

**The fourth annual report of the Chinese Hospital, at Shanghai, from January 1st, to December 31st, 1850 / by the Committee.**

**Contributors**

Chinese Hospital (Shanghai)  
Royal College of Surgeons of England

**Publication/Creation**

Shanghae : [publisher not identified], 1851.

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183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
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THE  
FOURTH ANNUAL REPORT  
OF THE  
**CHINESE HOSPITAL,**

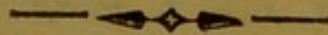
AT

SHANGHAE,

FROM JANUARY 1<sup>ST</sup>, TO DECEMBER 31<sup>ST</sup>, 1850.



BY THE COMMITTEE.



SHANGHAE, 1851.

THE

FOURTH ANNUAL REPORT

ON THE

CHINESE HOSPITAL

SHANGHAI

FROM JANUARY 1st TO DECEMBER 31st 1884

BY THE COMMITTEE

SHANGHAI 1885

## ANNUAL MEETING.

The Annual Meeting of the friends of the Chinese Hospital at Shanghai, was held on Wednesday, January 29th, 1851.

Present: Rutherford Alcock, Esqr. H. B. M. Consul, Revd. Drs. Medhurst and Bridgman; Revds. J. Stronach, J. Hobson, B. Jenkins, J. L. Shuck, Charles Taylor, T. K. Wight, J. Edkins, W. Muirhead and W. C. Milne; H. MacDuff, J. MacAndrew, Charles Shaw, H. Shearman, A. Wylie and R. P. Saul, Esqrs.

Rutherford Alcock, Esqr. was requested to take the Chair.

The Treasurer's account was presented.

The Report of the Hospital and the account of expenditure were also presented, when it was proposed by Revd. Dr. Medhurst, seconded by H. MacDuff, Esqr., 'That the Treasurer's account, and the account of the expenditure of the hospital be passed, and the report of the proceedings for the past year, now read, be adopted by this meeting, and printed for general circulation.'

It was proposed by Revd. Dr. Bridgman, seconded by H. Shearman, Esqr., 'That the thanks of the meeting be given to T. W. L. Mackean, Esqr. for his loan of 2,000 dollars, through Messrs. Turner & Co. in 1846, to facilitate the erection of the hospital, allowing the same to be repaid by instalments at the convenience of the Committee.'

It was proposed by J. MacAndrew, Esqr., seconded by Revd. J. Stronach, 'That the thanks of the meeting be given to the Treasurer for his exertions in behalf of the funds of the hospital, and that the Committee, consisting of T. C. Beale, A. G. Dallas, Charles Shaw, and W. Lockhart, Esqrs., be requested to continue their services for another year.'

It was proposed by Revd. Dr. Bridgman, seconded by Revd. J. Hobson, 'That Dr. Medhurst be requested to prepare in Chinese, a brief report of the proceedings of the hospital, during the last year, stating generally the object and results of the institution; to be printed and circulated under the direction of the committee.

It was proposed by Revd. Charles Taylor, seconded by R. P. Saul, Esqr., 'That the thanks of the meeting be presented to Dr. Lockhart, for his indefatigable zeal and successful labours in the hospital, during the past year.'

There being no other business before the meeting, it was proposed by R. P. Saul, Esqr., seconded by Revd. J. L. Shuck, 'That the thanks of the meeting be given to Rutherford Alcock, Esqr., for presiding over the business of the meeting, and for the great interest he has always taken in the success of the institution.'

The above resolutions having been unanimously agreed to, the meeting separated.

(Signed) **RUTHERFORD ALCOCK,**

Chairman.

REPORT OF THE COMMITTEE  
OF THE  
CHINESE HOSPITAL, SHANGHAI,  
*From January 1st, to December 31st, 1850.*

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In the report which is now presented to the friends of the hospital, there may not be much to relate of great professional importance, or that is very striking or remarkable in its general tendency; for although much work has to be done every day, and many patients have to be attended to, still there is a great sameness among the cases, and there is little in the character of the patients themselves, that calls for any particular remark. A large amount of relief to human suffering is constantly afforded, and it is hoped, that some good is done among the people; but the work of one day differs little from that of another, and does not call for special comment.

