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1933-1934

June 30, 1934

SHANTUNG

REPORT OF THE UNIVERSITY HOSPITAL.

To the President of the University:

Sir: I have the honor to make the following report concerning the activities of the University Hospital during the year 1933-34.

On the whole it has been a busy and successful year without interruptions of any sort. Both hospital and out-patient department have been utilized to the limit of their capacity. The high standard of professional work has been maintained. And, barring disaster, the end of the fiscal year will find expenditures within the amount budgeted.

There have been some changes in personnel. Dr. Heimburger, superintendent since 1929, resigned in March, and has returned to the United States. The new superintendent in taking over has been impressed with the evident efficiency and thoroughness of Dr. Heimburger's administrative work, and with the soundness and constructive value of the organization which he set up. It has been the aim of Dr. Heimberger's successor to slip unobtrusively into his place without causing any other changes in administrative personnel. Fortunately this has been possible of accomplishment. During the year Drs. Scott, H.C. Chang, Price, and Mosse have returned from furlough, and also Miss Wilson and Mrs. Price, of the Nursing staff. Dr. Stearns has been absent all year. Dr. Gell, who has been loaned to the Hankow Hospital for two years, is returning. Drs. Morgan and Lin are now leaving on furlough. Dr. Esther Peh, after over four years of valuable service in the division of Obstetrics and Gynecology, will take up work elsewhere. Dr. Pa has been compelled by ill health to abandon his position as head of the division of Ophthalmology.

Certain new features have been added during the year. In January Miss Hazel Myers, after special training at P.U.M.C came to the University Hospital as social service worker, and has organized a social service department which already is doing most interesting and useful work. A a larger record room has been arranged for in a central position which not only has collected and now houses all records of recent in-patients, but also provides space for history meetings and staff conferences. This new record room is supplying something that has been lacking in the past - a focal point for the clinical work of the hospital. A private out-patient clinic has also been instituted in attractive quarters in the hospital building. In addition, a large service room on the top floor has been converted into a small charity ward: this is helping pay to solve the troublesome administrative problem of having pay and free patients lie side by side comparing notes. Four semi-private beds have also been added, which are expected both to increase the hospital income and to indicate whether there is much demand for such beds. A special-diet kitchen, in charge of a trained dietitian, has functioned throughout the year in small temporary quarters. Four much needed cubicles for respiratory isolation have been constructed on one of the medical wards.

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All of this, while adding a great deal to the satisfactory functioning of a modern hospital, has been accomplished with relatively small expenditure of funds and only minor structural changes. In addition, the old furnace has been removed from the basement, and last winter the hospital was heated economically and effectively with steam from the new power plant.

These imporvements, however, leave our major needs unrelieved. Those needs have been described and discussed at length in most of the reports of the Hospital during the past few years. It is not necessary therefore, in this connection, to more than mention certain outstanding sources of dissatisfaction. In the hospital: need for additional beds in every department to accommodate the large numbers of patients who apply for admission: and the very grave need for additional teaching material for medical students and house staff. In the OPD: lack of adequate waiting space, so that patients crowd in the public street and struggle at the gate for admission: disgraceful crowding in the nar ow, dark, poorly ventillated corridors of the present building: insufficient examining rooms, which lead to crowding and unsatisfactory work on the part of doctors, and very often to long periods of waiting on the part of patients. It is significant that the numbers of in-patients and especially the numbers of out-patients, which have increased steadily up till this year, are now remaining the same. It appears that the present buildings have reached capacity limits.

As has already been noted, the hospital will meet its budget this year. Next year's budget, however, calls for continuation of the present amount and standard of work, and at the same time reduction of its operating expenditure by LC $18,000.00 It was suggested that this be accomplished by sweeping economy measures. The present administration feels that that is a program impossible of accomplishment. All sorts of economymeasures have been inaugurated and pushed vigorously for at least five years already. Furthermore, recent attempts by both Medical Executive and Hospital committees to reduce staff salaries for next year (one of the proposed economy measures) met with reactions so unfavorable that the policy was abandoned forthwith.

The knowledge that there will be a further heavy cut in subsidy after June 1935 renders the financial outlook even more serious. If the hospital is to continue the present character of its work, its income must be increased, and increased at once, by an amount approximately equivalent to the former annual Rockefeller grant. If this can be accomplished by means of new subsidies or donations, the present policy of hospital administration need not be changed. But if not, it would seem wise to make virtue of necessity, and place the hospital at the earliest possible date upon a self-supporting basis. In order to carry out this latter policy, it will be essential deliberately to develop those phases of the medical work which more than pay for themselves.

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From this standpoint, the most promising potential sources of increased income are larger and more attractive out-patient facilities, and increased accommodations for private and semi-private in-patients. Hence the great importance, if not the absolute necessity, of building without further delay the new out-patient building and wing of the new hospital as recommended by the Hospital Building Committee.

Respectfully submitted,

30th May, 1934.

Acting Superintendent.

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THE UNIVERSITY HOSPITAL

OF

CHEELOO UNIVERSITY

TSINAN, SHANTUNG, CHINA

Report for Year Ending

June 30, 1935

Printed by J. Brewer, 140 Peking Road, Shanghai

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THE UNIVERSITY HOSPITAL

OF

CHEELOO UNIVERSITY

TSINAN, SHANTUNG, CHINA

Report for Year Ending

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PREFACE

Expansion of the University Hospital into new in- and out-patient buildings last autumn, and a large programme of medical relief among flood refugees carried out during the past winter, have laid very heavy burdens of extra work on the entire staff, pushing temporarily into the background less urgent phases of routine work, such as the issuance of an annual hospital report. These extraordinary activities, however, do not come within the scope of this report. A full account of them will appear in due course.

Financial stringency and an overworked senior staff have made it necessary to consider seriously whether, under present circumstances, a report such as we have issued annually for many years, is worth the time and money required for preparation, publication, and distribution, especially since this hospital has clearly outgrown the need for this particular stimulus (by developing even more effective ones) to careful work and accurate records. We decided to publish this Report, and we shall attempt to justify the cost in four ways:

1. We shall try to give it a form befitting an official record of the University Hospital, and a content which shall be of permanent historic value.

2. We shall attempt to endow it with a certain scientific worth. This may be done, presumably, by means of brief clinical notes, and by tables showing disease incidence. It is by no means easy, however, to give these annual tables of diagnoses any real scientific value. It was significant that in the recent study of disease incidence in China, conducted by Dr. Gear for the Chinese Medical Association, annual hospital reports were not used, but instead at very considerable expense and trouble the staffs of cooperating hospitals prepared special reports for the purpose. That implied what we all must admit is true, that our tables of diseases either are not dependably accurate, or are reported in unusable form, or both. For one thing, we greatly lessen the value of our tables when we throw together indiscriminately proven, presumptive, questionable, and snap diagnoses in our reports. And equally unfortunate is the matter of classification of diseases. For about twelve years Cheeloo has used, abreviated and adapted, a classification issued by the U. S. Department of Commerce.[1] It has virtues of brevity and simplicity, but has not proved altogether satisfactory. And probably no other hospital in China uses it. Indeed, if any hospitals in China use the same classification, we are not aware of the fact. This utter lack of uniformity helps to reduce to a level of general interest only the tables of diseases which occupy so large a place in hospital reports in this country. This important matter of a standard classification of diseases has received serious attention in America, and in the Health Organization of the League of Nations. And there has been some discussion in the China Medical Journal[2] of the problem as it applies to China, but with little result so far. We take this opportunity to suggest that the matter be taken up formally at a conference of the Chinese Medical Association.

For this Report, therefore, we have reviewed our in patient records, re-classifying them according to *The Standard Classified Nomenclature of Diseases*[3]. Furthermore, we have departed from the time-honored custom of designating results (cured, improved, unimproved, etc.) which seems to be of little value, and instead have indicated whether the diagnoses were certain, probable, or questionable. The result, we believe, is a list of some genuine scientific worth.

