛生初級人員訓練之檢討

賴斗岩

查我國辦理鄉村衛生最困難之點，除經費外，厥為人才問題。現中央政府及各省市對於高級衛生人員如醫師，護士，助產士等之培植，已則有相當標準，但關於當地初級衛生人員之養成，則尚無一定辦法，率致各自為政，漠不相關。本篇特將各處情形調查所得，作一統計，並將上海高橋區衛生事務所訓練助理員之經過，簡單說明，以供同道之檢討。

7. MOSQUITO LARVICIDAL MEASURES

J. H. Jordan

The local conditions in Shanghai with regard to breeding places of anopheles mosquitoes and the prevalence of malaria during the last few years are discussed.

Suitable chemicals for the destruction of mosquito larvae are studied.

7. 幼蚊殺滅方法

朱爾登

本文討論上海附近蚊蟲滋生狀況及近年瘧疾之流行。並述各種殺滅幼蚊方法及最合用之殺蚊蟲藥品。

8. FASCIOLOPSIS BUSKI INFECTION AMONG SCHOOL CHILDREN IN SHAOHSING AND TREATMENT WITH HEXYLRESORCINOL

O. R. McCoy and T. C. Chu

A survey of 349 primary school children in the city of Shaohsing, Chekiang Province, aged 6 to 16 years revealed a 65% incidence of infection with the intestinal fluke *Fasciolopsis buski*. Egg counts indicated that about half of the positives harbored infections of 20 worms or less; seven percent was not correlated either with age or with sex in the limited series of children examined.

One hundred and twenty nine children were treated with crystalline hexylresorcinol and re-examined 2 to 3 weeks after treatment. The flukes were completely eliminated in 54% of the cases treated. Judged by the reduction in the total egg count of the treated group the drug was 87% efficient in removing the worms. The drug was most effective in those individuals harboring less than 10 worms, the total egg count of this group was reduced 97% and 90% of cases were completely cured. It is concluded that hexylresorcinol is an effective drug for the treatment of *Fasciolopsis* infection.

紹興學童薑片蟲之傳染及其治療

麥 蓋 朱 佐 治

在浙江紹興城調查三百四十九小學兒童，年齡在六歲至十六歲，其中染有薑片蟲者，佔百份之六十五。以蟲卵計算，凡染此蟲之學生，半數有二十或二十以下之成蟲。又百份之七染此蟲者，其感染原因，與年歲或性別無大關係。

一百二十九小學兒童染有薑片蟲者，曾以結晶體之 Hexylresorcinol 治療。治療後二三星期內，重檢驗大便，百份之五十四完全治愈，成蟲均被排出。以虫卵減少而論，此藥片佔有百份之八十七驅蟲效力。凡染成虫十枚以下者，蟲卵減少效力為百份之九十七，十份之九完全將成蟲排出。研究結論，證明 Hexylresorcinol 為療治薑片蟲有效力之藥也。

9. FIRST ANNUAL REPORT ON PLAGUE WORK IN FUKIEN

Covering the Period from Dec. 1935. to Nov. 1936.

Y. N. Yang, E. Landauer, C. K. Koo, and P. C. Lin

A. Report on the Activities and Organization of the Fukien Provincial Plague Prevention Bureau.

In the middle of the year 1935, a severe epidemic of plague was reported to be going on at Lungyen, S. Fukien. The National Health Administration dispatched a group of epidemiologists and physicians who arrived on the scene in August and set up an emergency anti-plague organization, using such preventive methods as could be applied in the absence of any more elaborate preparations. It was soon recognized that it was impossible to achieve any lasting success by such measures and more adequate steps were recommended to be taken by the provincial authorities. This in due course, led to the establishment by the Provincial Government of a permanent institution, the Fukien Provincial Plague Prevention Bureau, with headquarters at Foochow. On

December 1st 1935, an Experimental Station was opened at Lungyen whose assigned task it was to introduce modern plague control methods and to work out such adaptations to local conditions as would render them most suitable for application on a provincial scale.

In plague work perhaps more than in any other epidemiological activity, research is inseparably linked with preventive work. Investigations were therefore immediately begun into the incidence and species of local rodents and their fleas and into the meteorological elements affecting their bionomics. These investigations will be carried on for a number of years over a constantly widening area.

In the following year, another preventive center was established at Kienow, in the North of Fukien; five substations were set up in different endemic areas in the same year.

The higher technical staff of the Plague Bureau was loaned by or transferred from the National Health Administration. Fumigators and other lower staff were trained locally.

B. Epidemiological Survey of Plague in Fukien.

It is a well known fact that there are three endemic plague areas in the province, viz. the southern, coastal and northern one. The most detailed surveys were made in the southern and northern areas, where the epidemics are most severe.

The first outbreak that occurred in Fukien in the course of the present plague pandemic was reported from Amoy in 1894. The epidemic then moved slowly along the coast and further inland, most probably taking advantage of the waterways. Numbers of more or less separate foci became thus established in the interior. In these foci, plague recurred periodically, spreading at the same time slowly further into the neighbourhood. Although accurate records are not available, there is no doubt that the disease claimed many thousands of victims. A number of places became infected only recently and it is a noteworthy fact that the more recently the disease has been introduced in a place, the more pronounced is the tendency of the interepidemic interval to

become shorter. This may even go to the point of the epidemic returning regularly every year as is the case in Sungki and Chengho. Those localities, on the other hand, where plague occurred first, as Foochow and Amoy, are now entirely extinct foci. Many intermediate cases can be quoted, especially from along the coast. The most likely cause of this phenomenon is the gradual establishment of a certain degree of immunity among the local rodents and perhaps, though surely to a lesser extent, improvements in town sanitation which have been made first along the coast but gradually also penetrate to the interior.

Evidence is offered to support the contention that plague is carried over from season to season by epizootics smouldering in isolated localities, especially in large farm houses surrounded by rice fields.

Towards the end of the season, the disease has a tendency for pulmonary involvement; a few cases usually occur between August and December, but they remain isolated and as a rule do not spread beyond a family unit. Mortality was 100%.

Clinically, the bubonic form shows the typical predilection for the femoral and inguinal lymph glands. The mortality was 50—70%. As to the seasonal incidence, the onset of the epidemic usually is in March or April with the fastigium in July to August and the end in November or December. Sporadic cases occur everywhere outside towns throughout the off-season.

C. Sanitary Surveys of Endemic Plague Areas in Fukien.

Intensive sanitary surveys have been made of one town in south Fukien (Lungyen) and three towns in the North, namely Kienow, Sungki and Chengho. The following sanitary problems have been considered and are dealt with in detail: Water supply, Sewerage, Latrines, Garbage disposal, Housing, Cleanliness. Special attention was paid to conditions favouring rat infestation and it was shown how building customs and building materials affect the extent and type of harbourage inside houses.

In Lungyen, a detailed food survey was also made with a view to study the sources of food supply for rats.

D. On Preventive Measures Adopted for the Control of Plague at Lungyen.

For rat eradication, two main methods were chosen, viz., poisoning and fumigation. Poison bait was laid out in all houses periodically, using a dough made of barium carbonate, wheat flour, and water. Fumigation of rat burrows was carried out twice in the whole town by means of Cyanogas (Calcium Cynide). 13,895 holes in 15,930 rooms were fumigated and 28,344 communicating holes sealed.

In rat prevention, two lines of advance were stressed, viz. food control and harbourage elimination.

In all 244 food shops of the town, all food was protected by carefully worked out and tested methods. 144 rat proof store rooms were built and 3,533 rat-proof containers set up in these shops at an average expense of \$13.86 per shop.

In residential houses, 12,000 food containers were rat-proofed. This figure includes new containers bought at the request of the Bureau and represents over 90% of all containers in town.

For the elimination of harbourage, all house-drains were rat-proofed by means of 2,500 specially made tiles. Several clean-up campaigns were conducted on a large scale and 197 double floors, walls, and ceilings torn out. Building rules governing the rat-free construction of new houses were drawn up and enforced. Other sanitation work comprised the construction of 160 public incinerators for burning garbage, the construction of a 500-ft. dam across the river to introduce river water into the street sewers the installation of 200 windows in private houses, etc.

7,000 persons were vaccinated with plague vaccine prepared from local strains of *P. pestis*.

Anti-plague and general sanitary propaganda were considered an important part of the activities of the Bureau. Thousands of handbills, posters, and pamphlets were constantly distributed; parades and processions were organized, speeches were made at

street corners and to invited guests, an exhibition of rat-proof food containers arranged, signboards erected in public squares, etc.

The combined effect of the anti-plague methods employed is demonstrated conclusively by the 50% decrease of the general rat index and the complete disappearance of house rats during the period immediately following their enforcement.

E. Rat and Flea Survey of Lungyen, Fukien.

The rodent population of Lungyen houses is composed of *R. norvegicus*, *R.r.rattus*, and *R.r. alexandrinus*. Besides, a small number of musk shrews was found in the survey started in December 1935, and continued to the present day.

The trap used in the survey is a spring trap of native pattern. In Lungyen, 2—400 rats were trapped per month.

In analysing the rat indices, we find (1) a very marked decline of the general index from 6.5 to 3.7 during the 12 months under review, caused by (2) a reduction by about 30% in the number of *R. norvegicus* and by (3) the complete disappearance of *R.r. rattus*. This was counteracted to a certain extent by (4) a distinct increase in the number of *R.r. Alexandrinus*. This demonstrates conclusively that, as would be expected, rat-proofing of food and fumigation hit the house rats hardest, and to a lesser extent the brown rats, while the typical climbing rat (*R.r. alexandrinus*) which does not inhabit houses but visits them through the roofs, windows, etc., benefitted from the extermination of its competitors. This was to be expected as there was no way of rat-proofing roofs or fumigating harbourages outside houses.

It is interesting to know that from June to August, there was a decided increase in all rat indices due to increased breeding. This, however, did not hold out against the rat-control measures and soon gave way to a renewed sharp decline.

The most remarkable finding of the flea survey was the coincidence of the plague season with the months having the highest *X. cheopis* indices (May to Sept.) The index fell below the critical

limit (1.0) only during three months of the year. The total flea index was high and showed little fluctuation throughout the year due to the fact that, when the *X. cheopis* index is high the *L. musculi* index is low, and vice versa, *X. cheopis* is a summer flea, *L. musculi* is a winter flea in Fukien. Besides these two, five other flea species were found in insignificant numbers, one of them being a new species.

Rainfall, air temperature, and humidity observations were made all the year round. It could be shown that the saturation deficiency remained favourable to the multiplication of *X. cheopis* during the whole year, being always below the critical limit of 7.7 mm (0.3"). In the absence of a check on the breeding of this flea by high saturation deficiency, its incidence appears to be controlled by the temperature.

9. 福建省鼠疫防治之經過

楊永年 蘭度雅 柯主光 林秉正

一九三五年夏秋之交，福建龍岩發現沉重之鼠疫流行，中央衛生署派遣醫師及其他技術人材數人於八月下旬，抵達龍岩，且急組織防疫會，但仍認為此種防疫方法，非由閩省政府長期管理恐難根本剷除，因之，遂決定由省府，組織一永久防疫機關，以防治殘浩之鼠疫。當時，先於福州省會，於民政廳下，設一防疫專員室以事防治全省之鼠疫。同年十二月一日，設鼠疫防疫實驗區防疫所於龍岩，從事實驗何種方法能適合福建地方情形，而能達完善之防治目的。

防治鼠疫，或許與其他傳染病之防治，略有不同，研究與實際防治工作，應該並重，研究方面，吾人着手龍岩當地之鼠族，鼠蚤，之分類，並其與生物學上，與氣候之關係，此種研究，將於數年之內，推廣至其他各地。

翌年(1936)，於閩北建甌，設立防疫機關，同時，於閩北防疫所下，設立防疫分所或防疫隊等計五處。

防疫所之高級技術人員，大都聘自衛生署。薰蒸工作人員及其他低級職員，大都就當地訓練之。

福建鼠疫流行學之調查：

在福建有三個流行地帶即南北及沿海一帶是，閩南閩北之詳細流行史實，業經調查完畢，蓋以兩處之流行較沿海一帶為沉重也。

福建鼠疫最初之流行，乃在1894年於廈門發現小流行，漸次延及沿海各處及較遠之內地，流行之徑路，藉水路為最可能。其流行之中心，大多四散於各地，在此四散之流行中心，幾成定期性之反覆流行，且同時漸由遠而及近，許多地方，輒近始有斯疫流行，又近數年以來，發見疫癘之傳染，常至另一地段。

致流行之時間，常成為間歇性之流行者，且每間歇之相隔時間甚短，此種情形，成為定期之反覆流行，如松溪政和兩縣之每年流行是。反之，福建最初之流行地方。如福州，廈門等處，現在完全成為一無疫之中心地段。許多地方仍能引證間歇性之流行，尤以沿海一帶為然，此種現象，甚似流行中，漸漸產生一定度免疫之鼠族，或可使傳播之機會減少，又各地因歷年之環境衛生之進步，如近海岸一帶之縣份，亦可使疫癘減少。

根據過去之疫史，彼季節與此季節之流行向，必有潛伏性之疫癘鼠族，尤以農民之大房屋內，而外有稻田者為然。

又流行之末，常有發現肺性鼠疫者。曾於龍岩八月及十二月間，有數例發現，但主要之隔離法，往往可使限局於一家，死亡率為100%。臨症上，定型性之腺疫，大多數以股部及鼠蹊部淋巴腺為多，其死亡率自50%—70%。若以時季言之，大抵早在三四兩月或遲至七八兩月為疫癘之嚙矢時間，疫終則在十一月或十二月為常，散在性之流行。常發見於各地城外，且一年四季幾常有之。

流行地方之衛生調查：

在閩西之龍岩，閩北之建甌，松溪，政和三縣，均曾加以詳細之調查，以下之環境衛生問題，堪足注意，即水供給，陰溝，廁所，垃圾之處置，房屋之構造及一般清潔等，而尤特別注意其如何環境適宜於鼠族之騷擾，並當地建造房屋之習慣及建造之質料，與屋內之垃圾處置等。

在龍岩曾經詳細調查何種食物能合宜鼠族之嗜好。

龍岩之防治鼠疫方法：

兩種根本撲滅方法，即毒殺法及薰蒸法耳，前者即於各家設以炭酸銀餅，按期施行，後者即以氫酸鈣薰蒸全城鼠穴，凡兩次，在 15,930 之房間中，得 18395 之鼠穴，均經薰蒸法處置之，並將 28,344 屋內外溝道之穴孔，亦經嚴密封閉之。

預防鼠族之滋生法有二，一即鼠糧之管理及垃圾之排除，龍岩城內有 244 食品店均經用特別方法，謹慎保管之，使鼠糧之供給，可以斷絕。食品店中建造防鼠食品庫房者有 144 間，及保護食糧之用具具有 3,533 具以上。各食品店平均所用之費，為十三元八角六分。

在人民住宅內，有一萬二千個藏置食物之用具，均屬避鼠設備，此項數字，包括防疫所所令民衆新購者在內，且足可代表全城藏食具之百分九十。

為減少鼠族之四竄活動起見，即將住宅內之溝渠，以二千五百個特製之瓦片杜塞之，將一百九十七處之雙層地板，牆壁，天花板，都予以拆除，關於管理新建房舍，亦訂有房舍建築規則，又建造一百二十處之公共焚灰爐，以為焚化垃圾之用，建造一處，五百英尺長之堤岸，通過江河，俾將河水引入街旁溝渠中，在各私宅人家，裝製二百個通風之窗戶。同時將七千居民，施以防治之鼠疫疫苗注射。閩北防疫所認為，普通之環境衛生及防疫宣傳工作，為各項工作中重要之一端。故將宣傳方面之小冊子，標語，發給當地民衆，或鄰近人民，遊行與演講防鼠設備用具之陳列，及通衢間直立之揭示，均為努力工作中之一般。

上列各項防疫工作施行後，鼠族指數已減輕至百分之五，各住宅內已不常見鼠族之形跡。

龍岩之鼠族與鼠蚤之調查。

龍岩民房中，帶有溝鼠，黑鼠，及屋頂鼠等數種，一九三五年臘月間，以迄今日，廳鼠發現，為數甚少。此次調查時所用之捕鼠籠，係採用當地用之式樣，在龍岩所捕得之鼠族，其數每月達一百至二百

之間，將鼠族之指數分析一下，即知(1)在本年內十二個月中間，最顯著者由 6.5 減至 3.7(2)溝鼠減至百分之三十，(3)黑鼠已全滅跡，(4)但屋頂鼠稍見增加。

綜上觀之，保藏糧食，薰蒸鼠穴，已予家鼠之一重大致命傷，棕鼠次之，但屋頂鼠，因家鼠等之銳減，反形大逞其活動，對於屋頂鼠之撲滅，以其在屋外活動，似感困難。

自六月至八月，鼠族忽告衆多，推其原因，厥為繁殖過甚所致，但此種現象，係屬一時，不久即可再予撲滅，降為最低之指數。

鼠蚤調查中最令人可奇者，即五月至九月疫季中，*X. cheopis* 指數，為最高，但本年度三箇月中，指數又減低至 1.0，吾人認為可異者即 *X. cheopis* 之指數增高，*L. Musculi* 之指數即行減低，此二種鼠蚤指數互相增減頗可研究，此外曾發見五種其他之蚤類，內有一種，可謂新蚤之一類。

閩北防疫所終年測量雨量，氣候，因此乃知 *X. cheopis* 鼠蚤繁殖之時間，乃為 7.7 mm (0.3 inch) 此種鼠蚤如不施行撲滅繁殖之機會，即乘適當之氣候，得復繁殖。

10. A SUGGESTED STANDARD BUDGET FOR HSIEN HEALTH ADMINISTRATION

H. Y. Yao

The author describes the proposed Hsien health budget as published by the Weishengshu in 1936, which he finds impracticable and suggested a modified budget according to the present economic conditions.

10. 我國目前縣衛生經費標準之商榷

姚 尋 源

本文鈐及衛生署二十五年二月公佈之‘縣衛生實施辦法’內關於縣衛生行政經費之規定。著者以為上述經費標準太高，無法實行，並另擬切合實用經費標準，列表說明，以供採納。

11. THE INCIDENCE OF RINGWORM AMONG RURAL SCHOOL CHILDREN LI CH'ENG COUNTY, SHANTUNG.

Yung-En Kao

1. 3788 children from 68 schools in the First Shantung Experimental Area for Public Education were given a routine physical examination. Of this number 529 or 13.9 per cent were found to have ringworm.

2. Out of 2732 boys examined 439 had ringworm, an incidence of 16 per cent. Out of 1056 girls there were 88 with ringworm (8.3 per cent)

3. Ringworm had been present in 17 pupils for ten days, in 113 for over a year, in 72 for two years, in 40 for three years and in one for twelve years.

4. The method of spread of the infection is discussed.

5. Ringworm occurred more frequently at about seven years of age.

11. 山東歷城縣鄉村學校兒童錢癬之病發數

高永恩

(一)在山東省義務教育第一試驗區於六十八小學檢查兒童 3,788名，其中有 529(13.9%)兒童患錢癬。

(二)檢查男孩 2,732名，其中有 439名(16%)患錢癬，檢查女孩 1,056名，患錢癬者有 88名(8.3%)。

(三)患錢癬之兒童，患十天者有 17人，患一年者有 113人，二年者為 72人，三年者為 40人，十二年者一名。

(四)該病之傳染方法已討論之。

(五)癬病發生以七歲為最多。

11A. PHYSICAL DEFECTS IN RURAL SCHOOL CHILDREN LI CH'ENG COUNTY, SHANTUNG.

E. B. Struthers, and Yung-En Kao

1. 2643 pupils from 63 schools in the First Experimental Area for Public Education in Shantung Province were examined routinely by fifth year medical students and doctors from the School of Medicine.

The following defects were noted:-

	Per cent.
Trachoma	2063 ... 78
Enlarged tonsils	1029 ... 38.9
Carious teeth	940 ... 35.1
Defective vision	609 ... 23
Poor nutrition	385 ... 14
Skin disease	249 ... 9.4
Enlargement of lymphatic glands ...	226 ... 8.5
Otitis Media	99 ... 3.7
Disease of Circulatory system	58 ... 2.2
(Including 2 cases of severe anemia)	
Respiratory disease	29 ... 1.1
Disease of the nose	21 ... 0.79
Thyroid enlarged	19 ... 0.7
Phimosis	18 ... 0.7
Hernia	4 ... 0.1
Vitamin A and D deficiency	4 ... 0.1
Hydrocele	2 ... 0.07
Enlarged spleen (Congenital syphilis). ...	1 ... 0.04
Hare lip	1 ... 0.04

11A. 山東歷城縣鄉村學校兒童身體缺點之統計

杜 儒 德 高 永 恩

在山東省義務教育第一試驗區於六十三小學內，經本醫學院第五年級學生及醫師檢查 2,643 兒童體格，其缺點之統計如下：

沙眼.....	2063
扁桃腺大.....	1029
龋牙.....	940
視力障礙.....	609
營養不良.....	385
皮膚病.....	249
淋巴腺大.....	226
循環系病(劇烈之虧血病二人).....	58
呼吸系病.....	29
鼻病.....	21
甲狀腺大.....	19
包莖.....	18
疝氣.....	4
維他命(生活素) A. D. 之缺乏.....	4
陰囊水腫.....	2
脾大(先天梅毒病).....	1
缺唇.....	1

11B. THE BODY WEIGHT AND HEIGHT AND
CIRCUMFERENCE OF HEAD, CHEST
AND ABDOMEN AMONG RURAL SCHOOL
CHILDREN, LI CH'ENG COUNTY,
SHANTUNG.

Yung-En Kao

2590 children from schools in the First Experimental Area for Public Education, in Shanung were examined during October and December 1936.