The last year has been very healthy in this part of the country. The inhabitants of the city suffered much, as will hereafter be seen, from a particular cause, and it was to be feared, that the agriculturists in this neighbourhood would after the famine of last winter, have suffered much from fever and other diseases in the summer; the weather in the spring however was dry, and that of the summer was very seasonable, being hot and tolerably dry; after the end of June, there was none of the continued rainy weather that prevailed all the former summer; and dry summers (as was remarked in a former report) being generally healthy, such has been the case this year, both in regard to Chinese and to Europeans. Among the latter there has been little serious disease that could be attributed in any direct manner to the climate or the locality; there has been no death among them, and not even one case of severe fever so far as is known.

During the month of May, June and July, a very fatal form of petechial fever prevailed to a great extent among the inhabitants of the city. This city, like most other Chinese cities in the level parts of the country, is traversed by numerous canals, for the purposes of traffic, goods being carried by boats to as great an extent as possible. In this city, the tide rises freely into all the large trunk canals, but the branches become more or less obstructed, owing to the amount of filth that is being constantly thrown into them, which in the course of time blocks them up and prevents the flow of the tide. Last spring the magistrate gave orders, that the whole range of canals should be thoroughly cleared out, so as to allow the tide to reach them all, both for the convenience of trade and for promoting the means of cleanliness among the people; this was immediately proceeded with, the mud was carried out of the canals and thrown on the bank that lines the city wall, and was also gathered into heaps in various parts of the city. Owing to this, the stench that pervaded the whole city was almost intolerable. If it had been wished to invent a plan for making a district unhealthy in the highest degree, and even if premiums had been offered for this object and with this intent, perhaps none could have been devised so likely to prove prejudicial to the people or one better adapted to produce extensive disease. It cannot be a matter of surprise then, that at this time a virulent form of low typhus fever or rather petechial fever broke out, which was fatal to large numbers of the people. During the prevalence of the epidemic many funerals were met in the streets every day, and almost all the inhabitants were in mourning, owing to the death of some relative or other. From the commencement of the attack of this fever, the patient was much prostrated, the skin was burning hot, the pulse quick and feeble, with extreme pain in the head, accompanied by frequent vomiting, and in the worst cases excessive diarrhœa or even dysentery; the petechia made their appearance on the 3rd or 4th day, the body becoming then covered with the usual purple spots or patches, and when these came out freely there was less danger in the issue of the case. In the fatal cases, death generally occurred on the 7th or 10th day. In those that were not fatal, the patients had a long and tedious convalescence, suffering much from extreme debility. Emetics in the first instance with attention to local symptoms, the

exhibition of camphor and nitre, with the early and free use of quinine, appeared to be the best mode of treating the cases.

A man was brought to the hospital in February last, who some days previously had been struck on the back by one of his fellow-workmen. At the time of his admission, he was suffering severely from great oppression of breathing, with a most distressing feeling of suffocation, as though labouring under extensive pneumonia; these symptoms had been present for three or four days, and the pulse was so rapid and feeble, that depletion could not be adopted; mustard poultices and blisters with other remedial means were used, and in the evening, the patient appeared for a while to be much relieved, but during the night he suddenly sank and died; no examination of the body was allowed, but the most probable cause of death was a pneumonic abscess, near the root of the lung caused by the blow. A somewhat similar case to this occurred at this place some years ago. An Indian servant in charge of his master's domestic affairs, was struck on the chest by an under-servant, who was intoxicated. At first little inconvenience was experienced on account of the blow, beyond the mere contusion; but shortly afterwards, symptoms of pneumonia appeared; the man was bled, calomel and tartar emetic were exhibited, and blisters and mustard poultices applied, with considerable relief to the more urgent symptoms; in a few days however considerable oppression of the breathing came on, accompanied by a feeling of suffocation, with quick thready pulse and cold extremities, and the man died. On examination of the body, the lung of the left side was found to have been extensively inflamed, and a large abscess had destroyed a considerable portion of the root of the lung of the same side. Probably the injury in the case above mentioned was of the same nature.

Some time ago the body of a Malay sailor was inspected: he had received a penetrating wound of the integuments of the thorax from a long knife by another Malay, and eventually died. There had been much suppuration of the external wound, but this wound or stab had not penetrated the walls of the thorax. On opening the chest, a large abscess was found in the lung in the side where the wound had been inflicted, and this had caused death. These cases exemplify the fact that pneumonic abscess does occasionally follow severe blows on the thorax; violent inflammation of the



lungs supervenes on the side where the injury has been inflicted, speedily followed by extensive abscess, as has been attempted to be shown. In cases where blows or other violent contusions of the thorax have taken place, or where deep wounds in the same region have occurred, though not penetrating the cavity or injuring the internal organs primarily, there would appear to be a transference of the inflammation from the surface to the internal organs, followed in some cases by large abscesses and death.

