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1883-1893 / by Dugald Christie.**

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D. CHRISTIE, L.R.C.P. & S. Ed.

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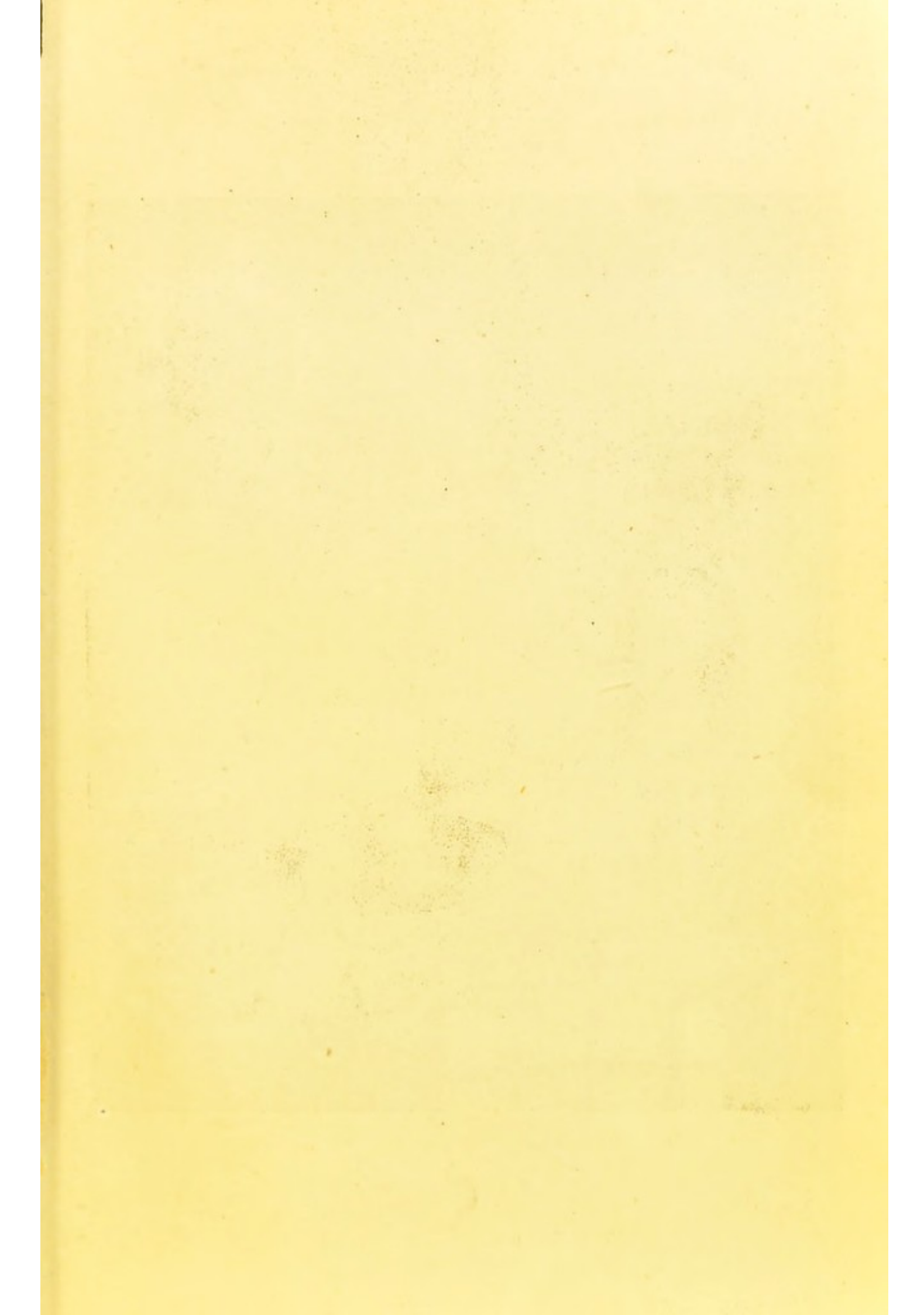
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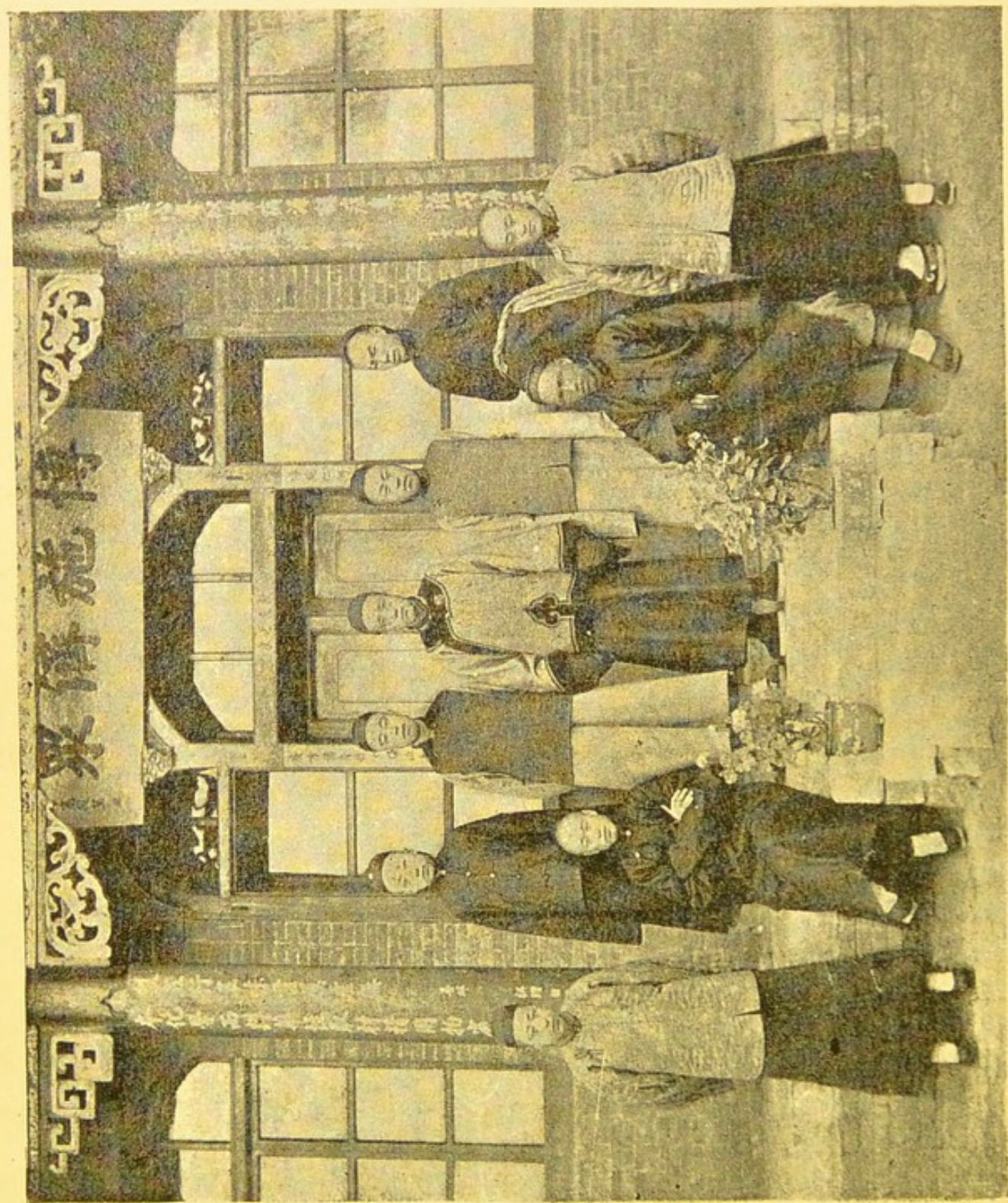
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Hospital Assistant, Evangelist, and Medical Students. See page 58.

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TEN YEARS IN MANCHURIA

A Story

OF

Medical Mission Work in Moukden.

1883—1893.

BY

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PREFACE.

THE only Protestant missionaries in Manchuria are those of the Scotch United Presbyterians and the Irish Presbyterians. These are now united, and with the native elders and members form the Church of Manchuria.

The following narrative only tells the story of Dr. Christie's Medical and Evangelistic work in Moukden. If the whole history of the Manchurian Mission were to be written in full detail, it would fill every Christian heart with wonder and thankfulness.

The most striking feature of that Mission is the manner in which the Gospel has been propagated by the Chinese converts themselves. Not only have such remarkable evangelists arisen as *Old Wang*, the first man baptized by Dr. Ross; and *Blind Chang* who has carried the Gospel to countless multitudes; but even to the ordinary converts may the language of St. Paul be applied—"From you sounded out the word of the Lord . . . so that we need not to speak any thing."

As the result of their zeal, the Gospel has penetrated far into the interior. Messages often come to the missionaries from towns and villages unknown to them requesting a visit from them, and telling of numbers of professed

believers. Some one had brought them the good news, they had received the Word gladly, and desired further instruction in the way of Life. After journeying for some weeks, passing from village to village, a young missionary wrote thus—"I went in hope and returned without disappointment. There is a magnificent work going on here. The spiritual tide is entering from the great sea and stealing in to these inland valleys. To oneself it is a solemn thing to be a witness of its rise, still more to be called to open a way for its progress."

F. W. I.

All profits from this book will be devoted to the Moukden Hospital.

67/A/8.

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TEN YEARS IN MANCHURIA.

CHAPTER I.

THE BEGINNING OF MEDICAL WORK.

MANCHURIA occupies the north-east corner of the Chinese empire. It covers an area of about 300,000 square miles, and its population is said to be 20,000,000. Of these, probably, only one in twenty is of Manchu descent; and even these have adopted the Chinese language and habits. The bulk of the people are Chinese, so that there is practically little difference between Manchuria and other provinces of Northern China. Being, however, the early home of the present dynasty, its capital, Moukden, is considered officially the second city of the empire. It has a population of about 250,000, and is the literary and commercial centre of the province. The city is surrounded by a massive wall with eight imposing gateways. The streets are much wider than in southern

China, but not any cleaner. The houses are all of one storey, the people having a strong superstitious prejudice against anything higher, except for temples. "Spirits may dwell in towers but not human beings."

The Moukden Medical Mission having now completed its first decade, it may be of some interest to review the progress which has been made.

On my arrival in Manchuria in the autumn of 1882, I visited Moukden with Rev. Mr Ross, who had already seen good fruit of his labours there, the first convert having been baptized in 1876. Our object was to secure premises in which to live and carry on work. One compound had been bought, but the feeling against the foreigners made it difficult to get a second. We spent the winter in the port of Newchwang, where several hundred patients were seen, the first being *Wang*, the faithful attendant of Rev. W. C. Burns during his last illness.

Removal to Moukden, 1883.

In May, 1883, we removed to Moukden, and property was acquired for a Medical Mission house in the east suburb of the city. During the months while it was building both families had to be crowded into one small house. The contrast now is very marked; our little terrace containing four comfortable dwelling-houses.

The congregation, the first time I saw it, was but small, and met in a humble low-roofed house. Now from two to three hundred worship every Sunday in a large imposing church.

The arrival of a foreign doctor in Moukden, even one who as yet knew but little of the language, caused some stir; and as soon as I was able to see patients, people came in crowds. Not much actual work was done, I fear; for the object of many was merely to see the foreigner. It was often difficult to know whether the disease was real or feigned; and it is questionable how much of the medicine was ever used. After a time the excitement died down, and the numbers diminished rapidly. A small room in Mr Ross's compound was kindly placed at my disposal, and fitted up as a dispensary; it was opened for regular work in June, about thirty patients coming each dispensing day. In three months the numbers increased to sixty or eighty; but it was slow work. The patients were as much taken up with the strange foreigner as with their own symptoms; and their language was still a hindrance. There was no trained assistant, so that I had to make up my own prescriptions. Consulting-room and dispensary were in one; and the waiting-room was so small that preaching was sometimes, during the hot weather, carried on in

the open air. Such were the humble beginnings of our work.

Epidemic.

During the months of August and September, a terrible epidemic of cholera visited the country. Native treatment, which seemed to consist largely in piercing with needles, was worse than useless, and the mortality in Moukden city was very great. Yet this calamity turned out for the good of our work; for great numbers came for medicine, and thus much prejudice was broken down.

Suspicion.

There was still, however, a great deal of suspicion of the foreigner and his drugs. Some said that the missionaries were but the vanguard of an English host who were coming to invade China. Others were convinced that our medicine could change the hearts of those who used it, and compel them to follow the foreigner and believe his doctrine. A Mandarin came one day to have a painful tooth extracted, and so afraid was he of our drugs that he could not be persuaded even to wash out his mouth with the water provided. The old story was soon set afloat, that children's hearts and eyes were taken out and used for concocting drugs, or for photographic purposes. One day during the summer of 1884, a French Catholic priest called on us,

clad in the usual long black robe. He came in a cart, stayed some time in our house, and then returned home. The dispensary was at the time full of patients, so that many knew of his visit. A day or two afterwards crowds gathered outside our gate, and there was considerable excitement. The story believed by all was as follows:—The Catholics and we were very anxious to obtain children's eyes and hearts, and were willing to give large sums of money for them. When the priest called, he brought under his robe a little child. We retired into a dark room, weighed it, removed the eyes and heart, and agreed upon the price. This trade in children had been carried on for some time, and the next day three carts left the city laden with hearts and eyes. Three points of the story were true. A little Mohammedan child was lost, the priest did call on us, and a foreigner, who had been in Moukden, did leave the city with three carts on the day after the visit.