1. The average body weight and height of school children is as follows:-

Age(years)	Weight(pounds)	Height(feet)
6	40.062	3.466
7	46.19	3.7446
8	49.584	3.932
9	54.375	4.058
10	61.00	4.25
11	64.64	4.32
12	69.71	4.75

2. The circumference of head, chest and abdomen is also reported.

11B. 山東歷城縣鄉村學校兒童體重身長頭胸腹之測量

高永恩

由1936年十月至十二月底，在山東歷城縣義務教育第一試驗區曾檢查2890兒童之體重身長，其結果如下：

(1)	體重(磅)	身長(英尺)
	六歲.....40.062.....	3.466
	七歲.....46.19.....	3.7446
	八歲.....49.584.....	3.932
	九歲.....54.375.....	4.058
	十歲.....61.....	4.25
	十一歲.....64.64.....	4.32
	十二歲.....69.71.....	4.75
(2)	頭胸腹之圍徑已說明之。	

12. AN EXAMINATION OF VILLAGE WELLS IN LI CH'ENG COUNTY SHANTUNG, NORTH CHINA

Yung-En Kao and E. B. Struthers

- 1263 wells, constituting all the wells in 55 villages were examined.

2. The kind of well, history, depth and cost of making is reported.
3. Protection.
4. Sources of contamination, and distance from latrines.
5. Results of the bacteriological examination of 55 wells.
6. Probable consumption of water per family.

12. 山東歷城縣鄉村水井之檢查

高永恩 杜儒德

- (一)在五十五村內共檢查1263水井。
- (二)所報告者有：井之種類，年限，深度，及修井所費若干。
- (三)井的四週保護。
- (四)井污穢之來源，及與廁所之距離。
- (五)五十五水井細菌調查之結果。
- (六)每家約用水之多寡。

13. STUDIES ON DEATH RATE OF CHILDREN BY THE ORDER OF BIRTH IN A RURAL AREA OF KIANGSU PROVINCE

G. S. Tao

The writer undertook, in 1934, an investigation in an agricultural village situated in the south-west of Wusih Prefecture, for the purpose of collecting some data on vital statistics, by the method of visiting all families in the area in turn. The report below is the information gathered at that time on the question of the death-rate of children by the order of birth.

The total number of persons questioned were 8,194 in 1,421 families, men 4,290, women 3,904; 47% of which number were farmers, 14% retailers and 7% workmen etc.

Of 2,264 mothers, 473 were childless. The total number of births was 5,017 (not including stillbirths and miscarriages), 957 of which were dead and 4,060 living.

The death-rate of the first-born children was 158.0 per 1,000, that of the second-born 158.0, third 192.2, fourth 244.4 fifth 329.3, sixth 361.3, seventh 320.7, eighth 523.8, ninth 461.5, tenth 166.6 and the average 190.8.

38% of the 957 deaths occurred between 0—6 months after their birth, 8% between 7—12 months after the birth, 19% between 2—5 years of age, 10% between 6—10 years, 18% between 11—20 years, 6% between 21—34.

As to the cause of the deaths, 10% of the total were due to weak constitution, 21% due to small-pox, measles and diphtheria, 7% due to erysipelas, rabies and tetany, 6% due to surgical diseases, 4% due to pulmonary tuberculosis, 33% due to illness that they did not understand, and the last two causes are 8% due to unnatural death, and 4% due to murder.

The writer intends to explain and discuss this problem in more detail.

13. 無錫附近一鄉村之兒童“順位別”死亡率

陶熾孫

著者嘗於1934年在江蘇省無錫縣南門外南方泉農村做過生態統計學的調查，此刻報告其中的一項，子女順位別死亡率。

調查的是 1421 家族，男 4290，女 3904，計 8,194 人，內 47% 業農，14% 業小販，7% 業匠工。

母有 2264，無子女者 473，有子女者 1791，全生產者 5017(流產死產不在內)，全死亡 957，生存子女 4060。

第一子的死亡率爲生產千分中之 158.0，第二子的爲 158.0，第三子爲 192.2，第四子 244.4，第五子 329.3，第六子 361.3，第七子 320.7，第八子 523.8，第九子 461.5，第十子 166.6，平均 190.8。

死亡時期如下，38% 在生後 0—3 月間死，8% 在 7—12 月間死，19% 在 2—5 歲死，10% 在 6—10 歲間死，18% 在 11—20 歲死，6% 在 21—34 歲間死。

關於死因，可以認爲先天薄弱而死者 10%，天花麻疹白喉水痘者 21%，霍亂傷寒者 7%，丹毒狂犬破傷風者 4%，外症外傷者 6%，肺結核者 4%，僅謂病死者 33%，橫死者 8%，殺害者 4%。

著者想把這個成績細爲討論。

14. VITAL STATISTICAL A REPORTS OF FORMER EXPERIMENT AREA OF PUBLIC HEALTH OF WUSIH

C. S. Tao

The writer made, in 1931—32, a vital statistical observation in the Experimental Area of Public Health of Wusih, which was established by Kiangsu Provincial College of Education, for the purpose of one years investigation of rural medicine service, and the writer was superintendent thereof.

The area was a small suburban district with a population of 8,151 and 2.57 sq. km area. A part of the result of public health work was already reported and the rest will be given here which is the Vital Statistics secured by questioning 4898 individuals and completed in the Laboratory of Hygiene of the Shanghai Science Institute during these several years.

1. 3,214 persons in 622 families were examined, 101: families having inmates living together with them; with regard to the age distribution, the percentage of the children between 0—5 years of age is 30.9%; that of those between 15—50, 55.7%; and that of those above 50, 13.4%; so the proportion of younger people is relatively small, and the ratio of men and women is 100: 107.1, the total number of males exceeding that of females.

2. The average number of persons per family is 4.46 persons (not including inmates living together .

3. Referring to the distribution of occupations, the great majority of the population are retailers, factory-workers and workmen in addition to 24% farmers.

4. 65.2% of the total number examined are those whose cost of living per head a month is C—5 dollars, 3.5 dollars per farmer a month being the minimum of all.

5. As to the marriage conditions, 67% of the whole population are married; the number of remarried are very small, especially so among women. Widows are considerably large in number, but those who were divorced are very few. The age at marriage is 20—25 for men and 18—22 for women, the difference in age of the married couples, is 2.6 years.

6. The average number of children is 1.7 per mother, 16.7% of the mothers examined being childless; if excluding the childless couples the average number of children per mother is 2.0.

7. As to the educational status, the number of the illiterate is 69.5% of the total number examined; 6.5% of the total number are those who have the grade of middle and primary schools, the rest being in such a degree as being possible to read some characters.

14. 無錫衛生實驗區之生命統計

陶 熾 孫

著者於1931—1932年間，在無錫實驗衛生模範區做過生態統計學的調查，這個衛生區屬於江蘇省立教育學院，試辦一年，以作該校研究民衆教育之用。而著者嘗在該區擔任過主任。

衛生區在無錫市外，半爲農村，區內人口 8,151，面積 2.57 平方公里，該區工作報告已在別處報告過，此刻想把其他部份，即著者在該處個別詢問而得的生態統計以作報告。

1. 所調查之區，包括 3,214 人 622 家族。100 家族爲同居者，0—5 歲者有 30.9%，11—50 歲者有 55.7%，50 歲以上者有 13.4%，故年輕者比較少些。男女比較爲 100:107.1，男子總數較多。

2. 平均每家族人員 4.46 人，同居家族不在內。

3. 職業以農爲最多，24%，其次爲小販，廠工，匠工。

4. 全數的 65.2%，爲生活費每月每人在 0—5 元之間，農業者平均每人，最低爲 3.5 元。

5. 結婚狀況如下，15 歲以上人員之 67% 已結婚過，再婚者很少，寡者比較多，離婚很少。結婚年齡男子多在 20—25 歲間，女子多在 18—22 歲間，平均夫妻年齡之差爲 2.6 年。

6. 平均子女每一母有 1.7 人，母之 16.7% 無子女。除了無子女的母，平均每母有 2.0 人之子女，

7. 教育程度如下：69.5% 爲不識字者，6.5% 爲進過小中學者，其他是識字者。進小中學校者和其經濟能力作比例，識字者和經濟能力沒有比例關係。

15. SANITARY PRIVY HSIANG YA TYPE

K. Tsiang

Outstanding Features

(1) Fly-proof entrance. No wire screen required. No door.

(2) Automatic closing device (Invented by the West China University)

- (3) Septic Tank after the famous American Kentucky Privy
- (4) All the material used should be produced in China.
- (5) Low initial cost. About \$200 in national currency for each.
- (6) Excrement can still be used as fertilizer if so desired.
- (7) Strongly recommended for homes, schools etc. where no pipe water in existance.

15. 湘雅式衛生廁所
蔣 鵬

- (一) 蛆蛆不生預防時疫之傳染(利用上海骨科醫院廚屋避蛆之原則)。
- (二) 坐孔有自動啓閉之蓋(不用彈簧乃四川華西大學所發明)。
- (三) 臭氣減至極少易於保持清潔。
- (四) 每早便池只須清除一次無須時常出糞(略仿美國著名之坎他克廁所)。
- (五) 肥料仍可用田。
- (六) 全係國產材料建造省費(每幢約二百元)。
- (七) 未設自來水之都邑或鄉村中最合用。

16. RELATIONSHIP BETWEEN PUBLIC HEALTH
AND SOCIAL ECONOMIC CONDITIONS
IN THE COMMUNITY

J. B. Grant

Everything social, including medicine, is being increasingly determined by economic forces. Economic relationships govern and determine the political structure of communities. Capitalism did not arise until developments in the natural sciences made

possible a command of natural resources not previously known. Two schools of thought have developed in capitalism: the constitutional and the revolutionary. Both seem, by different methods, to be converging towards the same goal—collective action, or collectivism.

Social and economic changes are greatest in countries that have made the greatest use of knowledge for the control of natural resources, i.e., have become the most industrialized. With increasing industrialization and increasing national and per capita wealth, there is an increasing tendency toward collective action; and the state takes over such services as education, public health, social insurance, etc. The present changing social-economic conditions have brought social-medical problems: the state has assumed greater responsibility for the welfare of the citizens, as evidenced by legislation governing old age pensions, mothers' allowances, workmens' compensations, etc. But the medical practice has not adjusted itself to these changing conditions. For economic reasons medical facilities are not easily available to the workingman, the wage earner. Medical care is costly and has become for the wage earner a luxury. On the other hand, doctors are called upon for a great deal of free medical care and are not, in general, adequately remunerated.

China, for the present, is one of the most economically backward of the countries and because of this the Government, to meet these very social-medical problems has wisely come out for a policy of State Medicine. Details of this policy are described elsewhere, but the ultimate purpose is to make available to each individual the full benefits of curative and preventive medicine, irrespective of the individual ability to pay for these benefits. The unique feature of the Chinese plan is that it proposes to support State Medicine through indirect non-contributory taxation, rather than, as in all other countries, by some form of direct taxation, such as health insurance, etc. Whether, because of the very backwardness of Chinese economic conditions, this can be carried out remains to be seen. If it can, it will attract international attention.

16. 公共衛生與經濟及其他社會問題之關係之討論

蘭安生

本文討論現代社會問題(包括衛生問題)與經濟之關係。著者以爲歐美各國實業最發達者，其經濟亦最發達。以中國目今經濟狀況，非採用公醫制度不可。惟應否採納健康保險，實一疑問也。

17. CHINESE RURAL ECONOMICS AND THEIR INFLUENCE ON MEDICAL SERVICE

Robert B. McClure

In view of poor economic conditions, and a big population of rural areas in China, it is of necessity to have a proper personnel and organization to meet the present medical needs of the country places. The following proposals are made:

A. PERSONNEL.

1. **Graduate doctors of Grade "A" Medical Schools.** While efforts are made to increase their numbers, their services should be used in such a way that they can be of greatest service to a large area.

2. **Graduate doctors of Provincial Medical Schools.** They should have one year's rotating internship, and then spend some six months or a year in public health training. These men are under the Provincial chief who is mobile and who circulates among them, and they in turn ought to be mobile enough to circulate among the "hsiens" in their areas to organize and to supervise.

3. **Practitioners of Sub-graduate Standing.** In this group, there should be definite training for each man qualified in each grade by which after examination he can pass to the next higher grade. Such a person trained has a relatively low standard of living so that his support does not involve much expenditure of funds.

4. **Male and Female Helpers.** They should be trained to do simple manual procedures such as inoculations, vaccinations, washing of eyes, changing of dressings, etc.

5. **Public Health Nurses.** They are now turned out with a N.A.C. registration followed by one year or six months training in some large institutions. Their work should be attached to Provincial Graduate doctors.

B. ORGANIZATION.

1. **Local Treatment Centers.** The work may include inoculations, vaccinations, and the discovery, notification and in places the primary treatment of infectious diseases.

2. **Hsien Hospitals.**

3. **Mission Hospitals.**

4. **Provincial Hospitals.**

17. 中國鄉村經濟於醫藥事業之關係

羅明遠

中國以農立國，大部人口密集於鄉村方面，且經濟凋敝，故欲圖發展醫藥事業，必須有適宜組織與充實人員，方克有濟，茲分論如下：

(甲)人員

1. 醫學院畢業醫師 此輩醫師人數尚少，應在量一方面從事增加，尤須善為利用現有人員，藉收最大效率。

2. 醫專畢業醫師 此項醫師應在醫院各科實習一年，並受六月或一年公共衛生訓練，始可畢業。服務時受全省醫務長官指導，負組織與監督縣衛生院之責。並巡迴各地，指導一切。

3. 醫務人員 此輩人員未經醫校畢業，惟受專門訓練，可担任日常部份工作。因彼等所受訓練期短，薪給較低，經費可藉以節省。

4. 醫務助理員 該項人員訓練之目的，在使彼等能担任簡單醫藥衛生工作，如種痘，預防注射與換藥等。

5. 公共衛生護士 現有公共衛生護士多經中華護士會會考及格，並受六月或一年公共衛生訓練者。彼等工作應直接隸屬於醫專畢業醫師。

(乙)組織

1. 鄉村衛生所 其工作範圍包括預防接種，積痘和傳染病之發現，報告，與初步治療等。
2. 縣立醫院。
3. 教會醫院。
4. 省立醫院。

18. MAL-NUTRITION AMONGST CITY
WORKERS & PROPOSALS FOR IMPROVEMENTS

B. S. Platt

Data will be presented to indicate the nature and extent of mal-nutrition amongst workers in Shanghai. Investigations of diets taken together with these data afford a basis for suggestions for improvements. These will be offered along with the means by which they might best be put into practice.

18. 中國城市勞工營養不良及其改善之方法

濮子明

本文敘述上海工廠工人營養不良狀況，及著者研究之經過，及建議改善之方法。

19. MALARIA AS A RURAL SOCIAL PROBLEM

T. L. Su and Tsefang F. Huang

The paper describes a survey of malaria incidence in the Western suburbs and a study of the loss of time and money suffered by the peasants and the school children. Data of estimated economic loss are presented.

Practical measures for ameliorating these conditions are discussed.

19. 瘧疾與中國農村經濟之關係

蘇德隆 黃子方

本文敘述著者關於滬郊鄉村瘧疾流傳之調查，以及鄉民因瘧疾所受之時間及經濟損失。並討論補救方法。

20. AN INQUIRY INTO THE PREVALENCE OF SYPHILIS IN NANKING

T. H. Wang, James Y. Shen, C. C. Chung

From the fact that little is known of the extent of syphilitic infection in Nanking, general blood test had been made with the aim of investigating the circumstances of the prevalence of the disease, so as to obtain suitable reference for adoption of preventive means. The work of blood tests was started on Nov. 19th in 1936 and carried on till Jan. 15th 1937.

The blood was taken from all sorts of patients of different clinics of the health stations, who came for first visits including

applicants for physical examinations if their ages were above 10 years old and also from patients of anti-opium Hospital and the Municipal Hospital, no matter they were of syphilitic origin or not.

All the blood collected for tests was sent to the laboratory of Nanking Health Administration where technical experts in charge were responsible in carrying on the tests.

The total number of cases tested was 3898 persons, among these, 1704 were general patients, 297 cases with opium addicts, and 1897 from V. D. clinics (including all the cases since the establishment of night clinic of venereal diseases in the year 1934, re-examinations being excluded).

The results of the tests showed that V.D. patients gave the highest rate of positive reaction, being 36%; anti-opium patients next, 24%; the general patients the lowest, 17.5%.

Analysis of the cases for the tests according to sexes and to birth-places showed no marked difference of positive rates.

As to the economical condition it indicated that there was indirect proportion between the patients' income and the positive rate.

For occupation, workers gave the highest positive rate.

For cases of abortion and child-death rate, it was greater in positive cases, while for rate of child born it was higher in negative reaction than positive cases.

As a whole, we know that the prevalence of syphilis is not only the most important causation of various maladies, but also it causes the increase in child death rate and the decrease in child born rate. Furthermore, it practically hinders from the views of medical science and is a great enemy to the propelling of Public Health Administration. As to the influence to the health of the race of our people, it is, moreover, clearly indicated.

20. 南京市梅毒傳佈狀況之檢察

王祖祥等

(1) 此次血液檢查之目的，主在藉以觀察南京梅毒散佈之狀態，為鑑定預防決策之參考。

(2) 血液採取之來源，為衛生事務所所屬各分所，市立醫院及戒烟醫院。

(3) 血液之採取，不分科別，不存某項病人應有驗血必要之主見。

(4) 普通病人陽性之百分率為一七·五，花柳病人為三六·〇。

(5) 性別，籍貫無甚區別。

(6) 經濟收入，與百分率成反比例。

(7) 職業以工為高。

(8) 小產率與嬰兒死亡率，陽性者均較陰性者為高，生育能力，則陰性較陽性為強。

21. LEAD AND ANTIMONY IN SHANGHAI INDUSTRIES IN RELATION TO THE HEALTH OF THE WORKER

B. S. Platt and R. Alley.

Investigations have been made in trades in which lead and antimony are used. Processes and working conditions have been studied and clinical and laboratory examinations made for evidences of the toxic effects of these substances.

In the accumulator industry 41 workers were examined; all showed evidences of lead absorption or of incipient intoxication. Definite and advanced plumbism was not seen no doubt owing to the fact that most of the workers had been in the trade for less than three years.

The workers in the printing trade handled an alloy of lead and antimony on the whole they showed less evidence of plumbism than in other trades in which lead is a hazard; but there was considerable general ill-health.

Evidence of antimony absorption was obtained in a group of enamellers. The question as to the toxic effects of antimony compounds in these workers is raised.

21. 上海鉛錫工業對於工人健康之影響

濮子明等

本文敘述著者關於上海鉛業及錫業工廠工作情形之調查，及工人中毒之檢驗。

所檢驗工人多數均有中毒之徵象。

22. AN INVESTIGATION OF 19 COMMUNICABLE DISEASES IN CHINA

(The 1st year Report)

S.C. Hsu, & C.T. Ke.

In order to study the incidence and the distribution of 19 communicable diseases in relation to age, sex, seasonal variations, etc., the Department of Vital Statistics, Central Field Health Station, Nanking, on January 1, 1935, started an epidemiological survey of hospital patients, including both inpatients and outpatients. The 19 diseases to be investigated are ankylostomiasis, anthrax, cerebrospinal meningitis, cholera, diphtheria, fasciolopsis, filariasis, kala-azar, leprosy, malaria, paragonimiasis, westermanii, plague, rabies, relapsing fever, scarlet fever, schistosomiasis, smallpox, typhoid and paratyphoid fever, and typhus.

For the year 1935, 204 leading hospitals sent in 16,829 out patient cards and 12,639 inpatient cards, making a total of 29,468 cases. Among the data collected were 14,742 cases of malaria, 50.2% of the total. Next was ankylostomiasis, with 13.1%.

The ratio between outpatients and inpatients was 133.2, i. e., there were 133.2 outpatients to 100 inpatients. The average sex ratio of all the patients having any of the 19 diseases was found to be 280.6 males to 100 females. Regionally, both North China and Central China had comparatively high sex ratios. In the case of individual diseases, schistosomiasis had the highest sex ratio, 1006.5. Smallpox, cerebrospinal meningitis, diphtheria, and scarlet fever give practically identical age distributions, the highest percentage of cases occurring in the age group 0-4 years. Kala-azar fell most in the 5-9 age group. Among the patients from 15-39 years of age, malaria and typhoid and paratyphoid fever had the greatest percentages of all.

Considering occupations, those engaged in farming constituted the greatest number, forming 24.8%. Patients working in governmental organizations were the smallest in number, only 2.9%. It is of interest to note that among the patients suffering from ankylostomiasis and from schistosomiasis 60.0 and 61.9 respectively were farmers.

It was also shown that the incidence of smallpox was highest in January, February, and March and lowest in October; cerebrospinal meningitis highest during the months from February to May; diphtheria highest from November to March etc.

The geographical distribution of individual diseases was also analyzed.

22. 十九種傳染性及寄生蟲性疾病調查

(第一年報告摘要)

許世瑾 葛家棟

爲研究我國傳染性及寄生蟲性疾病之蔓延情形起見，全國經濟委員會衛生實驗處生命統計系於二十四年一月一日起，向國內各大醫院

徵集住院病人及門診病人之材料，疾病範圍暫限於十九種，即鉤蟲病，炭疽病，流行性腦脊髓膜炎，霍亂，白喉，薑片蟲病，絲蟲病，黑熱病，麻瘋，瘧疾，肺原蟲病，鼠疫，狂犬病。回蹄熱，猩紅熱，住血吸蟲病，天花，傷寒及斑疹傷寒。凡醫院診治病人遇有上述十九種病時，即填寄調查片，註明病人之性別，年齡，職業，初診或入院日期，醫院之名稱及地點等，以資研究。

在民國二十四年，國內二百零四處大醫院共填寄調查片二九，四六八張。其中一六，八二九張為門診病人調查片，一二，六三九張為住院病人調查片。各種疾病以瘧疾為最多，計一四七四二例，佔全體十九種病之50.2%，次為鉤蟲病，占13.1%。

男性病人之比例，為男二八〇·六與女一〇〇之比，黃河流域及長江流域之病人，女比例較珠江流域為高。如按各個疾病單獨研究之，則以住血吸蟲病之性比例為最高，計一〇〇六·五。

關於年齡分配，天花，流行性腦脊髓膜炎白喉及猩紅熱均以零至四歲組為最多，黑熱病以五至九歲組為最多，至瘧疾及傷寒，則以一五至二九歲時為較多。

各種病人之職業分配，以業農者為最多，佔全體二四·八%，黨政人員最少，僅二·九%。鉤蟲病及住血吸蟲病大半為農夫，計前者占六〇·〇%，後者占六一·九%。

疾病之季節分佈，亦曾加以研究，天花在一月至三月較多，十月較少，流行性腦脊髓膜炎在二月至五月較多，白喉在十一月至三月較多。

此外關於各病之地理分佈，均曾加以詳細分析。

23. AIR CONDITIONING AND EFFECTIVE TEMPERATURE AS APPLIED TO PREMATURE NURSERIES

Shih-wei Wang and T.F. Foster

Prematurity is the most common single cause of infant deaths. The premature infant is unable under ordinary conditions to maintain his temperature equilibrium, and he is very liable to both

gastro-intestinal disturbances, and to respiratory infections. The same may be said of other weak babies. It has been demonstrated that it is practical to condition air in such a way that these danger are materially reduced, and gains in weight and other signs of good health are increased.