In August last, a man was brought in, who a few minutes before had received a violent blow or kick on the abdomen, immediately after which he had fallen to the ground, complaining of severe pain. When he was carried into the hospital, he was in a state of complete collapse, his extremities were cold, the general surface of the body very pale, the eyes sunk, with a very quick and feeble pulse; he complained of extreme pain in the abdomen. There was not the slightest mark of any bruise on the surface, but the abdominal region was full and somewhat distended, and from the peculiar feeling of fluctuation there was apparently fluid in the cavity. The appearance of the man was similar to that of a person, who was suffering from excessive hemorrhage, but whether the blow had caused the rupture of some blood-vessel on the mesentery, or had produced lesion of some portion of the intestinal canal, could not of course be known. The man was evidently sinking rapidly; æther and ammonia with hot brandy were given to him, but he died in about an hour after his admission. Late in the afternoon of the same day, some Chinese police-runners were seen going to the hospital, where, on their arrival, they proceeded to arrange a table and chair, as if for the reception of an officer. On being asked, what they were doing, they said, that their master, the magistrate of the city, was coming to hold an inquest, on the body of the man who had been killed that day. They were then asked, whether a card had been brought and whether permission had been obtained for their proceedings; this they acknowledged had not been done, but they said, that the affair was an urgent one, and the magistrate was then on his way. They were told, that they knew full well such was not a polite manner of acting, and that they must go and get a card before the magistrate would be allowed to enter the premises. They still wished to remonstrate, but it was insisted on that nothing would be permitted to be done,

till the card was brought. They then took away their cushions, carpets, &c. and went to report what had passed. Shortly afterwards the card was brought, and when the magistrate arrived, he was properly received. After taking his seat, the brother of the deceased and one or two other persons knelt before him, and were examined as to the cause of death. He then went into the ward where the body lay; the clothes were removed, and the surface examined to discover the seat of the injury; but none being found, the assistant coroner—(the magistrate is the chief coroner, but his assistant is the person who manages all the business of this department, and is a medical man)—said, he thought the man was not dead. The officer appeared to be much confused, and did not know what to do next, being wholly unable, apparently, to ascertain whether the man was really alive or dead. They both felt the pulse and said, they felt it beating; in fact their own agitation prevented them judging calmly in the matter. They were however soon relieved, by being told, that the man was indeed dead, and then the question arose, as to what had killed him. An explanation was made to them, that most probably some internal hæmorrhage had followed the blow; or that there might have been some disease of the bowels, and that the blow had caused a rupture of them in some part, which was the cause of death; but that the matter might be made plain, if an examination of the body were made. This, they said, was quite out of the question; it being contrary to all Chinese custom for any such thing to be done. After debating the question as to the cause of death for some time, they agreed that nothing further could be known on the subject, and they left wholly undecided as to the verdict. A verdict of murder was eventually brought against the man who struck the deceased, but the punishment of death was only recorded against him. In such cases no time is fixed for the execution, and after the lapse of some months, the affair is supposed to be forgotten, and the culprit is either heavily fined or banished to some other place.

A case of poisoning by arsenic was admitted in May; the patient was a barber by trade, who had had a dispute with a partner about the spending of some money, and, to be revenged on him, took a quantity of the white oxide of arsenic. This poison can be procured at the native drug shops, but the druggists will not sell it to all applicants; at least they profess not to do so, but rather make a difficulty about

the sale of the poison, on the ground of its dangerous qualities. The man had taken about two drachms. This had produced copious vomiting, and the greatest portion of the poison had been ejected ; he suffered severe pain in the bowels, with excessive thirst and sensation of intense burning in the fauces. Six days after the poison had been taken, he was brought to the hospital, in a most distressing state, emaciated to the last degree, the mouth and throat were covered with ulcers, there was excessive vomiting and purging, and he was constantly rolling about in his bed in fearful agony. It was evident, that the mucous membrane of the stomach and bowels was extensively ulcerated ; neither medicine nor food would remain on the stomach, and opiates gave no relief. The day after admission he had rubbed the skin off his elbows, knees and sacrum, and the abraded surfaces presented a sloughy appearance ; on those parts, and at the corners of the eyes and mouth, quantities of flies had settled and deposited their eggs ; which no care nor pains was sufficient to prevent. Indeed the whole state of the patient was one of such extreme and frightful misery, as is not often equalled. On the 10th day after taking the poison he died, having become insensible the day before.