About the same time a mother brought her young daughter for treatment; and while the woman was detailing to me the symptoms, the girl, frightened at the sight of the foreigner, slipped out of the room. When the flow of the mother's eloquence subsided, she looked round, but her daughter was gone! In great excitement she rushed back to the waiting-room, but she was not there. There was then a general search inside and outside the compound, but in vain. The

mother, in the meantime, firmly convinced that we had stolen the girl, became violent, and loudly insisted that she be given up. At last someone suggested that she might have run off to the inn where they were staying. A man was sent to see, and there the little fugitive was, glad to have escaped safely from the awful foreigner. Even when this news was brought, it was with difficulty that we got the terrified woman to leave the compound. Of course this was the last we saw of our patient.

Placards have at times been posted on our gates calling on the populace to drive the intruders out of the country, but nothing ever came of this; and we in Manchuria have but little to complain of, as we have met with a very different reception from that given to missionaries in some parts of China. Those fears and suspicions which were at first entertained have now entirely died out; though now and again something occurs to remind us that the eye is a suspicious member. Only last Spring a little girl came with a very unsightly growth on one eye, which seriously injured her chances of a good marriage. Her mother, who had been in the hospital before, seemed to have great trust in us, and was much interested in Christian truth. As they were anxious to have the growth removed I performed the necessary operation, and afterwards presented the patient with a false eye. The mother was much pleased at first, as it fitted perfectly, and greatly improved the

appearance of the girl. A day or two after leaving us, however, she brought the child back and asked me to take out the eye, making an excuse, and saying she would return for it. This she has never done; and I have no doubt that her friends frightened her out of keeping a foreign eye.

One of our great hindrances from a medical point of view is, that so many of our patients are treated first after native methods, and only come to us when their own doctors say there is no hope. But the proportion of cases brought to us in their early stages has increased year by year, giving conclusive proof of increasing confidence. A rather unwelcome proof of this came to my knowledge lately in the town of Tie-ling. We heard that foreign medicines had been sold on the street by a man supposed to be a church member; and I was much concerned lest there had been dishonesty in the dispensary. On making enquiries through the Elder of the church there, the truth came out. The man was neither member nor enquirer, but he found he could get a readier sale for his sham drugs if he called them foreign, and he learned one of our hymns to convince the people of his connection with us. Each morning, after setting up his little tent on the street, he sang his hymn, and when the crowd gathered he displayed his medicines, guaranteeing them as the genuine foreign article.

Progress.

In the autumn of 1883, we were able to enter our new house, and at the same time the temporary dispensary was removed to a building in our own compound. A young man named *Wei* was engaged as dispenser, another named *Chang* was appointed evangelist, and *Lui Fu* acted as gatekeeper. This man was one of the most faithful agents I ever had, and was valued by all who knew his worth. He died in 1890, when I was on furlough, and I have felt his loss deeply.

One of our early patients in this compound was a middle-aged man, who was led by his little daughter to the dispensary, almost blind. At one time he had occupied a good position as writer in one of the government offices, but, through failure of his sight and opium smoking, had lost his situation. He sank lower and lower, till at this time he, his wife, and three children, were in a state of beggary. Under treatment, his eyes gradually improved; and he always listened attentively to the preaching. One day I overheard him telling another patient, "God has had mercy on me, and has opened my eyes." On returning home, he regained his old situation, and soon his family were once more in a comfortable position. But for nearly twenty years he had been an opium smoker, and he found that this habit was undermining his health.

After trying in vain to give it up without help, he came to us as an in-patient. He is one of the few opium smokers who have proved satisfactory. All along, he seemed sincere in attributing what was done for him to God's mercy. He has never entered the church—a very difficult step for a man in government employ—but he comes to see us when he visits Moukden, and is always ready to own himself a believer in Christ. He is a good scholar, and has read many of our books. In the case of other patients, the obstacles were fewer; and in December of this year (1883) our hearts were cheered by the baptism of two men, the first-fruits of the Moukden Medical Mission.

City Dispensary, 1884.

A year after coming to Moukden, a larger dispensary was opened inside the city, where patients were seen two days each week; the place in our own compound being open daily. Another year had to pass before we were in a position to take in-patients. During this time those on whom operations were performed had to stay in their own homes or in inns near us. One of these was an old Buddhist priest, whose eyes were extensively diseased. His sight improved greatly, and a year later he returned for further treatment. The words he had heard, so different from the religion he had followed for so many years, had made a great

impression on his mind ; and he seemed very anxious to understand more fully the way of life. The double blessing was bestowed ; he left us seeing fairly well, and after a few weeks was baptized, at the age of seventy-three, along with two other patients. Though now nearly eighty-three, and feeble with advancing age, he may still be seen at church every Sunday.

CHAPTER II.

ENCOURAGEMENTS.

Officials.

FROM the beginning of our work we have been fortunate in having a large number of patients and friends among the official class. This is an important matter, as the common people are greatly influenced by the attitude which the mandarins take up regarding us. Within a month after arrival, our first official patient called. A simple operation cured him of a most distressing complaint; and till his death in 1890, he remained our staunch friend. Although a heavy opium-smoker he was always ready to exercise his influence in favour of our work. He was followed by others, many of whom invited me to their homes, where not only the officials themselves, but their wives and children were treated. Since then, we can number among our patients many hundreds of officials, from the Governor of the Province downwards. Special mention should be made of our old friend *Gao Tao-tai*, one of

the most intelligent Chinamen I have met with, and a warm friend to all missionaries. I soon was installed as his family physician, and had constant intercourse with all his household. He not only was ready to listen to Christian truth when explained, but studied the Bible and examined the claims of Christianity for himself; and, although he never made public profession of his faith, we have every reason to believe he died a sincere believer in Christ. But such cases are rare, and direct spiritual work among these officials is difficult. They like to know of our western inventions and science, but few of them care much for any religion, whether ours or their own. We give away books, and put in a word here and there, and some are interested; but the barriers between Chinese official life and the Christian Church seem at present well-nigh insurmountable.

Temporary Hospital.

In the spring of 1885 a small rickety building behind our house was opened as a temporary hospital. Within two months thirty in-patients were admitted, and nineteen eye-operations were performed, two of them for cataract.

First In-Patients.

On the second of May an elderly man, a farmer, living some miles from Moukden, came to the dispensary

to have his eyes treated. The disease was of long standing, and he was almost blind. On his second visit, two days later, he stumbled and fell outside our gate. He was carried into the dispensary, and I found his left leg badly fractured. Our hospital was not yet ready for opening, the *kang* (brick stove-bed) being still damp; but the poor old fellow had no friends in Moukden, so rather against our will we were compelled to admit our first in-patient. After thirty-three days he returned home, his leg cured, his sight partially restored, and with a fair knowledge of the teaching to which he had been listening.

A few days before he left, we admitted our first cataract case. This was a merchant in the city whose right eye had been blind for several years. He had come to us eighteen months before, but, having no place for in-patients, we had done nothing for him. The sight of his left eye was now rapidly failing from the same cause. There was a good deal of interest shown in this case, as, so far as I know, it was the first cataract operated on in Manchuria. It was really done in public; for, the little hospital being very dark, the operating table was drawn out to the open air, and a number of people gathered round. All went well; and when I held up my fingers and the people heard him count them correctly, there was quite a sensation. When he left us eighteen days later, he seemed to

be an earnest enquirer, and several in his store bought Christian books; but somehow he has never gone beyond enquiry. Two years afterwards, the left eye was successfully operated on, and now, with the aid of a pair of foreign spectacles, he sees almost as well as any one. On leaving, he gave a good subscription to the hospital. He still continues to come about us, and says he prays to the Heavenly Father, and believes in Christ; but he shows no desire to acknowledge his faith openly. It is often the case that a man is much interested in our teaching, but cares to go no further. One of these first patients, as a thank-offering, bought a quantity of Christian books for free distribution in his native village, yet he himself has never joined us. Thus the results of our work can only partially be gauged by the number of admissions to the membership of the church, for much Christian knowledge is disseminated even where the church does not visibly gain. In the eight months of 1885 during which our hospital was open there were, however, ten patients baptized. One of these was a skin merchant in the city, who from the first seemed to value more than health the knowledge of Christ he gained while with us. He was a most earnest enquirer, talking with the hospital evangelist by the hour, and telling other patients the good news he himself had so gladly received. Before he left the hospital he was baptized,

and afterwards attended the Sunday services with great faithfulness, though his health was very bad. Two and a half years later, I was asked to go to see him in his own house, as he could not leave the *kang*. I found him lying in a miserable little room behind his shop, and as I entered, about thirty people crowded in after me. He was dying of an incurable disease, and he knew it; but his mind was at rest. As he heard me coming he called out as loudly as his feebleness allowed, "The Lord protect you," a common salutation among members. I drew near, and asked if he had peace. Unhesitatingly, he answered, "Yes, in my heart there is perfect peace." After speaking to him for a little while, and saying a few words to the by-standers, I prayed with him, and turned to go. He took hold of my hand with both his, and bade me farewell, saying, "We shall meet again." He died a few hours afterwards.

At the time of the heavy summer rains one wall of the hospital fell, and it seemed as if the others would follow; but the house was successfully propped up and compelled to give shelter to our sick folk for some time longer, though it was miserably cold in winter.

First Death in the Hospital.

About the middle of September a man came to us who had at one time occupied the much respected

position of school teacher. A number of years before, his eye-sight began to fail, and soon became so bad that he was unable to pursue his calling. Totally blind for four years, he was now led to the dispensary in a state of poverty and despair. Examination revealed cataract in both eyes. He gladly submitted to operation, which was followed with most satisfactory results, and in a few weeks he was able to read without difficulty. He stayed with us for some time, acquired a fair knowledge of Christian truth, and, whether listening to the Gospel or reading our books for himself, was a most intelligent and eager enquirer. Towards the end of November I started on a medico-evangelistic journey, leaving the few in-patients under the charge of my assistant *Uri*. This man was rejoicing over the recovery of his vision, and looking forward to earning an honest livelihood once more ; and he expressed to me his great desire to be baptized. But when I returned home a fortnight later he was dead. A few days after I left he had an attack of inflammation of the lungs ; he was poorly clad, and the room being very cold and draughty the disease developed rapidly. A mounted messenger was sent for me, but I arrived too late ; he had died the day before. This was the first death under our roof ; but we have good hope that death proved to him the gate of Life. After this the hospital was closed for the remainder of the winter.

Brigands, 1886.

Early in 1886 a small band of robbers were creating great depredations among some villages and scattered homesteads in the far east. A company of sixteen soldiers were sent to put them down, but weeks passed before they could even be found. At last some villagers gave information as to where the gang was lodged. When night came the soldiers surrounded the house; but the robbers had the alarm given, and all but one escaped. This one took up his position behind the door, which was very small, admitting only one person at a time. A fine young fellow volunteered to lead the attack, and the door was soon forced; but the robber, a man of enormous strength, was well armed, and made a desperate resistance. The soldier had his sword ready, and gave his opponent a severe wound on the head, which the latter returned by lodging the contents of his pistol, a foreign one, in the intruder's right thigh. But other soldiers now pressed in, the ruffian was overcome, bound, and, after brutal tortures, conveyed to Moukden, where he was executed. A fortnight later a military officer called on me, presenting the card of the Moukden *Tao-tai*, and asking if I would do his Excellency the favour of treating the wounded soldier. When the man was admitted, I found that his health had suffered considerably from the knocking about which he had received in travelling.

The injured leg was much swollen, and suppuration had set in. After two days rest, good food, and proper dressing of the wound, the inflammation somewhat subsided, and the situation of the bullet was detected. The *Tao-tai*, interested in the case, sent an officer to witness the extraction, an operation which native doctors could never attempt. The bullet was removed without difficulty, and the officer took it away with him to present to his General (General Tso). The patient made a rapid recovery, and left us after a month able to walk as well as ever. The Governor-General sent him a present of twenty taels (£5), and other mandarins followed suit. After leaving us he was decorated with a "White Button" as a reward for his gallant action. He was a Mohammedan, and showed little interest in our teaching; but his case was of great use in making our work known, and disarming suspicion, especially among soldiers and military mandarins. General Tso,*

* General Tso was killed at the battle of Ping Yang, September 15th, 1894. Dr Christie writes thus of his death: "To us it is the loss of a personal friend. I have known General Tso for over ten years, and he always shewed himself well worthy of the respect in which he was held by all classes. The poor will miss him this winter, for his soup-kitchens were the salvation of many a starving family. The orphans will miss him, for a Foundling Hospital was established and chiefly supported by him. At the time of the floods in 1888, I saw him with his own hands distributing food to the famishing. Though a strict Mohammedan, he was always friendly to our Christian religion, especially in its benevolent aspect. Only a few months ago, he presented a handsome Tablet and subscription to our hospital. He was a brave general, a strict disciplinarian, and a terror to law-breakers. He will be missed by all Moukden, and by none more than the missionaries."