3. Only those who have struggled with problems of hospital administration and have borne the burden of hospital finances know what a need exists for freer exchange of information of this sort. Annual reports, which might naturally serve in this capacity, are strangely reticent about details of organization, regulations, fees, etc. This Report has been prepared with that need in view, and a section specially devoted to those matters has been included, in the hope that it will prove useful to some hospital administrators, and will encourage them to share with us methods and customs which they have found successful.

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4. This Hospital has a great many non-medical friends and supporters. But for them it would not be in existance. Without their interest we could not carry on. This Report must be for them too. They may read the departmental reports and glance with polite interest at the names and tables, but all the while they will be looking for bits of human interest. So we have collected some in the last section which is dedicated to our lay friends.

In order to include all this without increasing the size of the report, an editor's prerogatives have been exercised freely. To all whose contributions are affected thereby, due apologies are extended. As heretofore out-patient diagnoses are not included; by another year, perhaps, they will be sufficiently accurate in all departments to warrant publication. The table of surgical operations which indicates merely the amount and sort of work done, has been simplified and condensed. And the customary table of causes of death, which is felt to serve no very useful purpose, has been eliminated altogether.

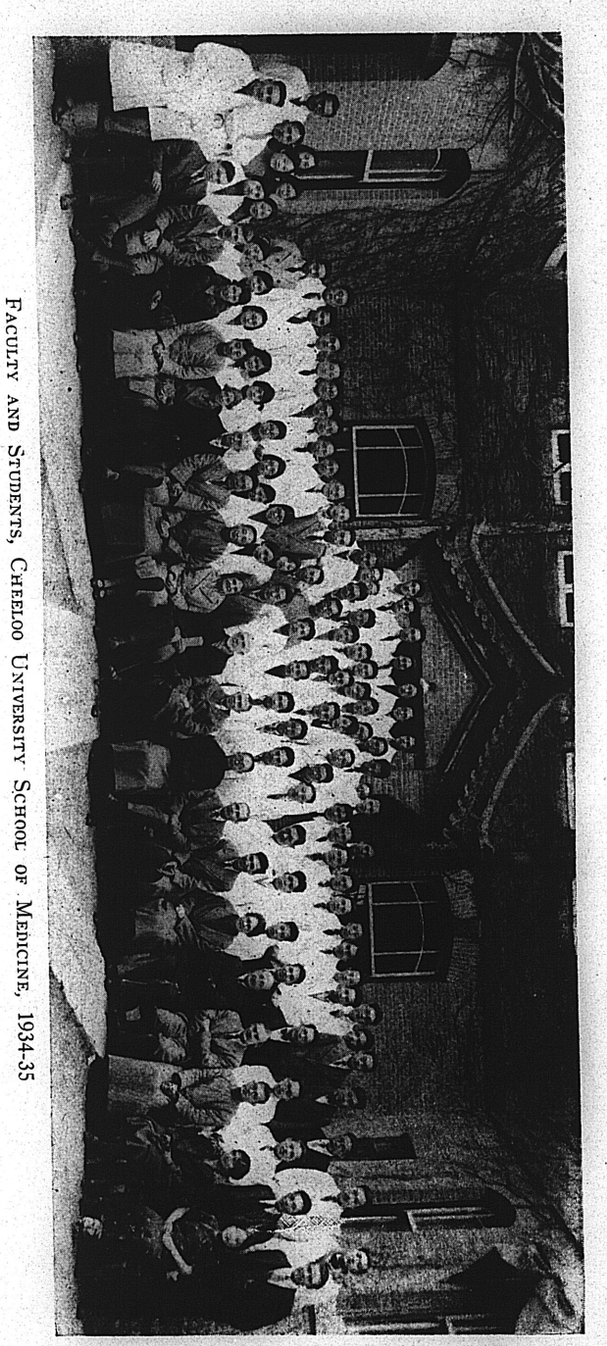
This new editorial policy is frankly an experiment. How successful we have been in attaining our goals, others must judge. We do hope, however, that at least we have been able to add a measure of interest and usefulness to "another of those hospital reports".

June 13th, 1936. P. B. PRICE.

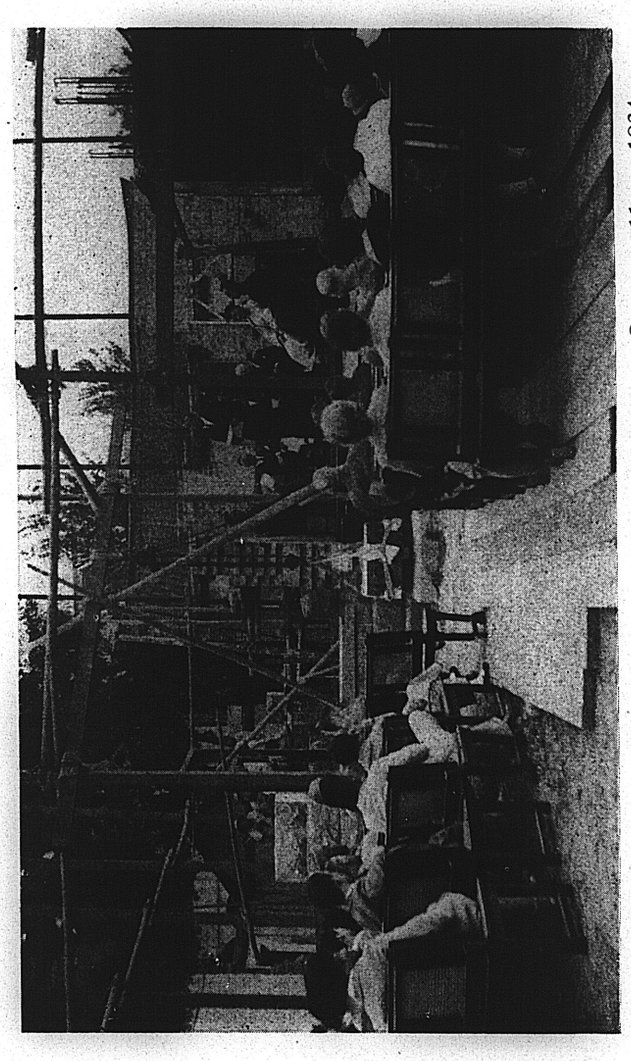
1. Standard Nomenclature of Diseases and Pathological Conditions, Injuries, and Poisonings for the U. S., issued by the Department of Commerce, Washington Government Printing Office, 1920.

2. The hospital annual report, Heimburger, L. F., C. M. J., 1933, *44*, 317; The classification of diseases in hospital reports, Maxwell, J. L., C. M. J., 1930, *44*, 327.

3. Compiled by the National Conference on Nomenclature of Disease; edited by H. B. Logie, Executive Secy., New York, the Commonwealth Fund, 1933. This classification was sponsored and has been approved by all the leading national medical, surgical, and hospital associations in America, and "may be regarded as a preliminary part of an international effort to simplify and facilitate the exchange between nations of information upon disease and its prevention". [This is by far the best classification we have seen, and we would be glad to see it come into general use. Ed.]



FACULTY AND STUDENTS, CHEELOO UNIVERSITY SCHOOL OF MEDICINE, 1934-35



Laying the Corner-stone of the New Hospital, October 11th, 1934.

Dr. Shields, Dean of the Medical School is making an address. Behind him are seated Rev. W. B. Djang (School of Theology), President Davies, Dr. Armstrong (Secretary of the North American Section of the Board of Governors), Dr. E. H. Hume, Mr. T. C. Hsü (Hospital Evangelist), and Dr. Peter Kiang.

