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Shantung / Chefoo
Academic
Tsinan Leper Hospital
1931, 1932

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SHANTUNG TRANSFER

June 1, 1931
1931

REPORT OF THE MEDICAL DIRECTOR OF THE TSINAN LEPER HOSPITAL.

The past year has been a very interesting one in the Leper Hospital. There has been an excellent esprit de corps both among the staff and patients. Dr. Yu Wen Yuan has done a very good piece of work both in the medical treatment of the patients and also in coaching and advising them in the athletic games which are part of the physical therapy.

Mr. Sun Chi Hsiang is also a most sympathetic and energetic manager. He has kept the Hospital in excellent repair and the place is noted for its cleanliness.

During the past year we have had several visitors, among them Dr. H.W. Wade, a well known leprologist from the Phillipine Islands, who is now making a trip around the world as Director of the Leonard Wood Memorial Foundation for the study of leprosy. The Tsinan Leper Hospital was recommended to him in the Phillipines as "the only institution in China doing scientific work on leprosy." Dr. Wade seemed very much interested in the work here and gave us many excellent suggestions for improvement in our treatment, gleaned from his observations both in the Phillipines and in his travels through Japan and Korea.

During the past year 20 patients have been admitted to the hospital. All of these are in the early stages of the disease. Among the 12 discharged, 7 have been paroled as clinically and bacteriologically free, 4 discharged as improved, and one remained unimproved.

In educational lines we have an unique opportunity. Regular classes are held in reading and writing, so when a patient leaves the Hospital he is mentally better off than when he came. Practically all can read some characters and write, the majority can read the newspaper and the Bible. They are given a lot of memorizing to do, so leave the Hospital with many important truths in their minds regarding religion, health, and the world at large.

We believe that the psychological treatment of leprosy is as great a factor in its cure as the medicinal and dietary. Therefore we use the lecture hall for talks, lectures, and lantern shows to help keep the patient's mind happy and in a healthy attitude. At Christmas time and New Year, special social parties are arranged for them and financed from special funds contributed for this purpose by both the Chinese Mission to Lepers and the Mission to Lepers, London.

During the past year, 16 have been accepted into the Christian Church. All are very anxious to learn about Christianity and study very carefully. At present 37 of the 50 patients are baptized christians.

Due to the favourable rate of exchange, financially we have been better off this year than formerly. The surplus money has been used on necessary repairs and in raising the salaries and wages of the staff. One more bed has been added to the charity beds making 41 in all. There are also 9 patients in the Hospital paying \$10 per month towards their expenses. The total number of in-patients is therefore 50. There are also 24 out-patients registered in the Hospital for weekly injections, but these come very irregularly for treatment.

Several members of the Medical School staff are doing some very interesting research work in leprosy and we hope this type of work will increase and special funds be available for. There are very few places in the world where the opportunity for the study of leprosy is so great and where the necessary equipment and persons are collected together. The study of the action of native drugs is especially interesting to us and with the necessary funds we could contribute something to the world's knowledge of new medicines.

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SERVICE RENDERED.June 1st, 1930 to June 1st, 1931.

Patients remaining in the hospital May 31st, 1930.	42
Patients admitted during the year	<u>20</u>
Patients treated during the year	62
Patients discharged during the year	<u>12</u>
Patients remaining in hospital May 31st, 1931.	50
Patients paroled as cured	7
Patients discharged improved	<u>5</u>
Total discharged	12
Hospital patients under treatment May 31st, 1931	50
Out-patients under treatment May 31st, 1931	<u>24</u>
Total patients under treatment May 31st, 1931	74

Note: # These patients are irregular in their visits.

FINANCIAL STATEMENT.Jan. 1st, 1930 to Jan. 1st, 1931.

Total receipts	\$ 7213.20
Total expenses	<u>5650.65</u>
Balance carried to 1931.	1562.65

Respectfully submitted,

(Signed) L.F. DEIMBURGER, M.D.

June 1st, 1931.

Medical Director.

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TSINAN LEPER HOSPITAL

1926-1932

Tsinan, Shantung, China.