General Tso.

the Commander of the Chinese forces in Manchuria, has been our good friend ever since.

Blind Chang.

A few weeks later, a poor ragged blind man found his way to our gate, and begged for admission to the hospital. As we were already over-filled, having seventeen in-patients in our small house, and as but little could be done for his eyes, we at first refused. But when he told his story,—how he had come from a village near *Mai-mai-gai*, over a hundred miles away, how he had been attacked by the way and robbed of one hundred *tiaos* (£2 10/) which he had saved for his expenses in Moukden, and how he had no money to pay for a lodging,—we felt that room must be made for him. We have great reason to be thankful that this man was not turned away, for he was no other than “Blind Ch’ang of Tai-ping-gow,” whose name is well known, both in Manchuria and in our church at home. Never had we a patient who received the Gospel with such joy, and the rapidity with which he grasped the leading truths of Christianity was remarkable. After a month, his sight being somewhat improved, and another complaint from which he suffered cured, he returned home, but without baptism, as we wished to test his character and sincerity. He had been well known in his own village as a gambler and everything that was bad, so

that on his return people laughed at his new religion. "It is all very well for him to reform," they said, "for he cannot gamble without eyes!" But nothing could shake his faith in Christ, and soon it became evident that it was no passing fancy, but that a lasting change had been produced in his life. In fulfilment of a promise made to him in Moukden, Rev. Mr Webster visited his home, *Tai-ping-gow*, in October. Instead of finding one poor blind man to baptize, there was quite a company of believers and enquirers; and the visible church in that neighbourhood was founded by the baptism of *nine*. There have been great advances since then, and the church in *Mai-mai-gai*, *Tai-ping-gow*, and the villages round, now numbers two hundred. Many of these have never seen the blind man, but well might one of them say, "Had *Cháng-shun* never been blind there might have been no Christians here yet." He has many faults, but his zeal has never grown cold, and as an evangelist for breaking new ground there is not his superior. He is now in a valley in the far east, a hundred miles from *Tai-ping-gow*, where thirty have been brought in through his preaching, and many more are enquiring. He receives no salary, but his flock there support him. He lives in each house in turn, and when he needs new clothes the women make them for him. When we first saw him he was but thirty-seven years of age, so that

we may hope that he will witness for Christ for many years to come.

Wreck of the Hospital.

When the heavy rains came round once more, our hospital, which in the former summer had caused much apprehension, fell and became a total wreck. For two months we had no accommodation at all for in-patients, and then we succeeded in renting for a year a compound to the east of our dwelling-house. The buildings were not very suitable, but were much better than the one which had collapsed.

Interesting Case.

There was in Moukden at this time a merchant who had suffered since childhood from a very painful disease. For two years he had not had a night's rest, sleeping only by snatches. He was thirty-eight years of age, but the constant pain was ageing him before his time. A year before this, he had consulted me, but when I explained to him the nature of the operation which was the only means of saving his life, he refused to submit to it. He then returned to the native doctors, of whom, he told me, he had consulted about a hundred, besides several witches; but their treatment only added to his suffering. He was one of those who hated the foreigner, and lost no opportunity of reviling

us. But at last, as his only chance for life, he resolved to submit to our treatment. He came in November, 1886, weak, emaciated, excitable, and worn out with prolonged pain and sleeplessness. It was an anxious case for us. He was well-known among merchants, a class who looked with great disfavour on our presence here; and the operation, if successful, might do much to break down their prejudices. Failure, on the other hand, might have serious consequences in raising evil reports against us. The operation, however, was successful, and the patient recovered without a bad symptom. A few weeks after returning home he sent a subscription to the hospital, and put up a handsome tablet as an expression of gratitude.

Happily, his interest did not end there. He continued to enquire into our religion and study our books, and about three years later was admitted into the church. Unfortunately, though he himself was a sincere Christian, he had a very great hindrance in his wife. She had no sympathy with religion of any kind, and always bore her husband a grudge for becoming a Christian, so much so, that she put every obstacle in the way of his attendance at the Sunday services, and prevented their children from receiving Christian instruction. We never suspected this, for she came to the dispensary quite readily, and appeared exceedingly friendly. Years passed on, until in

spring (1893) he had a serious attack of pleurisy. The weather was extremely cold, so although he wished to be removed to the hospital, I thought it better to leave him in his own home which was fairly comfortable. His wife had always seemed a very capable person. Minute instructions as to treatment were given, and one of my assistants visited him several times daily. But the progress of his malady was most incomprehensible. One day he would improve so rapidly that we thought him out of danger; next day he would be worse than ever. More than once he begged me with tears in his eyes to take him to the hospital, saying that he knew he would get well there, but that at home he would certainly die. With a temperature, however, little above zero, I dare not risk taking him into the open air. Had I known then what we found out afterwards, the removal would certainly have been ventured as his only chance. All the time that we were doing our utmost for him, his wife was secretly consulting native doctors; and the alternations of medicines accounted for the strange rapid improvements and sudden relapses. The whole circumstances are very suspicious, and point to a desire on the woman's part for his death. For several nights I had sent a man to sit up with him and administer the medicines; and we were hoping that the worst was past. Then one evening my man was sent home, the wife insisting

that she would do all that was wanted. Next morning, he was worse. I went to see him in the afternoon, and found her, certainly administering the contents of our medicine bottles, but they only contained water, the medicines having been poured out. It was now too late to save him. He knew he was dying, and spoke to me in whispers of Christ and the Home to which he was going, and, after prayer, I left him. Just before the end he sent for me, as he had something special to say. But when I arrived I found that the usual wailing had already begun, for he was dead. He was buried with great pomp as a heathen, but we know that he himself is with Christ.

Amputation.

In accounts of Medicinal Mission work all over China, it may be noticed that there is a small number of amputations. This is by no means because diseased limbs are uncommon, for hardly a week passes without such cases coming under our notice. But many a Chinaman would rather die than lose a leg or an arm: when laid in his coffin he must be complete, fearing he hardly knows what in the dim unknown if any part of him be amissing. Another reason is the want of confidence in any doctor's verdict, and the lingering hope that, after all, the painful member may yet get better without any knife. This hope is less unreasonable

than one would at first think, for the Chinese have wonderful recuperative powers. The longer I am in China, the longer time of probation I allow before pronouncing the terrible word, *amputation*.

About the same time as the last mentioned patient was with us, a young fellow of twenty came, whose elbow joint had been extensively diseased for five years, and was now getting rapidly worse. I proposed to excise the joint, or if necessary take off the arm, but to this he would not submit. He stayed with us two months, but in spite of careful treatment was little improved; and when he left us it was with the promise to return in Spring for whatever operation I thought necessary. He took with him, however, materials for proper treatment of the diseased part, and it began to get gradually better. A few months later he came for more medicines, and to our surprise his arm was in a fair way to recovery. In a few months more the cure was complete, though the joint remained somewhat stiff. He was of a very bright happy disposition, and a great favourite in the hospital. Before long he too applied for baptism, and in his village home has been the means of leading many into the Church.

Our first major amputation was performed in the Summer of 1887. Three months before, while the patient was carting stones from the hills, a large stone fell out of the cart, coming with great violence against

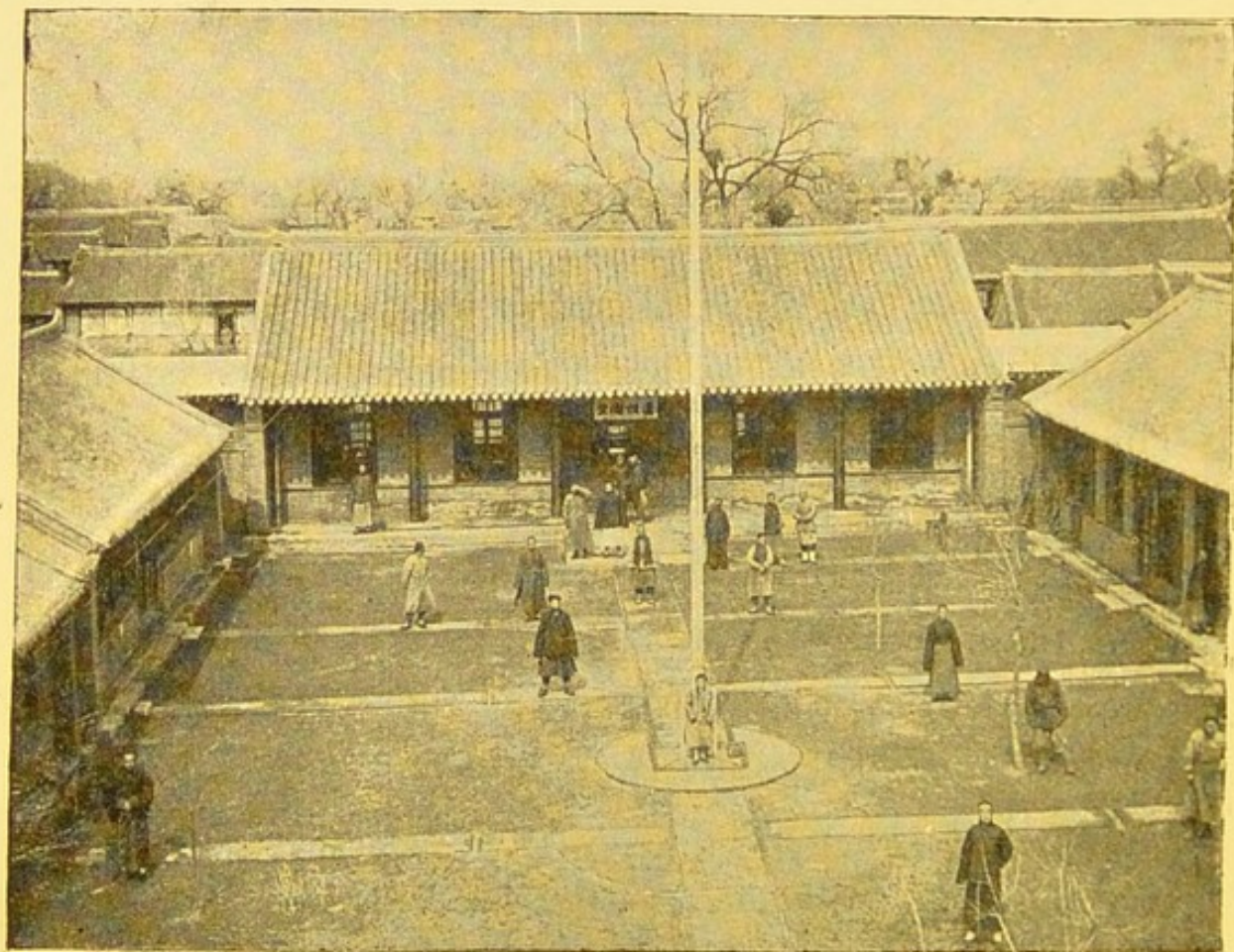
his arm, shattering it, and knocking him down so that the wheel passed over his foot. He was carried home and a native doctor sent for, who, without attempting to replace the bones, applied to the arm the universally-used black plaster, and told him not to move it. After a week it was noticed that the fingers were getting black, and on removing the plaster the whole forearm was found to be dead or dying. Since then matters had grown steadily worse, and now, after three months suffering, doctors and friends had given up all hope of recovery, and the patient was carried to the dispensary in a dying condition. He was much emaciated, in pain with bed sores, and so weak that he could hardly speak. One end of the fractured bone was protruding for more than an inch, and a splint of millet-stalk, which had been used as a support for the arm, had got imbedded in the tissues, so that the least movement caused severe pain and bleeding. The smell from the putrefying arm was most trying to the patient and all about him, and his foot too was very painful. He and his friends were anxious for amputation as his only hope. He was already dying, and if we could not cure him it would at all events be an easy way to get quit of life. After a few days the operation was performed. His heart was so feeble that for some time we feared he would not rally from the chloroform. He came round, however, and from that day steadily gained strength. After four

months he was dismissed cured, and he presented the hospital with ten taels (about £2 10/). Since then there have been many patients from his village.

CHAPTER III.

THE NEW HOSPITAL.

FOR some months we had been making strenuous efforts to get a suitable compound for a permanent hospital and dispensary, but this was no easy matter. Time after time we seemed about to succeed, but the desired property slipped from our grasp. At last, in June, 1887, a friendly Mandarin, whose house was not more than a hundred yards east of ours, received an appointment to another province, and consented to sell us his compound. The site was in every way suitable, sheltered to the north, and with a fine open out-look to the south. We utilized the existing buildings for the hospital, and erected an entirely new dispensary. All summer the work of building was carried on vigorously. The temporary hospital was closed in September, and in November the new premises were completed. The Mission Board of our church had supported us liberally in this matter. "The Children's New Year Offering" for 1886 was devoted to the building fund, and everything was sanctioned which



The New Hospital.

could make our equipment complete. We were generously helped also by friends unconnected with our church in the Port of Newchwang and elsewhere. On the 10th November, a number of official friends assembled, and the new premises were formally opened by His Excellency *Feng Hsiu*, President of the Board of War. All the missionaries in Manchuria were also present. In the afternoon there was a large gathering of members and former patients, who united in expressions of good wishes for the future of the work.