The modes of suicide chiefly followed by the Chinese are hanging, drowning and taking opium ; and, among the rich people, swallowing gold. The case of taking arsenic is the only one that has been met with at the hospital, where this drug has been taken with the intent of causing death. Opium is very frequently taken for this purpose. The usual plan is for the person to take one, two, or three drachms of the prepared drug ; that is, of the drug cleared from all the grosser impurities, and made ready for the pipe ; this is mixed with wine and then swallowed. Women in order to commit suicide, generally hang themselves, but sometimes drown themselves by throwing themselves into wells, head foremost. It is not exactly known how swallowing gold causes death, for various accounts are given of it. It is said, that gold leaf is rolled up into a ball, which is swallowed, and some water drunk after it, which speedily causes death. Another mode is to thrust the loose gold leaf into the mouth, which causes suffocation. In regard to the cases of attempted suicide, the causes for the commission of the act were various. One man took opium, because he had squandered his money in gambling, and was ashamed to meet his partner in business ; another attempted to kill

himself, because his brother had defrauded him of a sum of money, and to be revenged he took opium; so that had he died, his brother would have been considered as his murderer, and been much blamed by all his relatives. The Chinese frequently commit suicide in order to throw the blame of their death at another's door. Another case occurred of a woman attempting to poison herself, because her husband had reprov'd her for some misconduct, and she wished to put herself out of the way, and annoy her husband. Another woman had pawned a person's clothes, and the owner wanted them again, when she had not money enough to redeem them. Another woman had been beaten by her husband. Another was not allowed the liberty she wished for, and took this plan of obtaining her freedom, and causing her death at the same time. By much the larger proportion of these attempts originated in very trivial causes.

It was mentioned in the last report, that a great number of persons had applied to be cured of the habit of opium-smoking: this year many applicants have presented themselves for the same purpose, and some have been permanently cured, but the majority have not had resolution enough to follow out the plan recommended. The first thing that ought to be done is to get the use of the pipe discontinued, supplying its place at first by opium and camphor in pills, giving at the same time astringents, as pomegranate-skin powder, to check the diarrhœa that always follows the abandonment of the pipe. Tonics are also administered, such as infusion of quassia with bitter tincture of any kind, and any of the essential oils, or with camphor mixture. Other stimulants are also given when required; generous diet is recommended to the patient, and after continuing the opium pills for a few days, they are gradually reduced in quantity, till they are left off altogether, and the tonic is then given alone, till the cure is complete.

The Chinese suffer much from large abscesses in the hands and other parts of the body. They frequently form in the theca or the tendons, and many patients present themselves, having the tendons and the bones of the fingers destroyed. Many cases of enormous ulcers apply for relief; two of these are still under treatment. In one, an ulcer extended from the middle of the thigh to the ankle; in another from the hip to the knee. Last spring two cases came to the hospital, within a few days of each other; in both there was

sloughing on the back of the hand and purulent deposition in the forearm. The account the men gave of their state was, that the inflammation had spread from two small points on the hand, which were now the centre of the sloughs. These spots had the appearance of having been occasioned by a bite, as if of a snake, but the men did not know that anything of this kind had taken place. In both cases erysipelas spread up the arm with great swelling and excessive pain; large incisions were made on the back of the hand, to allow free exit to the matter; eventually large sloughs separated from the hand and arm; after much suffering, the men slowly recovered, but in one of the cases, the motion of the hand was materially injured.

An old man aged 65 years was visited, who had suffered from a large carbuncle between his shoulders for a fortnight; a very large and deep slough had formed, which was partly separated from the flesh below, and the lower cutical and upper dorsal vertebræ were exposed; the patient was evidently sinking, and he died shortly afterwards. In cases such as the above, the practice of the native physicians, when attending any person, is this: if they think the patient is likely to die, they will cease to attend, or when first called in, if they think the case desperate, and the termination probably a fatal one, refuse at once to prescribe or take any charge of the case, lest they should be considered as responsible for the result, and thus get a bad reputation among their friends.