山東濟南痲瘋療養院

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A REPORT

from the

TSINAN LEPER HOSPITAL

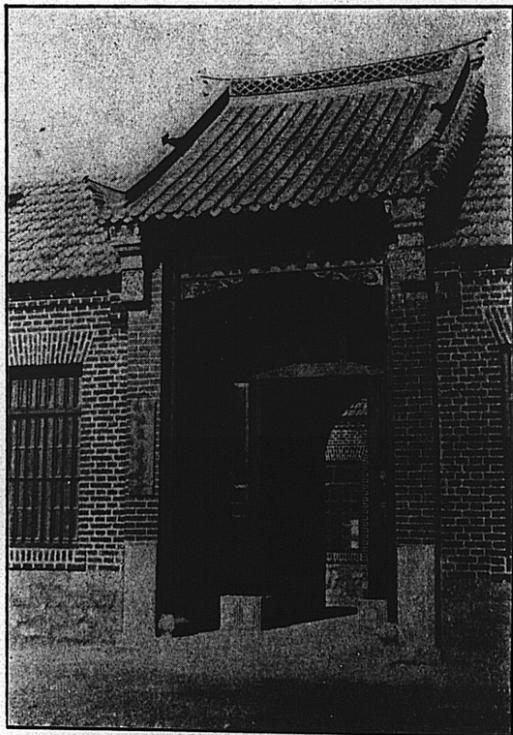
Tsinan, Shantung, China

dating from

July 1, 1926 to July 1, 1932.

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Gate to Leper Hospital

PERSONNEL

* LeRoy F. Heimburger, M. D., *Medical Director.*

Wen Y. Yu, M. B., *Attending Physician.*

Percy L. McAll, B. A., M. B., Ch. B.

** Ernest B. Struthers, B. A., M. B., D. T. M. H.

*** William P. Pailing, B. D., M. P. S., Ph. C.

Philip S. Evans Jr., B. A., M. D.

Swen Gi Hsiang, *Business Manager, Teacher, Evangelist.*

Cook 1

Gateman 1

General duty 1

* On furlough 1927-1929

In charge 1927-28

** In charge 1928 (first half)

*** In charge 1928 (last half)

In charge 1929 (first half)

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Report of the Medical Director.

Introduction. During the past few years there have been requests from various sources for a report on the work of the Tsinan Leper Hospital. Therefore in this booklet an attempt will be made to set down in as clear and concise a way as possible the development of the work from the time of its conception to the first of July 1932. It is hoped that this report will attract not only those interested in the philanthropic work among cases of leprosy but will be acceptable to those interested from the medical standpoint.

Historical. Plans for the care of cases of leprosy seen so constantly in the Out-patient Department of the University Hospital of the Shantung Christian University had been thought of several years before actual steps were taken to secure the cooperation of the Mission to Lepers and the provincial government of Shantung. During the spring of 1921 the Mission to Lepers (London) was officially approached through Dr. Henry Fowler, Secretary for the Far East, and definite steps taken towards procuring funds with which to build and equip a Leper Hospital in close proximity to the School of Medicine of the Shantung Christian University. It was decided to so place it that a member of the Medical Faculty could oversee and be responsible for the work and the Hospital also be available as a teaching unit in the study and treatment of leprosy. It was not until June 1924 that a plot of land, containing approximately $3\frac{1}{2}$ English acres, was purchased by a grant of money from some Chinese philanthropists resident in Tsinan. Through delays incident to correspondence back and forth to England, wars and rumors of wars, the buildings were not ready for occupancy until June 1926.

Buildings. The total cost of the buildings and equipment, enough to care for 50 patients, was approximately \$20,000 Chinese currency. With this money substantial, red brick buildings with red tile roofs were built with a wall enclosing approximately one-third of the available land. The buildings are arranged in three rows extending from east to west, with a treatment and Medical Officer's building placed in the courtyard between the first and second rows. The first or south row contains the business manager's suite of kitchen, office and bedroom, the gateman's

room, fuel and sterilizing room, visitors' reception room, storerooms and living quarters for the non-infected personnel. Immediately behind this is the treatment building containing a waiting room, laboratory, consultation room, treatment room and sterilizing room. Extending behind this, to the north, are the kitchen, dining room for patients, bath room, laundry, chapel and weaving room. To the north, in the third and last row, are contained two wards accomodating 16 patients each and two wards with nine beds each, making a total capacity of 50 patients.

Accomodattions. Each patient on admission is given a cleansing bath and provided with bed, bedding, clothing, towels, a wash basin, tooth brush and mug, dishes and chopsticks besides his hospital garments. Each patient is expected to keep all these in first class condition, clean and neat. Daily inspections are made to see that the ordinary rules of sanitation are observed. The courtyards between the rows of buildings, especially the one surrounding the medical building, are planted with flowers, shrubs, bushes and fruit trees making a very attractive, homelike garden. The remainder of the land, not enclosed by the wall, is planted to wheat, beans, mellons, etc. with sufficient space left so that garden plots are provided for those of the patients who wish to cultivate and care for garden plots. The produce of this land is either used by the patients themselves or sold in the market, the money being used for further cultivation of the land.