Our Medical Mission thus entered on a new stage of development. Hitherto the work had been seriously hampered by want of sufficient accommodation, but now we were fully equipped for in and out-door work. The waiting-room could hold about 150, and the hospital could accommodate fifty men and fifteen women. God's blessing has followed us in our comfortable wards, as formerly in our more humble quarters.

One of those brought to a knowledge of Christ during that winter was a lad of twenty-one, whose leg was diseased. He very quickly became interested in the doctrine, grasped the truth with remarkable intelligence, and soon began to tell others of God's mercy. Often did I find him pleading earnestly with the patients round him, to forsake idols and believe in the true Saviour. He was with us for several months, and his

leg, which was operated on, improved steadily. But in his joy at being able to walk once more, he left his room one day and wandered out to the compound when a cold wind was blowing. The result was an attack of acute inflammation of the lungs, from which he sank rapidly. He was anxious for baptism, so the rite was administered one afternoon in the presence of other patients and the assistants. We then gathered round him, and sang at his request, "There is a happy land, far, far away." That evening as I was passing through the ward I heard his feeble voice calling me in a whisper: "Tai-fu," * he said, "there is only one thing more I want. I want Jesus to come quickly and take me to Himself." His wish was granted. In the stillness of the night-time the Master called him home.

Floods.

During the summer of 1888 there was an unusual amount of rain in the mountains to the east where our rivers rise. In Moukden, on the other hand, there was drought; but this was followed by an almost incessant downpour during the former half of August. Dark rumours began to be circulated of floods among the hills, and men shook their heads as the water steadily rose in the *Hun river*, which flows past Moukden about two miles to the east and south. A few hundred

* Title given to Medical Missionaries.

yards to the east of our dwelling houses, and just outside the outer wall of the city, are a large number of springs. These form the "small river" which flows past our doors about twelve feet below the terrace on which our houses are built. It was feared that the big river might overflow, and the surplus waters find a way for themselves down the small river; and these fears were realized. On the evening of the 13th of August a large volume of water from the hills came rushing down the valley of *Hun*, carrying destruction with it. Village after village was swept away, and in some no one was left to tell the tale. From one village the only survivor was a woman, who was carried down ten miles supported by a piece of wood under her arms. One of my present students was then a boy in his father's home in a small hamlet about fifteen miles up the river. He says the water rose rapidly and with terrible force, so that there was no time to escape to higher ground. House after house came down, and the inmates gathered on the fallen walls. They had little hope of life, but clung to the ruins with the energy of despair. For a whole night and a day they stood there without food, the water reaching the waist and armpits; and when at last the flood subsided, eleven were missing from that one small hamlet. This is but an example of what happened in many a village all over the wide plain.

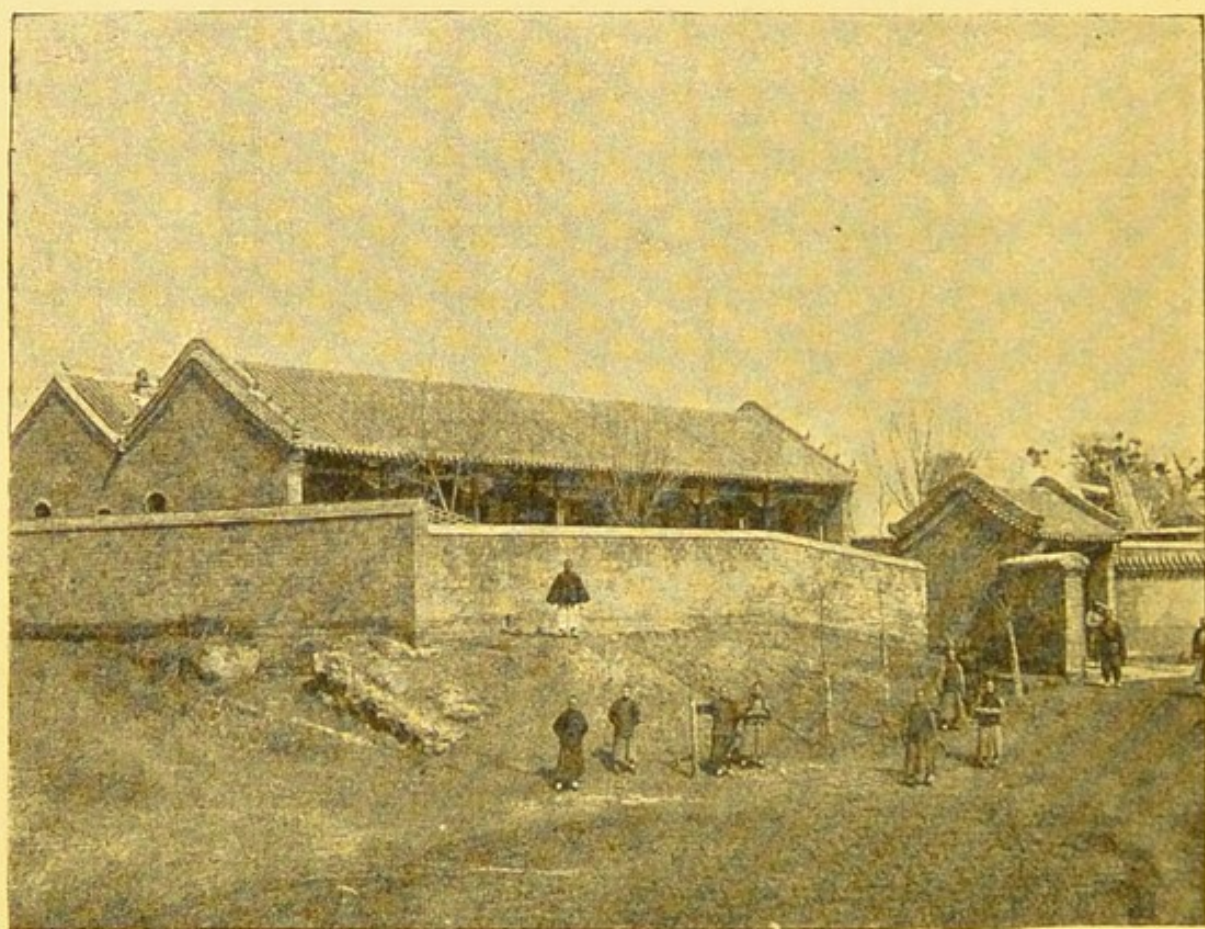
Meantime the torrent had swept onward until, at a point about two miles east of Moukden, where stands a large woodyard, the banks of the *Hun* gradually gave way. The greater mass of water left the course of the river, and poured down in the direction of the small river, submerging miles of low-lying, closely populated country. About eight o'clock, on the morning of the 14th, the water in the small river began to rise with extraordinary rapidity, reaching in about three hours a height of fifteen feet. The quiet slow water below our gates was turned into a deep foaming torrent; and beyond that stretched a great angry sea, out of which here and there stood clumps of trees with men and women clinging to the branches. Logs from the woodyard, bundles of millet-stalk, trees torn up by the roots, tables, chairs, and all kinds of household utensils were swept past. Then came horses, mules, cows, dogs; some already drowned, others struggling for life; followed by human beings clinging to floating pieces of wreckage, or huddled together on hastily constructed rafts. It was impossible for us to render much assistance, but we did what we could, and more than one life was saved. Our mission terrace was transformed into an island. At our own gate the water was several feet deep. The eastern wall of our compound and part of the gate-house were swept away. All the mission compounds were submerged, and water was in two of the houses. About

4 p.m. the highest point was reached, about sixteen feet above the usual level of the small river, and in the evening the water began slowly to subside.

It is hardly possible to estimate the loss of life caused by this flood. Some villages were wiped out entirely, others lost a considerable portion of their inhabitants. In Moukden a large part of the suburbs was under water, and hundreds were said to be drowned. The loss of property was still greater, very many persons being permanently reduced from a state of easy comfort to extreme poverty. All over Manchuria the rivers were flooded more or less, and the crops in great measure destroyed; so that the distress was very wide spread.

As a consequence of the flood, a fever epidemic visited Moukden. The hospital was full of patients at the time, and several were infected. Among the women-patients was a Mohammedan, blind from cataract. I operated, and great was her joy to see the light of day after eight years' darkness. Next day she was down with fever; and shortly afterwards I too was taken ill, and after some weeks was ordered home on furlough.

The immediate effects of the flood, however, were not the most disastrous; only when the severe cold of winter set in was the misery of the great mass of the population realized. The harvest had been destroyed in vast regions of rich grain country, and famine followed with its attendant famine-fever. The distress



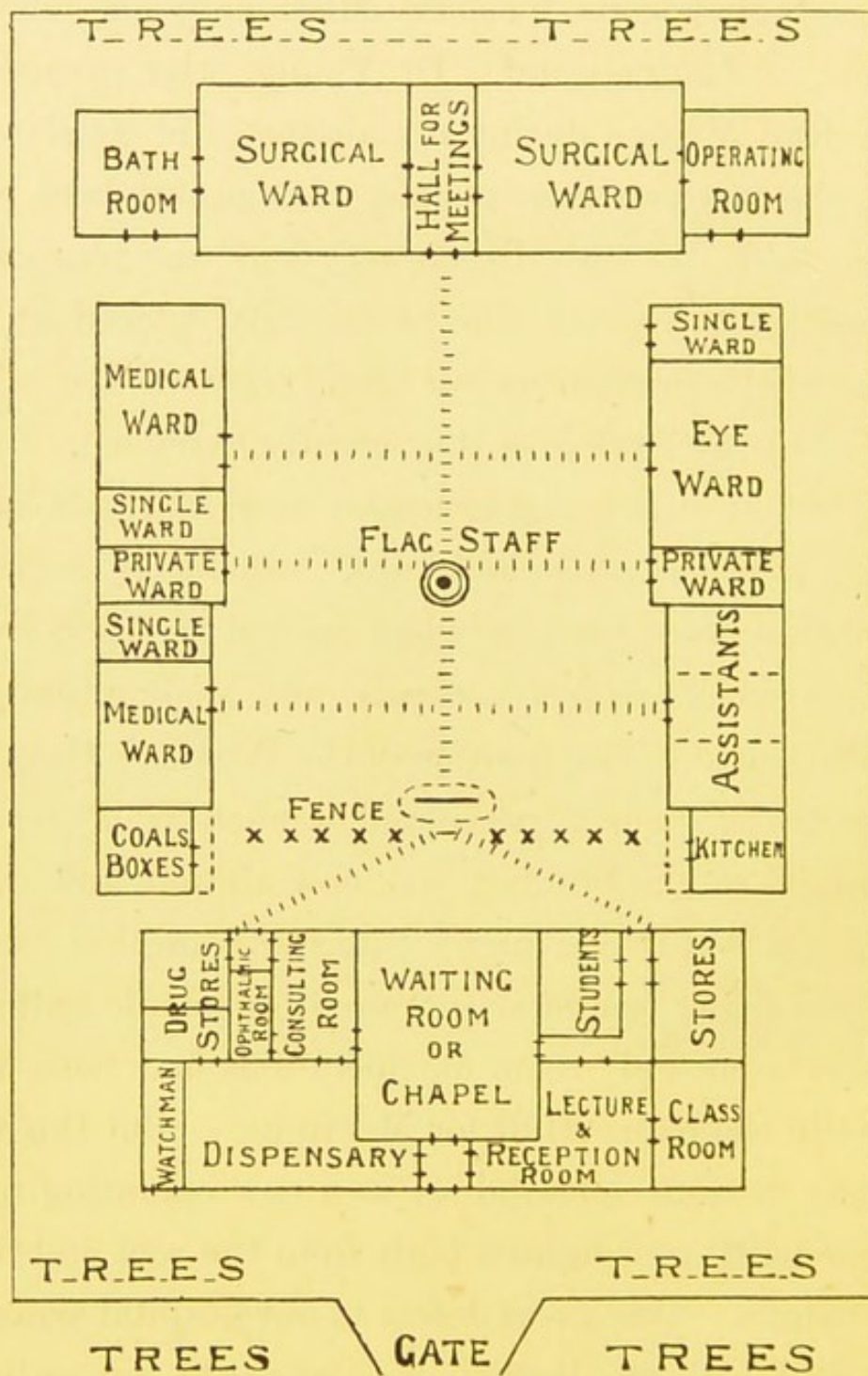
Dispensary, Side View.

was beyond description. One good, however, resulted from this evil: many people found out that the foreigners were their friends, for every Missionary was busy in the work of famine relief. Dr Young, who carried on the Medical Mission during my absence, did good work among the fever-stricken people. Large numbers were treated, both in the dispensary and in temporary premises at the other side of the city, placed at the disposal of the mission by our friend *General Tso*. The influence of the work was thus greatly extended.