Conclusion: The cost of air condition is relatively high, but the excellent results that can be obtained in the care of premature and weak infants make air conditioned nurseries a necessary part of all large infant hospital, of large maternity hospitals, in localities where climatic conditions are not exceptionally suitable for premature infants.

23. 託兒所的空氣調節與有效溫度

王世偉 福斯脫

(一)嬰兒死亡數，十倍於兒童時代，據一九二四年美國註冊區的分析，溫度和濕度的不適宜也是助長的因素。

(二)早產的嬰兒對於熱度的調整力不發達，所以在不正常溫度下，早產嬰兒不能維持體溫平衡而容易得病，若能實行控制空氣，則此種危害可以減少，同時體重和其他健康象徵亦能增加。

(三)一九二六年勃臘克芬和約格勞研究何種溫度及空氣之流動最適宜於早產嬰兒，並以託兒所的空氣狀況應用機械控制。

(四)機械控制空氣狀況，用在早產嬰兒的託兒所，很能成功，濕度以百分之六十五，溫度以華氏七十五到八十八度之間為宜，兩個託兒所的機械控制空氣設備，為五千七百元，每年經常費為一千二百元。

(五)波士頓產科醫院的託兒所，在未採用機械控制空氣之前，早產嬰兒的死亡率，約為八十，其他醫院亦如此，自有該項設備後，死亡率約減至百分之二十。

(六)空氣控制的費用較大，然在空氣狀況對於嬰兒不甚相宜的地方，照料早產和羸弱的嬰兒，使空氣控制的託兒所，成為各大兒童醫院或產科醫院必備的一部，結果却是很好的。

24. SOME OBSERVATIONS ON THE FIRST
MENSTRUATION OF HEALTHY
CHINESE WOMEN

C. S. TAO and D. T. SHU

The writers carried on, in 1931—1934, studies on the onset of menstruation of 1341 women (excluding gynaecological and obstetrical patients), in two provinces of Kiangsu and Chekiang, relating to the age, month, date and the season of the first appearance of menstruation, by the method of direct individual questioning, the result of which is as follows. Their present ages were reckoned accurately, counting the number of years, months and days.

1. The average age at which the catamenia was established is 14.3—14.6 years among the general people, 13.1—13.5 years among girl-students and teachers, which are the earliest of all, and 14.2-14.8 years among house-keeping women, factory-girls and daughters of the farmers. There is an evident difference between the students and the people in general. The average age of the first appearance of menses reported by other investigators is slightly earlier compared to that of ours, which, we presume, is probably due to the fact that the largest portion of the examined by them were mostly girl-students, not people in general like ours.

2. Classifying it by birth-place, there is no special difference in the age at the beginning of the menstrual period to be found between the women of South_Kiangsu and those of Chekiang.

3. The menstrual function begins most often in spring, which agrees with other writers' reports.

24. 中國婦女月經初潮調查

陶燾孫 徐大猷

著者們在 1932—1934 年間，在江浙兩省對於 1341 人，用直接詢

問之法，調查初經年齡及須要事項，產婦科病人都除外，年齡調查到實足幾年幾月幾日，初經年齡或日，或月，結果如下：

1. 平均初經年齡為 14.3—14.6 歲；學生及教員早些，13.1—13.5，家政，工人，農女為 14.2—14.8 歲。學生和一般人的差異很明顯，向來的報告大都因為多向女學生調查，所以本稿成績比他們遲一些。
2. 從出生地看來，南部江蘇和浙江間，沒有特殊的相差。
3. 初經多在春季，這是和向來報告相符。

25. OBSERVATION ON TUBERCULOUS
 INFECTION AMONG SCHOOL CHILDREN IN
 KAO-CHIAO SHANGHAI

C. S. Chen G. F. Zee and T. C. Hsu

1. A review of tuberculous infection in China.
2. Methods of investigation:—
 - A. Mantoux tuberculin test on more than 3000 school children varying from 6—15 years of age.
 3. Fluoroscopic examination of 400 school children among those who gave positive reactions to Mantoux test.
 - C. Relation of nutrition to tuberculous infection.
3. Results of the investigation.
4. Discussion.
5. Summary.

25. 高橋學童癆病概況

陳長辛 徐紀法 許同慶

1. 在中國近時對於結核病報告的略述。
2. 調查方法，—

- (1) 大約三千自六至十五歲學童Mantoux結核素試驗。
- (2) 三百餘學童呈陽性反應者之影屏檢查。
- (3) 結核病與營養的關係。

3. 調查結果。

4. 討論。

5. 結果。

26. EINFACHE VORWEISUNGSVERSUCH ZUR PATHOLOGIE UND THERAPIE DER KAMPFSTOFFERKRANKUNGEN

Wilhelm Blume

Die Erfahrungen des Weltkrieges haben gelehrt, dass Schädigungen durch chemische Kampfstoffe verhütet beziehungsweise beträchtlich in ihrem Ausmasse eingeschränkt werden können durch sehr einfache Massnahmen. Derartige Massnahmen sind nicht nur eine Angelegenheit der Ärzte, sondern überwiegend Sache von Laien, da im Ernstfalle kaum eine ausreichende Zahl von Ärzten zur Verfügung steht. Es kommt also darauf an, dass nicht nur die Ärzte sondern weite Kreise des Volkes über die Wirkung der chemischen Kampfstoffe und die erste Hilfe bei Kampfstoffverletzungen unterrichtet sein müssen, zumal diese erste Hilfe für den Erfolg der Abwehr in der überwiegenden Zahl der Fälle von Ausschlag geben der Bedeutung ist. Naturgemäss erwächst dem Arzt die Aufgabe Laien über die Entstehung und erste Behandlung der Kampfstoffkrankungen aufzuklären. Diese Art des Laienunterrichts muss wiederum möglichst einfach und anschaulich gestaltet werden. Ermöglicht wird diese Form des Unterrichts durch leicht durchzuführende Demonstrationsversuche, die sich bekanntlich bedeutend besser einprägen als das gesprochene Wort allein. Im folgenden sollen an der Hand einer kurzen Schilderung der Wirkungsweise der Hauptgruppen der Kampfstoffe derartige Versuche angegeben und vorgeführt werden.

Der Gelbkreuzkampfstoff wirkt auf die Haut. Er ist besonders gefährlich da wir seine Anwesenheit sehr schwer feststellen können und seine Wirkung sicerst nach längerer Zeit geltend macht. Er kann jedoch durch eine Reihe von Stoffen vernichtet werden, z. B. von Kaliumpermanganat, Wasserstoffsperoxyd, vor allem aber durch Chlorkalk. Den Chlorkalk wendet man in breig wässriger Form am besten an. In einem einfachen Versuch, wobei eine wässrige Jodjodkaliumlösung als Modell des Gelbkreuzkampfstoffes dient lässt sich diese Wirkung des Chlorkalkes veranschaulichen. Eine nicht zu konzentrierte Jodjodkaliumlösung von deutlich gelberfarbe wird mit etwas Chlorkalkbrei, versetzt. Sofort tritt Entfärbung ein. Ähnlich kann man sich die Zersetzung des Gelbkreuzkampfstoffe durch Chlorkalk vorstellen. Praktisch kommt diese Anwendungsform nur in betracht, wenn der Gelbkreuzkampfstoff gerade die Haut berührt hat. Hier ist auch die Anwendung von Kaliseife angezeigt.

Der Gelbkreuzkampfstoff durchdringt alle Kleidungsstücke auch die Stiefel, er wird ebenso leicht von der Haut aufgenommen. Er dringt in ähnlicher Weise in die Haut ein, als wenn sich eine Flüssigkeit in einer anderen löst. Tropft man einige Tropfen einer dunklen, wässrigen Jodjodkaliumlösung auf Wasser in einen Messzylinder, so verteilt sich allmählich die dunkle Jodlösung über die gesamte Flüssigkeit. In ähnlicher Weise dringt der Gelbkreuzkampfstoff in die Haut ein.

Innerhalb der ersten 10-20 Minuten sind wir imstande den Kampfstoff aus der Haut herauszulaugen, herauszuziehen. Betupft man die Haut mit einem Wattebausch, der mit Petroleum, Azeton, Alkohol, Gasolin, Olex oder überhaupt Automobilbetriebsstoffen getränkt ist. In entsprechender Weise lässt sich der Vorgang im Modellversuch vorführen. Die oben gezeigte Lösung, in der sich inzwischen die braune Jodjodkaliumlösung gleichmässig verteilt hat, wird mit etwas Äther überschichtet und geschüttelt. Das Jod dringt in den Äther ein und färbt ihn gelb, während die darunter befindliche Flüssigkeit farblos wird.

Wichtig ist weiterhin der Kleiderwechsel, da eine Übertragung des Kampfstoffes auf die Umgebung möglich ist. Sind

Zeichen der Verletzung aufgetreten, Rötung, Blasenbildung Geschwürsbildung, so ist die Behandlung Sache des Arztes. Der Grünkreuzkampfstoff wirkt auf die Lungen. Auch er kann, vorausgesetzt, man hat keine Gasmasken angelegt, in die Lungen gelangen, ohne dass der Körper mit Abwehrvorgängen reagiert. Die Wirkung tritt auch hier erst nach einer Stunde oder später ein. Die feinen Haargefässe, welche die Lungenbläschen umspinnen, werden durch gelähmt. Es tritt Blutflüssigkeit in die Alveolen. Infolge Verkleinerung der atmenden Oberfläche zeigt sich Atemnot und schliesslich kann unter Erstickungserscheinungen der Tod eintreten. Diesen Vorgang der Grünkreuzvergiftung kann man in einem einfachen Modellversuch zeigen. Einer toten Ratte legt man den Brustkorb frei und bindet in die Luftröhre ein kleines Glasrohr, das durch einen Schlauch mit einem Gummiball verbunden ist. Drückt man Luft in die Lungen, so erweitern sie sich und sinken anschliessend völlig zurück. Auf diese Weise lassen sich die normalen Bewegungen der Lunge veranschaulichen. Spritzt man etwas Wasser in den Schlauch und durch Drücken auf den Ball in die Lungen, so vergrössern sich diese weit über die Norm und sinken nicht mehr zurück. Sie bieten das Bild der Grünkreuzschädigung.

Therapeutisch ist sobald die Möglichkeit besteht dass der Kampfstoff eingeatmet worden ist, absolute Ruhe angezeigt, um den Sauerstoffbedarf des Körpers auf ein Minimum zu reduzieren und damit die Erstickungsgefahr bei gegebenenfalls auftretendem Lungenödem herabzusetzen. Bei eintretenden Atembeschwerden ist die Sauerstoffeinatmung von Wichtigkeit. Kleiderwechsel ist auch hier wie bei Gelbkreuz möglichst vorzunehmen. Die Gasmasken bieten gegenüber dem Grünkreuzkampfstoff hinreichenden Schutz. Im Notfall genügt ein Taschentuch mit einer Lösung von Natriumthiosulfat getränkt, vor Nase und Mund gehalten, den Kampfstoff unschädlich zu machen.

Die dritte Gruppe der Kampfstoffe, die Blaukreuzkampfstoffe wirken und zwar sofort auf die Schleimhäute durch gewaltige Reizung und werden daher sofort erkannt. Da ausserdem die modernen Gasmasken hinreichenden Schutz bieten sind diese Kampfstoffe von geringerer Bedeutung.

In den vorliegenden Ausführungen ist versucht worden, durch einfach Vorweisungsexperimente die Pathologie und Therapie der wichtigsten Kampfstoffen anschaulich zu machen. Diese einfachen Versuche, die hauptsächlich zur Belehrung von Laien erdacht sind, haben, da die Belehrung wohl meist vom Arzt er folgen wird auch für diesnen Bedeutung.

26. SIMPLE EXPERIMENTS TO SHOW THE
PATHOLOGY AND THERAPY OF POISON GASES
AND THE RESULTS OF POISON GASES

W. Blume

The Pathology and Therapy of the most important poison gases are shown by simple, self constructed experiment.

26. 毒氣疾患之病理與治療簡明展覽法

保 露 美

至重要之毒氣疾患，得以試管實驗，及以動物實驗說明之。

光 射 科

SECTION ON

RADIOLOGY

SECTION ON RADIOLOGY

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I. SOME LANDMARKS IN RADIOLOGICAL PROGRESS.

S. D. Sturton

(1) The transition from Ruhmkorff coils to auto-transformers. Those who worked with coil sets will recollect the difficulties of self-induction which seemed to be unusually great in the Far East. There was also the difficulty of the interruptor of whatever type, especially the maintenance of a suitable dielectric in the mercury breaks. One has lively recollections of a certain colleague who used to fill the interruptor with ether vapour by boiling ether over a naked flame in the x ray department!

(2) The transition from the gas tubes, of which one needed a whole row of varying degrees of hardness to the hot filament tubes whose quality can be controlled so readily by a simple rheostat.

(3) The advent of pre-reading kilovoltmeters instead of having to measure the length of spark gaps which often frightened the patients, were noisy, and generated ozone in appreciable quantities, also nitric acid fumes.

(4) The extensive replacement of noisy mechanical rectifiers by hot cathode valves.

(5) The introduction of non-inflammable films, with considerable decrease in risk of fire to x ray departments.

(6) The use of Potter Bucky diaphragms and Lysholm grids when taking films of the thicker parts of the body. One remembers only too well how difficult it used to be to obtain decent pictures of the pelvis and skull without these aids.

(7) The advent of intensifying screens which are so valuable in shortening exposures, especially for moving parts such as the lungs. One nevertheless believes that better films of smaller bones are still obtainable by not using such screens, and using a longer exposure.

(8) Technique. Much knowledge has been gained through the use of opaque meals, and the substitution of barium for bismuth a few years ago was a great landmark for hospitals which have to consider the financial side closely.

Gall bladder investigation has been revolutionised by the use of sodium tetra iodo phenolphthalein and allied chemicals. Lipiodol has made possible the internal investigation of the vertebral column for obstruction etc, as well as making for better investigation of the respiratory and genito-urinary tracts.

Uroselectan and allied preparations have made possible the radiography of the urinary tract without resorting to retrograde pyelography in many cases, although there will naturally always be some cases in which this method will be indicated.

Ventriculography is a landmark in the investigation of cerebral conditions.

1. 放射學進步之標誌

蘇達立

1. 從 Ruhmkorff 氏匝卷進步至自動變壓器而免去自感應及用斷續器之困難。

2. 由用整排硬度不同之氣管，變遷至用熱絲狀管。後管甚易用電流調節器以節制之。

3. 發明預識之千弗表以代替量電花間隙之長度而免除驚嚇病人，發聲，發生臭氣及硝酸霧之弊。

4. 發明熱陰極辦以代替有聲之矯流器。

5. 發明不可燃之膠片以減輕燃燒之危險。

6. 發明玻得貝克氏 (Potter Bucky) 隔光器及 Lysholm Grid 以助照身體之較厚部份。在顛部或盆部如無此等器，則不易得甚清晰之影。

7. 發明強度之影屏以縮短露光之時間，以便照身體之活動部分如肺。雖然有人仍主張在照短骨時，不用影屏，而用較長之露光時間，則可得較佳之影。

8. 技術方面。從用不透明餐，得到甚多之知識，數年前發明用銀代銨在醫院經濟方面幫忙不少。膽囊研究已改革至用 Sodium Tetraiodo Phenolphthalein 及與之相同之化合物。

Lipiodol 可用為檢查脊柱腔之阻塞。

Uroselectan 及與之相同之物可用之以作泌尿部放射攝影術，以代替一部分之逆行腎盂攝影術。(Retrograde Pyelography) 腦室檢影術為研究腦情況之助。

2. ROENTGENOLOGIC STUDY OF PARAGONEMIASIS OF LUNG

Shao-hsun Wang and C. K. Hsieh

Six patients and one experimental animal infected with paragonemus were studied. Roentgenologic examination of the chest of these six patients and one animal all showed radiopaque small, round, isolated shadows of similar nature which the authors consider as characteristic of paragonemiasis of the lung. The roentgen shadows correspond to the gross and histological appearance of the lesions of paragonemus demonstrated in one of the cases which came to post-mortem examination. Our findings agree in general with those reported previously by Yamata.

2. 肺 蛭 的 X 光 檢 查

王 紹 訓 謝 志 光

本文研究傳染肺蛭六病人與一實驗動物。此六病人及一動物之胸部用 X 光檢查皆現相同之不透明小圓之孤立陰影，著者認為此陰影係肺內肺蛭之特性。此 X 光之陰影與肺蛭病灶之大體與組織上的現象相合，曾有一病例施行屍體解剖可以證明。吾人檢查之結果大體上與日人山田亮以前所報告者相同。

3. CALCIFICATION IN ANGIOMATA

F. Y. Khoo

Occasionally one meets with calcification occurring in angiomas in the subcutaneous or muscular tissues of any portion of the body. Radiography in typical cases as described by various authors shows these calcified bodies as somewhat rounded radiopaque shadows usually with circular radiolucent centres assuming the appearance of concentric rings which may attain to sizes of about 1 cm. in diameter. In some cases as in two of my series the calcified bodies are small, irregular in shape and rather homogeneous in density. The diagnosis of calcifying angioma can be made by x-ray examination in obscure clinical swellings when they present such characteristic calcified bodies. A search through the records of this hospital revealed 6 cases of angioma with calcification, all occurring in Chinese. The diagnosis of two of the six cases were verified by operation, pathological study and x-ray examination, that of the two others rested on x-ray evidence mainly, and the last two had no x-ray study but were diagnosed by operation and pathological section. Five cases occurred in males, and the remaining one in a female. The ages of the patients ranged from 18 to 37 years, and the duration from the appearance of the tumours up to the time when the patients were seen was from 1 to 20 years. The size of the angiomas varied from 1 cm. to several cm. in extent, and in one case the tumour occupied the entire right side of the neck. Three cases occurred in the neck, one in the palm, one in the finger, and one in the knee.

3. 血管瘤之石灰變性

邱煥陽

間或於身體之任何部的皮下或肌組織內，有石灰變性之血管瘤，據多數專家報告，正型病例之放射射影，此石灰化體成圓不透 X 光之陰影，常有環形透 X 光中心，如同心環之外觀，直徑約一釐。有

些病例，此石灰化體小，而形狀不規則，其密度較爲一致。余此次報告之病例中，有二例即如此，石灰化血管瘤，臨床上腫脹不顯明，用 X 光檢查。如見此特殊之石灰化體，即可診斷。北平協和醫學院病歷中，共有六例血管瘤有石灰變性，皆爲中國籍。其中二例之診斷，曾用手術病理檢查與 X 光檢查證明。二例乃藉 X 光之診斷，其餘二例未經 X 光檢查，乃由手術及病理切片以診定。六例中五例爲男子，一例爲女子，病人年齡由 18—37 歲，由腫瘤出現至來院診察之時限，爲 1—20 年。血管瘤之體積由一繩，至數繩有一例幾佔滿全部右頰。三例位於頸部，一例在手掌，一例在手指，一例在膝。

4. AN ECONOMICAL METHOD OF FINDING CASES OF PULMONARY TUBERCULOSIS IN THE EARLIER STAGES

T. C. Greene

1. The fluoroscope offers an economical and efficient way to select individuals who need X-ray film examination of their chests. It is of course not claimed that fluoroscopy will detect all cases of active pulmonary tuberculosis. The percentage detected depends on the care used in making the examination.

2. Examples of the use of the fluoroscope in this way, with three groups, are given. The largest group contained 200 students. Eleven of these students were found by films to have active, parenchymal, pulmonary tuberculosis. 5 others must have their film examinations repeated in a few months. One student has not yet come for his first film examination. Two more students must return for study of other chest conditions.

3. The fluoroscopic examination of the chest in the practice of general medicine is discussed.

4. There is a great need for training more doctors in the technique of the fluoroscopic examination of the chest.

4. 早期肺結核症之經濟檢查法

谷 潤 德

1. 選擇應將胸部放射攝影之病人，X光影屏術係為經濟而有效之方法，此非謂 X 光影屏術可查明一切之急性肺癆症。然能查出之百分數按照檢查時是否細心而定。

2. 本文中述用影屏術之例，計分三組。最廣之組包含二百學生，內有十一學生在片上顯急性肺主質結核症。另有五學生必須過數月再行用放射攝影術檢查，內有一生現尚未受第一次用片檢查。另有兩生必須再來將胸部復行檢查。

3. 本文中討論影屏檢查術在醫學上之實用。

4. 在影屏檢胸技術方面必須多訓練醫師。

5. ON THE TREATMENT OF CANCER OF RECTUM

Houang Kien,

Advanced cases of cancer of rectum, considered not long ago as incurable, give encouraging results through the improved methods used nowadays.

With statistics given by other authors and with his own 150 cases, the author has come to the following conclusions:

a—that the operable cancer of the rectum must be operated by abdomino-perineal method followed by X-Rays treatment.

b—that inoperable cases without liver metastasis must be treated as follows:

1—artificial anus with both intestinal ends stitched to skin.