Organizatton. Originally a Board of Trustees was formed as the authoritative body of the Leper Hospital. This Board was composed of representatives from the Mission to Lepers, The University and the Shantung Provincial government, and functioned fairly efficiently for about one year, but because of civil wars and other troubles in and about Tsinan culminating in the evacuation of the Western members of the community in the spring of 1927 and the overthrow of a sympathetic government, the Board ceased to function. Since then the responsibility for the work of the Hospital has been carried by various members of the staff of the University Hospital and Medical School. During it's regime, the Board of Trustees was able to obtain a grant from the government to pay for the land already purchased, so the money originally contributed by the Chinese philanthropists was refunded. The land is now the property of the Mission to Lepers (London). During this short period the provincial

government granted a monthly payment of \$475.00 local currency for the operating expenses of the Hospital but after a few payments this grant was defaulted. Since then all money for the work has come from the Mission to Lepers (London), interested Western friends in China or the U.S.A. and fees from patients. The regular grants from London and sporadic contributions from others, support 42 charity patients in the Hospital. The remaining patients pay \$10.00 per month towards the expense involved in their care and treatment in the Hospital.

Personnel. In the person of Mr. Swen Gi Hsiang we have a very reliable and interested business manager, teacher and evangelist. Mr. Swen is a graduate of the School of Arts of the Shantung Christian University in the early days. Following graduation he was employed as a teacher and eventually as assistant principal of a mission High School in Central China. He became interested in evangelistic work and took special work in order to prepare for work in the rural districts. While doing evangelistic work in southern Shantung he became interested in persons suffering from leprosy. On hearing that a Hospital for cases of leprosy was being opened in Tsinan, he offered his services, was accepted and has been a faithful steward ever since. He has worked under great difficulties at times, especially when the whole burden of responsibility was suddenly thrown on him in 1927.

Besides Mr. Swen, the Hospital has two attending physicians specialized in diseases of the skin, one of whom spends half of his time at the Leper Hospital, the remainder in the department of skin diseases in the Out-patient department of the University Hospital. Dr. Yu has been with us three years and has rendered good service. The Medical Director, the other physician, is also on part time service, administrative and advisory.

The Attending Staff of the University Hospital cooperates enthusiastically when called for consultation.

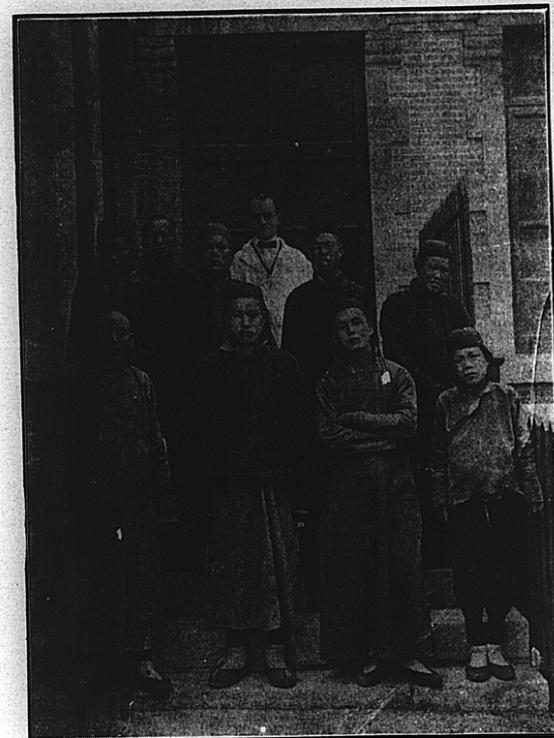
Other employees include a cook, gateman and a carpenter who is an assistant to the business manager.

Service rendered. The easiest way to show the type of service rendered is by tables. The accompanying tables, with notes, show the service given those who have come to us for help in the Hospital.