In 1892 it was found necessary to close the hospital for six months. Its buildings, which, it will be remembered, were not new when opened in 1888, were now in need of extensive repair, and some alterations were also made. The position of the Women's Hospital, so near to the men's, prevented women from readily entering it; so the building was now altered, and made to form part of the men's quarter, another small compound being temporarily rented for female patients.

Hitherto our only room for operations had been that marked in the plan "Hall for Meetings." But this was, for many reasons, unsuitable; so a new operating-room was now built, well lighted both from the roof and from side-windows. One great defect in our hospital arrangements had hitherto baffled us,—we could not entirely prevent the *Kangs* from smoking. As this is specially harmful to eye-patients, we decided to remove the

PLAN OF HOSPITAL.



Kangs from the eye-ward and substitute iron beds, heating the room in winter by a stove. This experiment had been a signal success both in summer and winter ; so much so that we were anxious to place beds in two other of our large wards.

Progress, 1893.

We now find patients much readier to enter the hospital than they were in the early days of our work. We of course take care never to press any one to stay with us ; but indeed this is not necessary. Another consequence of the change in the attitude of the people is, that we can do many things now which would have been very unwise at first. In the early years a death after an operation would have been most injurious to our work, and I was always unwilling to take in patients for whom there was little hope of life. Two of the three patients who died under our roof in 1893 would probably have been refused admittance seven or eight years ago. But now our cause is rather furthered than hindered by receiving such cases. When a poor penniless wretch, broken down by incurable disease, is taken into our comfortable wards, clothed, fed, and cared for, his sufferings alleviated, his sores dressed, his last days made happy by the consolations of the Gospel,—the heathen who see and hear of it learn practically what is meant by the religion of Christ.

Professional Etiquette.

But though we have so many proofs of the confidence placed in us, we are by no means without disappointments and vexations. "Professional Etiquette" is unknown in China. When one doctor's medicine fails to cure within a few days, another is called without the first being even informed; and it is quite common to use the medicine of two doctors at once, in the hope that if one does not cure the other may. Even some who have manifestly benefited by our treatment, turn to their own doctors with aggravating readiness. In the spring of this year I was asked to visit the Lieutenant-Governor of the province, who was suffering from an attack of acute rheumatism. I found him lying in agony on his *Kang*, the least movement causing intense pain. Native treatment had produced no effect, and he was convinced that he was dying. As this man was strongly anti-foreign, and had only sent for me as a last resource, it was fortunate that his malady was one which readily yielded to treatment. I assured him that if he would take our medicine, he would very soon be relieved. Two days later I called again, and he met me at the door walking without assistance. The cure was certainly marvellously rapid, and his household looked upon it as little short of a miracle. After a few days we heard that a native doctor had been called in again, and was taking to himself the whole credit of the

cure. Some months afterwards, however, this patient called on me in state, and was exceedingly friendly, but neither he nor I referred to his illness.

Troublesome Patients.

Sometimes even the readiness of a patient to trust us absolutely, causes trouble; as when a man has such faith in our medicine as to swallow the prescription along with the pill. On one occasion I put a clinical thermometer into a man's mouth to take his temperature, and before I could stop him he had crunched it to powder and was proceeding to swallow it. We are often hindered, too, by the extreme stupidity of our patients, especially women. Last year a woman came to us suffering from hip-joint disease, and after operation her leg was put in splints. She at once began to complain of the discomfort, and cried herself ill, so that the splints had to be removed. She then promised to lie quite flat and straight; but after a few hours she was found sitting up with her leg bent. Some days later, she was seized with dysentery, and a small piece of the rind of a coarse kind of melon was found among her bed-clothes. A friend had smuggled it in, and she had eaten it all, even the rind. She was once more beginning to improve, when she began to cry to go home. She was tired of our strictness in diet, and saw no connection between food and her disease. "I am going home to

eat as much fruit as I like," she said. "If I don't die I'll come back to have my leg cured; if I die, there's an end of it." She went home, and died in four days.

Gratitude of Patients.

As a rule, however, our patients thoroughly appreciate what is done for them, and manifest much gratitude. They are accustomed to such exorbitant charges by their own doctors that our "free healing" seems wonderful to them. A young man with a large tumour was carried to the hospital one day in a basket. A native doctor had undertaken to cure him for 24 *tiaos* (12/), 10 of which were paid on the spot; but his treatment only aggravated the disease. He had not been long with us when he was on the fair way to recovery, and then the native doctor put in his claim for the remaining 14 *tiaos*, because he was cured.

Our only charge is a small one for food, just enough to cover its purchase, and even this we often provide for the utterly destitute. We receive, however, more money as thank-offerings from patients than we could by charging a registration fee. One time-honoured Chinese custom is to present a *tablet*, which is hung in some conspicuous position in or outside the building. Of these we have already more than we need, and our friends are not encouraged to add to the number. Our subscription book is shown to all well-to-do patients and

visitors, and we are gradually accustoming them to the idea that we prefer money for the hospital rather than useless presents.

Of course some take advantage of us, and give nothing when they could well afford it. About thirty miles away lives a prosperous inn-keeper, who was blind from cataract. This year both eyes have been operated on, and his sight is now very good. He is an old man and rather deaf. But it was remarkable how his deafness increased when the subject of religion was introduced; and he was deafest of all when my assistant explained to him that he ought to show his gratitude in a more practical way than words, and subscribe to pay for the keep of some who were not so well off as he. As he was too deaf to hear a word of this, the subscription book was brought, and he was made to use his newly found sight in examining it. After this he could refuse no longer, and put his name down for fifty *tiaos*, 25/—which has not been paid yet. But to all teaching he remains obdurate. Passing through his village some time afterwards, I stayed at his inn, and he was loud in his praises of what I had done for him. “Do not thank me,” I said, “thank God. It is by His mercy you see.” “No, no! not at all! It is all the doctor’s skill!” he protested. This is fortunately an exceptional case.

We are convinced that medical fees would greatly lessen the influence of our work as a benevolent agency.

However small the charge, the Chinese would regard us as merchants, and it would be difficult to convince them that we were not making a profit. As it is, subscriptions are increasing. Twenty *taels* (£5) were on one occasion sent by an official, but the servant to whom he entrusted it absconded, and has never been seen since. When His Excellency heard of it he laughed heartily, and sent twenty *taels* more. The same sum has been given several times by others. The poor, too, often give a little, the smallest sum we have received being 500 *cash* (about 3d.).

CHAPTER IV.

EVANGELISTIC WORK.

IT is difficult to speak separately of our Evangelistic Department, for it forms an integral part of every branch of our work. All our assistants and students are Christian, and by word and example do much in commending the Gospel to others. The day's work is begun by having worship with the in-patients, after which we go round the hospital wards. The out-patients begin to gather at an early hour, especially in summer, and preaching goes on all forenoon in the waiting-room. Some who have time at their disposal remain to hear more, after being examined and prescribed for. Much of what is said there is but seed by the wayside; but now and again there is a little good ground too, and a man who has begun to listen because he had nothing better to do while waiting, goes on to enquire because the "words are good." And on the hearts of many who go their way apparently untouched, an impression is made, so that when, perhaps years afterwards, the

Gospel once more comes near to them, they receive it with gladness. Some buy books and tracts, and these find their way to distant homes where a missionary has never been seen.

In the hospital more satisfactory religious work is done. Besides the morning worship there is a service every afternoon when an address is given. Attendance at these meetings is purely optional, but the majority of the patients come gladly, the hymn-singing being a great attraction. The most important part of all our definitely spiritual work, however, is conversation with the patients individually; for in this way we get near to them, are able to meet their difficulties, and bring the truth home to them. Our patients are usually with us for weeks, sometimes months; and when we have room we encourage enquirers to stay with us as long as they can.

One great change has taken place in our methods of work since the early days. Patients used frequently to be baptized from the hospital or dispensary, so that we could reckon in numbers the additions to the church which were the direct fruit of our work. During the first four and a half years, fifty-four patients were baptized, but after that a new arrangement was made. The church had greatly extended, persecution of its members had in large measure died out, and it was feared that some might seek to enter it without

realizing what this implied. So it was agreed that, unless under exceptional circumstances, no man should be baptized until he had passed through three months' probation, after expressing his desire for the rite. Thus our patients are not baptized as hospital converts, but each man in his own home enters the church like any other enquirer; and it is impossible to have any idea of the numbers brought in through the medical mission. Many villages are represented on our register. Last year there were over 300, some of them very many miles from Moukden. A list is kept of those who seem interested, and every now and then the evangelist spends a few weeks in visiting these people in their homes, and bringing them into contact with the nearest congregation. We are thus unable to say much about fruit gathered in recently, but the spiritual influence of the work is far greater than in the early days. Many of the patients of former years have been baptized within the past few years, and we hope that the enquirers of the present will make the converts of the future. We are chary of being over-confident of any man whom time has not proved. Sometimes those of whom we are very hopeful fall back sadly, while others who seem in no way remarkable become centres of Christian influence.

Work by Converts.

In the autumn of 1886, a young man from a village near *Tie-ling* came to us to be cured of the opium habit. He was but twenty-five, but had smoked for five years "for pleasure," he said; and now the pleasure had become a very inconvenient one. He seemed very determined to give it up, and also became an earnest enquirer. When he went home, he continued to read our books and frequented the chapel in *Tie-ling*, where, in the following spring, he was baptized. Shortly before his baptism, two brothers, relatives of his, came down to Moukden, also, to be treated for opium smoking. They were middle-aged men; one had smoked for twenty years, the other seemed in bad health; and, altogether, they were not nearly such promising cases as their young friend. They had heard the gospel from him, and learned as much as they could while with us. A few months later they, too, were admitted into the church in *Tie-ling*. Time passed on. One by one their friends and neighbours became Christians too, till now, out of that village of about 100 souls, thirty are members, and only *one* family keeps up any form of idol worship. It has practically become a Christian village. But the young man who was the beginning of it all has fallen back sadly. For several years he did well, studied faithfully,

and was taken on as an evangelist. He was a favourite with every one, but, unfortunately, was too easily led. Opium once more gained its hold over him; deceit, lying, and other evils followed in its train, and he had to be dismissed from the service of the church. The two brothers who had followed him into the faith have stood firm, and proved the mainstay of the little congregation in that valley. One of them went about selling tracts and preaching on his own account, and was instrumental in rousing a great number of the inhabitants of a large neighbouring valley to turn from idols to seek the living and true God.

Tie-ling.

The only out-station in which we have a dispensary is *Tie-ling*, a large and growing town about fifty miles north of Moukden. I visited it first towards the end of 1885, when mission work was just beginning there, and treated a large number of patients. This visit did much to remove the anti-foreign feeling which had been strongly manifested. In 1891, Dr Young opened a dispensary there, and visited it once a month to see patients. The subsequent success of the Mission in *Tie-ling* is largely owing to his work. These visits are still continued as frequently as possible; but, with our present staff, the work in Moukden needs all our strength, and prevents us giving full justice to *Tie-ling*.

During the year 1893, 2,237 men and 1,208 women were seen there and prescribed for.

Itinerating.

To the work of itinerating, also, I have been compelled to give less time than I would wish. My last medico-evangelistic journey, in the spring of 1893, strengthened my conviction as to the importance of this department. Along with one of my dispensers I saw patients on four days in three large towns. In that time 680 cases were treated, and several hundred disappointed people had to return as they came, because our medicines were exhausted. It is true that this work is not very satisfactory either from a medical or an evangelistic point of view, as the patients are, for the most part, seen only once. Many, however, are relieved and some cured, prejudices are broken down, a friendly feeling is produced, and thus the way is opened up for the Gospel.

*Assistants.**

One of the greatest difficulties experienced in carrying on medical missionary work in China is that of finding suitable assistants. Our standard must necessarily be high as to previous education, personal character, and Christian knowledge. But our church

* See *Frontispiece*.

contains few educated men, and still fewer who can afford or are willing to receive for years only a student's allowance. Then, when we do find a man who seems to be what we desire, there is great danger of the very training we give proving a snare to him. *As soon as he has learned a little of the healing art, he is tempted to leave us, set up for himself, and try to make a profitable business. We have learned, by somewhat bitter experience, the need of the utmost carefulness as to what men we employ.

The first man I engaged was *Hung Sze Kuei*, who acted as my personal teacher. He had been left an orphan in a country village, had come to Moukden to push his fortune, and was making a miserable pittance by picture-drawing. He was one of the early members, baptized at the beginning of 1879 at the age of thirty-one, but was still in the utmost poverty when, nearly four years later, he was employed by us. As soon as we opened the dispensary he began to assist me, and afterwards became head-dispenser.

Mr Wei.