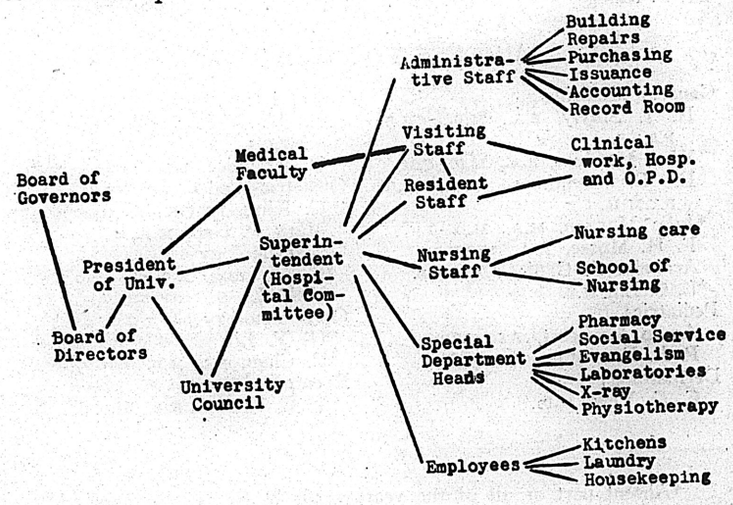
PLAN OF ORGANIZATION OF THE CHEELOO UNIVERSITY HOSPITAL

Cheeloo Hospital is an integral part of the University. The British—North American Board of Governors of the University acts also in the capacity of a Board of Trustees of the Hospital. Likewise, the University Board of Directors serves as a Board of Managers of the Hospital.

Internal administration is in the hands of a Hospital Superintendent or Medical Director, assisted by a Hospital Committee which is composed of representative members of the hospital staff. The Superintendent is nominated by the Medical Faculty, and is appointed by the President of the University.

Coordination with the Medical School is very close. The Superintendent, the Visiting Staff, and most of the Hospital Committee are members of the Medical Faculty. At many points the work of the two organizations dovetail inseparably. The budgets of the institutions are really two parts of one whole.

The following diagram indicates in a general way the present organization of the Hospital and its internal interrelationships.



PERSONNEL

Board of Directors

Rev. P. R. Abbott
Rev. A. Baxter
Dr. C. Bash
Miss J. Ch'ang
Mr. T. C. Chang
Dr. T. Ch'en
Mr. F. C. Cheng
Dr. H. T. Chiang
Dr. N. D. Grier
Dr. L. M. Han
Mr. G. K. King
Mr. F. W. Liu
Bishop Scott
Miss M. Shipley
Mr. T. H. Sun
Mr. S. K. T'an
Miss H. H. Tseng
Mr. Y. Y. Tsu
Mr. H. C. Wang
Rev. H. R. Williamson
Rev. H. Y. Yee

University President

Mr. Z. V. Lee, Acting-President
Rev. L. J. Davies, Associate President

Hospital Superintendent

Dr. P. B. Price

Hospital Committee

Dr. P. C. Hou
Dr. L. M. Ingle
Dr. P. Kiang
Dr. G. King
Dr. R. T. Shields
Dr. H. J. Smyly
Dr. E. B. Struthers
Miss F. R. Wilson
Mr. J. B. Wolfe

Attending Professional Staff

General Medicine
- H. J. Smyly, B.A., M.D., CH.B., F.R.C.S.
- Wm. McClure, B.A., M.D., C.M.
- E. B. Struthers, B.A., M.D., D.T.M.H.
- *Julia Morgan, M.A., M.D.
- F. H. Mosse, M.A., M.R.C.P.
- Arabella S. Gault, B.A., M.D.
- *L. C. Lin M.D.

Pediatrics
- Annie V. Scott, B.S., M.D.
- P. L. Fan, M.D.

Dermatology
- C. C. Yew, M.D.

General Surgery
- L. M. Ingle, B.A., M.B., CH.B., F.R.C.S.
- P. B. Price, B.A., M.D.

Obstetrics and Gynecology
- G. King, F.R.C.S., F.C.O.G.
- Mary P. Gell, M.B., B.C.

Otolaryngology
- *K. C. Lang, M.D.
- *Y. F. Li

Ophthalmology
- *H. Y. Liu
- *E. Chan, B.S. M.D.

Roentgenology
- *T. C. Greene, B.A., M.D.

*Absent part or all of the year.

Resident Professional Staff

General Medicine
- Hsieh Ching-kwei, M.D. '34.
- Li Chi-ying, M.D., '34.
- Li Hsi-sheng, M.D., '34.
- Wu Hui, M.D., '34.

Pediatrics
- Pi Ching-chao, M.D., '33.

General Surgery
- Liang Ch'i-sheng, M.D., '32.
- Liu Yung-yao, M.D., '32.
- *Liang-Liu Ming-chen, '32.

Obstetrics and Gynecology
- Ch'en Kuei-chih, M.D., '33.
- Wei Hsing-ch'ien, M.D., '34.

Dermatology
- Cheng Huan-chang, M.D., '33.

Internes

Mr. Chang Hsi-hua
Mr. Chang K'e-chün
Mr. Chin Mao-yueh
Miss Chou Ch'ung-teh
Mr. Hou Ch'un-chih
Mr. Hsü K'ai
Mr. Hsu Shang-ta
Mr. Hu Hsin-yü
Mr. Ku Huan-ch'ang
Mr. Li Ch'un-ying
Mr. Liu Kuei-lin
Mr. Lu Tseng-hui
Mr. Ma Shih-chün
Mr. P'an Hui-sheng
Mr. Su Sheng-hui
Miss T'ang Yü-teh
Mr. Tsou Chih
Mr. Tu Wan-heng
Mr. Wang Ch'ing-kuei
Mr. Wang Fu-i
Mr. Yü Wen-ch'i

Nursing Staff and Training School for Nurses

Superintendent and Principal
- Frances R. Wilsom, B.S., R.N.

Supervisors and Instructors
- Rosa Bell, R.N.
- *Coral M. Brodie
- *Florence E. Evans, B.A., R.N.
- *Marjorie Alderson
- *Mollie E. Townsend, R.N.
- Wang Hsuan-yun, N.A.C.
- Han Feng-yin, N.A.C.
- T'ao Ai-chü, N.A.C.

Head and Staff Nurses
- Chang Min-tung, N.A.C.
- Chang K'wei-wen, N.A.C.
- Chang Shao-yin, N.A.C.
- Ch'i Lin, N.A.C.

Dietician
- *Tung Yü-ying, N.A.C.

Students 69

Laboratories

Pathology and Bacteriology
- P. C. Hou, M.D. (in charge)
- Y. T. Hsü, M.D.
- S. C. Li, M.D.

Blood Chemistry
- P. Kiang, M.D. (in charge)
- T. W. Li, B.S.

Clinical Laboratories
- A. S. Gault, M.D. (in charge)

Serology
- F. H. Yü (in charge)

*Absent part or all of the year.

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Special Departments

Radiography	Physiotherapy
T. C. Greene, M.D.	*Gladys V. L. Nunn, C.S., M.M.G. (in charge)
Social Service	Liu Lien-hsi, N.A.C.
Hazel H. Myers	Wang-Liu Ching-lan, N.A.C.
K. U. Wang	Evangelism
Pharmacy	W. P. Pailing, B.D. (in charge)
W. P. Pailing, B.D., M.P.S., PH.C., (in charge)	T. C. Hsü
C. F. Liu	*T. A. Nieh
K. H. Liu	Mrs. T. A. Nieh
C. Y. Shih	*Mrs. R. T. Shields
Y. H. Wang	Mrs. W. P. Pailing

Administrative and Business Staff

Business Manager and Purchasing Agent	J. B. Wolfe, B.A.
Architect and Engineer	J. B. Wolfe, B.A.
Treasurer (of University)	H. P. Lair
Assistant Business Manager and Accountant	D. Yen
Business Office Secretary	H. Y. Liu
Admitting Officer	T. S. Feng
Clinical Records	Y. S. Chang
Stores, general	C. S. Wang
pharmacy	K. H. Liu
medical and surgical	Mrs. Clara H. Wolfe
Linen	K. H. Lin
O. P. D. Registrars	H. T. Chang
	C. W. Hwai
O. P. D. Cashier	K. H. Tung
Private Clinic Secretary	Connie E. Williamson

Voluntary Part-Time Assistants

Medicine	Mrs. Eileen Smyly, M.D., B.CH.
Surgery	Mrs. M. C. Liang-Liu
Gynecology, and Student Nurse Physician	Mrs. Mary, E. King, M.B., CH.B., D.T.M.H.
Pediatrics	Mrs. Katherine P. Lair
	Mrs. H. E. Chandler
Medical and Surgical Supplies	Miss Ellie Poulsen
	Mrs. Elizabeth S. Sargent.