2—x-ray treatment.

3—radium.

Chemotherapy seems now to be a good complement to the treatments mentioned above.

5. 直腸癌之治療

黃 堅

重性直腸癌不久以前猶認為不可治愈之症，近年因醫治方法之進步，其結果雖不能至滿人望，然較之往昔，已足令人樂觀，依各著作家及本文作者一五〇病例之統計，可得下列之結論。

1. 凡可施行手術之直腸癌，必須施用腹壁會陰直腸摘出術，然後繼以X光治療。
2. 凡不可施手術之直腸癌，而無肝臟子瘤者，似須依次採用下列治法為宜。
 - (甲)乙狀直腸假肛。
 - (乙)X光治療。
 - (丙)鐳錠治療。

外若兼用化學治療，實可輔助前述治療法，而提高其治愈率。

6. THE MEANING OF THE USE OF IRRADIATIONS IN THE TREATMENT OF CANCER

H. Vassiliadis.

The author passed under review definite biological rules governing cancerous cells, and the marked difference between normal and neoplastic cells. He enunciated the principal laws of irradiations in physics, as well as modern theories concerning their use in medicine.

The author reviewed a certain number of cases with accompanying illustrations; those with metastasis showed marked improvement with the author's preferred method.

The author also discussed the prolonged use of big doses of greatly filtered rays, given for short duration every time. Until recently before the advent of such a method, certain tumors which

were considered hopeless were found to respond favourably to this kind of treatment. With the use of new chemotherapeutical agents, better results are now obtained in the treatment of cancer.

6. 行施放射法治療癌症之意義

范 燮 理

作者寫述放射線在生理上之各種定例，並討論癌細胞及普通細胞之性質。同時對放射線在物理學上及應用於醫學上之各種現代觀念，得結論如下：

1. 不用光線深透量過大及縮短時間之方式。
2. 採用延長時間及滲力較高之設施。

作者用(2)法治療各種深重之痛症，結果甚好，文中並作詳細之報告及統計。

作者以病人之照片證明治療之效果；覺對於遷徙性癌，其效尤顯。

7. THE TREATMENT OF CANCER AND ITS FUTURE

H. Vassiliadis.

The treatment by Deep X-Ray, radium and surgery are nowadays so improved that through these methods, a good number of patients are saved yearly. But these methods alone are not in a position to cure definitely the cancerous state, this is the reason why all workers on that line attempt to find out a medical treatment.

Research along this line is well under way but still remains in the domain of laboratory. From the clinical point of view chemotherapy is gradually becoming a good complement to the

2 treatment with x-ray, or radium or surgery. At the present time
n no way, however, it should be used alone to treat cancer.

The author reports a number of cases of skin epithelioma treated alone by chemotherapy with encouraging results. He also gives statistics of similar cases treated either by radiotherapy alone or radiotherapy combined with chemotherapy. Report of results are given.

7. 癌之治療及其將來

范 斐 理

現代所用深透 X 光，鐳錠及外科諸治療法，進步甚佳，受此等方法治療者，多數病人每可獲救，但此等方法不能準定治愈病人之積極狀態。故醫家皆努力探討以求一“內科的治療”也。

但研究範圍，仍不出於實驗室及臨診工作之領域，質言之，對於 X 光，鐳錠或外科之治療方法，“內科的治療”將逐漸成爲必需之方法，然設單獨施行，則亦不能治癒癌症。

作者報告表皮癌病例案，單用化學療法治療，結果甚佳。並報告單獨用放射療法結果，或兼用放射療法及化學療法結果，編成病案統計，以作參考。

8. TREATMENT OF CANCER OF CERVIX OF THE UTERUS

John S. Tong.

The author reports his study on 400 cases he followed very closely during 5 years after the treatment.

He investigated different kinds of treatment and made a comparative world statistics.

The author reached the conclusion that in the early localised neoplasm at the very cervix, 75% of the results are obtained satisfactorily from surgery as well as from radiotherapy. But as soon as the lesion spreads over the stage, results from physiotherapy are certainly better without prejudice of an operative risks to patients.

The author stresses his own preference to surgery at the very beginning of the disease and physiotherapy to other cases.

Report of cases and techniques used are given.

8. 子宮頸癌之治療

唐士恆

作者報告五年中施治後之四百病案，曾就各種治療方法，加以觀察，並就世界之統計互相比較。

所得結論，為子宮頸癌之早期限於局部者百分之七十五之病人或用外科術治療或用 X 光及鐳錠治療法所得效果相等，若病症已至散佈之時期，則以用物理療法之結果為較佳因對於病人不致有手術上之危險發生。

作者主張對於初期病者，宜施外科術。其他超過初期限局者，宜施物理療法。

本文報告病案之情況及所用技術。

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1. TRAUMATIC WOUNDS OF ABDOMEN

S. T. Kwan, and G. P. Yang

During the past sixteen years, 1921 to 1936 inclusive, 100 cases of traumatic wounds of the abdomen were admitted to the Peiping Union Medical College Hospital. Gunshot wounds consist of 75 per cent of the cases, the rest being punctured wounds, lacerated wounds and contused wounds with subcutaneous injury of the abdominal viscera. The factors which influence the mortality are 1 the nature of the wound, 2. the delay in treatment. The leading causes of death as was found in this series was peritonitis, next in importance was shock and hemorrhage.

At the time of admission each case was studied carefully and immediate operative treatment was carried out on 56 patients after shock and dehydration had been overcome. These were cases in which the duration of injury was less than 24 hours. When cases came 2 or 3 days after receiving the trauma a conservative therapy was carried out in selective cases with the hope that the process might be localized and an abscess drained.

The operative procedure varied from a simple closure of the perforation to resection and anastomosis of the intestine. We feel, however, that the simplest and quickest procedures which will meet the need, should always be our aim. The best way of closing the abdominal wound was by means of several through-and-through silver wire sutures.

The mortality of this whole group is 45 per cent. Of the 56 cases operated on immediately, 30 of them died giving an operative mortality of 53.5 per cent. Due to better understanding of the surgical needs of these patients we were able to reduce our general mortality from 47.17 per cent in the first eight years period to 42.55 per cent in the second eight years period. And if the records of the last four years are taken alone the general mortality is now 30.4 per cent.

Only 18 cases were followed for an average interval of 17 months and the results were quite satisfactory. There were two cases complaining of vague abdominal pain for 2 and 6 months respectively after the operation and one case of abdominal discomfort for a few months. They all got well spontaneously.

1. 腹 部 創 傷

關 頌 韜 楊 靜 波

近十六年內(由一九二一至一九三六)入北平協和醫院，有一百病例爲腹部創傷。其中百分之七十五爲鎗傷，其餘爲刺傷，裂傷，挫傷等，俱爲有內臟損傷者。此類創傷之死亡率頗高。其能影響死亡率之故有二，曰創傷之性質，曰治療之遲速。致死之因，則大半爲腸內内容物流出，沾污腹腔或內出血與休克。

當病人入院時，皆與以詳細之檢查與研究，以定其是否應即刻施以手術治療。此一百病人中，有五十六人是於休克後即施行手術者。因其受傷之時間，多在二十四小時內，其他病人於受傷後二三日始來就醫者，則每多用保守療法，其目的欲使普遍性腹膜炎，聚爲局部膿腫，而引流之。

手術程序，隨病勢而異，或縫合其穿孔，或截腸而行吻合術，然不論採取任何手術，皆當以簡速，而能適應其病情者爲貴，縫合腹壁之法，以銀絲穿透全層腹皮爲最佳。

本組一百病例之死亡率爲百分之四十五，其即刻施行手術之五十六人中有三十人放去，使割治之死亡率變爲百分之五三·五，近因對於此項病症與手術之需要，漸次明瞭，故能將前八年之死亡率，與後八年之死亡率，由四七·一七減至四二·五五。如將近四年病案單獨研究，則其死亡率僅爲百分之三〇·四。

在此一百病例內，只有十八人曾行繼續調查，其結果尙稱滿意，其調查時間，平均爲十七個月有餘，內中只有兩病者，聲言有隱約之腹痛，一病者有腹內不適之感覺，但數月後，即完全自愈。

2. TREATMENT OF GUNSHOT WOUNDS TO THE ABDOMEN UNDER WARTIME CONDITION:

A. Von Miorini

Gun-shot wounds to the abdomen can be divided into injuries to the wall of the abdomen, to the extra-peritoneal cavity and to the intraperitoneal cavity. Their symptoms are outlined and the treatment discussed. It is advised to perform a necessary laparotomy as soon as possible, in every case not later than 12 hours after the wounding, but this space of time must be used to treat the shock, which every wounded of this kind suffers. Otherwise he cannot stand the operation, which should be performed at the stationary field hospitals. Such wounded man should not be transported further backwards before having remained 4 weeks in this field hospital after the laparotomy.

2. 戰時腹部鎗傷之治療

米 霽 禮

腹部鎗傷，由深淺而分，鎗彈入後十二小時內必須剖腹檢治，並同時治療精力猝衰。剖腹以後至少住醫院四星期，方可搬送後方。

3. FRACTURES OF THE SKULL

Y. C. Chao, and S. T. Kwan

This report is based on a clinical study of 82 cases of skull fracture, not including gun-shot fractures, admitted to the Peping Union Medical College Hospital from 1922 to July 1936. The parietal bones were fractured in more than half of the cases. Next in frequency were the temporal bones.

Bleeding from external orifices occurred in 37.8 per cent of the cases with a mortality of 22.6 per cent. Bleeding which

occurred from the ear alone had a mortality lower than that which occurred also from the nose or mouth. Abducens paralysis occurred most frequently in this series among the paralysis of extraocular muscles. Facial paralysis was found in 27 per cent and deafness in 19.2 per cent of the cases with bleeding from the ear.

Eye manifestations were found in 41.5 per cent of the cases and the significance of pupillary manifestations in localization of the intracranial lesion is discussed. The mortality of 12 cases showing unilateral or bilateral fixation of pupil was 66.6 per cent.

Other neurological manifestations, complications and late sequelae are briefly mentioned.

The outline of medical treatment is given. The indications for surgical operations are (1) compound fracture, (2) certain depressed fractures, and (3) extradural hemorrhage. The mortality of 17 cases receiving operative treatment was 41 per cent.

The mortality for the entire series was 19.5 per cent which compares favorably with that reported from clinics abroad.

3. 頭 顱 骨 折

趙 以 成 關 頤 韜

本文為研究北平協和醫院住院治療八十二頭顱骨折醫案，其中十一案為穿破骨折，十四案為凹陷骨折。頂骨折占過半數，顱骨折次之。

面孔出血者占百分之三十八，其死亡率為百分之二十三。頭顱骨折致由鼻或口流血者死亡率比單由耳流血者高。二十六案由耳流血，其中面神經癱瘓者七，聾者五，乳突炎及腦膜炎者各一。

有眼徵象者占百分之四十二。眼徵象之中，以瞳孔之變化，為決定顱內損害位置之一要點。瞳孔一側或兩側失光反應之案，其死亡率比餘者多三倍。其他神經系現狀有半身不遂，驚厥，失語症，大小便失禁癱呆等等各症。

有腦脊液檢查者五十五案。其中帶血者四十八案，死亡率為百分之二十三。

保守療法包含休克治療，安靜，靜脈內注射濃葡萄糖液或口服瀉鹽以減低顱內高壓，腰椎穿刺術將流血取出以減少後發病之偶發等等。手術療法專為(一)穿破骨折，(二)凹陷骨折，(三)硬膜外出血等症。

全數之死亡率為百分之二十。國外醫院所報告之頭顱骨折死亡率在百分之二十五左右。

4. GUN-SHOT WOUNDS OF THE BRAIN

S. T. Kwan, and Y. C. Chao

In the 15 years ending December 1936, 61 cases of gun-shot wounds of the brain were admitted to the Peiping Union Medical College Hospital. This type of injury of the brain is distinctly a war wound and therefore 87 per cent of them occurred in individuals of good physical condition between the ages of 20 and 46 years. With but two exceptions the patients were admitted after a delay of 24 hours or more.

Thirty-eight patients were admitted in a conscious state and 34.2 per cent of them later died. Of the 23 admitted in a semi-conscious or unconscious state 82.6 per cent died. The gross mortality for the series is 52.5 per cent.

Approximately 46 per cent of the patients had more or less extensive paralysis. Of the 26 cases in which a culture of the wound was taken the streptococcus was responsible 18 times while the staphylococcus was present 11 times. Meningitis, when organisms could be recovered from the spinal fluid, was 100 per cent fatal.

For the 39 patients subject to operation, a total of 72 procedures was carried out. Of this group of patients 23 died.

The various operative procedures were debridement of the wound, removal of foreign bodies, removal of fragments of bone, drainage of the wound, drainage of brain abscess, decompression and partial osteotomy.

In operating on these cases the utmost gentleness should be practised in order to avoid additional trauma to the brain.

4. 腦 鎗 傷

關 頤 韜 趙 以 成

近十五年內爲腦鎗傷而入協和醫院者僅六十一人。此類創傷竟可目之爲戰鬪傷而非平日所見之普通創傷也。患者身體類皆康健。其年歲在二十與四十六之間。除兩人外餘俱於傷後廿四時以上始到院就診。

入院時神志清醒者有三十八人。事後身死者占百分之三四·二。其於入院時神志已昏迷者有廿三人；事後病故者占百分之八二·六。此項鎗傷平均總死亡率爲百分之五二·五。

關於其他症狀如廣布性麻痺約占病者之半數。傷處有傳染者爲數甚衆。其細菌曾培養者有廿六例。以鏈球菌屬爲最多(十八案)，葡萄球菌屬次之(十一案)，病者有腦膜炎症象而腦脊液內復含有細菌者其人皆死。

受手術者有三十九人。其所受之各種手術共爲七十二次。如擴創術，移去外物，移去碎骨片，創口排液，腦膿腫排液，解壓術，及一部分之骨切除術等等。此組中死者有廿三人。

對於腦鎗傷病人施行手術時，尤應格外小心輕巧以免腦部再多受創。

5. TREATMENT OF GUN-SHOT WOUNDS TO THE SKULL AND BRAIN UNDER WARTIME CONDITIONS

A. Von Miorini

Gun-shot wounds to the skull are divided into grazing shot wounds, tangential shot wounds, segmental shot wounds, diametrical shots and such with bullet remaining in the head. The symptoms of such different shots are described and its treatment is outlined. All possible complications are mentioned and the treatment discussed.

It is mentioned that all wounded of such kind should be attended surgically within 24 hours and the necessity of a X-ray picture is almost essential for a successful treatment. If such X-ray examination can be obtained at a place, which the wounded can reach within 24 hours, it is advised to transport the patient to such place before any surgical dressing is done. Otherwise the patient has to be operated on in one of the stationary field hospitals.

5. 戰事顛及腦之鎗傷之治療

米 露 禮

此文略述戰時頭顱鎗彈傷之種類及其治療並申述 X 光之重要如無 X 光之透視診斷，常不用手術而遷至後方醫院治療。

6. SIMPLE TREATMENT FOR FRESHLY LACERATED WOUNDS OF THE SOFT TISSUE

Dr. Yen

1. If wounds of the soft tissue especially of the face are freely excised and sutured within six to eight hours, primary union is the rule and suppuration is the exception.

2. If the same procedure is applied between eight to twenty-four hours with thorough local injection of 1% Rivanal solution, primary union takes place in less than 90% of cases.

3. When there are signs of infection, excision and suture with rubber tissue drainage for three days is advised. Primary union still takes place in majority of cases.

6. 軟組織之新裂傷之簡單療法

閻仲彝

一、軟部尤其面部頭部之損傷，在受傷後六至八小時內，切實施行弗氏創緣切除法並加縫合，結果幾全係第一期癒合。患者任何體部若有膿腫或發炎，則成例外。

二、切除二十四小時以內之創緣，並注射相當之防腐劑於局部，且縫合之，亦可達到百分之九十弱之第一期癒合。

三、化膿嫌疑較大之損傷，於施行切除並縫合後，酌放一橡皮條，以資宣洩，結果因附着創緣之大部分菌類被切除，即使化膿亦較微弱，癒合期亦較短促。

7. THE TREATMENT OF FRACTURES AND THE PREVENTION OF PSEUDARTHROSIS

Ed. Birt

Since the beginning of the rational treatment of fractures the functional treatment and the fixation are still being used to a certain degree next to the extension as conservative methods of treatment. During the last 3 decades appreciable progress has been made in the operative treatment of fractures. However, it is to be pointed out that in many cases an operation was performed when, with a conservative treatment, the same result would have been obtained, viz. a good consolidation of the bones. The

question of the indication for an operation, especially in cases of uncomplicated fractures, is still being extensively discussed in the literature of the whole world. Ever since the use of foreign body material was introduced in the treatment of fractures (the material has varied considerably since the introduction of steel plates by Lane) up to the latest wire extension with its special machinery wonderful progress has been made in the treatment of fractures. In writer's opinion the main thing in the treatment of fractures is simplicity, firstly to reduce expenses, secondly to make it easier for the students and physicians to really understand the teaching of the treatment of fractures and thirdly because simplicity reduces the risk of infection.

On this latter consideration writer's opinion is based that in operations of the bones, if transplantations or implantations are made, only material of the same body should be used. He is absolutely opposed to any grafting of metal into any fracture. Even the latest implantations of ivory into the bones as well as any other foreign body material is, in writer's opinion, not a suitable treatment of fractures, because he is convinced that the risk of an infection and, associated with this, a secondary osteomyelitis, cannot be avoided altogether and that the suppuration of the foreign material may be expected even after many years and that the healing process, at least as far as the formation of callus is concerned, is considerably protracted by the grafting of any foreign material. The writer tries to prove his point of view by the projection of X-ray photos of corresponding cases.

7. 骨折之治療及假性關節之預防

柏 德

自合理之骨折治療發軔以來，機能及固定療法在各種保守療法中，除伸展療法外，尚能保持相當位置。最近三十年間骨折之手術療法有甚速進步。然往往有主張應用手術療法之病例，若用某種保守療法，亦定能使骨硬固。故在今日世界各國文獻中，手術適應之批判，猶為一被熱烈討論之題目。自各種異物插入方法，例如 Lane 氏金屬

板施用以來，已經有不少變遷。近來復用最精巧之金屬線伸展法，及應用各種精妙機械，凡此種種，實於骨折治療中造成卓越之進步。著者以爲一重要問題者，即骨折之治療，以愈簡單愈佳。現代具各種專門治療之醫院，其費用之增高實足驚人。愈經濟則；再者骨折治療愈簡單，有助於醫學生及普通醫師實非淺鮮；而對於病人，則此簡單化之治法，可免傳染之危險。

柏德醫師根據後者立場，以爲在行骨手術時，或爲移植，或爲種植，僅病者本身之骨可爲取用。而極力反對，用任何金屬置於骨折處。即最近各種象牙種植，亦一如其他異物，渠皆在骨折治療中棄棄不用；蓋渠堅信，傳染危險以及因此而起之變性骨膜炎，於此終不能全免；而種植之材料，如終爲異物，日後經化膿而排出，亦爲意料中事；而骨折之治愈，僅就骨痂形成而言，已受異物插入之影響，大爲遲緩。柏德醫師欲證實渠之主張，復放映適當病例之 X 光攝影片。

8. FURTHER RESULTS OF RADICAL EXTIRPATION OF THE CARBUNCLE

Dr. Hsia

After J. T. Huang had already in 1932 described in a publication in a German medical paper the technic of the radical excision of big carbuncles as it has been practised at the Paulun Hospital for many years at the same time giving the technical as well as clinical reasons for this procedure, it is apparent from the modern literature as well as from lectures delivered at the last Congress of the Chinese Medical Association that this method of treatment is not yet generally known. Therefore, our results of this treatment of the carbuncle have been compiled and will be shown and photos will be projected showing big carbuncles and extraordinarily big ones from the day of the patient's admission to the Hospital and, after the operation, in the different stages of the healing process until perfectly healed.

8. 癱瘓之外科治療

謝家樹

癱瘓之外科治療，日新月異，據我人觀察所得，則推根本剷除法，結果最爲滿意。關於此法前已有論文發表，於上屆中華醫學會亦曾討論及此。此篇文獻乃屬統計我人在數年內用此法治療之結果，尙有照片數幀作爲參考。

9. AN INQUIRY INTO THE REASONS WHY EXTENSORS SUFFER MORE THAN FLEXORS DURING ILLNESS WITH SPECIAL REFERENCE TO THE DUE CARE OF THEM

C. Chang

1. An attempt is made to solve the problem of "why the extensors suffer more than the flexors" from the anatomical point of view.
2. The number and size of the extensors and flexors of the extremities are compared.
3. The nerve and blood supply of these muscles is considered.
4. The extensors are not as favourably situated as flexors.
5. The nerves to the extensors are also unfavourably situated. Frequent involvement of these nerves in fractures and dislocations is reviewed.
6. Poor chance for the extensors to be recovered from impairment is discussed.
7. The due care of extensors, after certain type of injuries and in the course of various diseases is emphasized.

9. 爲何患病時伸肌較屈肌尤多受害

(對於伸肌應加以適當之保護)

張查理

- (一)試由解剖學立場而解釋‘爲何患病時伸肌較屈肌尤多受害’。
- (二)對於四肢伸肌屈肌之數目與大小加以比較。

- (三) 對於伸屈二類肌之神經與血供給加以考慮。
- (四) 伸肌所居之地位不若屈肌之有利。
- (五) 至伸肌之神經亦非居有利之地位。在骨折脫位時此類神經時常受累。
- (六) 伸肌受累恢復之機會較小於屈肌。
- (七) 在某種損傷與疾病之後對於伸肌應加以適當之保護。

10. "DER CHARAKTER DER OPERATIVEN
TAETIGKEIT IN EINEM LAENDLICHEN
BEZIRK DER KWANGTUNG-PROVINZ"

The Character of the Surgical Activity in a Rural
District of the Kwangtung Province

Otto Hueck

Classifying the different operations performed in South-China and comparing them with operations performed in Germany, there is a vast difference. 1000 operations performed in the hospital of the Rhenish Mission at Tungkun are classified in 8 different groups.