Shortly before *Hung* entered the church, a man of a very different stamp had been baptized of the name of *Wei-Hsiao-Ta*. His family was well to do; he had received a good education, and was employed in a large drug-shop in Moukden. From boyhood his mind had

a religious bent, and at one time he wished to become a Buddhist priest; but now Christianity satisfied all his aspirations. Those in authority in his shop, however, did not approve of his new ideas, and when he one day refused to sacrifice to the god of medicine as he was ordered, he was summarily dismissed. In the autumn of 1883, when at the age of twenty-five, I engaged him as my assistant, and for the next four years he and *Hung* were my only medical helpers. I taught them what I could, and they succeeded in picking up a good deal, especially *Mr Wei*.

When our new hospital was opened in 1887, it was necessary to have additional help, and I took in four young men as students. Unfortunately, only one of these was a Christian, as it was impossible to find suitable men in the membership. This did not prove a very successful experiment. Within a year we parted with two of them; and the remaining two, both by this time members, after having much time and trouble expended on them, have had to be dismissed; one for opium-smoking, the other for dishonesty. *Hung*, too, has caused great disappointment. He had been with us ten years, and much had been done for him; but he left us a few months ago in a way not very creditable to his Christian profession. Indulgence in the use of alcohol was in great measure to blame for this; and now, in the desire to make more than the salary we were able to

give him, he is proclaiming himself as fully qualified to practise the western method of healing.

Mr Wei, on the other hand, becomes month by month of more use to me; and the work could not well be carried on without his assistance. In later years, when the teaching has been more systematic, no one has shown more interest in it than he; and he has now acquired a very fair knowledge both of medicine and surgery. He is able to examine and prescribe for a considerable portion of the out-door patients; and he performs minor operations very satisfactorily. He thus relieves me of a large part of the work, and I have never had reason to regret the confidence I have placed in him.

Medical Students.

In the autumn of 1891 I made it known that I was prepared to receive the names of Christian young men who were willing to devote themselves to the work of medical-evangelists. Within a few months a number applied, out of whom fourteen were selected as fit for examination on their own classics and Christian knowledge. Six of these were enrolled as students, and agreed to undergo a course of five years' study. With so much other work depending on me, it is impossible to devote so much time as could be desired to the training of these young men. During their first spring

and summer they were taught pharmacy and dispensing; and at the end of the session they passed a creditable examination. The following winter I lectured on Anatomy and Chemistry; last summer on the eye and its diseases; and this winter our principal subject is Physiology. Besides this, they receive regular instruction in chemical medicine and surgery; they dispense all the medicine to the out-patients; and each has charge of a ward where he does all the work of dressing, and a good deal of what is done by nurses in our home infirmaries. On the whole, the young men now under training have given great satisfaction, and promise to become useful workers in the Master's vineyard.

CHAPTER V.

WOMEN'S WORK.

IN many parts of China it seems to be very difficult for a medical missionary to reach the female population; but this is not so in Moukden, nor in the towns and villages round. From the very first about a quarter of our patients were women, and these seemed to be very little reluctant about consulting a male doctor, especially when they found his wife with him. The principal barrier here is not sex but nationality; and the women, being far more ignorant than their husbands, retain their prejudices and superstitions longer. But with the gradual diminution of suspicion of the foreigner, the number of our female patients has increased, and now forms more than *a third* of the whole. For the first four years of our work we had no way of treating women except as out-patients, but several of these were led into the church through what they heard in the waiting-room.

Our dispensary was frequently visited by an old woman of sixty, broken down with chronic rheumatism and other complaints. She came at first for her bodily

ailments, but continued to attend regularly to listen to the preaching, and in October 1884 she was baptized. She was never a very intelligent woman, and seems now to be in her dotage; but almost every Sunday, leaning on her big stick, she makes her way to the church. She was asked one day how much she understood of the service. "*I can't understand,*" she said, as if that was far too much to expect of her, "*I just understand 'Jesus loves me,'*" referring to the well known hymn which had just been sung.

Another frequent attender at the dispensary was a girl of fourteen, who was greatly interested in the preaching, and soon made up her mind that she would be Jesus' disciple. In September 1885 she was examined for baptism; but she got so excited when questioned, that she answered wildly, and it was thought better to delay until she should be a little older. The poor child was greatly disappointed, and went home crying bitterly. A month later she begged to be examined again, and was found to have grown wonderfully in knowledge. She seemed a sincere believer in Christ, so she was baptized without further delay. After this she spent a few years in the Members' Girls' School, and was one of the most intelligent pupils. She is now a wife and mother in a Christian home.

We, of course, felt greatly the want of a place for female in-patients; so when our new premises were

arranged, a part of the compound was set aside for women, and opened for their use in the spring of 1888. By walling it off completely from the rest of the hospital, and putting its only entrance in front towards the dispensary, we thought it was sufficiently like a separate compound to allow of women coming to stay there. We had not opened it many months before we found our mistake; for women were reluctant to enter it, except those of the poorest classes. One of those we received during the first summer was a girl of seventeen from the neighbourhood of *Kai-yuen*. She was much impressed with what she heard, but she returned home and we heard no more about her. With women even more frequently than with men, the bread cast upon the waters is only found after many days; for it is difficult for a woman openly to avow herself a Christian, unless those in her home are in sympathy. Three years afterwards Mr Ross was visiting the neighbourhood of *Kai-yuen*, and among those baptised was this girl. Her old father, aged seventy-seven, and her brother, had been led to enquire by listening to her words, and were admitted to the church along with her.

Women's Hospital.

A great advance was made in the medical work among women when their hospital was removed to a

separate compound, even though that compound is far from suitable. It was rented in April 1892 as a temporary place, but we are still using it. We hope soon to get a suitable site for building, but we are meeting with the same difficulties now as formerly in the case of the Men's Hospital. Much blessing, however, has attended our work among the women. We have a very good worker in our matron, Mrs Wang, who does not spare herself night nor day, ministering to the bodily and spiritual wants of the patients. On *Women's Days* she spends the forenoon in the dispensary, and to this may largely be attributed the increased readiness which women show in entering the hospital. This is specially Mrs Christie's department, as she takes entire charge of all but the strictly medical work. Most of the patients are accompanied by a relative to attend on them, so that the number who come under our roof is much larger than appears from the statistics. Many have shown great interest in Christian truth, and have invited Mrs Wang to visit them and tell them more. Unfortunately her hospital duties leave her little time for this important work, but she has visited several homes, and has been very warmly received. A monthly meeting is now being started for former patients and their friends; and it is hoped that by this means those living within reach, who become interested while with us, may be led further into the light, and may by and

by come forward to profess their faith in Christ. One woman was baptized in the summer of 1892, after being some time in the hospital; and then returned to her home, forty miles away among the hills, to proclaim to all her friends what she had learned. Nine months later she returned for further instruction, saying that her husband and about a dozen of her neighbours believed in Christ.

Visiting Patients.

One important work among women has been carried on quite apart from hospital or dispensary. It is often impossible for the wives and daughters of Mandarins to come to us, so I have been from the first frequently called to treat them in their own homes, Mrs Christie often accompanying me. There were, of course, some little difficulties to be overcome. For instance, in 1884 I was asked to see a lady, who for eighteen months had suffered great pain in one foot owing to tight-binding. But there is nothing to which a China woman is more averse than uncovering her foot, even before those of her own sex, and much more before a man; so the process of examination on my first visit was rather comical. The foot and leg were held by several attendants, and only the diseased part was shown. On subsequent visits, however, I was allowed to see it properly, and to operate. The calls to visit, in their

houses, both men and women of all ranks, are indeed far too numerous to be responded to, interesting and important as this work is. Only those can be attended in this way who are quite unable to come to us.

CHAPTER VI.

SOME CONDITIONS WHICH INFLUENCE DISEASE.

THE latitude of Moukden is $41^{\circ} 51' 00''$ N., about the same as that of Rome and Chicago ; but it will be noticed from the following Table, that our extremes, both of heat and cold, are very great. The climate of Manchuria is distinctly continental ; not affected by oceanic currents, and the wide level plain of the southern province has no shelter from the cold blasts which in winter sweep across the Siberian and Mongolian plains. The absence of forests and larger vegetation also influences the temperature and humidity. (Unfortunately we have no reliable observations of the humidity of the atmosphere.) Although the temperature sometimes falls to 30° fahr. below zero, and rises in summer to 97° , so dry is the atmosphere that the sensations do not indicate such extremes.

Climate Influences.

The phenomena of disease fluctuate with the seasons. On the whole the *Winter* months are favourable to

Meteorological Table.

MOUKDEN, 1893.	THERMOMETER.					BAROMETER.			RAINFALL.			
	MAXIMUM.		MINIMUM.			320 ft. above sea level			NO. OF DAYS.		Max. in 24 Hours.	Total for Month.
	Highest.	Lowest.	Mean.	Highest.	Lowest.	Mean.	Max.	Min.	Rain.	Snow.		
Jan.	40·4	-0·6	16·29	25·3	-28·2	-9·28	30·31	29·63	30·09	5	...	·75
Feb.	37	6·2	25·53	13·9	-25	-5·02	30·45	29·74	30·15	3	...	·45
Mar.	68	20	43·34	39·1	-8·7	20·73	30·45	29·34	29·93	2	...	·4
Apr.	77·2	42·2	63·45	52·4	29	38·05	29·88	29·42	29·69	...	·32	·93
May	86·9	58·1	73·26	59	32·7	49	30	29·51	29·69	...	·65	2·3
June	96·1	70·8	83·5	69·7	51·9	60·8	29·75	29·34	29·56	...	2·2	5·27
July	95·9	74·2	89·05	76·2	64·5	70·25	29·73	29·41	29·55	...	3·26	4·62
Aug.	95·2	72·6	85·28	76·2	48·6	63·77	29·82	29·27	29·59	...	3·35	4·63
Sept.	86·7	63·3	75·5	59·9	38·5	50·1	30·13	29·53	29·83	...	1·72	3·42
Oct.	76·1	35·3	54·3	49·3	23·1	34·7	30·27	29·73	29·94	2	·8	2·58
Nov.	54·2	29	39·7	42·6	-6·9	13·8	30·27	29·78	30·01	1	...	1
Dec.	47·2	10·8	25·4	23·9	-17·4	4	30·29	29·62	30·11	5	...	·72
For Year.	96·1	-0·6	56·2	76·2	-28·2	32·6	30·45	29·27	29·84	18	3·35	27·07

health; at least to such as are comfortably housed and clad. The atmosphere is usually clear, dry, bracing, somewhat stimulating to the nervous system, and therefore trying to those suffering from insomnia, cardiac, weakness, hysteria, and other diseases of nervous origin. During this season, as might be expected, pulmonary and rheumatic affections head the list. *Phthisis* has many victims among the poor, and especially young women. In some the disease runs a very rapid course, with all the symptoms of *acute tuberculosis*. Many of these patients live in overcrowded, badly ventilated rooms with damp mud floors, and expectorate freely anywhere. The atmosphere must be loaded with *bacilli*, yet the idea of the communicability of the disease never seems to have entered the Chinese mind. *Spitting of blood* is common, very often without any physical sign to account for it. In many of these cases the cause is said by the patient to have been a fit of anger. Under treatment, the symptom usually disappears without leaving any trace of structural disease. *Frost-bite*, of more or less severity, is almost daily met with; and the mortality among beggars from exposure during the extreme cold is very great. Sometimes, in the early winter, a fog hangs over the earth, with a few days of mild temperature, which the Chinese regard as most unhealthy. In 1892, such a condition was followed by

a severe epidemic of *Influenza*, from which natives and foreigners suffered alike.

As *Spring* approaches, the changes of temperature are great and sudden. In March, high south winds prevail; hard roads are rapidly broken up so as to be almost impassable; and frozen rivers become navigable once more. The high tension of winter is relaxed, the digestive powers seem weakened, appetite fails, and many suffer from great depression of the physical energies. *Measles* and *Scarlet-fever* are not infrequent at this time. In an epidemic of the former which visited us last spring, the cases first treated were mild; but it soon developed into a very malignant form, attended with high and persistent fever and severe pulmonary complications. Convalescence was generally slow, being, in some cases, retarded by glandular abscesses and pustular eruptions. A common cause of *Eye-disease* about this season is dust-storms. The atmosphere is then loaded with sand and impalpable dust. This, driven by the strong wind, makes itself most disagreeable to travellers, and penetrates into every corner even of the best-built house. The temperature during *spring* and *autumn* is moderate, and the weather generally very pleasant.

In summer, the atmosphere is dry; but there are occasional heavy showers lasting for a few hours. The heat usually attains its height towards the end of July.

This year, during the latter half of that month, the day-temperature ranged from 91° F. to 96° F.; but during the night the thermometer is rarely above 75° F. The natives move about with heads uncovered during the greatest heat, and do not seem to suffer in any way from the exposure. The atmospheric conditions at this season favour the development of diseases of the alimentary system. *Diarrhœa* and *Dysentery* are very prevalent. The heavy rains generally begin early in August, after which cooler weather sets in.

Malaria.