*Absent part or all of the year

Assistants and Employees (not otherwise mentioned)

Administration	1
Stores	2
Housekeeping	16
Laundry	8
Yard and Gates	3
Nurses' Home	2
Pharmacy	1
Technicians	4
Record Room	1
Kitchens	13
Sewing Room	5
O. P. D.	9
	65
Total Hospital Staff	237

REPORT OF THE SUPERINTENDENT

This has been a year of uninterrupted and, on the whole, satisfactory work in all departments. As compared with previous years, the volume of work has not increased much, bearing out our previously expressed opinion that the maximum functional capacity of our present buildings and facilities has been reached. But the general standard of work has undoubtedly been improved, due especially to strengthening of certain weaker departments. And the actual building of a portion of our new hospital, which for so many years has been a hope deferred, has brought to the whole university, and particularly to the medical staff, a fresh atmosphere of vigor and enthusiasm.

Staff. Two new members were added to the Visiting Staff of the Hospital during the year: Dr. Theodore C. Greene, M.D. (Harvard) 1923, came from Daow Hospital, Peiping, to join the staff of the Department of Medicine, and to take charge of the X-ray Department; and Dr. Eugene Chan, M.D. (Boston Medical College) 1927, and subsequently Research Fellow at the Wilmer Institute of Johns Hopkins Hospital, joined the surgical group as head of the Division of Ophthalmology. Miss Majorie Alderson from Addenbrooke's Hospital, Cambridge, after a few months additional experience in New York and Chicago, and a year of language study, also came during the year, a welcome addition to the nursing staff.

Absentees: Dr. Morgan (Medicine) all year on home-furlough; Misses Townsend, Evans, and Brodie (Nursing Staff), and Miss Nunn (Physiotherapy) part of the year on furlough; Dr. Lang (ENT) and Dr. Linn (Medicine) all year doing post-graduate work abroad.

Dr. H. Y. Liu, acting Head of the Division of Ophthalmology, and Miss Y. Y. Tung, dietist, left during the year. Dr. Liu is now at P. U. M. C.

It has been our aim to have in each clinical division at least two responsible senior staff members. The wisdom of such a plan has been demonstrated vividly this year; for we watched three staff members, overworked in trying to carry alone the burden of a large clinic, go down with serious illnesses which laid them off duty for several months each.

Work. The clinical work of the year is described in detail in the departmental reports and tables. Especially rapid has been the growth of the Division of Obstetrics and Gynecology under the energetic leadership of Dr. King. But all the specialties are growing, and at the expense in the hospital of General Medicine and General Surgery, whose beds have been steadily encroached upon. At present 28 per cent of our in-patients are women, 54 per cent are men, and 18 per cent are children or newborn infants; 49 per cent of the out-patients and 38 per cent of the in-patients belong to the specialties.

The Social Service Department, begun on a small scale last year, has had to some extent to make its place and demonstrate its value in the hospital organization. It is to the credit of those in charge that this has been accomplished to a remarkable degree. These activities have increased steadily and broadened in scope during the year.

The Private Patient Clinic, also inaugurated last year, has surpassed our hopes in becoming a popular and remunerative service. Patients are seen by appointment. A full-time secretary coordinates the work of this clinic.

Certain adjustments in adapting the present buildings to central heating from the power plant have been made during the year with very satisfactory results. But sewage still remains a troublesome problem. The hospital and medical school buildings are situated on the high side of the city. Dry wells and ponds on our own property will not take care of the large volume of waste water and outflow from septic tanks, especially during the rainy season

when the ground water level is high, so excess sewage perforce flows down antiquated drains through the city streets, greatly to our embarassment. The solution lies in the establishment of a municipal sewage system. There are indications that the city officials are becoming alive to the problem.

New Developments. The prospects of early expansion into new quarters, together with the fact that the Superintendent throughout the year has spent a large portion of his time over the innumerable details of plans, building, and new equipment, have tended to postpone until after the move any other major developments. However, a few minor improvements may be recorded.

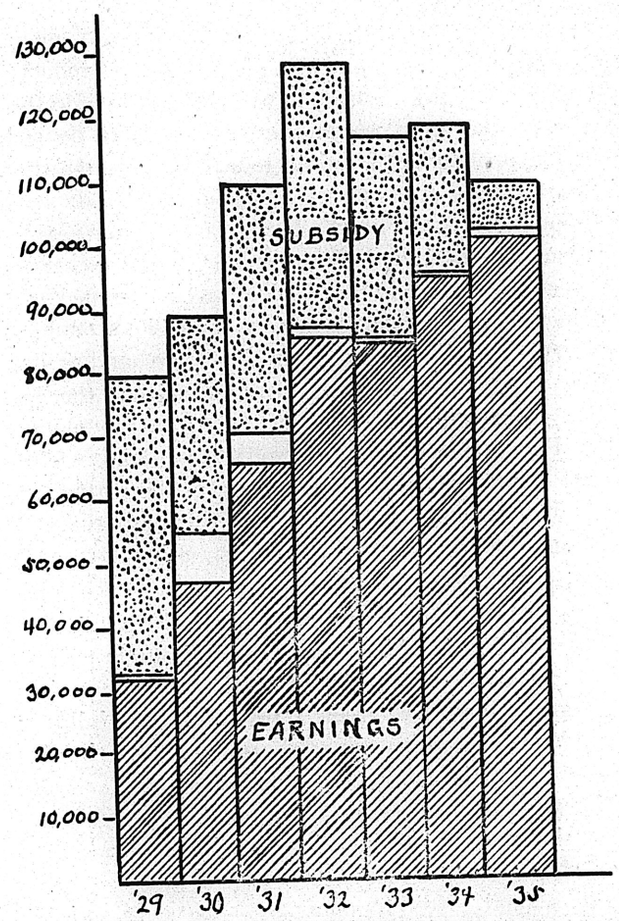
Futher adjustments have been made in the management of the Record Room, but complete reorganization of this department, bringing together and coordinating in- and out-patient records, and improving the indexing and filing, awaits the transfer into the new buildings.

Hospital forms, of which nearly 200 different kinds are in use here, have been carefully revised during the year.

Fees, tickets, receipts, and the system of accounting, have been revised, making possible for the first time a fairly close check on all moneys due, received, and disbursed.

A Hospital Samaritan Shop has been begun on a small scale, where medical and surgical supplies of many sorts may be bought or rented. This was started largely for the convenience of people in the University community, but is used by many others as well. All profits go to the charity fund.

Certain improvements have been made in the complicated machinery of administration. It will be noted in the diagram on page 1 that kitchens, laundry, and housekeeping are at present under the direct supervision of the Superintendent. This is not an ideal arrangement, but has been necessary for want of trained personnel to place in



Showing How Annual Hospital Expenditures Have Been Met. The Small White Blacks Represent Donations.

charge of those units of work. A start, however, has been made so far as the kitchens are concerned by sending Mr. K. W. Chang, a senior head nurse, for a period of study and observation at PUMC and other hospitals of various sizes in North China. He will return in August to take charge of the hospital kitchens.

Finances. 1934-35 has been a critical year financially for the Medical School and Hospital. Drastic reductions in grants to the Medical School have made impossible the large annual transfer upon which the Hospital has depended in years past, forcing the Hospital to strain every effort toward self-support. As the figure on page 9 indicates, full self-support has very nearly been reached this year, partly by reducing total expenditures, and partly by increasing local receipts. Expenditures have been lessened, without curtailing charity work, by enforcing rigid economies and by stopping certain "leaks". On the other hand, it has been possible to increase earnings without raising the level of fees by more efficient collections, and by developing the Private Patient Clinic and other phases of work which more than pay for themselves. But looking at the matter broadly, it may be seriously questioned whether self-support is a worthy goal for any hospital, and especially for a missionary and charitable institution.