In the last report, mention was made of a patient who had purposely placed lime between his eyelids, for the purpose of destroying vision; another case of a similar kind was lately seen; the man had effectually destroyed the power of sight, but denied that he had put lime into his eyes; some of the lime however was found under the lids, though the greater part of it had been removed after the mischief had been done. The man was a common beggar, and at once began his complaint of extreme poverty, and begged for money; no doubt he had found common means of exciting compassion to fail, and so wished to try what he could effect by changing his profession into that of a blind beggar. He was very eloquent in his bitter complaints of the agony he suffered from the state of his eyes, and of the great loss he had experienced by becoming blind; but this appeared to be rather with the view of obtaining some copper cash, than getting effectual relief for his eyes. Finding that

he was accused of purposely destroying his sight, he only came twice to the hospital, and not getting any money, probably thought he was wasting his time and did not return.

A man with a tumour of the face came to the hospital, requesting that the tumour might be removed; he was an opium smoker, and used 4 or 5 drachms of the drug daily. Chloroform was given to him, but after he had inhaled a considerable quantity, without any effect being produced by it, it was deemed undesirable to continue the inhalation. Indeed the chloroform appeared to be quite powerless on him. The operation was then performed; there was very little hæmorrhage, sutures were applied, and the wound healed by the first intention. Whether the inertness of the chloroform in this case could be attributed to the habit of smoking opium or not, cannot at present be decided, but it is an interesting subject for future inquiry, as to whether this habit renders the patient more or less susceptible to the anæsthetic power of chloroform.

Vaccination has been carried on to some extent, but the people appear on the whole to prefer their own plan of inoculation, which is practised on almost every child.

The dispensary in the city has been carried on during the whole year; many persons have attended there, who could not have attended at the hospital, and as the plan has so far been successful, it will be continued.

During the winter of 1849-50, the poor suffered severely from want of food, work being scarce and rice dear; the consequence was that in many districts, large numbers of families were wholly destitute, and had no means of subsistence, and numerous half-starved people thronged the streets of the city and suburbs. Under these circumstances, the rich inhabitants subscribed liberally for the distribution of rice, and kitchens were established in the city, the suburbs and the surrounding villages, where rice was cooked, and sold to all applicants at half the usual price. Tickets were also distributed to the most necessitous, by which they procured the rice without payment. Great relief was afforded by this plan; and, still further to help the poor, the foreigners resident here subscribed about 400 dollars, which was expended in the purchase of tickets. These were distributed in different parts of the city and suburbs, at the rate of 2,000 or more a day, by various Missionaries and others: of this

number a large distribution took place at the hospital every morning, and during the pressure of the distress many poor starving creatures were materially assisted. When the spring had fully commenced, there was plenty of work in the fields, and though the price of rice was still high, the abundance of work enabled the poor to provide food for their families, and they gradually left the city, and returned to their homes; for, during the winter, those who were destitute had flocked from the villages and country places into the city in large numbers. This distress was felt over a very large tract of country, in fact throughout all that part of the province south of the Yâng-tszè-këang; and the villagers proceeded to the other large cities, as those in this neighbourhood did to Shanghae, similar means being employed by the rich inhabitants to relieve them, to those which were adopted here, and large sums of money were expended in this way. Another plan was to open a large establishment for the reception of children at the south side of the city; here children under 10 years of age, were received, fed, clothed and taken care of; at one time 1,500 children were lodged at this establishment; they were kept till the end of the spring, and then sent to their several homes, when the whole arrangement was broken up.

This report may be concluded with an extract from the Lectures on Medical Missions, published by the Edinburgh Medical Missionary Society.

“It is worthy of special remark, that while our Lord exerted his miraculous power only upon two occasions in feeding the hungry, he was constantly and everywhere putting forth his Divine energy in the bealing of diseases. A lesson seems to be taught us in this fact, in accordance with the highest wisdom, and which has been thought to be a discovery of modern political economy; namely, that we should rarely and cautiously interfere with our charities in a way that may tend to further idleness and improvidence, but may freely expatiate in beneficent deeds upon objects to whom our charity must be an unmixed blessing. Our curing the blind and lame has no tendency to *multiply* such objects for the exercise of our charity, but to give food and clothing may, if not wisely managed, both encourage sloth and increase the spirit of beggary, multiplying the objects that need relief, and thus increasing the evil it is intended to remove.