The first group of operations are those performed on patients suffering from endemic infections, for instance entropium in cases of trachoma, or elephantiasis scroti in case of *Filaria Bancrofti*.

A second group of operations results from conditions prevalent here, but the etiology of the disease is not yet quite clear. Those diseases are for example stones of the bladder and of the urethra.

A third group includes operations, which would not have been necessary, had the original disease been cured in due time, for instance the carcinoma penis resulting from phimosis, or the strangulation of hernia inguinalis.

There is a fourth group of cases, coming rather late for treatment, so that a successful operation is no more possible, for instance cases of glaucoma, many patients with malignant tumours etc.

Patients of another group in general do not come at all for operation, for instance those with acute appendicitis.

A sixth group of operations are those performed in diseases resulting from non-hygienic conditions and tuberculosis.

A further group are operations after traumatic injuries, for instance operations in cases of gunshot-wounds. Fractures of the bones are relatively rare.

A last group consists of these operations, the frequency of which may be of some special interest, operations in cases of atresia ani etc.

The population in modern times gets more accustomed to surgical treatment, and the number of operations increases, but there will always be a difference in the kind of operations compared with those in central Europe.

10. 論廣東鄉間外科手術工作之性格

何 惠 民

倘吾人將此處之外科手術工作與諸德國者比較，則可見其異點，作者在廣東東莞普濟醫院之千個外科手術，分爲八類：

第一類爲此處流行之傳染病，如因沙眼而成之倒睫，因絲虫而成之陰囊象皮症。

第二類爲此處極多而原因尙未完全明瞭之膀胱石與尿管石症。

第三類爲病人不知預防而成之疾患，如因陰莖包頭而得之陰莖瘻及絞窄之小腸氣等。

第四類爲病者不知及時就醫，而致施手術亦莫能助者，如常見之綠內障，惡性瘤腫等。

第五類爲少來就外科手術之闌尾炎症。

第六類爲因衛生不良或結核症而成者。

第七類爲傷科手術如槍彈之取出，血管之縫合等。

第八類爲對外科家較有興趣者，如先天無肛門等。

以作者之觀察，因國內鄉間病者缺乏新醫之信仰，與諸缺乏營養之體質。此爲新由西方來之外科家，宜加意留意者焉。晚近國內民衆對新醫之信仰。已有長足之進步，然因人種之區異，則外科手術工作較諸西方，尚亦有不同之處也。

11. PERFORATED PEPTIC ULCER

An Analysis of Forty Operated Cases

C. C. Chang

Within a period of 15 years, 1921-1936 inclusive, forty patients with perforated peptic ulcer have been treated in the Peiping Union Medical College Hospital. Fifteen surgeons participated in the operative management. The procedures employed were simple closure; excision and pyloroplasty; closure, excision, or partial gastrectomy plus gastro-enterostomy. 97.5 per cent of the patients were male. Forty per cent of the perforations occurred in the third decade of life, while in each of the fourth and fifth decades, there was twenty per cent. The location of the perforated ulcer, in the great majority of instances was at, or near, the pyloric region.

The total mortality was 35 per cent. Among patients who came within six hours after perforation, there was no death except in the instance of one patient in whom perforation occurred as a complication of adenocarcinoma of the stomach. The important complications were bronchopneumonia, diffuse peritonitis, subphrenic abscess, and thrombophlebitis of the iliac vein with pulmonary embolism.

Follow-up examination of the patients gave the following results:

Operative procedure	No. of operations	Good	Fair	Poor	Incomplete Follow-up	Died
Pyloroplasty	6	2	1	0	2	1
Simple closure	15	5	2	1	0	7
Gastro-enterostomy	19	5	5	1	2	6
Total	40	12	8	2	4	14

11. 胃腸潰瘍穿破四十病案之分析

張紀正

在最近一九二一至一九三六之十五年中，有四十病人因胃腸潰瘍穿破而來協和醫學院就醫。主行外科手術者，凡十五醫師。所用手術種類，計直接縫合；潰瘍截除繼以幽門修補術；縫合，潰瘍截除，及部份胃截除，三者之任一復加胃腸吻合術數種。此四十病人中，三十九人(即百分之九七·五)為男性，十六人(即百分之四十)在廿與卅歲之間。卅與四十歲及四十至五十歲之間各有八人(即百分之廿)。穿破潰瘍之所在，強半位於幽門及其左右側。

死亡率為百分之卅五，共十四人。凡病人之於穿破後六小時內行手術者，除一人係因胃膈死亡外，餘皆痊可。主要之夾雜病為枝氣管肺炎，彌漫性腹膜炎，膈下膿腫，及髂靜脈血栓性炎繼以肺栓塞。

病人出院後，復診之結果，略如下表：

手術種類	手術次數	結果良好	結果平庸	復診時間過短	死亡
幽門修補	6	2	1	2	1
直接縫合	15	5	2	0	7
胃腸吻合	19	5	5	2	6
共計	40	12	8	2	14

12. THE PROBLEM OF THERAPY IN PEPTIC ULCER

P. B. Price

Follow-up studies of ulcer patients after five to fifteen or more years show that late results are much less satisfactory than immediate results, and that in the long run medical treatment and surgical treatment have about an equal proportion of failures. These surveys probably have not contributed much toward correlation of divergent views regarding the nature of the disease, or conflicting claims as to the relative merits of various therapeutic procedures. Reading the large literature on the subject, which has appeared in recent years, is apt to leave one somewhat bewildered.

It is suggested in this paper that for the purposes of treatment and of study of results, peptic ulcer patients might advantageously be divided into three groups: (1) purely medical cases—those which respond promptly and fully to medical treatment; (2) purely surgical cases—those in which operation is definitely indicated; and (3) cases in which there is yet no general agreement regarding treatment. In this last group physicians and surgeons should cooperate in attacking the problem of therapy. And it is in this third group only that comparative studies of medical and surgical results will be of value. Separate follow-up surveys in these three groups would facilitate more accurate evaluation of all the various therapeutic measures, and would help to settle the persistent medical-treatment-versus-surgical-treatment controversy.

12. 消化性潰瘍之治療問題

畢 範 和

患消化性潰瘍病人受治療後，於五至十五年或歷更長之時間後繼續考查，則知治療之後期效果不及其當時效果速甚，且積之既久，知內科方法與外科方法幾有同樣之失敗。此等考查，大抵對於關乎病之性質之不同的見解，或關於各種治療方法比較的功效之爭論，未能充

分注意其相互關係。關於本問題，近年來之文獻特多，讀之易使人陷於迷惘，有徘徊歧路之感。

爲治療及研討其效果起見，本文主張將消化性消化潰瘍病人分爲三類；(1) 純粹的內科病案，即適用內科療法而可得圓滿之效果者；(2) 純粹的外科病案，即確然有施行外科手術之適應徵者；(3) 關於療法醫家無共同意見之病案。關於第三類病案之治療問題，內外科醫士應通力合作，求其解決。將用內外兩科方法治療之結果作比較的研究，亦惟在第三類病案有價值。對於此三類病案於治療竣事後分別繼續加以查考，可助知各種治療方法之功效確數，且可協助解決內科療法與外科療法之爭點。

13. GASTRIC RESECTION

H. H. Loucks,

Thirty-nine cases of gastric resection performed at the Peiping Union Medical College Hospital are reviewed and the indications for operation, operative technique and principles of pre- and post-operative care are discussed. The end-results are evaluated in terms of the nature of the lesion for which the operation was undertaken, as well as the type of operation which was carried out.

The following conclusions are reached:

1. Gastric resection has certain definite indications. When these are present less radical procedures should not be employed.
2. Selection of the proper type of operation, employment of sound surgical technique and careful attention to pre- and post-operative care should minimize the operative risk and keep low the incidence of serious complications.
3. The Finsterer type of resection, as described in the text, has been found to give very satisfactory results.
4. Continuous suction drainage of the upper intestinal tract, continuous intravenous infusion and blood transfusion constitute important aids in the management of these cases.

13. 胃部截除術

斐克斯

本文檢討北平協和醫學院施行胃部分截除術之三十九例並討論手術之適應證，手術技術，與手術前後準備，與治療之原則。最後結果，按病竈之性質施行手術，以及所施行的手術之種類，估計其價值。

結論如下：

1. 行胃截除術須有一定之適應證。如此項適應證呈現時，則不應行其他非治根之手術。
2. 如欲手術危險減少，或併發症減低，當用適宜之手術，及正當之外科技術。術前準備與術後治療俱不可忽視。
3. 吾人施行本文所述之 Finsterer 式截除術，得享極滿意之結果。
4. 上腸道之持續吸液法，特續靜脈注射液，及輸血法對於調治此種病例有極大輔助。

14. A PHYSIOLOGICAL CONSIDERATION OF GASTROENTEROSTOMY

P. B. Price

In the normal stomach and upper intestine digestion is a very complex physiological and biochemical process, extremely adaptable to varying conditions. Anastomosis between normal stomach and jejunum produces great alterations in the normal physiology. In some cases the stomach adjusts itself to the new conditions, and digestion is carried on symptomlessly and adequately. In other cases pathological conditions and symptoms ensue, and digestion is impaired.

Gastric and duodenal ulcers without obstruction, even those with marked symptoms, cause relatively slight changes in the normal physiology. Simple gastroenterostomy in such cases accomplishes nothing that diet and alkaline medication cannot effect, and it has the added disadvantages of operative risk, permanently disordered physiology, and possibility of certain post-operative complications.

Peptic ulcer with a high degree of obstruction presents a picture of quite abnormal physiology, which can be relieved only in part by diet and medication. Gastrojejunostomy in such a case is apt not only to relieve the patient's symptoms, but to produce a physiological state in the gastrointestinal tract which, while not normal, yet will enable the patient to digest food satisfactorily and maintain nutrition. The ulcer may heal simply as the result of this improvement, but to make more sure of it, and in order to prevent jejunal ulcer and other complications, operation should in many cases be followed by a period of dietary and medicinal treatment.

14. 胃腸接合術之生理學的研究

畢 範 和

胃及腸上段之消化作用，在正常時，其生理的及生物化學的作用極為複雜，對於不同之情況有極大之適應能力。正常之胃與空腸間施行接合術，在正常之生理上有頗大之改變。在若干例中，其胃能自行調適於新情況，消化作用仍照常進行，不發現症狀，並甚順適。但在他例，則發生病理狀況及症狀，消化作用亦受損害。

胃及十二指腸潰瘍之未致阻塞者，縱有顯著之症狀，其於生理上改變亦比較輕微。對於此等病案施行胃腸接合術，其成效並不優於飲食及鹹性藥療法，而弊的方面則有施手術之危險，永久之生理的紊亂及引起某種手術後併發病之可能。

消化性潰瘍而有頗重之阻塞者，生理方面常顯極度異常之情況，此種情況，用飲食及藥療法，只能減輕其一部份，在此種病案，胃腸接合術不但常能減輕病人之症狀，且於胃腸道內致成一種生理的情況，此情況雖非正常，但使病人能妥善消化食物而維持其營養。行此法後，潰瘍大抵即癒合，但因保證將來之癒合之永久，且免除發生空腸潰瘍及他種併發病之危險，故多於手術後，繼以一時期之飲食及藥物療法。

15. AN ELECTROSURGICAL TECHNIQUE FOR ASEPTIC ANASTOMOSIS OF THE STOMACH AND INTESTINE

Y. C. Chao,

While different techniques of gastro-intestinal anastomosis advocated in the past have proved reasonably satisfactory in general practice, the fact remains that the ideal aseptic method for such operation has not yet been developed.

A technique utilizing the principles of electro-surgery is described, the outer walls of the stomach and intestine being divided by the cutting current and the inner walls destroyed in situ by the coagulating current without the lumina being opened. Immediate opening of the stoma can be effected by manipulation with the fingers at the conclusion of the procedure.

This technique was developed from experiments on laboratory animals and it also has been carried out successfully in man. It has been applied to the operations of gastro-enterostomy, entero-enterostomy and entero-colostomy.

In dogs the heavily coagulated tissue, when left unbroken, sloughs away in six to sixteen hours after the operation, and complete healing takes place by the end of the second week. In no instance did secondary hemorrhage occur.

In the absence of a surgical diathermy machine this technique can be carried out successfully by using a scalpel for the incisions and an electro-cautery for the coagulation.

15. 無菌的電器腸胃側面吻合術

趙以成

尋常之腸胃吻合術均非完全無菌之技術，茲經以動物實驗得一無菌腸胃吻合術，藉此可吻合胃與腸，腸與腸及腸與結腸，茲略述手術步驟如下。

先將二腸接口處之後面連續縫合，再用倫李氏縫合術將接處之前面縫穿，乃用電刀割至粘膜下層，繼用凝固電流將粘膜下層及粘膜燒

灼，然後將倫字氏縫之間斷縫線結起，由此實驗證明，該吻合於六小時至十六小時之間即開通，該創傷處於兩星期後可癒合，如欲使吻合處立刻開通，則用手指在吻合處前後按動，該燒灼部份即行分裂，若無外科電器，則以外科尋常所用之小刀割至粘膜下層，然後用電器燒灼凝固亦可，曾以上述之手術，割治四病人，其所患病症為狹窄性疝，不宜手術之乙狀結腸癌，結核性之粘連性腹膜炎，及幽門閉塞等症。

THE JANEWAY GASTROSTOMY

H. C. Fang,

Dysphagia due to carcinoma of the esophagus is frequently encountered throughout China, and all surgeons should be familiar with one satisfactory technique for performing gastrostomy. In his clinic during the last fifteen years, a number of techniques, including that of Stamm or Kader, Witzel and Frank, have been employed to establish gastrostomies for fifty-six patients suffering from carcinoma of the esophagus. Experience has shown that none of these procedures is entirely satisfactory due to leakage, infection, or the irritation and discomfort produced by a cannula or tube. These disadvantages finally prompted us to adapt the Janeway technique. From May to November 1936, this type of gastrostomy has been performed for eleven patients suffering from dysphagia due to carcinoma of the esophagus. The immediate postoperative results have been very gratifying. Leakage is obviated under ordinary conditions. The patient needs not wear a tube between feedings. The wound usually heals per primum. The improved comfort of the patient, the ease with which he has been able to care for the gastrostomy and feed himself, and his general satisfaction with the procedure have been striking. It seems apparent that this type of gastrostomy is greatly superior to the other types previously employed in this clinic.

16. 簡衛氏胃造瘻術

方先之

吾國各地常見因患食管癌而感下嚥困難之病象，外科醫師宜嫻熟一圓滿之胃造瘻外科技術。以解除患者之痛苦，在過去十五年中，患食管癌而經本院醫治者凡五十六例，施行各種胃造瘻之技術，如司丹姆開特萊氏術惠志爾氏術及佛郎克氏術等等，結果均欠佳，其原因或為洩漏或為創口發炎，或為創口受食管之刺激。自一九三六年五月起，乃改用簡衛氏胃造瘻術，迄同年十一月止，應用此種手術者凡十一例。手術後，其立時之結果，非常良好，在普通情形之下，其胃瘻管無洩漏之患，不灌食時，病者無帶管之煩，其創口均能有第一期之癒合，而無生慢性炎之累。病者均頗感滿意，身體漸加舒適。其胃瘻管保護簡易，而灌食時，手續亦便利而無痛苦，是以深信此種胃造瘻術，實較其他手術為佳。

17. CARCINOMA OF THE ESOPHAGUS

A Statistical Study

K. W. Kwan,

A total of 136 cases of carcinoma of the esophagus have been admitted to the Peiping Union Medical College Hospital up to September, 1936. The ratio of males to females was 11 to 1. The youngest recorded age was 31 years; the highest incidence was found in the age group between 40 and 60 years. The average age of the males was 52.8 years and of the females, 55 years. No one symptom was found to be typical for all cases, although dysphagia was recorded 115 times (84.6 per cent); and a sense of obstruction in the throat, 43 times (31.7 per cent). Practically all cases were in an advanced condition at the time the patients applied for medical aid.

The lesion appeared most frequently in the lower third of the esophagus (53.6 per cent). In 45 histological examinations squamous cell carcinoma was found 34 times (75.5 per cent). There were nine recorded cases of metastasis above the diaphragm and eighteen cases below the diaphragm.

Sixty-five palliative gastrostomies were performed and four attempts at surgical resection were made, but all of these last four attempts ended fatally.

17. 食管癌瘤病例之檢討

關 警 魂

迄一九三六年九月，北平協和醫學院經治之食管癌瘤共一三六例。男女兩性患病之比例數為十一比一。病例中年齡最小者為三十一歲；男子患病最多之年齡為四十至六十歲（72.6%）。男子患病之平均年齡為53.8，女子平均年齡為55。有下嚥困難者佔115次（84.6%），喉部有阻塞感覺者佔43（31.7%）。所有病例，來院求治時，均已達嚴重時期。

食管癌瘤，多發生於下三分之一部，約佔53.6%。在45次組織檢查所得之結果，鱗狀細胞癌佔34次（75.5%）。九例有橫膈膜上子瘤，十八例子瘤在橫膈膜下。

因食管癌瘤而行姑息的胃造瘻術者，有六十五例。有四例試行外科切除術，但俱不幸手術後死。

18. ACUTE INTESTINAL OBSTRUCTION CAUSED BY MECKEL'S DIVERTICULUM

C. K. Chi

1. A case of acute intestinal obstruction due to Meckel's diverticulum in a Chinese female child of six years' old is reported.

2. The development of Meckel's diverticulum and its possible complications are briefly reviewed.

3. Surgical intervention is the treatment of choice for acute Meckel's diverticulitis and the other acute abdominal conditions caused by it. The prognosis for early intestinal obstruction due to Meckel's diverticulum and for acute simple Meckel's diverticulitis without the complication of perforated peptic ulcer or severe hemorrhage is usually good.

4. The diagnosis of Meckel's diverticulum previous to the operation is usually, if not always, missed.

18. 美克耳憩室所致之腸梗阻

紀長庚

1. 本文報告一中國六歲女孩患因美克耳氏憩室所致之腸梗阻。
2. 美克耳氏憩室之發生及其所可引起之併發症亦經大略指陳。
3. 外科工作在選擇對於美克耳氏憩室及其所致急性腹部病况之治療方法。美克耳氏憩室所致早期腸梗阻及急性單純美克耳氏憩室炎之無穿破之消化潰瘍或重出血者，其預後常佳。
4. 施手術前對於美克耳氏憩室之診斷，有時却每致失察。

19. THE INJECTION TREATMENT OF HEMORRHOIDS

A. Study of 550 Cases

C. K. Chi

1. 550 cases of internal hemorrhoids have been treated with the injection therapy in the rectal clinic of the First Hospital of the Red Cross Society of China within a period of two and half years. 20% phenol in glycerine was used in all cases.
2. The percentage of recurrence in this clinic is around only 5%. This is far too low to the real number of relapse and the low percentage obtained and is due to the frequent come and go of the mass in Shanghai and to the loss of confidence of the patient in this clinic thus failing to return. The time elapsed for the recurrence is not long enough yet.
3. The procedure of examining the patients and the choice of cases for the injection therapy in this clinic is briefly presented.
4. Our technique of injection is described.

19. 內痔之注射療法

紀長庚

1. 中國紅十字會第一醫院直腸診所中曾於二年半中用注射療法治550個內痔病案。各病案均用含20%之石炭酸之甘油治療。

2. 此項病案之復發者，僅佔 5%。此與復發病案之實數相差太遠。測度百分數之所以如此低微者，係因上海住民之多遷徙無定，及失却對於此種診所之信賴。故雖有再發者，亦不回至本院復診，又病人回院時所經歷之時間每嫌過短。

3. 檢查病人之手續及選擇病案，以行施注射療法之情況，文中並經大略舉陳。

4. 吾等所施注射技術，亦經剖陳於文末。

20. BENIGN HYPERTROPHY OF PROSTATE

A Report of 6 Cases among the Chinese

Z. M. Kau

1. From the year of 1930-1936, there were 28280 admissions to the First Hospital of the Red Cross Society of China, Shanghai. 6 cases of Benign Hypertrophy of prostate were observed with their brief histories presented.

2. Some salient facts relating to this condition was dicussed in order to arouse the interest for the investigation of this type of cases which were thought to be rare in this country.

20. 良 性 前 列 腺 肥 大

華 人 病 例 六 起 之 報 告

高 日 枚

1. 上海中國紅十字會第一醫院民國十九年至二十五年間在 28280 個就診病人中，發見良性前列腺肥大症病例六起。茲將該項六起病例摘錄其間要病歷，編成報告：

2. 與此種病況有關之數種事實，本文並經論及，藉以引起我國醫界，對於此類向來認為在我國係罕見之病案發生察探及研究之興趣。

21. SOME NEW CONCEPTIONS ON THE ETIOLOGY OF PROSTATIC HYPERPLASIA

J. Gray

The anatomy and development of the Prostate and Vesicles is described. The bladder neck and the mechanism of micturition is discussed in some detail particularly as to the alterations produced by the enlarging prostate. The physiology of the accessory sex glands is then discussed.

Prostatic hyperplasia is classified into three groups:

- (1) Senile enlargement
- (2) Fibrous prostate
- (3) Carcinoma.

The new views as to the former condition are then described and discussed. Briefly they are (a) the view of Zuckerman, Parke, etc., that there are two distinct hormones present in the male—the male hormone (hombreol, androsterone etc.) and the female (oestrin). They are produced in balanced ratio. In later life the female hormone is supposed to be dominant and the excess acting on the female homologues of the male accessory sexual organs produces changes which give rise to prostatic hyperplasia. (b) The view of Lower and McCullagh that there are two distinct testicular hormones:

- (1) from the seminiferous tubules
- (2) from the interstitial tissue.

The tubular hormone is supposed to act by inhibiting the Anterior Pituitary. Stimulation of the interstitial cells by the Anterior Pituitary will produce a pathological hypertrophy of the Prostate.