This year for the first time our charity work has been definitely budgeted. About 5 per cent of our in-patients pay nothing; 90 per cent pay less than half of what they cost the Hospital; and less than 5 per cent pay full costs or more. A large amount of work is done also for hospital employees, for the University community, for missionaries and the medical profession, either free or at reduced rates. One of the least enviable tasks of a hospital administrator is, for sheer lack of funds, to have to make the decision and say a final "No" to many poor patients seeking free treatment.

Aims.—In that little world-of-its-own, which is a hospital, with its crowded days and multitudinous activities and problems, it is of utmost importance that ultimate goals be kept clear. For Cheeloo University Hospital they are these:

To do clinical work so well that we can preserve self-respect, and need never be embarassed before visitors or

inspectors; and to demonstrate to students that good clinical work can be done without elaborate facilities or expensive apparatus.

To provide a large, well-balanced quantity of clinical material for teaching purposes; to teach each student by the time he graduates how to examine a patient thoroughly and discriminatingly, and carry out confidently ordinary therapeutic procedures; and above all to instill into students the ethics and ideals of the medical profession, and a spirit of unselfish service.

To contribute as much as we can to the health of this city and province, both by routine work locally and by cooperation with the Government in its wider public health program; to assist nearby smaller hospitals by making available the facilities of our relatively well equipped laboratories, by offering refresher courses to their physicians, and arranging special periods of practical work for their student or graduate nurses; to serve China by sending forth each year for service of many sorts in different places a large group of qualified doctors and nurses, and a smaller choice group of men and women who have received one to several years of intensive post-graduate training, and are capable of filling places of responsibility and leadership.

To have throughout the Hospital so evident a spirit of Christian service that even chance visitors to a patient's bedside will sense it; to use every proper means to spread, positively and enthusiastically, a knowledge of the Gospel; and to bring as many individuals as possible in touch with the Great Physician.

PHILIP B. PRICE.

DEPARTMENTAL REPORTS

Department of Surgery (from a report by Dr. Ingle):

Owing to furloughs and illness, the staffing of the Department has been considerably upset during the year. It has not yet been possible to fill the place on the American Presbyterian Mission quota left vacant by the resignation of Dr. Stearns. Dr. Price has given the major part of his time to the duties of the Hospital Superintendency, while Dr. Ingle has had additional duties in the Medical School Dean's Office. Of the two junior members of the surgical staff, Dr. Liu has also been acting as assistant to the Superintendent; and during the latter part of the year under review, Dr. Liang has been off duty with heart and joint complications following a streptococcal throat infection.

Further, while Dr. Lang, head of the E. N. T. division, was on leave in America, his assistant, Dr. Li, was off duty for several months with early tuberculosis; as also was Dr. Liu, acting-head of the Eye division, for the same reason. The Surgical department had necessarily to make the best arrangements it could to keep these divisions running satisfactorily.

Under these circumstances, routine work was carried on only with considerable difficulty, and no fresh developments are to be recorded. Plans, however, were being prepared to care for the expansion of surgical work which the new hospital building and OPD will make possible.

The table of Diagnoses (page 31), the list of Surgical Operations (page 46), and certain of the Case Reports (page 49) indicate the amount and types of routine work done during the year.

Division of Obstetrics and Gynecology (condensed from a report by Dr. King):

Staff. The work during the year has been carried on by a visiting staff of two, assisted by two members of the Resident staff. Dr. Gell, in addition to certain Hospital and teaching duties, has been responsible for the work of the Hou Tsai Men Clinic throughout the year. A considerable measure of responsibility devolves upon the resident staff in that a large part of the routine instruction to internes and third year students in the techique of delivery falls to them.

Out-Patient Service. There are daily afternoon clinics for both gynecological and obstetrical patients. The ante-natal clinic is still gaining in popularity, and many patients come to us for ante-natal care who do not come to the hospital for delivery.

Special clinics are scheduled during the morning period. There has been a great increase in the number of attendances at the Sterility Clinic, so much so that it is now held twice a week. During the year a much improved apparatus for determining tubal patency was installed (purchased with a grant from the Mieg's Gift Fund), and it is now possible to keep accurate kymographic recordings of all utero-tubal insufflations. Two other mornings have been set aside for Treatment Clinics, under the supervision of Dr. Ch'en Kuei Chih.

When the Private Patient Clinic, also held on a morning, is taken into account, this means that the Out-patient Department is functioning every afternoon of the week and on five out of six mornings—a fairly heavy load for a limited staff which has in addition numerous in-patient and teaching duties.

Ward Service. Again the needs of both Gynecological and Women's Surgical Services have had to bow to the more pressing call on the beds made by Obstetrical cases. This is regrettable in more ways than one, chiefly perhaps

because it means over-crowding in the ward, with all the attendant risks of morbidity in the puerperal cases. Fortunately, however, with the increased hospital accommodation shortly to become available, there will be a separate ward for all "clean" maternity patients, and separate delivery rooms for "clean" and "dirty" cases. It is hoped that a very substantial reduction in our present high morbidity rate will be seen immediately these plans come into effect.

During the year, a record number of patients was delivered in the hospital. "Booked" cases predominated in exactly the same proportion as last year, (78%). Of the 293 cases, 137 (47%) were primiparae. The main features of the year's obstetrical work may be summarised in the table on next page:—

Hou Tsai Men Obstetrical Service. This work has continued to grow satisfactorily under the supervision of Dr. Mary P. Gell. The total number of deliveries was 107. as compared with 78 during the previous year. Approximately two thirds of these patients had received antenatal care at the Clinic. There is every evidence that this Service is filling a real need in the city, and that the foundation of a flourishing Maternity and Child Welfare work has been laid at Hou Tsai Men. The pioneer efforts of Dr. Esther Peh in this direction, followed by those of Dr. Gell, are to be maintained during Dr. Gell's furlough by Dr. (Mrs.) Liang-Liu.

Teaching. Emphasis continues to be laid upon practical clinical training. Third year Medical Students in groups of two or three watch six cases of normal labour each, and submit detailed reports on every case to the head of the department. Each interne has the opportunity of assisting at, or personally conducting, the delivery of some twelve or fourteen cases. This is an improvement on previous years, but it is hoped that before long every interne will have the opportunity of personally conducting a minimum of twenty

Presentation	Booked or Emergency	No. of Cases	Method of Delivery: Spontaneous	Method of Delivery: Operative	Mother (2): L.	Mother (2): D.	Mother (2): Morbid	Child (3): L.	Child (3): S. B.	Child (3): M.	Child (3): N. D.
Vertex: Anterior position	Booked	202	191	11	201	1	30	193	—	2	7
	Emergency	44	38	6	44	—	9	36	2	1	5
Vertex: Posterior position	Booked	15	6	9	15	—	2	14	—	—	1
	Emergency	4	1	3	3	1	1	1	2	1	—
Face	Booked	1	—	1	1	—	—	—	1	—	—
	Booked	10	7	3	10	—	3	9	1	—	—
Breech	Emergency	7	5	2	7	—	1	4	1	2	—
Transverse	Emergency	9	—	9	8	1	4	—	7	2	—
Compound	Emergency	1	—	1	1	—	—	—	—	1	—
Totals		(1) 293	24%	45	290	3	50	257	(4) 14	9	13

(1) Total number includes 2 twin deliveries.

(2) L=living, D=died.

(3) S. B.=stillbirth, M=macerated, N. D.=neo-natal death.

(4) The stillbirth total includes 8 destructive operations on the dead child.

deliveries. Professor J. Preston Maxwell, of the Peiping Union Medical College, again visited the Hospital and Medical School during the Spring to give a series of lectures in Obstetrics and Gynaecology. This is the fourth occasion upon which this annual exchange lectureship has been operative and there is every hope that this happy relationship between the Peiping Union Medical College and the Cheeloo School of Medicine will long continue.