“Nothing can be plainer than that we are doing men unquestionable

good, in restoring them to health, strength, sight, hearing, the use of their limbs and of their senses. We offer no bounty to idleness, no encouragement to beggary; we rob no man of his independence; our charity brings no degradation to the recipient of it; it fosters no vice, and represses no right or virtuous feeling. These are high recommendations, to say nothing of the spiritual blessings that follow in the train of the temporal benefits that Missions are intended to confer."

ABSTRACT OF OBSERVATIONS by the Thermometer, in the open air, in a shaded situation with a southern exposure; the maximum by day, and the minimum for the night, taken by a self-registering Thermometer.

1850	Maxm. by day	Minm. by day	Maxm. by night	Minm. by night	Average by day	Average by night	Rain Table	Rainy days	
January	65	32	42	24	46	32	Not registered	8	
February	58	32	43	25	45	33		9	
March	75	44	49	29	58	39		3	
April	78	54	57	35	63	47		11	
May	85	54	73	46	74	61		7	
June	90	65	75	62	79	69		10	
July	93	70	80	67	85	76		16	
August	100	85	81	68	90	77		4	
September	83	71	77	62	82	67		14	
October	82	63	70	48	73	61		2 $\frac{3}{4}$ in.	9
November	80	44	62	25	63	48		2 $\frac{1}{4}$ "	7
December	72	45	45	25	58	36		2 "	2



LIST OF PATIENTS ATTENDED TO,  
FROM JANUARY 1ST, TO DECEMBER 31ST, 1850.

Intermittent fever	674	Blow on abdomen (fatal)	1
Cough	714	Blow on thorax (fatal)	1
Hooping cough	6	Fistula in ano	37
Asthma	200	Excrescences round anus	66
Hæmoptysis	56	Enormous excrescences round	
Consumption	44	anus	1
Dyspepsia	976	Prolapsus ani	31
Dysentery	240	Syphilis	145
Hæmatemesis	30	Soft nodes on bones	8
Hæmaturia	6	Fracture of frontal bone	1
Jaundice	67	Compound do. inferior maxilla	1
Anasarca	104	Fracture of humerus	1
Ascites	34	Fracture of ulna and radius	6
Rheumatism	616	Fracture of condyle of femur	1
Rheumatic enlargement of joints	30	Fracture of thigh	1
Scrofulous do. do.	21	Fracture of patella	1
Paralysis	10	Fracture of tibia and fibula	1
Epilepsy	18	Fracture of fibula	2
Opium-smoking	400	Compound fracture of tibia and	
Attempted suicide by opium	5	fibula, with wound of abdomen	1
Suicide by arsenic	1	Dislocation of shoulder	4
Surditas	90	Dislocation of thigh	1
Erysipelas	6	Irreducible dislocation of jaw	1
Abscess	235	Dislocation of thumb	2
Abscess in theca	14	Extensive caries of ulna & radius	1
Abscess, extensive, in thigh	2	Necrosis of tibia	1
Purulent deposition in hand		Disease of superior maxilla	2
and fore-arm	2	Disease of antrum maxillare	6
Carbuncle	6	Disease of inferior maxilla	5
Carbuncle, involving spine and		Tumour of neck	2
ribs (fatal)	1	Tumour of face	2
Ulcers	302	Enlarged glands of neck	6
Sloughing ulcers	6	Sarcoma testis	4
Hernia	63	Protrusion of testicle	5
Hydrocele	29	Ganglions on tendons	20
Contusions	145	Carcinoma of tongue	1
Severe contusion of loins	6	Schirrus mammæ	6
Burns	8	Lupus faciei	2
Wounds	111	Spina bifida	1
Laceration of foot	2	Polypus nasi	3
Laceration of forehead	1	Psora	434
Laceration of hand	1	Psoriasis	245

Lepra	201	Amaurosis	23
Porrigo	150	Synechia	15
Porrigo decalvens	15	Irregularity of pupil	70
Elephantiasis	32	Hernia iridis	20
Leprosy	42	Loss of both eyes	39
Catarrhal ophthalmia	215	Loss of one eye	63
Chronic conjunctivitis	350	Contraction of tarsi	60
Granular lids	250	Fistula lacrymalis	2
Pannus	177	Abscess of lacrymal sac	2
Opacity	281	Trichiasis	166
Leucoma	86	Entropium	102
Ulceration of cornea	166	Ectropium	24
Conical cornea	51	Lippitudo	179
Staphyloma	32	Pterygium	172
Cataract	24	Destruction of eyes from lime	1

Total number of individual cases 9,352

The Committee desire to acknowledge with thanks, as follows :—

From the ladies of Maberly Chapel, London, fancy articles sold to the amount of 264 dollars.