Treatment of the enlarged prostate would then be in either case to supply the male hormone but this would have to be given in enormous doses. Other methods of treatment such as the Steinach II operation are discussed.

The pathology and treatment of the fibrous prostate and of Carcinoma is also discussed.

21. 前列腺增生性過長之原因之新論

葛 約 翰

文內論及前列腺及儲精囊之發生與解剖學，膀胱頸及排尿之機能，及此腺漲大時對此機能之改變。副生殖腺之生理亦論及之。

前列腺過長可分三類：

1. 老年性。
2. 纖維性。
3. 瘡性。

第一類之新論，簡言之即 Zuckerman 及 Parkes 二氏之理論，乃關於男性賀爾蒙如 Hombrool, androsterone 及女性賀爾蒙如 Oestrin 之不平衡，在老年之人如起此不平衡則致前列腺漲大。

其他理論，為 Lower 及 McCullagh 之解說，謂此病為大腦垂體前葉分泌之刺激睪丸間質，而使前列腺漲大。睪丸之管性分泌液，可阻止重體前葉之工作。

治療法不論按何理論，皆為加增男性賀爾蒙之供給，但須甚大量。其他即外科手術，如 Steinach 之兩級手術。

第二第三類亦略討論及之。

22. CONGENITAL URETHRAL VALVES

H. E. Shih and G. Y. Char

Congenital valves of the posterior urethra constitute an important clinical condition observed during early boyhood. The pathological changes are characteristic of infravesical obstruction. Symptoms are referable to obstruction, retention, infection and back pressure. The history of continuous difficulty in urination since birth is highly suggestive of congenital valvular obstruction of the posterior urethra. Cases of urinary infection which do not respond to usual therapeutic measures should be investigated with this anomaly in view. Cystourethrography and endoscopy are valuable diagnostic procedures. As a preliminary treatment, decompression of a greatly distended bladder should be very gradual. When the general condition of the patient is sufficiently improved, as shown by blood chemical studies and renal functional tests, operation may be performed. The Young's punch operation is most satisfactory. A report of five new cases is presented.

22. 先天性尿道瓣膜

施錫恩 謝元甫

先天性尿道瓣膜，為男孩重要病症之一。因尿道梗阻，泌尿系上部，發生特殊之病理變化，症狀不外梗阻，滯留，傳染，及反壓等表示。如小便困難自幼時起始，頗有此症之嫌疑；或尿道傳染症，經尋常方法治療，不見成效，亦應詳細檢查，有無此種先天性之梗阻。膀胱尿道攝影術及尿道鏡檢查，為診斷之良法。膨脹之膀胱，宜從緩減壓。俟身體狀況有進步後，施行手術。殷氏穿孔術，結果甚為滿意。

(附五例，申述此症之各點)。

23. TRAUMATIC STRICTURE OF MALE URETHRA

K. H. Wang, and G. Y. Char,

Within the past 15 years (1921-1935), 38 patients suffering from the traumatic stricture of the male urethra were treated in the Peiping Union Medical College Hospital. This group constitute 19.5 per cent of all the urethral strictures admitted to the hospital during this period. Traumatic stricture is characterized by its rapid development and resistance to dilatation. 97.4 per cent of the patients developed strictures within three months after the injury, and all of them were undilatable. The site of the stricture formation has definite relationship with the type of injury and the presence or absence of fracture of the pelvic bone. The treatment of choice is operation, which consists of the resection of the stricture, end-to-end anastomosis and external urethrostomy proximal to the line of suture.

23. 男性外傷性之尿道狹窄

汪凱熙 謝元甫

在過去之十五年中(一九二一至一九三五年)。因患外傷性之尿道狹窄而入北平協和醫院診治者有三十八人。尿道狹窄原因不一，而由外傷性者則佔總數百分之十九·五。此項尿道狹窄，發生極速，而既成之後，則不易擴張。在此三十八病例中，有百分之九十七·四，於尿道損傷後三月內即發生狹窄之病像。而所有之尿道狹窄，均不能擴張。外傷性尿道狹窄之位置。與損傷之種類及受傷時有無骨盤骨折，均有密切之關係。治療之法，以割治最宜。割治之道，包括有尿道狹窄切除術，對端吻合術，與尿道縫合線近側外切開術。

24. TRANSPLANTATION OF URETERS INTO RECTUM WITHOUT OPENING THE BOWEL

Carl Reimers

24. 輸尿管移殖於直腸不須腸切開術

C. Reimers

輸尿管移殖於直腸，其所移殖之部由直腸檢查，常見其組織發生壞疽，通常在輸尿管與直腸粘膜間發見清晰之分界，僅少數例症該部有一至二公厘的厚線。此種例症均患腹膜炎死亡，因輸尿管內坏疽蔓延所致此係由二百隻狗依照 Coffey 氏 II+III 方法試驗所得，根據此種觀察結果，輸尿管壞疽為發生腹膜炎原因。為防止輸尿管壞疽，應再研求新的割治手術。

下列手術經過二十隻狗之試驗，且並無腹膜炎發生：

(一) 剖腹術：開腹後將一對輸尿管轉移其位置於腸肌層及粘膜層間，每輸尿管用銅線與腸粘膜固持之，手術終結後，輸尿管僅變換其解剖學上之正常位置，排尿經過途徑依然正常。

金屬線在腸腔內可見之。

II. 直腸鏡檢查在剖腹後十四天或遲些舉行之。固持輸尿管之金屬線，施用高波電流，將輸尿管及腸粘膜燒斷之。

金屬線在狗之腸內高度約八至十公分。

在屍體手術檢查，金屬線高度約二十公分。

切斷輸尿管遠端部，無需處理，因其自行閉合。尿液或糞便亦無發現於其間。膀胱炎亦無發現。

此手術優點即腎臟絕無傳染發生，而剖腹手術一次即可，輸尿管可於不全時間開放之，開放一條或二條其時間則全由施術者測定之。

25. HYDRONEPHROSIS

J. Gray

Hydronephrosis is classified into 2 types

- (1) Obstructive
- (2) Adynamic

The causes of the obstructive type are enumerated and grouped as to their situation in the upper or lower Urinary Tract and as to whether they are congenital or acquired.

The pathology of the condition is described. This includes a description of the changes occurring in the renal parenchyma, pelvis and calyces and in the blood vessels. The experimental investigation of the reabsorption phenomena is discussed. The question of an endocrine or neurological basis for some cases is considered.

A series of 133 cases of hydronephrosis is analysed as to causation, symptoms, presence of infection etc. A series of experiments on the nerve supply of the upper ureter is described.

The treatment of the condition is then discussed, particularly as to the value of conservative measures.

A bibliography is appended.

25. 腎 盂 積 水

葛 約 翰

腎盂積水可分二類：

1. 阻塞性。
2. 鬆弛性。

本文述阻塞性之原因，並分述其在泌尿系上部或下部，及其是否先天或後天。此病之病理，文內亦論及之，內中包括腎主質之改變，

腎盂，腎盞及腎血管之改變，回吸收現象之實驗研究之討論，內分泌及神經與此病之關係。

文內提出一百三十個病案之分析，如此病之成因。病狀，及染菌等等，輸尿管上端之神經管理亦曾以試驗述明之。

此病之治療法付以討論，特別關於姑息療法之價值。

附錄參考書。

26. SOLITARY CYSTS OF THE KIDNEY

H. C. Fang

Solitary cyst of the kidney is not a rare condition as shown by the recent foreign literature, but no case has been recorded from China. Its origin has not been satisfactorily settled. The result of careful embryological and experimental research seems to indicate that it may be either of congenital or acquired origin. Treatment depends upon the size and situation of the cyst and associated pathological conditions. Total excision with or without a portion of the renal tissue is the treatment of choice for small or superficial cysts. Partial excision plus cauterization of the remaining cyst wall is applicable to large cysts situated either in the middle portion of the kidney or in close proximity to calyces or pelvis or large blood vessels. Nephrectomy should be reserved for advanced cases with irreparable renal damage and for cases with complicating conditions such as tumor, infection, and communication between the cyst and the pelvis. Two cases of solitary cyst of the kidney are reported from this clinic. Both were seen in 1935 and constitute the only instances of this condition seen in this clinic during a period of fifteen years.

26. 單獨腎囊腫

方先之

按最近國外之文獻，單獨腎囊腫，誠不罕見，但在吾國尚無此項病態之記載。此病之起源，現仍無圓滿之解釋。據胎生學中之研究，及實驗所得之結果，其起源似有先天與後天之區別。治療方法，當依囊腫之大小，位置及其合併病態而定，如能全部切除則固佳，然此術限於囊腫之小者或在表面者。若遇膨大或在腎之中部者，或接近腎盞腎盂，大血管者，祇能在可能範圍內切除其一部，其剩餘者，可藉燒灼術消除之。其久而不治者，必蒙不可挽救之損傷，或在同腎中，尚有其他合併病態者，(如瘤，發炎，或囊腫與腎盂有瘻管者)，當以腎切截術根治之。一九三五年，本院曾以外科技術，治療患單獨腎囊腫者二人，均得良好結果，斯二例，實為十五年來本院所僅見者。

27. BILHARZIA-CANCER OF THE BLADDER

H. F. Ettinger.

1. A case of Bilharzia-Cancer is presented, the disease having begun 28 years ago and treated all this time for resistant cystitis.
2. The two important symptoms in this case were a slight pain only and frequency in Micturition. Blood was passed with the urine only a few times 28 years ago. The frequency was as great in the night as in the day.
3. In all cases of cystitis resistant to treatment, cystoscopic examination must be done. In such cases one must think of Bilharziasis and examine the urine for schistosoma-hematobium ova, best found in the last expressed portion of the urine.
4. In this chronic case Fouadin has had a very remarkable effect.

27. 膀胱血蛭癢一例

伊 定 格

(一)本文報告血蛭癢一例。病起在廿八年以前，過去均以慢性膀胱炎治療之。

(二)小便微痛與頻頻爲本例之二種重要症狀。小便中僅在病起時見血數次。小便次數日夜相同。

(三)凡治療無效之膀胱炎，均應用膀胱鏡檢查。並當注意血蛭癢之可能，檢驗小便中有蟲卵存在否。於末部小便，更須加以嚴密檢驗，因其中蟲卵最多也。

(四)在治療本例上，Fouadin 確有顯著之効力。

28. A PRELIMINARY NOTE ON THE TREATMENT OF SEPTIC GRANULAR ULCER BY LARGE EPIDERMAL SKIN-GRAFTS AND TARTAR EMETIC INTRAVENOUSLY

S. T. Hsiu.

A general outline of a form of chronic Granulomatous Ulceration following illegal injection of Narcotics is presented.

These ulcers are very chronic in nature with free oozing, exquisite pain and exuberant granulations with necrotic points.

They cannot be successfully treated by skin grafting alone as that in ordinary chronic ulcers.

Tartar emetic is found to have a tremendous effect in bringing these ulcers to heal up.

The etiology and pathology is still unknown, although the possibility of Skin Leishmaniasis, Tuberculosis and syphilides has been probed.

28. 用寬大表皮植皮術及靜脈注射吐酒石 以治腐敗性之肉芽潰瘍之初走報告

修世澤

今將關於違法注射麻醉品後，所得之慢性肉芽性的潰瘍，述其概略。

此類潰瘍係慢性，而易於流血，兼有局部劇痛及壞死性點肉芽狀浮肉。

單獨以植皮術治療此類潰瘍。斷不能完全收效，如治平常之潰瘍然。

以吐酒石治愈此類潰瘍收效極大。

皮膚利什曼原蟲病，結核病，及梅毒等之可能性，雖經膚淺之研究，但病因與病理尙屬未明。

29. A SIMPLE WAY OF TREATING ATRESIA ANI OF THE NEW-BORN

Dr. Feng

This is a report of 5 cases of atresia ani, 4 of which are children admitted to the Hospital within the first week after birth. Referring to the different methods of operation as described in the present-day literature and, during the last years, specially advocated by Shoemaker, our experiences with operations in former years have not been too good. Therefore, as demonstrated by the 4 cases mentioned above, we have lately, in those cases in which the opening of the anus was indicated only by the smallest dimple, tried to drill the way to the rectum by means of a bulb-headed probe which should not be too thin. In most cases this proved very easy. Bouginage followed immediately—in some cases the finest Hegar's dilators were used, in others thin rubber drains and the children made good progress. 3 cases were complicated with vesicovaginal fistulae which, of course, can only be treated later on.

An interesting case is that of a girl, 13 years old, who has a vesicovaginal fistula and a complete atresia ani. Through all

these years stool has been discharged regularly and, up to now, there are no signs of an ascending infection of the urogenital system. The sigmoid resembles Hirschsprung's disease as shown by the Xray picture. It is difficult to decide whether, in the case of this patient whose external genitalia is not yet fully developed, even a Shoemaker's plastic operation would improve the present condition. While considering this case from all angles last summer, the patient disappeared—as so often in China—and it remains to be seen whether or not she will undergo an operation.

29. 初生嬰孩肛門閉塞之一簡單治療法

馮 醫 師

本文乃對於肛門閉塞作一報告，共五病例其中四例係嬰孩，於其出世後一星期內來院，考近代文獻中關於其治療方式甚夥，近期來 Schoemaker 氏又爲其特著者。吾人在過去幾年中，亦曾施以種種手術，然均無特殊成績。故在最近期內，設病者外表而之肛門，僅被甚薄之表皮所遮蓋，則吾人僅以一圓頭之探子從肛門向直腸穿刺，此種手術大都甚易達到目的，然後立即以 Hegar 氏擴大器擴大之，而後又置一橡皮管於肛門內，所舉四例即施以此種手術，吾人以其長成得一保證矣。又其中三人，更且有漏管通尿道或陰戶，設欲除之必須待其略形長成後也。最饒有興趣者，爲一十齡之女孩，其人亦患肛門閉塞，且具有漏管通陰戶。在此十年中，大便有序，而至今於泌尿器官內未有上升性之傳染現象。在 X 光攝影上見其乙狀結腸粗大，如 Hirschsprung 病。吾人於此例嘗反覆審之，在此人外陰部尙未完全發育前，即雖施以 Schoemaker 氏之改造法，亦未知其能對於現狀有所改善否。再者，病人來院時適值夏季炎熱時，即欲施之手術，亦必俟至較優之天時。惜病人已於此時離院矣。其能來院受手術與否，當俟諸來日焉。

30. FISTULA ANI, ITS OPERATION AND PARALYSIS OF THE SPHINCTER

Dr. Wan

All cases of Fistula ani operated upon at the Paulum Hospital during the last years have been compiled seeing that the interest in this disease has been growing considerably during the last 2 years, especially in the German literature. Accidental findings and the etiology of the Fistula ani are discussed and it is pointed out that in great majority of cases of Fistula ani seen at the Paulum Hospital, we have avoided the complication stressed in the present day literature, viz. the paralysis of the sphincter following the operation which can be avoided by big operations, and have obtained good results by thorough cleaning without paying special attention to the sphincter which, however, is never cut more than once. We frequently see cases of Fistula ani where the original fistula has spread to such an extent that the skin of both gluteal prominences is perforated like a sieve. Even in these serious cases, provided the patient's vitality was not too far exhausted, we often have had quite good results with our method of treatment, as shown in the table.

30. 肛瘻手術及括約肌麻痺

萬醫師

本文乃將寶隆醫院近來所施肛瘻手術作一總報告，此係在德國文獻中近兩年來最引人發生興味者，茲先將肛瘻附帶之發見及其病因，儉約言之。依寶隆所經治之例觀之，可知此病數量甚大。在現今文獻中，特別注意於手術後引起之括約肌麻痺，尤以在大手術時更須避免之。以吾人管見所知，只須將病處盡量清除，勿須顧慮於括約肌，但不可將其割斷，則終可得極好之效果。又肛瘻範圍擴展至於兩臀，皮膚之全部至穿孔如潰水壺者，吾人在寶隆所見誠不少也。此不得不附帶報告者，即在此險例中，只須病者之生機未至絕望之境，用吾人治療之法，且多能得相當滿意之效果，此可於報告中窺見者也。

31.

DENTIGEROUS CYST

A Study of Forty Cases

A. F. Baranoff, C. S. Chang & H. T. Kimm.

Dentigerous cyst is an odontogenic, unilocular lesion originating from the epithelial rests in the central portion of the jaw, and growing by expansion. It is composed of a wall of fibrous tissue lined by squamous epithelium and contains one or more supernumerary or unerupted teeth and an atypical fluid. Of the cases reviewed, the cysts were found to occur most frequently in male patients, and in the maxillae. Disfigurement due to the growth, or pain and discharge when infection was present constituted the usual complaints. Roentgenography was most helpful in diagnosis, particularly in early lesions. Diagnosis in large cysts were easily made. In some instances, however, the nature of the lesion could be recognized only at the time of operation. The disease was differentiated from radicular cysts, incisive canal cyst, cyst of papilla palatina, paradental cyst, adamantinoma, osteitis fibrosa cystica, central fibroma, giant cell tumor and malignant tumor. Treatment was surgical and resulted in cure when excision was complete.

31.

含 齒 囊 腫

四十病例之研究

巴爾諾夫 張慶松 金顯宅

含齒囊腫為從頷骨中部上皮贅餘慢慢膨脹而成之齒質單房式損害。其囊壁乃纖維組織及一層鱗狀上皮所組成；囊內含有一個或數個額外牙齒，及無定型流質。四十病例中，多為男性且多在上頷骨。其主要病徵為面部畸形；若經染毒，則有疼痛及液體排物。其診斷以X光攝影術最為可靠；對於早期囊腫尤為顯著。至於較大囊腫，則診斷固易，然亦常有非經手術不易與下列各症辨別者。如：牙根囊腫，門齒管囊腫，膠乳頭囊腫，齒傍囊腫，牙釉質瘤，囊性纖維骨炎，中部纖維瘤，巨細胞瘤，惡性瘤。其治療法乃用外科手術，苟將其全部取出，即能全癒。

32. EOSINOPHILIC LYMPHOBLASTOMA; SIMULATING MIKULICZ SYNDROME

Report of Seven Cases

H. T. Kimm, and C. Szutu

Seven patients presenting the following features are described: (1) tumors involving the parotid regions, arms, or both regions on one or both sides, (2) enlargement of superficial lymphnodes, (3) wide-spread, excoriating papular dermatitis of the traumatic type, and (4) leukocytosis with persistently high eosinophilia. The usual causes of eosinophilia are not evident. The disease is chronic and benign, and does not affect the general health. The tumors occur either in, or in close proximity to the parotid gland or lymphnodes and are characterized by lymphoid hyperplasia, the presence of large numbers of eosinophilic leukocytes and infiltration with mononuclear cells. Similar changes also are found in the enlarged lymphnodes and in the bone-marrow. Studies designed to demonstrate specific etiologic factors such as tuberculosis, syphilis pyogenic organisms (aërobes and anaërobes) and fungus have yielded negative results. The lesions are radiosensitive. The etiology of the disease is unknown. The clinical and histologic pictures both suggest a generalized disease due to a low grade infection of undetermined origin which is marked by an excessive production of lymphoid tissue and eosinophils. It resembles lymphoblastomata but does not coincide with any known type.

32. 嗜伊紅球增多性淋巴母細胞瘤; 與 Mikulicz 氏症候羣相似報告七病例

金顯宅 司徒展

本文報告發生下述現象之七病例：(1) 有腫瘤侵犯腮腺部，一側或兩側臂部，(2) 淺淋巴腺腫大，(3) 外傷式，廣大散布剝脫性，丘疹狀皮炎，(4) 白血球增多症並皆有嗜伊紅球高度增多。不能查出

嗜伊紅球增多症之尋常原因。此病為慢性與良性，不影響於一般健康。此瘤見於腮腺之隣近或淋巴腺特性為淋巴樣增生性過長，且有多數嗜伊紅性白血球與單核細胞浸潤。在增大之淋巴腺及骨髓內亦可見同樣變化。檢查所想到之種種原因如結核病，梅毒，化膿菌（嗜氣與厭氣性菌），與霉菌皆無結果。病灶為放射狀敏感。本病之原因未明。臨床上及組織上皆可定為全身性病，由於未定之原因所致之低度傳染，現淋巴組織過度增生與嗜伊紅球增多。此頗似淋巴母細胞瘤，但與所知之任何型皆不一致。

33. THE LYMPHO-EPITHELIOMA

Dr. Bettinger

The lympho-epithelioma is an uncommon tumour. Schmincke in 1921 first called attention to it. It originates from the cells of the so-called lympho-epithelial organs, such as the tonsils, adenoids and the thymus. The most outstanding characteristic is that either in the normal organs or in the tumours there is an epithelial reticulum and many lymphocytes in it. These tumours have sometimes relations to the internal secretion.

A report on some very interesting cases of this kind is given. According to my findings it occurs comparatively more often in South-China than in Europe. Most of the so-called Canton-tumours are lympho-epitheliomas. It is of great clinical importance to differentiate these lympho-epitheliomas from the ordinary carcinomas. Although they are malignant tumours, they and their metastasis are highly sensitive to X-rays.

33. 關於淋巴上皮瘤之研究

貝廷蓋

淋巴上皮瘤為一種具有特性之瘤，關於此瘤一九二一年 Schmincke 氏曾第一次喚起世人之注意。此瘤係發源於所謂淋巴上皮器官，

該器官即係包括扁桃體，咽增殖腺及胸腺。至其特別之點，則有一種上皮性網存在於無論其為正常器官抑或腫瘤之中，網內淋巴球密集。關於此瘤有幾種特別饒於興趣之病例，余擬公之於衆，該瘤對於內分泌，有時可發生關係。余以為此瘤在南中國為常見。同時，以余管見，將此瘤與普通之癌症區別，在臨床方面實佔非常之重要地位。此瘤雖屬惡性，然時常甚至於當其已發生遷徙時，猶可以用光線治療而收奇效也。

34. ADAMANTINOMA OF JAW;
A CLINICAL STUDY

H. T. Kimm, & A. F. Baranoff

Twenty-three proven cases of adamantinoma of jaw in Chinese patient, observed in the Feiping Union Medical College Hospital formed the basis of the present study. In most instances, the lesions were polycystic and slowly growing and occurred in the lower jaws of young adults. Regional or distant metastasis occurred in only one instance. In several cases the lesion^s recurred following local excision. Clinical, roentgenologic and pathologic data were employed in arriving at the diagnoses. Treatment usually consisted of a course of preoperative surface irradiation, radical excision and application of a prosthesis. The tissue removed both before and after irradiation was examined carefully in an attempt to evaluate this form of therapy. The results of treatment appeared encouraging, although the follow-up examinations were not sufficiently complete to warrant definite conclusions.