Division of Otolaryngology.

Dr. Lang, head of this Division, was absent all year studying in Canada. Dr. Y. F. Li, acting in-charge, carried the heavy burden alone until December, when he was taken ill, and had to be off duty for several months. Routine work was continued by the department of General Surgery. Very naturally in-patients were limited to emergencies and such cases as the general surgeons felt they could handle, but the out-patient clinic was continued as before, and showed little if any diminution in numbers of patients. With reassembling of its staff and larger quarters in the new buildings, the Division will doubtless take a new lease on life.

Division of Opthalmology.

This large, under-staffed Division, which has been carried on for many years, almost single-handedly by Dr. H. Y. Liu, acting head, was completely disorganized when he was taken ill with tuberculosis at the beginning of the year under review. Mr. Tsou Chih, of the interne class, was assigned to this service for several months, and did valiant work in keeping the clinic running, assisted by the staff of General Surgery. At length, fortunately, the services of Dr. Eugene Chan, a well trained ophthalmologist, were secured, and he has become head of the Division. With the development of an adequate staff, this important clinic will be expected to show considerable growth.

Department of Medicine (from a report by Dr. Mosse):

This year the Medical Department was without the services of two of its staff, Dr. Lin being away on post-graduate study in America, and Dr. Morgan on furlough. Dr. Greene, the latest recruit, gave the department valiant help when he could tear himself away from his X-ray work.

The Resident Staff of four newly graduated doctors (i. e., men who have completed their seventh or interne year) were kept fully occupied with the busy routine work of the wards, the out-patient clinics, the rapidly developing tuberculosis work (this to Dr. Morgan's address), etc., as well as with work in rotation in the Leper Hospital under the direction of Dr. Smyly.

This was a good ordinary routine year for the Medical Service, with no alarms and excursions or startling epidemics; but as one looks over the list of diagnoses for the year (page 31) he is struck by the rich variety of clinical material that even an uneventful year can provide. Students here surely have much greater clinical opportunities than were available to most of their foreign teachers in their student days.

And yet there is great need for a larger volume of clinical teaching material. This is particularly true as regards in-patients. Second, third, and fourth-year students, internes and assistant residents all work on the wards, and typical or other "good" cases certainly get their money's worth of attention, being examined again and again. Fortunately, expansion into the new buildings promises to go far toward meeting this need.

Division of Pediatrics (condensed from a report by Dr. Scott):

The Pediatric Staff consists of two visiting physicians, a resident physician, two internes (part of their rotating service), a child health nurse, and two volunteer part-time assistants. Its work includes: out-patient and in-patient

care, outcalls, medical care of three primary schools (652 pupils), conduct of branch well baby clinics at the Tsinan Y. W. C. A. and at Lungshan, and the large task of keeping records and following up cases.

The volume of clinical work continues to increase. This year there have been 4,855 out-patient visits. The Pediatric out-patient service is now spread more evenly through the day, return cases being seen in the mornings, and new cases in the afternoons. A Private Patient and a Well. Baby Clinic are each held once a week. A change has been made from prophylactic clinics twice a week to immunity testing and prophylactic inoculations for every patient at his regular visit. Well babies receive Smallpox vaccinations as soon as their cords separate, and toxoid and typhoid inoculations before they are a year old. Parents are advised to have older children given Schick and tuberculin tests at the first visit, or as soon thereafter as conditions permit. An increasing number of children are being brought specifically for this purpose. Positive Schicks are followed as soon as advisable by inoculations. Patients with positive tuberculines are followed in a Chest Clinic by appointment. This latter group presents two very difficult problems: inability to separate these children from open tuberculosis in the home, and a city school system which requires children to be at school by 7 a.m. Parents as a rule are very ignorant about children's requirements of sleep and food, and as a result pupils spend very long days in school without having had proper rest or nourishment. A weekly clinic is held also for the treatment of syphilitic children. We are now treating a series of infants with Stovarsol, and hope that this will prove a solution of the financial problem which the high cost of arsenicals so often raises.

177 children were admitted as in-patients during the year, as compared with 149 for the preceding year. Although it was a "measles year" in Tsinan, the children's ward was quarantined for only two weeks. This was made possible by

giving adult serum to non-immunes in the ward, and during quarantine periods admitting to the ward only immunes or those who had received adult blood for prophylaxis.

Fully 80% of our patients come from middle-class Tsinan people, one or both parents being literate. In most cases we find that the parents are honestly seeking to learn how to care for their children's health. Hence another phase of the work has developed, the education of parents. It means tedious repetition which consumes much time in the clinic, but it is so necessary that the days are planned to include it. A mothers' club meets each week. Twelve lessons with demonstrations have been planned for this course, which is repeated four times each year, so that any mother should be able to attend an entire course during the first year of her infant's life.

School health work was begun eight years ago at the Chung Teh Primary School. During the past year similar services have been undertaken for another private school and for a city primary school. Regular clinics have been held at these institutions. Each child has had at least one physical examination, and all whose parents would agree have received tuberculin and Schick tests, toxoid, and smallpox. and typhoid vaccinations. A Child Health Nurse, secured during the year, has helped greatly in supervising health education in these schools as well as in making closer contacts between the homes of patients and the Pediatric Clinic.

Division of Dermatology.

This Division, which in 1934 sustained a great loss in the resignation of its former chief, Dr. Heimburger, has carried on this year under the leadership of Dr. Yew with the help of an assistant resident. In addition to dermatology, this Division undertakes also the treatment of syphilis and other venereal diseases. Although the number of in-patients on this service is small, its out-patient clinic is one of the largest and most active in the institution.

In last year's report a table was given showing the very wide variety of skin lesions encountered during the course of a year. The experience this year has been much the same.

Treatments carried out during the year may be summarized as follows:

For Skin diseases, all types	9,246
For Syphilis, salvarsan injections	617
neosalvarsan „	206
tryparsmide „	33
For Gonorrhea, injections (all types)	515
urethral irrigations	1,271

Roentgenological Department.

The X-ray Department has limped along so many years without a full-time or specially trained head, that it was with special pleasure that Dr. Greene was welcomed to the Hospital Staff in January. He at once took charge of the Department, instituting a reorganization that promises to enlarge and improve its work very materially.

(The following brief report is submitted by Dr. Greene:)

Figures given below record much of tne routine work of the Department. Instruction in the School of Medicine was given in X-ray physics and roentgenology. From February to June an X-ray technician of the Mackenzie Memorial Hospital, Tientsin, was here for further experience and study.

During the spring a free fluorscopic examination of the chest was offered to all doctors and all medical, nursing, and pharmacy students in Cheeloo. 103 individuals accepted this offer, and those with abnormal fluorscopic findings were examined with films. Four students were found to have active, parenchymal pulmonary tuberculosis.

Some minor items of X-ray equipment were made locally, and in June a contract was signed for installing new X-ray equipment in the new quarters soon to be occupied by the Department. Funds for this much needed equipment were contributed before the depression!

Registrations for examination	1,624
Fluorscopic examinations	644
Radiographic examinations (not the number of films exposed)	908

Physiotherapy Department.

The University Hospital is fortunate in having a well developed and fairly well equipped Physiotherapy Department closely coordinated with other departments, especially Surgery. This association has proved mutually beneficial. In certain fields of surgery the assistance of a trained physiotherapist is almost essential for successful treatment.

The following summary gives come indication of the amount and range of work done in this Department:

Patients (all referred from other departments) ..	1,022
Treatments	
Massage	3,218
Ionization	1,797
Galvanism	541
Faradism	346
Diathermy	528
Ultraviolet	2,507
Infra red	531
Radiant heat	697
Schnee bath	247
Exercises; muscle training	319
Nerve tests	23
Dressings	412
Different types of cases treated	81

Miss Nunn, Head of the Department left for home on furlough during the year. Shortly before she left, five students were given certificates for satisfactorily completing the six-month course in Massage and Electrotherapy.

A textbook of Physiotherapy (in Chinese) by Miss Nunn is in press.