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and also give some important data on the cases which have been seen by members of our staff in the Out-patient department. We have never attempted to exceed our originally planned capacity of fifty patients. Finances, floor area, shortage of staff, and lack of time have made it more desirable, to us at least, to show quality of work rather than a quantity of patients. We only wish that we had sufficient time and money to carry on several pieces of research work on the material available but only the non-professional staff are full time workers, the professional staff having many other duties in relation to the Medical School, University Hospital and Out-patient department. Even with an increase in funds more professional personnel would be difficult to find. The medical profession of China is still very small and the supply is far below the demand in the ordinary spheres of medical activity, and furthermore, the medical, official and civil population of China have not as yet awakened to the menace of leprosy and the necessity of its early eradication. The government which should be responsible, is too busy with other affairs. The comparatively small amount of work we have been able to do in the care and treatment of selected cases, the education of patients, medical and nursing students in leprosy has proven to us of immense value and interest and makes us wish for more time to spend in this kind of work.

Hospital cases. The cases of leprosy here reported all present themselves first to the Division of Dermatology in the Out-patient department of the University Hospital of Cheeloo University (Shantung Christian University). Here a preliminary diagnosis is made by a precursory skin and nerve examination, a microscopic examination from a smear taken from the nasal mucous membrane; followed, in the case of a negative result, by a shaving from the skin of a lesion and in some cases by biopsy. Those cases which are non-infectious or of too long duration are not recommended for admission to the Leper Hospital, but as a rule those cases, in restricted numbers, which might be benefited by hospital care and whose symptoms are not more than two years duration, judged by the history and lesions presented, are recommended for admission. With the limited capacity of the Hospital, only a few of these cases obtain admission. Regardless of these selective rules, a few bad risks have entered the Hospital, but as a whole the cases hospitalized have been those cases in the earlier stages of the disease.



Doctor With Cases of Leprosy



Cases of Leprosy

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During the early years of the Hospital's occupancy the purified ethyl esters of chaulmoogra oil were used as a routine treatment by intramuscular injection. After two years of trial these were abandoned because of the painful local reactions and also general febrile reactions following their use. During the past few years a purified oil of hydnocarpus wightiana containing 4% double distilled creosote has been used with less reactions, more general comfort to the patients and fairly good therapeutic results.

During these years some experimental work has been done with gold preparations intravenously in conjunction with the ethyl esters of chaulmoogra oil and oil hydnocarpus. From the results of this combined treatment we believe there is greater value in this method than with the oils alone but unfortunately the expense of the treatment prohibits its routine use in a Hospital of this type. A number of cases now in the Hospital under treatment have purchased their own gold preparation and received a course of treatment. The majority of cases have received only one course of injections but a few have had the equivalent of two courses. In the whole series we have had no untoward reactions.

Unfortunately the use of mercurochrome intravenously was dropped prematurely after reading an article appearing in one of the journals deprecating its use. The eight cases on which it was used, realized for the first time during the compilation of this report, give fair results. The number is too small for any conclusions but a trial will be made again on a larger number of cases.

Of the 34 cases receiving the gold preparation intravenously together with either the ethyl esters or the oil of hydnocarpus subcutaneously, 64.8% were paroled with no relapse as far as we can find out. Of these, three relapses, one is still in the Hospital, another has been paroled a second time with no relapse to date (two years after the last parole) the third committed suicide at home. The relapses in each case were bacteriological and not clinical. Of the 73 cases using the routine treatment of weekly injections, of derivatives of chaulmoogra oil subcutaneously and intravenously or the pure hydnocarpus oil subcutaneously, 39.7% were paroled as clinically and bacteriologically free from leprosy. One of these cases returned with a relapse. The eight cases receiving intravenous injections of mercurochrome (a 1% aqueous solution) 62.5% were paroled, but inasmuch as this number is so small no deductions can be made.

Attention is called to the comparative short stay in the Hospital of those receiving the gold treatment. No attempt was made to select cases except that those having reactions following the routine treatment were given preference. The general good feeling of the patients following an injection of the gold as compared with the inertia, malaise and general discomfort after the routine oil injections is well worth noting. A summary of our findings is exhibited in the following table:—

Table A—Treatment and stay in Hospital.

Type of treatment	Discharged patients			Known relapses	Still in Hosp.	Percent paroled	Average stay
	Paroled*	Improved	Unimproved				
Gold & oil	25	7	2	3	21	64.8	7mo. 20da
Oil & derivatives	30	27	16	1	29	39.7	15 mo.
Mercurochrome and oils	5	3	0	0	0	62.5	12mo. 5da
Totals	60	37	18	4	50		

In Table B a synopsis is given of the service rendered and the average cost per patient per month. Two deaths occurred in the Hospital, one from cholera, the other from acute disseminated miliary tuberculosis. Through correspondence, six other cases are known to have died after returning home, the causes of death being, suicide following relapse, shot in battle, intestinal obstruction, acute dysentery, pulmonary tuberculosis and cholera.