34. 頷骨之牙釉質瘤；一臨床的研究

金顯宅 巴爾諾夫

本文共研究北平協和醫院中國病人二十三例，確證為頷骨牙釉質瘤。多例之病狀為多囊性，生長極慢，見於壯年人之下頷。僅有一例

發生局部或遠方轉移。有數例於局部切除後，病灶再發。本病之診斷，皆藉臨床的，X光的，與病理的檢查以斷定。治法，普通皆在手術前行表面照射一劑，及根本切除與人工彌補術。在放射前後所切下之組織，則注意檢查，以便估計其治療價值。雖然由以上諸例之檢查，尚不足以作任何確定之結論，但此法似仍有提倡之價值。

35. ROENTGEN IRRADIATION IN THE TREATMENT OF GIANT CELL TUMOR

A Preliminary Report

C. Szutu, and H. T. Kimm,

Of thirty-nine cases of giant cell tumor of bone examined between the period from 1923 to 1936, 14 cases treated with roentgen-rays alone or in combination with surgery were analyzed and the results evaluated. Diagnoses were established by roentgenography, aspiration biopsy or operation. The roentgenotherapy consisted of a series of treatments, the dosage of which varied according to the local condition and the subsequent response. A description of the technique is given. Six primary cases and one case of post-operative recurrence treated by roentgenotherapy alone resulted in definite improvement or apparent cure. Two cases now being treated by similar method have shown progressive improvement. The remaining five cases which received inadequate roentgenotherapy showed either absence of healing or extension of tumor. The response following the irradiation is evidenced by a slow regression of the tumor, bony regeneration and gradual recalcification, extending over a long period of time. The healing process is regularly preceded by evidence of a temporary expansion of the tumor; a fact which is often discouraging both to the patient and the physician, and which requires the utmost patience and cooperation on the part of every one concerned. It is thought that roentgenotherapy has a definite place in the treatment of giant cell tumor. The relative advantages and disadvantages of roentgenotherapy and surgical treatment are briefly discussed.

35. 用 X 光放射法治療巨細胞瘤

司徒展 金顯宅

在一九二三至一九三六年之間曾檢查巨細胞瘤三十九例，其中十四例僅用 X 光照射或兼用外科治法，茲分析之，並估定其結果。本病之診斷乃用 X 光狀射法，抽出生物檢查法或手術法。X 光治法包括一系列之治療，其劑量按局部狀況及隨後之反應而定。本文曾敘述照射之技術。有六原發病例及一手術後復發病例僅用 X 光治療，結果確有進步或顯然治癒。現在尚有兩例，用同法治療，已在進步中。其餘之五例，經不充分之 X 光治療，結果未能治癒，腫瘤或更增大。腫瘤經放射治法後，即徐呈退行性變性與再石灰化；此種過程必需一長期時間。治癒之進行，照例先有腫瘤之暫時膨脹；此種事實常使病人與醫師沮喪，故宜雙方處之以極大忍耐與合作。此可證明 X 光治療在巨細胞瘤治法上，已有相當之地位。至於 X 光治療與外科治療之比較的利害，曾略論之。

36. SCHISTOSOMIASIS AND BANTT'S DISEASE

H. E. Campbell

Since three out of thirteen cases operated upon for splenic anemia revealed ova of *S. japonicum* in liver biopsy or at autopsy and a fourth case yielded miracidia in the stools a few months after operation, the suggestion is made that the splenomegaly of unknown origin described by Whyte, Maxwell, and McIntosh is schistosomial. McIntosh has suggested the identity of the splenomegalies of Peiping with those of South China, Formosa, the Philippines, and Algeria, and has further suggested the identity of a certain proportion of those cases in the Occident with those of the Orient. It occurred to the present writer that disease as originally observed by Banti might be schistosomiasis, because of the proximity of Italy to Egypt, where "Egyptian splenomegaly" has come to be recognized as schistosomial in origin. An Italian author, Greppi, was found to have already

postulated their identity, based upon hematologic studies. Donelli, of Puerto Rico, has likewise written an article on the subject. It is recommended that splenomegalies of unknown origin, wherever encountered, be subjected to intensive study to discover the ova either in the stools, in the duodenal contents, or by liver biopsy; and in cases coming to autopsy that search be made for adult schistosoma if ova are not discovered.

36. 血吸蟲病與斑替氏病

甘寶霖

在因脾性貧血病受手術之十三個病案中，有三病案。在其肝之活組織檢驗或屍體解剖時發現日本血吸蟲蟲卵，且在手術後數月第四病案之囊內顯有顫毛幼蟲，因此吾人謂凡 Whyte, Maxwell 及 Mc-Intosh 諸氏所述原因不明之脾大病，恐皆係血吸蟲所致者。Mc-Intosh 謂北平之脾大病當與在華南，台灣，菲律賓及阿爾及利亞等地所見者相同，彼更謂在西方之病案中並有一部分與東方者相似。因義大利與埃及二地相距甚近，而在埃及之所謂“埃及脾大病”已知血吸蟲為其病原，故作者想到最初 Banti 氏所陳述者，恐即是血吸蟲病也。義大利作者 Greppi 氏根據其血液學上之研究，假定該二病係相同之症。波多黎各之 Donelli 氏，亦曾發表對此間題有類似見解之論文。吾人建議無論在何處，凡遇有不明原因之脾大病，宜詳細考察其囊，十二指腸內容，或肝之活組織檢驗中有無蟲卵，在能作屍體解剖之病案，若不見蟲卵，即應尋找成蟲。

37. THE FRONTAL LOBE OF THE CHINESE BRAIN AND ITS RELATIONS TO THE CRANIUM

H. Von Hayek

In numerous well fixed brains of Chinese there is on the lower surface of the frontal lobe a projecting lobe which, above

the small wing of the sphenoid, reaches into the middle cranial fossa. Thus the small wing of the sphenoid does not, as usual, cut into the fissura of Sylvius but into the lower surface of the frontal lobe. This lobe develops after birth. From this extraordinary situation of one part of the brain in relation to the base of the skull arises the question whether this situation is caused rather by the special form of the Chinese brain or by that of the base of the skull or by both. The influence of the brain on the skull and vice versa during the period of growth is discussed.

37. 中國人腦之額葉及其與顱骨之關係

馮海克

在不少善爲固定之中國人腦中，在額葉之下面有一突起之葉，越過蝶骨小翼而伸入顱中窩。因之蝶骨小翼，不如習見之切入 Sylvius 氏裂溝，而切入額之下面。此葉之發育始於生產之後，此種腦之一部與顱底之異常位置，可供吾人以下之問題。此種位置係由於中國人腦固有之外形構成歟？抑由於顱底之特形使然歟？或兩者皆有以致之歟？隨後當有數語以論腦與顱骨於生長期中相互之影響焉。

38. A STUDY ABOUT MUSCLE AND ARTERY VARIATIONS IN CHINESE

D. Fang,

In the dissecting course at the Institute of Anatomy of the Tung Chi University numerous variations were found and carefully examined. The frequency of some of these variations in the

Chinese differs from that in the Japanese or Europeans and, therefore, is interesting from the point of view of racial anatomy.

Of the muscle variations the so called "Achselbogen" axillary arch is specially mentioned, the frequency of which was, in our material, about 4 times that found in Europeans. In a similar way the independant origin of the Arteria transversa scapulae from the Arteria subclavia is found in the Chinese 4 times as often as in the English. With other variations the differences are not so great. The investigations will be continued on a larger scale.

38. 關於中國人之肌肉及動脈變異之報告

方 召

在同濟大學的解剖學館之解剖實習中有不少變異發見，而由構述人詳加檢察。其中數種變異發見之頻率在我們中國人中大大異於日本人或歐洲人，因而在人種解剖學上殊為有趣。

在肌肉變異中，尤以所謂“腋弓”(Achselbogen)者，有一述之價值，彼在我們的材料中發見之頻率約四倍於歐洲人。而肩胛橫動脈獨立發源於鎖骨下動脈之頻率，在我中國人亦約四倍於英國人，其他變異之差別，則無如此之大。此種變異之檢察，猶須於更多之材料中，繼續行之。

39. ORGANISATION OF THE MEDICAL CORPS UNDER WARTIME CONDITIONS

A. V. Miorivi

The paper recalls the experiences of the last Great war to our memory. Eventual and necessary changes caused by

the different methods and use of new war materials are suggested. Medical men have not only to treat the wounded but also have to organise their transport to the hinterland, which sometimes is a rather difficult task.

The arrangement of first aid places, field hospitals military hospitals and military trains are described and their respective duties outlined.

39. 戰時救護隊之組織

米 鶴 禮

此文略述一九一四年世界大戰時，救護隊之經驗，並新法之應用。救護隊非但須醫治傷兵，亦須運輸傷兵。

前方及後方醫院之組織，及救傷火車之設備，亦略述焉。

結核病組

SECTION ON

TUBERCULOSIS

SECTION ON TUBERCULOSIS

GROUP I. ANTI-TUBERCULOSIS WORK.

1. Tuberculosis in Eastern Countries. C. L. Park.
2. Contagion in Tuberculosis. G. A. M. Hall.
3. La question de la Vaccination Anti-Tuberculeuse.
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1. TUBERCULOSIS IN EASTERN COUNTRIES.

C. L. Park

Certain features of the tuberculosis problem are common to most eastern countries. Though without any accurate statistic the widespread nature of the disease suffices to show how necessary it is to neglect no opportunity of fighting the disease with every agency that knowledge and experience has shown to be capable of producing beneficial results.

Recent reports from various eastern countries show that tuberculosis is the main public health problem and in India it ranks probably next to malaria; in fact may be regarded as an epidemic disease.

Figures are presented showing the high incidence and mortality rate of tuberculosis in British India, Indo-China, the Philippines, Straits Settlements, the Netherland East Indies and Japan.

Among the predisposing factors responsible are (1) Debilitating conditions such as malaria and hookworm infection, (2) Overcrowding and poor sanitation, (3) Unhygienic habits and customs.

Among the control measures are (1) Improvement of general economic condition, (2) Better housing and better general sanitation, (3) Protection against predisposing conditions, (4) Public education, (5) Early diagnosis and (6) Vaccination—B. C. G.

1. 東方結核病之情況

巴 克

結核病問題中之幾種特點在東方各國中，大致相同。雖乏正確之統計，然因傳染之猖獗普遍，不得故不運用種種良法以期，此病之滅亡。

在東方各國之衛生報告悉皆以結核病，乃為公共衛生最主要之問題；且祇就印度一地而言，該病之多，已位居於瘧疾之次，實可謂一種流行之傳染病也。

此文敘述英屬印度，印度支那，菲列濱，馬來亞，荷屬東印度及日本各國中患結核病之多與其死亡之率高。

傳染該病之素因：(1)虛弱的狀況，如患瘰疾及貧血鈎蟲等，(2)人烟過稠密與不求衛生，(3)不衛生之習慣與習俗。

致於制止方法：(1)注意經濟狀況，(2)改良住宅(3)灌輸民衆衛生常識(4)預防傳染該病之素因，(5)早期診斷及(6)接種防疫苗(B. C. G.)。

2. CONTAGION IN TUBERCULOSIS

G. A. M. Hall

Tuberculosis a familial disease. Cause of contagion in the family. Contagion in infancy responsible for high mortality at this age. Low morbidity and mortality during childhood and the lessons to be learned therefrom. Prior or active contagion during adolescence is responsible for young adult disease. Importance of familial contagion in adult life. Extra-familial contagion, especially professional hazard. Sources of contagion. Application of anti-tuberculosis measures.

2. 結核病之接觸傳染

賀樂醫

結核病爲一家族病。家族中接觸傳染之原因。嬰兒接觸傳染可致高度死亡率。兒童時低度發病率及死亡率與由此所得之教訓。青年期之以前或活潑性接觸傳染乃壯年病起因。成年期家族接觸傳染之重要。家族外之接觸傳染，特多見於職業上的危險。接觸傳染之來源。抗結核病法之用。

3. LE B.C.G. ET LA VACCINATION ANTITUBERCULEUSE

J. H. Raynal et Y. C. Lieou.

Après avoir défini les bases sur lesquelles s'appuie le principe de la méthode de CALMETTE, en particulier le mode d'immunité

spécial: "prémunition" qui conditionne, dans la Tuberculose, non pas un état réfractaire complet mais une résistance beaucoup plus marquée à l'infection tuberculeuse, l'article passe successivement en revue:

l'historique du vaccin B. C. G. : ses origines; les premiers travaux expérimentaux dont il a fait l'objet et ses applications de plus en plus nombreuses chez l'homme; la technique de la vaccination anti-tuberculeuse par le B.C.G. chez l'homme : conditions d'une bonne vaccination; voies d'introduction du vaccin; posologie et précautions à prendre; enfin les indications générales de ce mode de prémunition.

3. B.C.G. AND ANTI-TUBERCULOSIS VACCINATION

J. H. Raynal and Y. C. Lieou

The paper reviews the principles on which the method of CALMETTE is based, especially the type of immunity known as "premunition". This premunition" does not confer absolute immunity to Tuberculosis but considerably raises the resistance of the organism to the disease.

This history of the B.C.G. is outlined : its origin, the first experiments on animals and its growing application to human subjects.

The technique of antituberculosis B. C. G. vaccination in man, the necessary conditions, the methods of procedure, the dosage and precautions are described.

Finally, the points in favour of a general adoption of this method of "premunition" are advocated.

3. 卡介苗 (B. C. G.) 接種防癆之綱要

Dr Raynal 劉永純

本篇先論卡默特氏 (Calmette) 接種防癆法之基礎；而對結核免疫 (先備) 之特點詳細申述；結核免疫之性質與尋常免疫不同；換言之結核免疫實為 '對於結核病之抵抗力增加' 而已。

繼論卡介苗之綱要，茲將章目列下：
卡介苗之歷史：來源；實驗結果；人類接種。
卡介苗用於人類之規則：接種之條件；徑路；用量；用後宜注意
之各點。
遍施卡介苗接種之理由及其展望。

3A. L'APPLICATION DU B.C.G. CHEZ L'HOMME EN EXTREME-ORIENT

J. H. Raynal et Y. C. Lieou

Après avoir succinctement signalé les travaux qui se sont consacrés à l'étude expérimentale du B. C. G. dans les laboratoires d'Extrême-Orient, l'application de la vaccination par le B. C. G. en Extrême-Orient fait l'objet d'une actuelle mise au point.

L'expérience que l'Indochine réalise depuis onze ans et les premiers résultats obtenus par WANG LIANG à Tchong King depuis 1933, semblent autoriser une application plus large de ce procédé de vaccination en Chine.

Mais il reste bien entendu qu'il faut entourer la préparation et la diffusion progressive du B. C. G. de toutes les précautions rigoureuses et prudentes qui sont signalées au cours de cet exposé et qui conditionnent le succès d'une telle entreprise.

3A. THE B.C.G. APPLICATION IN THE FAR EAST

J. H. Raynal and Y. C. Lieou

After outlining the researches carried out in the experimental studies of B.C.G. in Far Eastern laboratories, the possibilities of its application in the Far East are summarised.

The experiments which have been carried out for eleven years in Indo-China and the early results obtained by WANG LIANG in Tchong King since 1933, seem to authorize a wider application of this method of vaccination in China.

But it must be stressed here that the preparation and diffusion of B.C.G. must be undertaken with all the care and attention emphasized in this article: this proper care is the keynote to the success of the vaccination.

3A. 遠東卡介苗 (B. C. G.) 之後顧前瞻

Dr Raynal 劉永純

卡介苗在遠東已有相當之歷史，本篇首述日本及中國學者之實驗工作。繼敘此苗在越南及中國之人類接種（越南用此已十一年，接種人數日見增多；中國王良君於一九三三年起在四川重慶製苗試種，範圍仍小），成績皆佳。此苗在中國似宜設法推廣，但欲其收效，於推廣時，非慎重其事不可。

3B. QUE FAUT-IL PENSER DES CRITIQUES ADRESSEES A LA VACCINATION ANTI-TUBERCULEUSE PAR LE B.C.G.

J. H. Raynal, Y. C. Lieou et G. Woo.

Les différentes critiques dont la vaccination antituberculeuse au le B.C.G. a été l'objet sont passées successivement en revue.

La solide argumentation qu'on peut leur opposer démontre que, tant au point de vue de son innocuité que de son efficacité, le vaccin B.C.G., par l'état de prémunition qu'il confère aux individus vaccinés peut et doit jouer un grand rôle dans la prophylaxie de la Tuberculose.

3B. REPLY TO SOME CRITICISMS OF B.C.G. VACCINATION

J. H. Raynal, Y. C. Lieou and G. Woo

The various criticisms directed against anti-tuberculosis vaccination by B.C.G. method are reviewed successively in this article.

The strong arguments which can be advanced against such criticisms demonstrate that, from the point of view of its innocuity as well as its efficacy, the B.C.G. vaccine cannot but play a most important role in the prophylaxis of Tuberculosis. Thanks to the state of premunition it confers on the vaccinated organism.

3B. 卡介苗(B. C. G.)無害問題及有效問題之討論

(評擊卡介苗議論之審辨)

Dr Raynal 劉永純 吳桓興

此篇羅致評擊卡介苗之議論而一一加以審辨。以堅實之理論證明卡介苗確有益而無害。此苗在預防結核上允宜佔一重要位置也。

4. THE ESTABLISHMENT OF A TUBERCULOSIS CLINIC

G. A. M. Hall

General principles concerning anti-tuberculosis work in China. Principles directing policy of tuberculosis clinics in China. Cost of establishing and running a tuberculosis clinics in conjunction with, or as part of, an established Municipal Health Service. Proposed equipment for rural anti-tuberculosis clinic. Suggestions for anti-tuberculosis work in Mission Hospitals.

4. 成立結核病診所

賀業醫

中國對於抗結核病工作之總則。在中國結核病診所管理方針之原則。與市立衛生機關合辦結核病診所之開辦費及經常費。擬鄉村成立抗結核病診所的設備。教會醫院抗結核病工作之建議。

5. THE BACTERICIDAL AND DESTRUCTIVE EFFECTS OF DAKIN'S SOLUTION ON TUBERCLE BACILLI

Benjamin H. Y. T'ang

Experiments were carried out by means of guinea pig inoculations and staining methods to test the bactericidal and destructive effects of Dakin's solution on tubercle bacilli. Cultures of virulent human tubercle bacilli in heavy and coarse suspension were killed within 30 minutes after being treated with pure Dakin's solution containing 0.4-0.45 per cent Sodium hypochlorite. In fine suspension when the bacilli are well separated, they are killed within 5 minutes even with 50 per cent Dakin's solution. Bacilli in strongly positive sputa collected from different patients were found dead after the sputa was mixed with equal parts of Dakin's solution for 5 minutes.

In all experiments control animals which were inoculated with equal amounts of untreated material became heavily infected, while all the experimental animals remained healthy.

Besides the efficient bactericidal action, Dakin's solution has also a definite destructive effect on tubercle bacilli both in culture and in sputum. After treatment with Dakin's solution the tubercle bacilli first lose their normal acid-fast staining character and finally disappear altogether after contact for certain length of time.

Since Dakin's solution is available in most hospitals and clinics it is recommended as a disinfectant for routine work.

5. 大金氏液對於結核桿菌之殺菌力及毀壞性

唐 希 堯

用注射荷蘭豬及染片法試驗結果，證明大金氏液對於富有毒力之人結核桿菌，有極大之殺菌力及毀壞性。

培養之結核桿菌液之含有菌團者加純大金氏液可將桿菌於三十分鐘內殺死。桿菌在菌液內分佈均勻者，用百分之五十之大金氏液，於五分鐘內即可殺死。

由病人所得含多量結核菌之痰，與等量之大金氏液混合之，則其內之桿菌，於五分鐘內即死。

以上各試驗，被注射之動物，均成陰性，而以同樣等量未用大金氏液浸過之桿菌，或含桿菌之痰所注射之對比動物，則皆染重結核病。

此外大金氏液，尚有毀壞桿菌之能力，在培養之細菌與痰內者，經大金氏液浸潤後，則桿菌失其正常之抗酸染色性，且經過相當時間後，則結核桿菌即完全消失。

大金氏液在各醫院，均為易得，故普通用之作為結核桿菌消毒劑，極為適宜。

6. A STATISTICAL STUDY OF TUBERCULOSIS IN A GENERAL HOSPITAL

T. C. Y. Sun and J. C. Thoroughman

A statistical study of 646 tuberculous patients admitted to Soochow Hospital from the year 1922 to 1931 is submitted in this paper. There were about 8,000 admissions during the ten-year period, less than fifty per cent of which is accepted for the present study. Age, sex, occupation, family history, duration of symptoms, how diagnosed, degree and location of lesions, presenting symptoms, treatment, prognosis, and number of days in hospital for each patient are studied. The striking feature of this study is that most of the cases of tuberculosis came to hospital at advanced or far

advanced stages, and over sixty per cent of the total number of these cases stayed in the hospital for less than thirty days. The prognosis is as follows:

Good: 19% Fair: 41% Poor: 33% Died: 7%

Among the accepted charts about a one-out-of-five positive family history is obtained. By routine laboratory technique there were about one-fourth of the tuberculous cases showing a positive sputum. So many open cases certainly endanger society. The lack of cooperation and common sense on the part of tuberculous patients, and the impossibility for them to stay a longer time in the hospital on account of their poor financial condition certainly faces every hospital. A future plan for the treatment of tuberculous patients in a mission hospital is mentioned.