Laboratories (adapted from a report by Dr. Gault):

The laboratory work of the Hospital is carried on in part by its own chinical laboratories, and in part by the

laboratories of the Medical School. Although this arrangement complicates the organization somewhat, it makes possible more expert work, more careful supervision of tests carried out by students, and assures that the resident staff retain a salutary contact with their preclinical teachers and laboratories.

The following table gives an inadequate idea of the volume of painstaking work done by these laboratories during the past year:

By Staff and Technicians	*Number of Examinations*	*Staff*
Pathological Laboratory	888	2
Blood Chemistry Laboratory	1,478	3
Bacteriology Laboratory	651	3
Serology Laboratory	5,200	2
Hospital Clinical Laboratory	954	2
O. P. D. Clinical Laboratory	11,197	1
Miscellaneous special examinations	245	
By Internes		
Routine Urine, Blood, Feces, Cultures, etc. (estimated)	14,400	

In addition, all these laboratories give assistance to other hospitals; the Pathological Laboratory, for example, makes sections and pathological diagnoses for over thirty hospitals.

A class of four student technicians is received each year for training in a course under 12 teachers from the Medical School. They rotate in 3-month periods in the Bacteriology, Serology, Hospital and O. P. D. laboratories.

Department of Nursing (adapted from a report by Miss Wilson):

Personnel:	Superintendent	1
	Supervisors and Instructors	6
	Assistant Supervisor	2
	Ward Head Nurses	5

Student Nurses,	First year	13
	Second year	16
	Third year	12
	Seniors	19
	Affiliates	4
Postgraduate students		5
		83

Miss Majorie Alderson, a most welcome addition to our staff, came in September. Departure on furlough of Miss Townsend, Anesthetist, in October, Miss Evans, O. P. D. Supervisor, in November, and Miss Brodie, Instructor, in May have left us short-handed. Miss Tung, Dietist, left during the year, and as a result the much used Special Diet Kitchen had to be closed for a period. Miss Chang Jung Ai joined the staff in January as Head Nurse on the Children's Ward.

Dr. Mary King has acted as Physician for Student Nurses throughout the year, and her diligence and efficiency have markedly lessened the total number of days off due to illness.

Through the generosity of friends in America an adult-sized Chase Doll has been added to the equipment of the demonstration room. A few books have been added to our reference library.

The school year has passed without interruption. The morale of the students has been good. Applicants for admission to the school (senior middle school graduates) are more numerous than formerly. 4 affiliate undergraduate students from other hospitals have been given four months practical instruction, and 5 postgraduates six months each. Our recent graduates are now located: 3 in government hospitals, 2 in military hospitals, 2 in public health work, 10 in private hospitals, and 2 in mission hospitals.

Social Service.

The Social Service Department, organized within the last two years, has continued to find an increasingly large place of usefulness in the work of the hospital. 246 in-patients and 81 out-patients (including home visits) were interviewed during the year. Investigations are made of home conditions, and of social and economic states of poor patients; problems of home readjustments, and of the convalescent care of patients after discharge are studied; and a certain amount of follow-up work has been attempted. This information is recorded and filed, and has proved of great value both to the doctors in charge and to the hospital administration.

Miss Myers, in-charge, carried on the Department alone or with volunteer assistance until November, when Miss Wang Wen-kiang joined the staff as an assistant. After Miss Myers' departure on furlough in June, Miss Wang assumed temporary responsibility for this work.

The Department, which has functioned thus far in a small basement room, looks forward to more commodious and attractive quarters in the new hospital building.

Evangelistic Work (report by Mr. Pailing):

In the early autumn we suffered a great loss through the Home-call of Pastor Nieh T'ung An who had most faithfully served as evangelist for over twenty years. Through the influence of his Christian life and witness many of our patients have been led to Christ.

Ward prayers, bedside talks, and lantern services have been carried on as usual during the year with encouraging results in many cases. The higher standard of literacy among the patients has enabled us to make greater use of Christian literature. Many Bible portions and illustrated

tracts have been given away, and numbers of in-patients have found help in the devotional books provided by the Hospital lending library.

A considerable number of patients come from outside Tsinan, and those who show definte interest in the Christian message are linked up as far as possible, with the churches in their districts.

Following in the steps of the Master, we seek to bring healing of soul as well as of body to those who enter our Hospital.

PUBLICATIONS BY MEMBERS OF THE STAFF

Fan, P. L. and Scott, A. V.: A study of noma complicating kala-azar in children, Chinese M. J., 48, 1046-1057, Oct. 1934.

Morgan, Julia, and Hsü, Y. T.: Acute monocytic leukemia; case report with autopsy findings, Chinese M. J., 48, 1113-1125, Nov. 1934.

Price, P. B.: University Hospital Annual Report, 1933-34.

Scott, Annie V.: Pediatrics, education and practice, Chinese M. J., 49, 186-189, Feb. 1935.

FINANCIAL STATEMENT 1935-35

INCOME				BALANCE (Negative balances underlined)	EXPENDITURE		
Degree of self-support	Items	Percent of total	LC $		LC	Percent of total	Items
%		%				%	Administration; Purchase and issuance; Housekeeping; Heat, light, water; Repairs
111	OPD registrations; Hosp bed fees	25	24,933.60	2,512.61	22,420.99	20	
84	Patients' food	12	11,901.74	2,352.50	14,254.24	13	Patients' kitchen
43	Operations; Deliveries; Dressings; Treatments; Examinations (Hosp. & OPD)	17	16,807.65	22,356.83	39,163.48	36	Nurses' salaries; Nurses' food; Doctors' salaries; Surgical supplies; Medical records
135	Drug fees	23	23,048.38	5,980.37	17,068.01	15	Pharmacy
178	X-ray fees	6	6,395.00	2,806.31	3,588.69	3	X-ray costs
142	Electrotherapy	2	1,751 85	516.61	1,235.24	1	Electrotherapy
188	Laboratories	5	5,787.07	2,624.56	2,962.51	3	Laboratories
394	Private Clinic	5	5,570.67	4,156 24	1,414.43	1	Private clinic
144	Branch obs. clinic	1	1,186.00	370.95	815.15	1	Branch clinic
216	School of Nursing matricul. fees	2	1,795.09	964.82	831.12	1	Dormitory costs
23	Donations	1	1,417.11	4,602.27	6,019.38	5	Charity cases; Evangelism; Social service
152	Miscellaneous	1	1,544.42	51 .87	1,025.55	1	Miscellaneous
92.84	TOTALS		$ 101,938 51	7,860.28	109 798.79		
	Subsidy from Medical School		7,860.00				
			$ 109,798.79		109,798.79		

SERVICE RENDERED

In-patients

Census, June 30th, previous year	91
Patients admitted during year	2,041
Births during year (live births only)	270
Total patients treated	2,402
Patients discharged during year	2,192
Deaths during year	138
Remaining in Hospital June 30th, 1935	72
Total patient days' care	34,853
Normal bed capacity	117
Maximum census	116
Minimum census	61
Average daily census	96
Percentage of bed occupancy	81.6%
Average period of hospitalization (days)	14.5
Number of deaths within 48 hours	59
Number of deaths, institutional	79
Mortality rate	3.4%
Autopsies	23
Operations—Major	309
—minor	631
Deliveries—spontaneous	248
—operative	45

Out-patients

General O.P.D.—new patients	22,469
—return visits	55,821
—Total	78,290
—minor operations	1,086
Private Patient Clinic	
—outcalls	277
—office visits, new	633
repeat	471
—total visits	1,381
Houtsaimen Branch Obstetrical Clinic	
—new patients, antenatal	108
general	15
—deliveries	107
—total visits	335
Lungshan Clinic (Rural Extension Project)	
—total visits	3,792
Grand total out-patient visits	83,798

ANALYSIS OF SERVICE

In-patients

Service	In-patient	Days care	Proportion of total hospital days	Average days of hospitalization	Average daily census
Medicine	641	8,717	27%	14	24
Skin	36	451	1%	13	1
Pediatrics	180	2,395	7%	13	7
Surgery	555	11,443	36%	21	31
Eye	87	1,134	4%	13	3
E. N. T.	87	805	2%	9	2
Gynecology	121	1,416	5%	12	4
Obstetrics	330	3,234	10%	10	9
Newborn	269	2,686	8%	10	8
Totals	2,306	32,661	100%	14 (average)	89

General Out-patients

Service	First visits	Return visits	Total visits	Proportion of total OPD attendance	Average visits per day
Medicine	5,512	5,053	10,265	13	34
Skin	3,099	8,789	11,888	15%	39
Pediatrics	1,323	3,167	4,490	6%	15
Surgery	5,872	19,856	25,728	33%	86
Eye	4,004	12,794	16,798	21%	56
E. N. T.	1,942	3,668	5,610	7%	19
Gynecology } Obstetrics }	1,017	2,509	3,526	5%	12
Totals	22,469	55,821	78,290	100%	261

ANALYSIS OF ADMISSIONS TO HOSPITAL

Obstetrical cases, usually admitted as emergencies, are not included.