Those cases discharged unimproved or improved either voluntarily asked for discharge or were asked to leave because of non-progress after months of treatment, of home difficulties or because of lack of cooperation in their treatment.

Besides medicinal therapeutics, occupational therapy is used in the form of weaving with hand and foot power looms, cultivation of fields, Chinese calsthenics, volley ball and in the ordinary care of sleeping, dining and work rooms.

Classes in reading, writing and religious instruction are given to all inpatients. Lectures and Bible classes are held regularly and the Sunday morning and evening services are attended enthusiastically.

*Paroled means bacteriologically and clinically free from signs of active disease. Six months must elapse between the first and last negative bacteriological examination.

Table B—Service rendered.

Number of patients in Hospital July 1, 1926	11
Admitted from July 1, 1926 to July 1, 1932	154
Re-admitted during the above period	4
Total treated	169
Number discharged from July 1, 1926 to July 1, 1932	117
Died in Hospital	2
Remaining in Hospital July 1, 1932	50
Average stay in Hospital	11 months
Total expense-July 1, 1926 to July 1, 1932	\$29255.92
Average cost per patient per month	\$15.51
Average stay of discharged patients	12.9 months
Average stay of paroled cases (not including relapsed cases)	14.83 months

Out-patients: Those patients not recommended for admission to the Hospital and those waiting an opportunity to enter are offered free treatment once a week at the Leper Hospital. Because of the difficulty in finding living accomodations near the Hospital, only a few avail themselves of this opportunity. At present 24 cases are receiving injections with some regularity. Others have purchased the oil and are receiving treatment in hospitals or out-patient departments near their homes.

Attempts have been made to interest the provincial government in the establishment of centers for the treatment of leprosy in Shantung, but without result. We are also trying to interest already established hospitals in various parts of the province in both the diagnosis and the out-patient treatment of leprosy and these efforts are yielding results.

In a study of the 452 cases of leprosy registered in the Outpatient department of the Cheeloo University Hospital, the following facts are of value. Among these cases 429 were men and 23 were female (5.7%) The average age of the patients is 29.4 years, the oldest being 69 years with symptoms of 2 years duration, the youngest 11 years with symptoms for 6 years. The occupations of the patients are listed as follows:—

Farmers	307	Laborers (unskilled)	18	Official	2
Merchants	39	Artisens (skilled)	9	Beggars	11
Students	28	Soldier	7	None	8
		Housework (female)	23		

In reporting the types of lesions seen, the classification recommended by the Leonard Wood Memorial Conference on leprosy held in Manila in 1931, has been used. Wherever an out-patient history has not been clear enough to classify the case from the notations on the history, it is labeled "Not reported".

Of the out-patient cases 80.7% are classified among the pure nerve types, in the Hospital 81.9% are pure nerve cases, whereas approximately only 8½% of the O.P.D. cases and 7.8% of the Hospital cases are purely cutaneous types.

Table D—Types of lesions.

*Type	Out-patient	Hospital
C-1	13	5
C-2	10	8
C-3	3	0
N-1	64	63
N-2	129	69
N-3	57	4
C-1, N-1	2	2
C-1, N-2	4	4
C-2, N-1	20	8
C-2, N-2	2	2
C-3, N-2	1	0
C-3, N-3	1	1
Totals	306	166
Not reported	146	
Total	452	