6. 一個普通醫院裏的結核病統計

孫劍夷 趙樂門

博習醫院自民國十一年至民國廿年入院受治的病人不下八千餘，人在此統計內的病史不及半數，此因選擇病史甚苛故也。病人之年齡，性別，職業，家族歷史，病期，診斷，病級，患處，現在之病狀，療法，預後及住院之日期皆詳為檢討。

最可注意之點即病人來院時多半已至病深程度，而留院之日期又短，不足一月者約百分之六十，預後如下：

結果佳良者百分之十九，
結果稍佳者百分之四十一，
結果不佳者百分之三十三，
結果死亡者百分之七。

被選擇以作統計之病史，五分之一之家族歷史有結核病，經用普通實驗室方法以檢查病人之痰，四分之一皆呈陽性，如許之結核病患者之及痰內，有結核桿菌，對於公衆自屬危險。病者缺乏合作之精神與衛生常識，因經濟狀況而不能久留醫院中以得相當之治療，亦為緊要之問題。

註：著作希望將民國廿一年至廿五之統計，俟屆大會時，一併加入，以備比較。故以上之數自有保留改正之必要 著者附識

7. THE PRACTICAL CLASSIFICATION OF INTRA-THORACIC TUBERCULOSIS

H. G. Anderson

Schemes of classification of tuberculosis must be suited to the conditions of clinical work in the country as a whole. The more refined methods of diagnosis are in many cases economically impossible at present in China.

Ordinary signs and symptoms and simple laboratory procedures are themselves of major value in diagnosis and prognosis. The scheme of classification recommended can be tabulated as follows:-

- | | |
|----------------------|---|
| a. Sputum | Tubercle bacillus-positive or-negative |
| b. Method of Spread | Lymphogenous
Haematogenous
Intra-canalicular
"Mixed" |
| c. Course of Disease | Initial
Continuous
Discontinuous
Quiescent |
| d. Toxaemia | "Non-mensurable symptom" Index
"Mensurable symptom" Index |

Such a system can be used equally to express original and successive findings in any given case.

7. 內胸結核病之實用的分類法

安德勝

結核病之分類方法務求其適合於國內臨症工作之情況。

因中國目下人民經濟力薄弱，致使許多精細的診斷方法不能使用。平常的病徵與病狀，及簡單的實驗室方法，乃診斷及豫後大可以為依據的。

推行的分類方法可列表如下：

(甲)痰 結核菌—有或無

(乙)散佈法……淋巴循環散佈

血循環散佈

管道內散佈

混和性散佈

(丙)病程 初起的

連續的

間斷的

停止的

(丁)血中毒 “不可測量的病狀”指數。

“可測量的病狀”指數。

上列方法施用於任何病者均可一致表明其起始的及連續發生的病情。

8. THE IMPORTANCE OF TUBERCULAR CAVITIES

J. H. F. Otto

Formation of cavities deteriorates much the prognosis of pulmonary tuberculosis. Their existence endangers the patient specially with bronchogenic aspiration of bacilli into so far uninfected parts of lungs and with secondary infection of larynx, pharynx and intestinal tract. The patient's entourage is constantly exposed to infection.

Sterile emollescence of tubercular tissue (by water adsorption and swelling) creates closed cavities.

Proteolytic activity of leukocytes and germs (mixed infection) invading tubercular processes, mostly by way of a bronchus, causes open cavities.

The cranial parts of lobes, the age of puberty, and the second (and third) phase (Ranké) are specially exposed to formation of cavities.

Anamnestic haemorrhage is highly suspicious for existence of cavities.

Sputum examination procures essential facts: 96% of bacilli-positive patients have cavities. On the other hand: sputa of patients with visible cavities (X-ray) contain bacilli and elastic fibres in 86%, only bacilli in 10% and neither of them in 2% of the cases.

Physical examination (incl. X-ray) must confirm the suspicion.

Spontaneous healing or considerable reduction of size even in big cavities (originating fromout productive and exsudative processes) occur under favourable conditions. Lack of signs of improvement under or impossibility of careful conservative treatment or the existence of fibrous cavities demands collapse-thereby.

Pneumothorax treatment can and should be learned by every medical student. Strictest selection and full cooperation of the patients in regular fillings for (one to) two years are preliminary conditions of success.

The results of pneumothorax treatment are two to four times better than those of conservative therapy.

In some cases where circumstances do not allow pneumothorax treatment phrenicoexairesis may be helpful and this method will keep its place in China until the general public realizes the greater benefit of the long lasting pneumothorax treatment.

Each cavity closed by conservative or collapse therapy means a victory in the struggle against tuberculosis, eliminating one focus of infection.

8. 結核性肺空洞之嚴重

柯 道

結核性肺空洞之釀成能使肺結核病者之豫後更壞。其存在能置病者於危地者如次：使結核菌由枝氣管吸入而進於肺臟之健全部，使喉咽頭及腸臟受其繼發性傳染，且與病人接近者亦易受其傳染。

結核性組織因水之收吸作用及膨脹而致溶解 (Sterile emorrescence) 遂釀成閉鎖性空洞。

由於白血球及其他微生物(混合傳染)之蛋白分解酵素，多由枝氣管侵入結核性組織中，遂釀成開放性空洞。

各肺葉之上部，特易為空洞構成之處。若肺結核病者，其年歲在發育期內，亦易釀成肺空洞。肺結核病如已進至第二或第三期者(照 Ranke 氏所分)亦多半發生肺空洞。

舊病壓性咯血，則病者之肺多已成空洞。

檢痰所得之要點如下：痰涎中有結核菌者，百分之九六有空洞。具有顯明空洞者(由 X 光照得)其中百分之八十八痰涎含有結核菌及彈力纖維，此外百分之十只檢得結核菌，百分之二並無結核菌及彈力纖維。

當醫者疑病人有結核性空洞時，仍必須用體格檢驗，(包括 X 光)，以證實之。

良好在環境之下，可以自然愈合或大空洞之縮小(只指產生性或滲出性進行而生者而言)。若其於治療中，未有若何進步象徵者，或不適於保守療法者，或具有纖維性空洞存在狀態者，皆有行肺縮壓療法之必要。

人工氣胸法，為醫科實習生之應能諳習者也。醫生對於治療病者宜細心選定療法，與病者充分合作，行規定之持續氣胸療法一二年，此為療治肺結核成功之要點。

氣胸療法之收效，較保守法尤大二至四倍。

在不能行氣胸療法情形之下，隔神經切除術可以收效。在社會未認識氣胸療法價值之前，此術在中國有將有繼續存在之價值。

一空洞之愈合，(不論保守療法，或肺縮壓療法)，即消滅一傳染之源，亦為撲滅肺結核病之勝利也：

9. EXPERIMENTAL PRODUCTION OF ISOLATED FORM OF TUBERCULOSIS IN LUNGS OF RABBITS.

Chien-liang, Hsü

Injection of small blood clots containing tubercle bacilli through the jugular veins of rabbits produced tuberculous lesions in their lungs. The pathological specimens of these experimental animals showed localized lesions surrounded by fibrous capsules without secondary reaction in the adjacent parenchymatous tissue. Some of these lesions underwent cavitation, and others remained as solid masses for a period of eight months. These lesions gave shadows of localized, isolated patches in the roentgenograms simulating the form seen in the lungs of human beings. This finding may explain the pathogenesis of isolated form of pulmonary tuberculosis in man on the basis of infected embolus originating from a distal source.

9. 在家兔實驗上發生之孤立式肺結核

許建良

由兔之頸靜脈注射含有結核桿菌之小血塊，即可於其肺內產生結核病灶，此種被試驗動物之病理標本，現有局部損害，周圍繞以纖維性囊，在附近的實質組織無發性反應，此病灶中有則變成空洞。其他則仍然為硬塊，至八月之久。用 X 光檢查此病灶呈局部性孤空的斑點與人類在肺所成者相似。由此試驗之結果可，知由遠心性來之傳染性種子，發生人類肺結核之孤立式，確屬可能。

10. PNEUMOTHORAX AS AN AID IN ROENTGENOLOGICAL DIAGNOSIS OF PULMONARY CAVITIES

Y. C. Soo

Ever since the practice of various means of compression therapy as pneumothorax, phrenicectomy, thoracoplasty and other

surgical measures in the treatment of pulmonary tuberculosis, much demand has been placed on the roentgenologists for more accurate diagnosis of pulmonary cavities. In response to this, a number of technical measures have been adopted by those who are practising roentgen diagnosis. To use the fluoroscopic screen more frequently, to examine the lungs with different intensity of radiation, to shift the tube or place the patient in different positions, to make stereoscopic studies, to make use of lipiodol oil as a contrast medium, and to adopt the method of using tomograph have aided considerably in the diagnosis of pulmonary cavities. As a result, different terms as emphysematous blebs pleural rings, configuration of lung markings have come in vogue in the differential diagnosis of cavities in the lungs. Despite of all these that have been done, we have not infrequently reports from the pathologists of cavities found in lung specimens that had never been diagnosed during life. Any other means of diagnosis of cavities, therefore, are received with open arms by those who are responsible for patients. The present paper draws attention to the fact that in a number of cases, pulmonary cavities can only be diagnosed by X-ray examination through the aid of pneumothorax. Naturally, there are more cases of pulmonary cavities being confirmed by repeated examinations after pneumothorax. A review of five hundred cases of pneumothorax with pulmonary cavities has been made and the result is quite definite. It is hoped that in future pneumothorax, besides being a therapeutic measure, might be employed on selective cases as a means of diagnosis of pulmonary cavities.

10. 人功氣胸對X光診斷肺腔之補助

蘇言真

肺癆病治療法中，自人工氣腔，肋骨，或隔神經剷除等手術之續漸推行後，對X光診斷肺腔倍加注意。而於X光之檢查肺部雖，有透視鏡之應用，及立體攝影術，“多母加夫”攝影法 (Tomograph) 等補助，亦有時難得確切之診斷。故參考病理學家報告不時發現肺腔之存在，而病者生前並未有X光之確切肺腔診斷者。因是凡可以補助診斷

方法，當為負檢查責者所樂用。是篇參考五百病證即，曾施行人工氣腔而同時有 X 光檢查記錄者。發覺一小部份病人，其肺腔實由人工氣腔施術後始在 X 光片現出。其他由人工氣腔後而證實肺腔診斷者其數，更多。此後人工氣腔之施行，除對治療上之適應更，望在肺腔之診斷有所補助。

11. THE PRESENT POSITION OF COLLAPSE THERAPY IN THE TREATMENT OF PULMONARY TUBERCULOSIS

William I. Gerrard

The greatest recent progress made in phthisiotherapy is the scientific application of pneumothorax. However, the idea of resting a diseased lung can be traced back to over 3000 years ago. The changing principles governing the application of collapse therapy, from that concerning the rough ready method of pumping air into empyema cavities by air-filled bladders practised by the Hippocratic School to our present idea of a selective collapse to be maintained for a sufficient length of time for properly selected cases, is traced and clearly presented.

The beneficial effect of pneumothorax therapy for pulmonary tuberculosis is gradually being realised more and more by Chinese patients. In order not to discredit the profession as well as this valuable method of treatment, any semblance of professional dishonesty and indiscriminate application of pneumothorax should be avoided.

The greatest obstacle to successful collapse therapy is the presence of adhesions and one must deprecate the persistent efforts of some doctors to continue incomplete pneumothorax. Attention is drawn to intrapleural pneumolysis introduced by Jacobaeus in 1910. The technique as perfected by Franz and Maurer is described at length and highly recommended for adoption in China.

X-ray control is essential in pneumothorax work, and pneumothorax therapy cannot be considered as a suitable method apart from facilities for pneumolysis.

11. 場陷療肺法在現代醫學上之地位

張惠霖

人工氣胸術乃醫學對於肺病治療最近之一大進步，然遠在三千年前，希氏曾用簡易而現成之氣袋，注射入胸腔，以治膿胸。由該時迄今，著者將場陷療肺原理變遷——說明。

中國病者，漸多了解人工氣胸術對於治肺癆之功效，為保持醫界此術之令名。我人必憑醫德而慎用此術。胸膜粘連為施行此術之障礙。此篇特別注意胸腔內肺臟分離法。法為一九一〇年積及比亞氏所採用，但後為法蘭氏及摩耶氏所改良。法蘭氏及摩耶氏之法甚佳，中國應採用之，X光線檢查在人工氣胸甚為重要。欲人工氣胸術完善，必須有分離肺質法之設備。

12. ARTIFICIAL PNEUMOTHORAX IN THE TREATMENT OF PULMONARY TUBERCULOSIS CLINICAL AND STATISTICAL STUDIES OF 340 CASES

T. C. Liu, and K. Fang,

A statistical study of 340 cases of pulmonary tuberculosis treated by artificial pneumothorax at the Chinese Red Cross Hospital, Shanghai is presented.

Cases are classified according to the method of Neumann. Complications of artificial pneumothorax are studied and discussed. The ways of termination of pneumothorax treatment and the follow up are studied in this series.

12. 肺結核之人工氣胸術治療

(三百四十例之臨床及統計之研究)

劉德啓 方 侃

三百四十例之肺結核之人工氣胸術之統計研究，（所有病例，搜集自上海紅十字會第一醫院）。

所有病例，採用諾爾門氏分類法。
人工氣胸術之併發症加以研究及討論。
人工氣胸術之停止方法及愈後檢查，加以討論。

13. PLEURAL EFFUSION IN PNEUMOTHORAX THERAPY OF PULMONARY TUBERCULOSIS

With Special Reference to Its Aetiology

T P. Wu

Artificial pneumothorax is now the best armamentarium in the hand of physicians dealing with tuberculosis. It is but adjunct and in no way dispense with the standard method of rest, hygiene and diet. It is able to shorten the period of bed rest and return patient to his work earlier and with greater safety. Barring its non-applicability to cases with far advanced bilateral disease and those with massive pleural adhesion constituting about 45% of all cases, its limitation depends solely on the high incidence of pleural effusion. or 33% of my series of 149 cases with various stages of disease (exclude small transient effusions).

Pleural effusion may prevent completion of treatment, may hinder re-expansion of lung and may be followed by empyema.

The chief cause of effusion appears to be EXTENSIVE FIBROTIC LUNG LESION which is generally associated with high negative intra-pleural pressure.

Prevention: (a). Proper selection of cases; (b). Regular screening of chest; (c). Aim at selective relaxation and avoid any "compression" of lung; (d). Smaller and more frequent refills; (e). Calcium injection; (f). For extensive fibrotic lesion, phrenic crushing or evulsion prior to pneumothorax.

Treatment: Aspiration should only be done for study of fluid and for relief of heart and mediastinum displacement and of lung compression. Calcium injection. When fluid is purulent, regular irrigation with normal saline should be first tried but not persisted too long. Thoracoplasty is usually unavoidable.

13. 人工氣胸術中之胸膜滲液問題

吳 達 表

人工氣胸術爲現代療治肺結核之惟一武器。夫該手術所需之時間至少爲兩年，此雖爲其缺點，但然吾人不可忘却者，乃結核症在醫學上迄今尙無迅速治療之方法。即人工氣胸術，亦祇爲佐助法之一種，並非將所有休息，衛生及滋養等法取而代之也。但人工氣胸術能縮短病人臥床時期，與夫早日恢復工作而入於安全，厥功當無可疑也。

人工氣胸術有其真正之限止，蓋有多數病人有不能施用該術之困難在焉。據統計所得，約有百分之四十五，(百分之二十因係患兩側性劇度肺結核，百分之二十五爲廣大之胸膜粘連) 竟遭受此項限止，且在受此術期中，常呈現胸膜滲液(據作者統計約有百分之三十五)。

多量的胸膜滲液常阻撓治療之全功，有時繼發胸膜變厚，以阻止受治之肺重行展開，甚或偶有滲液發生化膿者。

胸膜滲液經審慎之研究，作者意見，凡廣大性肺纖維性變，對於產生胸膜滲液實有重大之關係，因胸腔有較高之負壓力也。

對於胸膜滲液之預防及治理：咸主張空氣注射，採用較小之劑量及較短之間隔期，尤宜注重肺之弛緩而勿使萎陷，常用屏檢查。鈣劑注射。對於已產生液者，少用胸液吸引術。若滲液已化膿，可用吸引術及生理食鹽水灌洗術，但時期不可過久，蓋在此種病例，多半須施用胸廓成形術也。

14. MODERN WAYS OF THE SURGICAL TREATMENT OF TUBERCULOSIS OF THE LUNGS

Ed. Birt,

The disease which the physician and surgeon in China comes across more frequently than any other endemic disease is the tuberculosis of the lungs. It must be pointed out that to-day the

surgeon not only should consult the internist about the indication for an operation of the lungs, but that the internist too should always hear the opinion of the surgeon about the advisability of an operation. Pneumothorax and thoracoplasty are mentioned as well as the different indications for phrenicoexairesis. In connection with the thoracoplasty the resection of the first rib is mentioned and attention is drawn to a more modern method of removal from an infraclavicular incision. Special mention is made of Leotta's treatment where, through alcohol paresis of the 3rd to 7th intercostal nerve, the thorax respiration is stopped nearly entirely. Reasons are given why this treatment is suited for special cases of tuberculosis of the apex pulmonis of both sides where, with the other treatments mentioned before, satisfactory results are not obtained. Some X-ray pictures of patients who underwent this treatment are shown.

14. 現代肺結核外科療法

柏 德

在中國各種歷史甚久之疾病中，其最爲醫師及外科醫，就其各型各時期而一一從事研究者，實無過於肺結核一病。時至今日，不僅外科醫師於下肺手術適應時，須取商於內科醫師，而內科醫師亦應一聽外科醫師之意見，是否須行手術。著者略述氣胸及胸部整形手術以及隔神經抽出術之各種適應症問題。胸部整形手術後復附帶略述第一肋骨之切除問題，并略涉自一鎖骨下切開之新除去方法。次特別注意 Leotta 氏新法，本法乃將第三至第七肋間神經用酒精使起不全麻痺，以使胸呼吸大部分停止，著者并詳細說明，兩側性肺尖部結核例，應用任何近代積極療法而少希望者，如何可用本法而能得一良好治愈。最後復放映此種病人之X光攝影片。

15. SOME EXPERIENCES IN TREATING
TUBERCULOSIS OF THE SPINE
IN A MISSION HOSPITAL.

G. L. Hagman,

Thirty cases of operation for tuberculosis of the spine are presented. Twenty-three of these (77%) though without follow up notes in eleven, may be regarded as possible cures. These include twelve cases (40%) of definitely known cures of nine months to ten years' duration, an average of four years. The operative mortality is 6.7 and can very probably be reduced.

Three methods of operation for fusion of the spine are described. The operation may be done with ordinary instruments and tools, readily secured in China.

Attention is called to an inexpensive electric grinding motor. This is well adapted to doing the work usually done by the four times as costly motor bone saws of the instrument makers.

15. 南通教會醫院中用外科手術療治脊柱結核之經驗

何 葛 曼

該院用外科手術，以療治脊柱結核其，二十三名中，(百分之七七)雖有十一名，未經繼續之觀察，但均有痊愈之可能，其十二名(百分之四十)完全痊愈之時間，為九閱月至十年(平均為四年)。

施用該項外科手術，其死亡率雖有六·七然大有減少之可能。

該三種脊柱外科手術，已一一說明，該項外科手術可用尋常之器械，能購自中國，所值得注意者，即價廉之電氣磨切器，其效用竟與價值昂貴之電氣骨鋸相同。

R. Loewenberg: On Encephalitis in Shanghai.

Table 2. Tentative classification of non-purulent infections
Encephalitis.

Name	epidemiology	clinic	etiology	pathology
1. Poli- cephali- tis. (Strump- ell)	Cerebral form of Heine-Me- din's Polio- myelitis.	Diagnosis on- ly during e- pidemic. A- cute onset- cortical, pon- tine and bul- bar compli- cations. In- fantile palsy, Little's dis- ease.	Poliomyeli- tis - Virus.	<u>Polioclastic</u> <u>Interstitial</u> <u>meningomyeli- tis.</u>
2. Encepha- litis lethar- gica Type A. (Economo)	mostly spo- radic Since 1916/ 17 spread- ing from Europe, 1918 in China first cases.	Gradual onset 1) lethargic type, sleepings sickness. 2) hypercine- tic. New sym- toms months after onset: Chronic Par- kinsonismus.	Spec. Virus (Herpes simplex?)	Mainly grey matter invol- ved. Ganglion cell destruct- ion. Preference of dorsal part of pons, nuclei of cranial ner- ves, subst. re- ti cularis.
3. Encepha- litis Type B a. Japonica b. St. Louis 1933.	a epidemic in Japan 1919- 1924-1926/7 1929-1935. b St. Louis 1933 (Paris Ill. -Kansas City-Toledo) Not in Eu- rope.	Sudden onset -high fever headache- nausea-ver- tigo-confu- sion-trans- ient neurol- symptoms- after sto- my course mostly ra- pid recovery- <u>No Residual</u> <u>effects.</u>	a Japanese Virus b St. Louis Virus. Closely related, but not identical.	Grey and white matter diffuse- ly involved. No preference of any region.

4. Encephalomyelitis disseminata.	<u>a</u> spontaneously in Europe 1927-1929 <u>b</u> post infectious: after measles, chickenpox, smallpox, parotitis epi, after vaccination, after anti-rabies treatment.	Acute onset- cerebral and spinal symptoms- hemiplegia- paraplegia- sphincter disturbance.- Complete recovery possible.	1) Primary infection? 2) Activation of latent Virus? Myeloclastic Grey and white matter. Meningo-encephalomyeloneuritis. Perivascular demyelination. Close relation to isolated palsy of cranial nerves, acute myelitis & acute disseminated sclerosis.
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5. Choroid meningitis, aseptic lymphocytic.	Sporadic, small epidemics.	Like Meningitis tbc but: Spinal fluid, sugar normal; complete recovery.	(Specific Virus?) Cortex can be involved, pathological findings rare.
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