Also some medicines sent out through Mrs. Charles of London.

Also supplies of vaccine lymph sent at various times, by the kindness of Dr. Stewart, Presidency Surgeon, Calcutta.

Also to J. M. Smith, Esqr. for a clock, for the use of the hospital

LIST OF SUBSCRIPTIONS AND DONATIONS IN 1850,  
TO THE CHINESE HOSPITAL, SHANGHAE.

ANNUAL SUBSCRIBERS.

	Dollars
Rutherford Alcock, Esqr.	25
A. G. Dallas, Esqr.	25
Messrs. Dent, Beale & Co.	25
„ Thomas Ripley & Co.	25
C. D. Mackenzie, Esqr.	25
James White, Esqr.	25
Thomas Moncrieff, Esqr.	25
Messrs. Wolcott, Bates & Co.	25
A. MacCulloch, Esqr.	20
E. Webb, Esqr.	20
A. Friend	20
Messrs. Russell & Co.	25
„ Bull, Nye & Co.	25
Revd. W. H. Medhurst	10
R. P. Saul, Esqr.	10
L. Shadwell, Esqr.	10
Revd. Dr. Bridgman	10
C. E. Bateson, Esqr.	10
Comprador Yun-kee, and other Chinese in Messrs. Dent, Beale & Co's employ	30
Chinese, Tung-yu 同豫	10
„ 二如 Urh-joo 品元	10
„ 嘉林 Young Alam 馮福	5
John H. Winch, Esqr.	5
Joseph Bland, Esqr.	5
Revd. N. Wardner	10
	<u>435</u>

DONATIONS, 1850.

Mrs. Alcock	25
James MacDonald, Esqr.	25
Messrs. Lindsay & Co.	25
„ Macvicar & Co.	20
Charles Shaw, Esqr.	20
J. Mackrill Smith, Esqr.	20
John Caldecott Smith, Esqr.	20
B. Robertson, Esqr.	20
From Crescent Chapel, Liverpool	20

Messrs. Sykes, Schwabe & Co.	15
Sorabjee Pestonjee	35
Nowrojee Nusserwanjee Guzder	35
Bomanjee Muncherjee	15
Jamsetjee Bazenjee	15
William Thorburn, Esqr.	10
James Hooper, Esqr.	10
Jacques Aroné, Esqr.	10
F. H. Harvey, Esqr.	10
Per Revd. John Hobson	5
Do. do.	10
J. B. Ross, Esqr.	5
E. Burton, Esqr.	5
George F. Green, Esqr.	5
Henry D. Cartwright, Esqr.	5
D. D. Lewin, Esqr.	5
John L. Maclean, Esqr.	5
J. S. Baptista, Esqr.	5
John Scarth, Esqr.	5
L. Helbling, Esqr.	5
J. Saur, Esqr.	5
C. W. Spooner, Esqr.	5
James Crampton, Esqr.	5
<i>Chinese</i> , Soey-ke	5
„ Looming	5
„ Akum	5
A. Fincham, Esqr.	5
Alfred Rusden, Esqr.	5
R. J. Thorburn, Esqr.	5
D. Remi, Esqr.	5
T. J. Birdseye, Esqr.	5
E. M. Smith, Esqr.	3
F. Richards, Esqr.	3
Captain Watt, (Panama)	2
	<hr/>
	473

	Dollars
Subscriptions	435
Donations	473
Total	<hr/> 908 <hr/>

DR. CHINESE HOSPITAL, SHANGHAE, IN ACCOUNT CURRENT WITH THE TREASURER. CR.