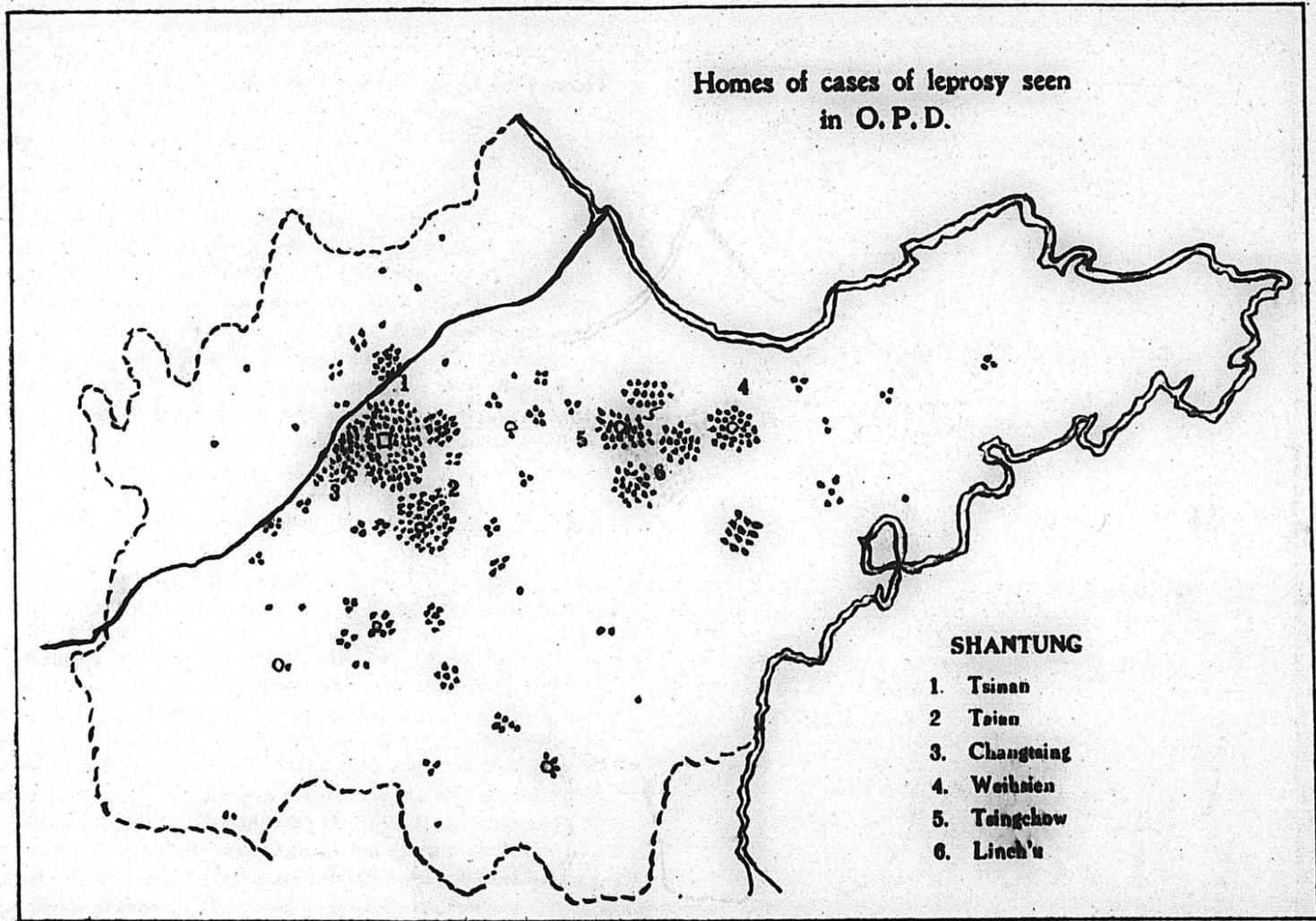
It is rare to see a heavily nodular face among the cases of leprosy we meet in the O.P.D. When cutaneous lesions are seen they are in the large majority of cases maculo-papular plaques with a raised scaly border surrounding an atrophic center. In other cases only a slightly pigmented area of atrophic skin is seen. The majority of light nerve cases show only contractures of the third and fourth fingers of one or both hands, others show more definite paralyses and contractures.

*Leonard Wood Memorial Conference Report.



Paroled Patients

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Distribution of cases. No survey of the distribution of leprosy in Shantung province has been made although it is generally believed that the disease is very common. Estimates varying from 10,000 to 40,000 cases have been made at various times. From conversations with physicians located in various parts of Shantung the disease is seen in every place where a Western style Hospital is situated. The accompanying map shows the distribution according to those cases which have been registered in the O.P.D. of the University Hospital. How much this grouping represents the real distribution of leprosy is a conjecture. Good communications between these centers and Tsinan and the good advertising done by grateful patients no doubt accounts for a great deal of the massing of the dots. In studying the O.P.D. figures for the period covered in this report there were 86254 new patients seen in all departments; of these, 16975 visited the department of dermatology for the first time. With these figures as a basis there was one case of leprosy to every 190 new clinic visits or one case of leprosy to every 37.5 new patients seen in the skin department. Of course these figures are extremely high and do not represent anything like the ratio of incidence to the population as a whole but from the observation of the past two years we are seeing more cases of leprosy than ever before. How much this is due to advertising and how much this indicates increase in the disease, we have no way of judging. These questions must wait until an efficient survey can be made. Another peculiarity in the distribution of leprosy in this part of China is its almost total absence in Hopei province, the province contiguous to Shantung on the north.