The development of *Malaria* during the last few years is worthy of note. In former reports, covering a period of five years, only twenty-eight cases were recorded, and most of these came from other parts of China. Last year, over 400 came under treatment at the dispensary. The increase was first noticed in the spring of 1889, and was attributed to the floods of the previous autumn. At that time, large stretches of country were under water, and the subsoil became saturated. During the following summer, the action of the powerful sun causing evaporation, and the decomposition of vegetable matter, brought about the conditions favourable to the development of the disease. Since then the number of cases has steadily increased. The variety met with is chiefly the *intermittent*, and

the majority of our patients have been young men. I have not observed that opium smoking affords any protection. The natives seem very helpless in the matter of treatment. They know a little about the value of arsenic, but they do not understand how to administer it; and my assistant tells me that he believes as many are killed as are cured by it.

Sanitation.

Another local condition which influences disease is the insanitary surroundings of the people. In the midst of populous parts of the city are large stagnant ponds, the water of which is used for all purposes. Anything of the nature of drainage, or cleaning of streets or compounds, is quite unknown. The interior of the houses of the poorer class is often filthy beyond description; and the personal habits of the people are far from cleanly. Yet it is surprising how little the Chinese seem to suffer from diseases which arise from such conditions.

Food.

The staple food of most of the people, large millet, is coarse and, when badly cooked, very indigestible. It is usually gulped down in large quantities, along with salted cabbage, hard beans, garlic, or raw vegetables, causing delatation of the stomach and all forms of *Dyspepsia*. Fish, eggs, and meat are eaten in advanced

stages of decomposition ; and in summer a great deal of unripe fruit is consumed. This also frequently gives rise to disorders of the digestive system.

Rickets.

It is a remarkable fact that during ten years' work in Manchuria not a single case of *Rickets* has come under observation, although the factors which are considered most potent in its causation are met with on every hand. If bad feeding, farinaceous diet, prolonged lactation, overcrowding, deficient sunlight, or bad ventilation produce the disease, it should be found in every home. Some children are from birth fed on rice, flour, or millet-slops, which contain starch in abundance, and the use of cow's milk is unknown. Suckling is usually prolonged to the age of three or four years, sometimes longer, when the mother's milk is most unwholesome. Thousands of children are, during the severe cold of winter, shut up for months in overcrowded, badly ventilated dwellings, where they have neither fresh air nor exercise. And yet *Rickets*, so far as I can find out, is unknown in Manchuria.

Opium Smoking.

Opium smoking, which is very common in this part of China, has an important bearing on many kinds of disease. It is estimated that about forty per cent. of

the adult male population of Moukden indulge in it, and a large number of women, especially those belonging to the upper class. Indian opium is chiefly used by the rich, but is fast being supplanted by the native-grown article, which is much cheaper. Opium pills and foreign morphia tabloids are used by some as a more convenient form; for smoking requires much time, and often interferes with business. Many of the poor drink an infusion made from the ashes and scrapings of the pipe.

Some begin to use opium to relieve pain. Others take it to cheer them in sorrow and trouble, or to distract their thoughts; for the Chinese have no such social pleasures as we have in the west; their lives are colourless and tame. But the vast majority smoke merely as a luxury, in order to enjoy the pleasant exhilaration which it causes for a time.

The effect of opium on the system is greatly modified by circumstances. It is said that some men of strong will increase the dose so slowly, that they never go beyond what is called moderation, and are not incapacitated from pursuing their calling. There is some truth in this; for those who are in comfortable circumstances, with healthy surroundings, good food, and strong constitutions, can smoke for a lengthened period without any apparent deleterious result. The careless observer might conclude that the habit was for

them harmless ; but I do not believe that anyone uses opium for any length of time without more or less real injury : digestion is impaired, the secretions of important organs are diminished, functional activity is lowered, and the powers of resistance are greatly lessened, so that the consumer is extremely liable to succumb to acute disease. In an epidemic of *Cholera* in 1883, the mortality among opium smokers was appalling. The Chinese went so far as to say that no smoker who was seized with the disease recovered. An official of my acquaintance smoked heavily for thirty years and seemed none the worse, but I should not like to be his medical attendant through any serious illness.

On the other hand I have met with hundreds who, with half the quantity smoked by that official, have had body and mind shattered ; and very many are reduced to poverty, having spent their all to satisfy their craving. One of these had occupied an important official position, but he and his family were reduced to poverty and despair. He came to me to be cured of the habit, and was admitted to the hospital. He was old, feeble, and his heart very weak ; and after some days of careful treatment and observation, I came to the conclusion, that giving up opium, which he had used so long, would mean death to him. When I told him this, he pled with me to take away his life rather than leave him helpless in his miserable condition.

A more serious evil even than misery and beggary is the *moral* effect on the consumer. The immediate result of a dose or smoke of opium is mental stimulation; but with prolonged, even with moderate use, the nervous centres are affected, the higher faculties of the mind are enfeebled, the moral sensibility is gradually blunted, and the ethical distinction between right and wrong, truth and falsehood, becomes confused. The Chinese themselves recognise this, and do not trust an opium smoker; and merchants in this city do not readily employ any young man who has acquired the habit. I have conversed on the subject with many intelligent men, officials and others, and even among those who use it, I have never met one who said anything in its favour.

Many desire to give up opium smoking, especially when its evil effects begin to appear, or when they can no longer afford it; but so firm is the hold it gains over them that very few succeed in overcoming it without help. In the early years of our work such people came to us in large numbers as out-patients, and for these I prepared pills, containing tonics combined with a small quantity of morphia, which was gradually diminished. There was a great demand for this medicine, but I soon found that the cure was worse than the disease; for they only learned to eat instead of smoke the drug. Morphia tabloids have been given away in large quantities by

well-meaning people, and have, in my opinion, done serious harm.

In later years we have only treated opium smokers as in-patients, and we cut off all forms of the drug from the commencement; or, if absolutely necessary, inject a little morphia hypodermically. Our rules for such patients are stringent, and their physical powers and strength of will are tried severely. But this branch of our work is most unsatisfactory. Even after resolutely enduring the suffering caused by the renunciation of opium, the majority of those whom we have treated have returned, sooner or later, to their old habit. As our accommodation is limited and can be better used for other patients, we now admit very few of this class, those few being such as seem in dead earnest. The native church has unanimously agreed that no opium smoker should be baptized until he has entirely given up the habit; and several of those treated this year were applicants for baptism. The grace of God can and does enable opium smokers to stand firm; but they stand on slippery ground, and, sad to say, many fall of whom we had hoped better things.

In the spring of 1886 a young man from the neighbourhood of *Kai-yuen* came to us to be cured of the opium habit. He was employed in a government office, and it is said that 80 per cent. of these *yamen* men smoke. He had begun seven years before, and was now

using about a quarter of an ounce daily. The struggle in giving it up was, for him, a severe one, and for nights his eyes did not close in sleep, in spite of sleeping draughts. One evening about seven o'clock, a week after his admission, my assistant came for me in great alarm, saying that this man had suddenly gone mad. I found him outside the hospital, much excited, held by two men, and quite unable to give any account of himself. No one could explain his condition, but I at once suspected *Chloral Hydrate* poisoning. Investigation revealed that a bottle, which the dispenser had carelessly left within his reach, containing at least two drachms of *Chloral Hydrate*, was now empty. The patient soon became comatose, and it was not until after seven hours' active application of remedies that we were able to bring him back to consciousness. Next day, though sleepy, he did not seem much the worse. In about ten days more the craving for opium had entirely ceased, and his general health was established. He stayed with us for a month longer to learn more of Christianity, and was baptized before going home. Being a scholar and an intelligent man, he was able to read our books, and seemed well fitted to proclaim the gospel to others. This he did to his family and friends, and witnessed a good confession in spite of much persecution. The following spring he brought his wife and children to Moukden, where they also were baptized. The same

year he voluntarily accompanied me on a medico-evangelistic journey, and made himself most useful in keeping order among the patients. On our way back we visited his home—a Christian home, which seemed likely to be a centre of light for that district.

On my return from furlough a few years later, I was grieved beyond measure to learn that this man had fallen back, and was smoking as much as ever. His position in the *Yamen* exposed him to daily, almost hourly temptation, against which he had been unable to stand. We have, however, by no means lost hope of him; but his case shows how difficult it is for one who has come under the bondage of this habit to regain his freedom.

Native Treatment.

Another influence in aggravating if not causing disease, is the methods of treatment adopted by the natives. Any man may practise medicine who wishes to do so; he has only to read a few books written centuries ago, and he is fully equipped. The best of them know nothing of those sciences which form the basis for the rational treatment of disease. Medicines they have, but they do not understand their action on the system. According to Chinese theory the human body is composed of five elements; metal, wood, water, fire, and earth. As long as these are in equilibrium health

is enjoyed; when they are out of proportion disease ensues, and the object of treatment is to bring them back to their normal relations. Medicines are classified according to the *five colours*—white, green, black, red, and yellow—and the *five tastes*—bitter, acrid, sour, sweet, and salt,—corresponding in order to the *five elements*, and to the *five organs* of the body—lungs, liver, kidneys, heart, and stomach. Disease is diagnosed by the pulse, the left indicating the condition of the heart, liver, and kidneys; and the right the lungs, stomach, and the “gate of life.” When a patient enters the consulting-room for the first time he does not expect to be asked any questions. Silently he stretches out one hand after the other, and the doctor, by placing three fingers on each pulse, is supposed to recognise the seat and nature of the disease.

Of Surgery, Chinese doctors know nothing. They cannot tie an artery, amputate a finger, or perform the simplest operation. There is at present in the hospital a man with a severe gun-shot wound. The other day, after the extraction of a piece of bone, a quantity of pure mercury poured out. The patient explained that a native doctor had put it in, assuring him that it would melt the bullet, and that both would flow out together. Another patient now under our care is a boy of nine who, about a month ago, twisted his leg while playing. He complained of pain, but could move about quite

freely. There was no doctor in the village, but one old woman after another was consulted. In spite of their rubbing or kneading the pain continued, so the parents took the boy to a famous doctor in Moukden. This man with great violence pulled and twisted the limb, till the boy was screaming with agony. Before this operation the patient could walk well, but now he could not even stand. Twenty days later he was brought to us. The hip was much swollen, and so painful that examination was impossible till chloroform was administered. The joint was found to be dislocated, doubtless as the result of the heroic treatment to which it had been subjected. The father said that ever since that day the limb had been bent and shorter than the other. The dislocation was easily reduced, and we hope to see the little fellow all right again in a few weeks.

The only instruments which natives use are long needles with which they pierce various parts of the body. Several cases have come under my observation where this treatment was followed by disastrous results. Having no knowledge of Anatomy, they often pass them into large blood-vessels and important organs; and I am told that in some instances immediate death has resulted. A little child was carried to the dispensary presenting a pitiable spectacle. The doctor had told the parents that there was an excess of fire in its body, for which he must use *cold* needles, so he had pierced

the abdomen deeply in several places. The poor little sufferer must have died shortly afterwards.

Another very injurious method of treatment is the application of a black resinous plaster, which is universally used for all kinds of aches and pains, bruises and swellings, wounds and sores. A small pimple or abscess appears; at once the plaster is put on, and the free exit of any discharges prevented. The result often is serious disease. Indeed, in almost every case of bone or joint disease which comes to us, the condition is aggravated, if not caused by, this deadly plaster; and yet the Chinese, from the highest to the lowest, have unbounded faith in it. A short time ago a little boy of nine was carried to the dispensary in a basket. One leg was covered with the plaster, and when this was removed, the smell could almost be "heard," as the Chinese say. A large part of the *tibia* was bare and projecting. His mother said that no medicine had been applied except this plaster, which had been put on first about fifteen months before, when there was only a small sore place. We took him into the hospital, treated the leg rationally, and after a few days the diseased bone was entirely removed. His satisfactory recovery is another instance of the recuperative power of the Chinese, already alluded to. When he came he was much emaciated, with weak rapid pulse and bad cough, and death seemed not far off. In a few weeks he was walking about the

women's hospital, rosy and strong, as merry as a boy could be, and was learning very fast to read and sing our hymns. He and his mother, who was with him in the hospital, have made a stand against the worship of idols in their home, and we hope that the whole family may, by and by, become Christians.

When there is an open sore in any part of the body, the native doctors very often put in medicine having caustic properties, which causes much mischief. One young man came to us recently suffering from disease of the cervical glands, a very common complaint here. An abscess had formed and burst some months previously; and I found the caustic medicine used had burrowed its way under the *sterno-mastoid muscle*, setting up severe inflammation of the deeper structures. I cut down on the part, removed the irritating substance, scraped out the diseased glands, and the patient was dismissed cured.

When all remedies fail, the natives too often resort to witchcraft, and apply to those who profess to have dealings with the unseen agencies which control disease. I have at present, as a patient, an official of high rank and fair intelligence, who, not more than a month ago, consulted a witch-doctor. He received a paper with some mystic characters, and, according to directions, he burned it, mixed the ashes with water, and drank the decoction. This was taken to prevent the return of a

disease to which he is liable, but for which I am not treating him.

Possession by Evil Spirits.

The most cruel and barbarous treatment of all is carried out in the case of those unfortunate people who are believed to be possessed by evil spirits. A poor woman was brought to us, whose mind was evidently deranged, but who had been pronounced *possessed*. A red-hot poker had been forced into her mouth, and thrust down her throat. Others are compelled to "wear red shoes," which means to stand bare-footed on a red-hot piece of iron. Other treatment is sometimes adopted which is too terrible to describe.