1850.		Dls.	Cts.	1850.	Dls.
Feb. 11	To paid Messrs. Turner & Co., to account of money borrowed from them	300		January to December	By sundry subscriptions for 1850 per list
" "	Do. balance of do.	100		July 15	" ditto. Donations in 1850 per list
March 14	Do. " of interest on do.	31	33		" Cash from Dr. Lockhart, being moiety of proceeds of sale of fancy articles sent out by the Ladies of Maberly Chapel, Kingsland, London
July 15	Dr. Lockhart	200			
" 24	Do.	264			
Dec. 31	Road Committee assessment	6	10		
" "	Do. do. to Mch., 1851	18	30		
" "	Dr. Lockhart	30	35		
" "	Do. to remit to England for medicines	100	00		
	Balance carried down	121	92		
		<u>Dls. 1,172</u>		<u>Dls. 1,172</u>	

1850.  
Dec. 31 By Balance brought down, cash in hand Dls. 121 92

E. and O. E.  
Shanghai, 31st December, 1850.  
CHAS. SHAW,  
Treasurer.

Audited.  
T. C. BEALE.

DR. THE CHINESE HOSPITAL, IN ACCOUNT CURRENT WITH W. LOCKHART. CR.

1850.		Dls.	Cts.	1850.		Dls.	Cts.
Jan. 1	Balance of last year's account	90	50	March 14	Received from Charles Shaw, Esqr., Treasurer of the hospital	200	"
Feb.	Ground rent	6	25	July 15	do.	264	"
Dec. 31	Printing tract on Vaccination	3	25	Dec. 31	do.	130	35
"	Servants wages for 12 months	182	"				
"	Sundry repairs of building and paling, flag stones for paving, &c.	36	30				
"	Medicines	64	"				
"	Patients' food	44	"				
"	Sundries, as oil, candles, coal, charcoal, bowls, brushes, &c. &c.	68	5				
"	Sent to England for purchase of medicines	100	"				
		<u>Dls. 594</u>	<u>35</u>			<u>Dls. 594</u>	<u>35</u>

E. and O. E.

Shanghai, 31st December, 1850.

W. LOCKHART.

Audited.

T. C. BEALE.

A. C. BERRY

Journal

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	Dr	Cr
Jan 10 Balance forward		100 00
Jan 15 To ...	100 00	
Jan 20 To ...	50 00	
Jan 25 To ...	25 00	
Jan 30 To ...	125 00	
Feb 1 To ...	50 00	
Feb 15 To ...	25 00	
Feb 20 To ...	100 00	
Feb 25 To ...	50 00	
Feb 30 To ...	100 00	
Mar 1 To ...	50 00	
Mar 15 To ...	25 00	
Mar 20 To ...	100 00	
Mar 25 To ...	50 00	
Mar 30 To ...	100 00	
Apr 1 To ...	50 00	
Apr 15 To ...	25 00	
Apr 20 To ...	100 00	
Apr 25 To ...	50 00	
Apr 30 To ...	100 00	
May 1 To ...	50 00	
May 15 To ...	25 00	
May 20 To ...	100 00	
May 25 To ...	50 00	
May 30 To ...	100 00	
Jun 1 To ...	50 00	
Jun 15 To ...	25 00	
Jun 20 To ...	100 00	
Jun 25 To ...	50 00	
Jun 30 To ...	100 00	
Jul 1 To ...	50 00	
Jul 15 To ...	25 00	
Jul 20 To ...	100 00	
Jul 25 To ...	50 00	
Jul 30 To ...	100 00	
Aug 1 To ...	50 00	
Aug 15 To ...	25 00	
Aug 20 To ...	100 00	
Aug 25 To ...	50 00	
Aug 30 To ...	100 00	
Sep 1 To ...	50 00	
Sep 15 To ...	25 00	
Sep 20 To ...	100 00	
Sep 25 To ...	50 00	
Sep 30 To ...	100 00	
Oct 1 To ...	50 00	
Oct 15 To ...	25 00	
Oct 20 To ...	100 00	
Oct 25 To ...	50 00	
Oct 30 To ...	100 00	
Nov 1 To ...	50 00	
Nov 15 To ...	25 00	
Nov 20 To ...	100 00	
Nov 25 To ...	50 00	
Nov 30 To ...	100 00	
Dec 1 To ...	50 00	
Dec 15 To ...	25 00	
Dec 20 To ...	100 00	
Dec 25 To ...	50 00	
Dec 30 To ...	100 00	
Total	1000 00	1000 00

Journal of the ...

1874