Wassermann Reaction. In reading the literature on leprosy there seems to be a general opinion that there is an abnormally high incidence of positive Wassermann reactions in cases of leprosy. Inasmuch as this opinion is not substantiated by our findings in Shantung a mention of this fact is well worth recording. A Wassermann test is performed on all Hospital cases, but only recently have we demanded a routine test on all cases seen in the out-patient department. But the figures are enough to show the results of these tests as compared with the routine Wasserman tests on patients admitted to the wards of the University Hospital during the same period of time.

The technique used in the University Hospital, where all the tests for the Leper Hospital and the University Out-patients are done, is a

modified Citron, in which three antigens are used, one a cholesterinized, the second a beef heart extract freshly prepared, the third a beef heart extract of long standing. Three tubes are used with the cholesterinized antigen, one a control, the second full quantities of blood serum and antigen, the third half quantities of serum and antigen. Eighty to one hundred tests are made at one time.

The Kahn test is also used but has not been used on all cases, having been started in 1930.

Of the 207 cases of leprosy tested, 128 were negative, 18 strongly positive, 8 weakly positive and 53 positive in the cholesterin antigen only.

Those cases on which the Kahn test has been performed show, out of a total 49 cases, 8 strongly positive, 2 weakly positive and 39 negative.

A comparison with the University Hospital's routine on ward cases shows the following:

Source	Test	Strongly Positive		Weakly Positive		Negative		Total number of tests
		No.	%	No.	%	No.	%	
Cases of Leprosy	W. R.	18	8.7	61	29.4	128	61.9	207
University Hospital	W. R.	1176	15.1	193	2.5	6394	82.4	7763
Cases of Leprosy	Kahn	8	16.3	2	4.0	39	79.7	49

In comparing the cases on the general wards of the University Hospital with the ordinary cases of leprosy the strongly positive Wassermann tests occur about twice as frequently in the general wards. These are the undoubted syphilitics according to the usual reading. But it is the border line case, generally denoted by a one-plus or two-plus Wassermann reaction, in which there is a large difference between cases suffering with leprosy and the ordinary ill or injured hospital patient. Therefore it is needless to say that the percentage of negative results in cases of leprosy, according to our method of interpreting these tests, is considerably less than in tests made on the ordinary ward patient. Nevertheless we do

not regard these weakly positive reactions as indicative of a syphilitic infection unless there is a definite history of infection or where there are signs which lead to suspect a former infection, in which case a provocative test is made. We have been treating as syphilitics in the Hospital for Lepers only those who have a strongly positive W.R. Up to the present we have treated only three cases. Others have been treated in the O. P. D.

Religious work. A constantly expressed comment on the Leper Hospital after a tour by visitors is the happy countenance of the patients and the joyful atmosphere of the place, as compared with similar institutions seen in other parts of the East. There is no doubt that there is a general feeling of good-will, gratefulness and mental, as well as physical well being in the Hospital. This is not due entirely to the medical and dietary treatment given them. The great factor is the spiritual tone of the place and this tone is given to it mainly by the steward, Mr. Swen. Daily morning and evening services are held and on Sunday, two services are held, led by visiting preachers or members of the University and School of Theology staffs. At least once a week a talk is given on religious or educational subjects with the use of lantern slides. In consequence the Christian message is given full importance among the patients who voluntarily attend these services. Since the opening of the Hospital 90 patients have been examined, baptised and admitted to the Christian church. The Presbyterian form of examination is used and when a baptised Christian is discharged from the Hospital a letter of introduction to the nearest church to his home is given him.

Educational work. The large majority of the patients admitted to the Hospital are illiterate. Classes in reading and writing are held daily and those patients desiring to learn are provided with the necessary books and writing material. Mr. Swen, also a trained educationalist, teaches with the result that all the patients attend the class and before being discharged can read and write ordinary characters. The "Thousand Character Lessons" used by the government in mass education and portions of the Bible are used for these lessons. One patient has developed into quite an artist. His pictures now adorn the walls of the rooms.