It is difficult for those in Christian countries to conceive the vast amount of suffering in this land which might be prevented, disease which might be cured, sorrow which might be comforted. Not only are doors opening to the Gospel on every hand, but out of the darkness and misery which surround us, calls come for help, spiritual and physical, to which we are unable to respond. And in these do we not hear the voice of the Master calling us to do the work which He Himself began, and which He has committed to our charge? Were these things realized, the Christian Church would

surely rise to her responsibility and put forth her strength; for the harvest in Manchuria is great, while the labourers are still but few.

It will be seen from the tables of statistics (pages 90-91) that there has been a most encouraging increase in our numbers, and that more patients were treated in 1893 than in any other previous year. In summer they often numbered from 120 to 150 on men's days, Mondays and Thursdays. On Tuesdays and Fridays women are seen, sometimes as many as ninety; and the forenoons of Wednesdays and Saturdays are reserved for operations. The fall in 1891 was largely owing to the disquieting rumours afloat at the time of the riots at *Wuhu* and other places. It will be noticed, too, that our numbers are low in February, as the Chinese new year occurs in that month, or at the end of January. Everyone is then busy, and there is a superstitious prejudice against taking medicine at that season.



APPENDIX.

TABLE OF STATISTICS.

Year.	1883 (7 Mths)	1884 (9 Mths)	1885	1886	1887	1888	1889	1890	1891	1892	1893	Total.
Total Visits.	3792	5096	7322	11,857	12,845	12,413	13,005	12,263	10,669	17,156	20,992	127,410

MONTHLY ATTENDANCE AT DISPENSARY.

1892.

	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
New Cases—Males.	134	107	163	320	385	361	352	376	329	252	243	192	3214
Females.	76	51	107	185	136	224	196	209	156	138	115	112	1705
Old Cases—Males.	213	258	385	385	451	453	471	507	465	413	366	403	4770
Females.	175	298	231	251	262	322	338	387	342	281	234	211	3332
Total.	598	714	886	1141	1234	1360	1357	1479	1292	1084	958	918	13021
Patients seen in country. ...													3977
Visits to patients in their homes.													158
Total.													17156

MONTHLY ATTENDANCE AT DISPENSARY.

1893.

	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
New Cases—Males.	178	85	392	538	482	504	448	606	448	312	264	218	4475
Females.	106	24	192	234	276	248	220	276	252	212	131	101	2272
Old Cases—Males.	415	321	418	544	612	578	575	585	562	491	373	384	5858
Females.	295	248	258	302	405	413	391	368	351	309	261	231	3832
Total.	994	678	1260	1618	1775	1743	1634	1835	1613	1324	1029	934	16437
Patients seen in country.													4125
Visits to patients in their homes.													430
Total.													20992

LIST OF DISEASES—IN-PATIENTS, 1893.

Entropion...	...	...	34	Hypopion ...	...	...	4
Ectropion...	...	...	2	Iritis ...	...	...	4
Wound of Eye-lid	...		1	Anterior Synechia	...		2
Blepharospasm	...	...	1	Cataract ...	...	...	19
Symblepharon	...	...	3	Retinitis ...	...	...	3
Anchyloblepharon	...		1	Glaucoma ...	...	...	3
Trichiasis	...	...	14	Internal Strabismus	...		1
Pterygium	...	...	7	Disease of Lachrymal Gland			1
Conjunctivities—Catarrhal			3	Wound of Eye-ball	...		1
do. Purulent			2	Stillicidium Lachrymarum			1
do. Granular			10				
do. Follicular			1	Otorrhœa ...	...	...	1
Papilloma of Conjunctiva			2	Nasal Polypus	...	...	1
Keratitis ...	...	...	5				
Pannus ...	...	...	3	Hare-lip ...	...	...	14
Ulcer of Cornea ...	...	...	25	Elongated Uvula	...		1
Opacity of Cornea	...		38	Dyspepsia	...	...	18
Wound of do.	...		1	Constipation	...	...	1
Fibroma of do.	...		1	Lead Colic	...	...	1
Staphyloma do.	...		1	Dysentery...	...	...	1

Ascaris Lumbricoides ...	2	Epilepsy ...	1
Hepatitis ...	1	Insanity ...	1
Hepatic Abscess ...	1		
Ascites ...	5	Palpitation ...	1
Internal Hæmorrhoids ...	1	Valvular disease (Mitral)	3
External do. ...	3		
Fistula in Ano ...	29	Bronchitis (Chronic) ...	6
Prolapsus Recti. ...	1	Bronchiectasis ...	1
Atresia Ano ...	1	Abscess of Lung ...	1
		Asthma ...	1
Albuminuria ...	1	Haemoptysis ...	2
Phimosis ...	8	Phthisis ...	4
Stricturi ...	1	Pleurisy ...	1
Orchitis ...	1	Empyema ...	1
Hydrocele... ...	6	Peripleuritic Abscess ...	3
Enlarged Prostate ...	1		
Gleet ...	1	Malaria ...	2
Unorrhagia ...	1	Tuberculosis ...	10
Perinephritic Abscess ...	2	Syphilis ...	4
		Rheumatism (Chronic) ...	14
Local Anæsthesia ...	1	Lumbago ...	1
Neuralgia ...	4	Torticollis... ...	1
Bell's Paralysis ...	1	Mumps ...	1
Hemiplegia ...	5	Opium Smoking ...	17
Progressive Musc. Atrophy	1	General Debility ...	2

Tumours	18	Eczema	7
Cephalhaematoma ...	1	Frost-bite... ..	7
Enlarged Cervical Glands	6	Burns	1
Abscesses	40	Wounds	3
Whitlows	2	do. Gunshot ...	8
Sinuses	2	Injuries	3
Psoas Abscess	1	Sprain	1
Abscess of Spine...	3	Fractures	4
Mammary Abscess ...	3	Dislocation	1
Pelvic Abscess	1	Synovitis	2
		Spinal Curvature ...	1
Ulcers	7	Caries	4
Epithelioma	3	Necrosis	7
Carbuncle	3	Disease of Joints...	9
Psoriasis	1		539
Scabies	2		

LIST OF OPERATIONS, 1893.

I. EYE. FOR DISEASES OF—				Total	Cured	Improved	Not Improved	Died
<i>Eyelids—</i>								
Entropion	...	...	...	96	90	6		
Ectropion	...	...	...	2	2			
Trichiasis	...	...	...	19	19			
Chalazion	...	...	...	5	5			
Fibrous Tumour	...	...	...	1	1			
Canthoplasty	...	...	...	2	2			
Symblepharon	...	...	...	4	3	1		
Plastic	...	...	...	1		1		
<i>Conjunctiva—</i>								
Pterygium	...	...	...	14	14			
Peritomy	...	...	...	7	7			
Excision (for Trachoma)	...	...	...	9	9			
Papilloma	...	...	...	2	2			
<i>Lachrymal Apparatus—</i>								
Excision of Gland	...	...	...	1	1			
Bowman's Operation	...	...	...	3	3			

EYE. FOR DISEASES OF—				Total	Cured	Improved	Not Improved	Died
<i>Cornea—</i>								
Paracentesis	...	...	...	7	5	2		
Tattooing	...	...	...	10	10			
Fibroma	...	...	...	1	1			
Removal of foreign body	...			1	1			
<i>Iris—</i>								
Iridotomy	...	...	...	2	2			
Iridectomy	...	...	...	38	38			
Freeing Pupil	...	...	...	1		1		
<i>Lens—</i>								
Cataract—Hard	...	...	...	15	13	1	1	
Do. Soft	...	...	...	3	3			
Do. Traumatic	...	...	...	1	1			
Needling for Opaque Capsule				4	3	1		
<i>Eyeball—</i>								
Excision (Staphyloma)	...			1	1			
Internal Strabismus	...	...		1	1			
II. AMPUTATIONS.								
<i>Upper Extremity—</i>								
Arm	...	...	...	1	1			
Forearm	...	...	...	1	1			
Fingers	...	...	...	5	5			

AMPUTATIONS. FOR DISEASES OF—					Total	Cured	Improved	Not Improved	Died
<i>Lower Extremity—</i>									
Leg	...	...	...	...	1	1			
Ankle Joint (Syme's)	...			...	2	2			
Foot	...	...	...	...	1	1			
Toes	...	...	...	...	8	8			
III. OPERATIONS ON BONES AND JOINTS.									
GOUGING, SEQUESTROTOMY, OR RESECTION, FOR CARIES OR NECROSIS OF—									
Femur	...	...	...	...	1		1		
Tibia	...	...	...	...	5	4	1		
Metatarsus	...	...	...	...	1	1			
Clavicle	...	...	...	...	1	1			
Jaw	...	...	...	...	2	2			
Metacarpus	...	...	...	...	1	1			
Phalanges	...	...	...	...	3	3			
<i>Drainage of—</i>									
Knee Joint	...	...	...	...	1		1		
Hip do.	...	...	...	...	2	1		1	
IV. FRACTURES.									
Leg	...	...	...	...	1	1			
Forearm	...	...	...	...	2	2			

FRACTURES.					Total	Cured	Improved	Not Improved	Died
Finger	...	...	...	...	1	1			
Clavicle	...	...	...	...	2	2			
V. DISLOCATIONS.									
Shoulder	...	...	...	...	1	1			
Ankle	...	...	...	...	1	1			
Jaw	...	...	...	...	1	1			
VI. TUMOURS (EXCISED).									
Fatty	...	...	...	...	4	4			
Fibrous	...	...	...	...	6	6			
Cartilaginous	...	...	...	...	2	2			
Osteoma	...	...	...	...	1	1			
Papillomata	...	...	...	...	2	2			
Scirrhus (Breast)	...	...	...	...	1	1			
Cystic	do.	...	...	...	1	1			
Epithelioma (Penis)	...	...	...	...	2	2			
Do.	(Lip)	...	...	...	2	2			
Sebaceous Cysts	...	...	...	...	7	7			
Nasal Polypus (Fibrous)	...	...	...	...	1	1			
Do.	do.	(Mucous)	...	...	9	8	1		
Aural	do.	...	...	...	1	1			
Ganglion	...	...	...	...	4	4			

TUMOURS (EXCISED).				Total	Cured	Improved	Not Improved	Died
Enlarged Cervical Glands	...			6	5	1		
Unclassified	...	...	...	5	5			
VII. GENERAL.								
Abscesses	...	...	...	214	209	4		1
Perinephritic Abscess	...			2	2			
Peripleuritic	do.	...		3	1	2		
Pelvic	do.	...		1	1			
Psoas	do.	...		1	1			
Ulcers (Volckmannized)	...			4	4			
Whitlows	...	...	...	12	12			
Sinuses	...	...	...	24	24			
Carbuncle (Incisions)	...			1	1			
Tenotomy	...	...	...	1	1			
Skin Grafting	...	...	...	1	1			
Removal of Dead Tissue	...			2	2			
Extraction of Needles	...			2	2			
Do.	Bullet	...		1	1			
Do.	Teeth	...		233	233			
Sewing Severe Wound	...			2	2			
<i>Alimentary System—</i>								
Harelip	...	...	...	15	15			
Excision of Uvula	...	...	...	2	2			

GENERAL.	Total	Cured	Improved	Not Improved	Died
Fistula in Ano... ..	46	40	6		
Internal Hæmorrhoids ...	1	1			
External do. ...	3	3			
Sinus of Rectum	1	1			
Reducing prolapsed Rectum	2	2			
Atresia Ani	1	1			
<i>Urinary System—</i>					
Circumcision (Phimosis) ..	8	8			
Urethrotomy	1		1		
Dilating Stricture	5	3	2		
<i>Tapping, &c.—</i>					
Ascitis	4	2	1	1	
Hydrocele	4	2	2		
Do. (Radical Cure) ...	6	6			
Cephalhæmatoma	1	1			
TOTAL ...	954	914	36	3	1

N.B.—The above lists of Diseases and Operations cover a period of about sixteen months.

SUPPORT OF BED IN MOUKDEN HOSPITAL, £5 per annum.

Contributions may be sent to

JOHN SLIGHT, Esq.,

Treasurer,

College Buildings,

Castle Terrace,

EDINBURGH.

Information regarding useful articles for the Medical
Mission may be had from

MRS SUTHERLAND,

Roseisle,

PERTH ;

or at COLLEGE BUILDINGS, EDINBURGH ;

or from Mrs INGLIS, 12 Dick Place, EDINBURGH.

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1894

AS REQUIRED BY THE ACT OF MARCH 3, 1879

AND BY THE ACT OF MARCH 3, 1893

CHAPTER 1

GENERAL STATEMENT

OF THE LANDS

UNDER THE ACT

OF MARCH 3, 1879, AND THE ACT OF MARCH 3, 1893

AND THE ACT OF MARCH 3, 1894

AND THE ACT OF MARCH 3, 1895

AND THE ACT OF

MARCH 3, 1896

AND THE ACT OF MARCH 3, 1897

AND THE ACT OF MARCH 3, 1898