The Chinese are very adept in handicraft. This type of work is also encouraged in the Hospital with the feeling that apart from the interest

created, the muscles of the fingers and hands are exercised. In consequence artificial flowers and fruit, lanterns, and other ornaments are made, especially at the Christmas season, to decorate the chapel and wards.

All in all the work of the Hospital during the past six years has been most encouraging and helpful to both patients, staff and doctors. It is hoped that the work of the coming years may be more helpful in solving some of the mysteries surrounding this disease and a source of help to the many cases of leprosy now in Shantung and those which will inevitably develop unless radicle measures for the eradication or control of the disease are taken by the government.

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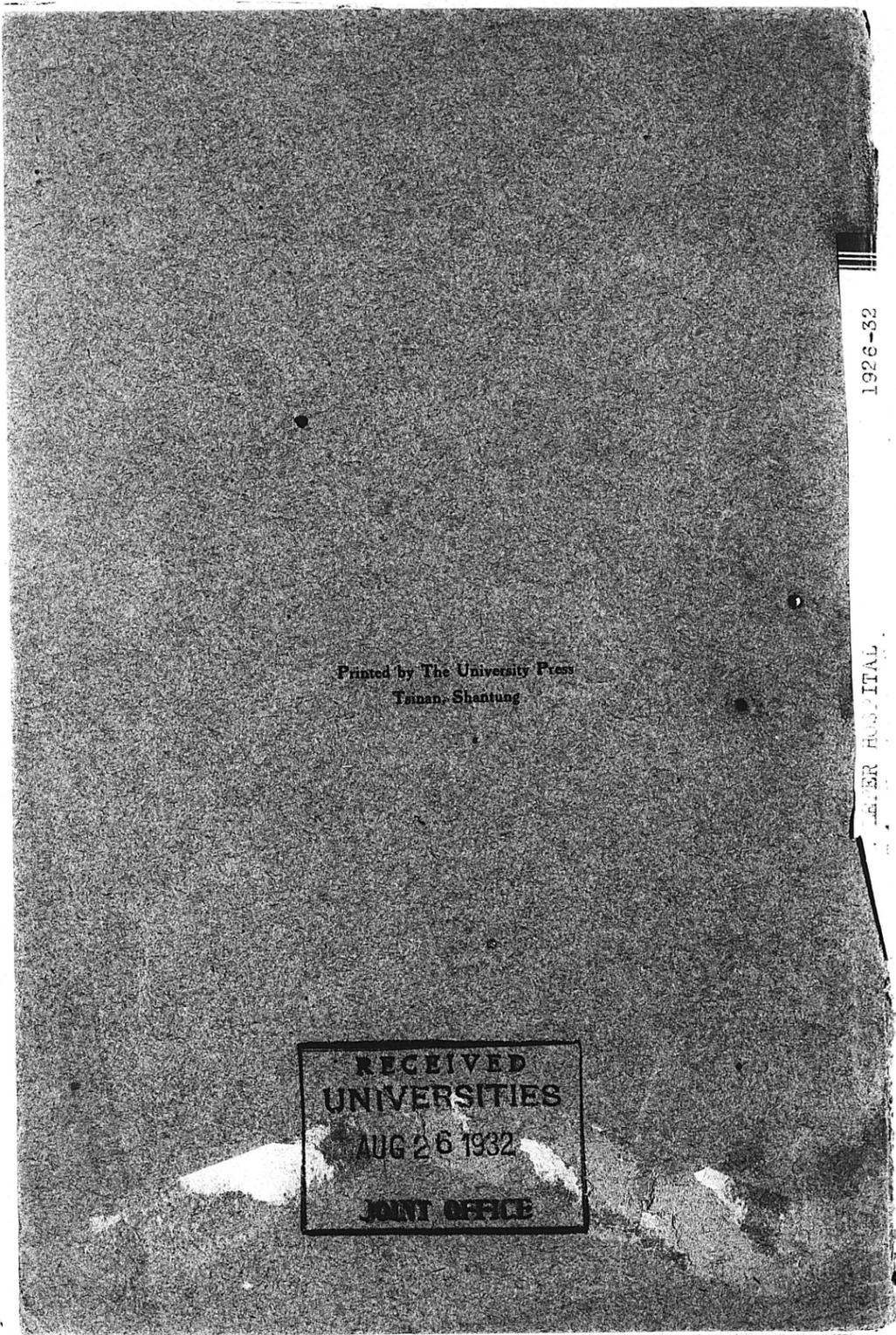
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1926-32

LESTER HOSPITAL

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