Service	New OPD cases	Admission tickets		No. of these patients seen in Admitting Office	Patients actually admitted	
		No. issued	Proportion of patients receiving them		No. admitted	Proportion of those receiving tickets
Medicine	5,212	1,070	21%	1,025	641	62%
Skin	3,009	51	2%	48	36	75%
Pediatrics	1,323	317	24%	304	180	60%
Surgery	5,872	1,095	19%	1,060	555	52%
Eye	4,004	134	3%	130	87	67%
E.N.T.	1,942	209	11%	197	87	43%
Gynecology	1,017	187	18%	181	121	67%
Totals	22,469	3,094	18% (average)	4,945	1,707	59% (average)

ANALYSIS OF PATIENTS SEEN IN ADMITTING OFFICE, BUT NOT ADMITTED.

Service	No. bed available	Insufficient money	Patient could not find guarantor	Patient did not wish to be admitted	Left "to make arrangements" and did not return	Totals
Medicine	170	66	43	27	78	384
Skin	10	0	0	0	2	12
Pediatrics	64	6	0	13	41	124
Surgery	228	94	70	32	81	505
Eye	27	7	0	0	9	43
E.N.T.	62	15	0	0	33	110
Gynecology	41	1	0	0	18	60
Totals	602	189	113	72	262	1,238

DONATIONS

Hospital Supplies (White Cross supplies, contributed through the American Presbyterian Church, North, Board of Foreign Missions, New York City):

From Beaver Presbyterial Societies, Penna.
From Blairsville Presbyterial Societies, Penna.
From Erie Presbyterial Societies, Penna.
From Butler Presbyterial Societies, Penna.
From Women's Missionary Society, Blairsville Presbytery, Penna.
From Women's Missionary Society, Champlain, N. Y.
Six additional cases of supplies sent by the Board of Foreign Missions, New York City.
Packages of supplies sent by personal friends through Dr. Ingle and Dr. Price.

Memorial Gifts:

Rev. and Mrs. D. Kirk West (special fund for poor children)	$1,000.00
Dr. C. E. Scott	104.23
Mrs. L. H. Y. Yui	50.00

Contributions to Hospital Samaritan Fund:

Tsinan Union Church	321.14
Individual contributions, many of them anonymous (total)	691.74

Deliberate Overpayment of Bill:

General Han Fu-chu, Governor of Shantung	400.00

INCIDENCE OF DISEASES

In-Patients 1934-35

The following classification* is both topographical and etiological. primary division are anatomical, and in each division an etiological classification obtains. Marginal numbers are added for rapid and easy reference.

MAIN ANATOMICAL DIVISIONS

00—to 09—Body as a whole and Regions
10—to 19—Integumentary system and Breast.
20—to 29—Musculo-skeletal system.
30—to 39—Respiratory system.
40—to 49—Cardio-vascular system.
50—to 59—Hemic and lymphatic systems.
60—to 69—Digestive system.
70—to 79—Uro-genital system.
80—to 89—Endocrine system.
90—to 99—Nervous system.
X0—to X9—Organs of special sense.

ETIOLOGICAL CLASSIFICATION

—0 Diseases due to prenatal influences.
—1 Diseases due to infection (lower forms).
—2 Diseases due to higher plant and animal parasites.
—3 Diseases due to intoxication.
—4 Diseases due to trauma or physical agents.
—5 Diseases due to circulatory disturbances.
—5.5 Diseases due to disturbances of innervation or psychic control.
—6 Diseases due to or consisting of static mechanical abnormality.
—7 Diseases due to disorders of metabolism, growth, or nutrition.
—8 New growths.
—9 Diseases due to unknown or uncertain causes.

Diagnoses, both primary and secondary, are reported as Certain, Probable, or Questionable (i.e., queried by the doctor-in-charge).

*See footnote 3 on page iii of Preface.

IN-PATIENT DISEASES

	Diagnoses	Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
	BODY AS A WHOLE; REGIONS							
	Mental Diseases							
00–1	General paralysis	1						
	Hysteria		1			1		
00–9	Neurasthenia		2					
	Neurosis		3					
	Psychoneurosis		1			1		
	Psychosis (manic type)	1						
	Body Generally							
01–0	Congenital syphilis	2			1			
01–1	Bacteremia	1					1	
	Diphtheria carrier	1			3			
	Influenza	11						
	Kala-azar	62	2			1		
	Leprosy	1			5			
	Malaria (all forms)	7	2					
	Measles	5			2			
	Paratyphoid fever	1						
	Relapsing fever	1						
	Rheumatic fever	4	2	1	1	1		6
	Septicemia	3						
	Syphilis, general	5			24			
	Tetanus	2						
	Tuberculosis, diffuse				1			1
	Typhoid fever	24						2
01–2	Generalized coccidiosis	2						1
01–3	Acute intoxication, cause undetermined	1						
	Barbarturic acid poisoning	1						
	Carbon monoxide poisoning	1						
	Ethyl alcohol poisoning				1			
	Food poisoning	7			1			1
	Lead poisoning	2						
	Mercuric chloride poisoning	1						
	Mercury poisoning				1			
	Opium poisoning	17			1			
	Ricin poisoning							
	Toxemia of pregnancy	2			1			1
01–4	Heat prostration	1			4			
	Shock, nervous		1					
	Shock, post traumatic and postoperative				9			1

	Diagnoses	Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
01–7	Acidosis				18			13
	Beriberi	2			4			
	Diabetes mellitus	9						
	Hyperparathyroidism	1						
	Lactosuria	1						
	Malnutrition	2			72			
	Obesity (adiposity)				1			
	Rickets, acute				1			
	mild				18			
01–9	Fever, cause unknown	3						
	Pyrexia, cause unknown	2						
	Regional Diseases							
0.–0	Supernumerary thumb	1						
	Thyro-glossal duct cyst	1						
0.–1	Abscesses, extensive or deep	17			4			
	Infection, leg	3						
	ear region	1						
	elbow region	1						
	scalp	1						
	scrotum, perineum	1						
	shoulder				1			
	Deformity following noma	1						
0.–2	Elephantiasis, legs	1						
	Cut throat	1						
0.–4	Frost-bite (multiple)	1						
	Foreign body, arm	1						
	thigh	1						
	shoulder	1						
	loin	1						
	Gangrene, leg or foot	3			2			
	Hemorrhage, postoperative				1			1
	Injury to head	1						
	Wound, bomb	1						
	gunshot, abdomen	1						
	arm	1						
	chest	4						
	foot	2						
	shoulder	1						
	thigh	2						
	shell, hand	2						
	leg	1						
0.–5	Gangrene, thromboangitis arteriosclerosis	3			2	1		

	Diagnoses	Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques	
0.–5.5	Causalgia, median nerve ..		1					
0.–6	Splanchnoptosis	1						
	INTEGUMENARY SYSTEM							
	Skin, Subcutaneous Tissue, Mucosa							
1.–0	Edema neonatorum ..		1		1			
	Ichthyosis				1			
	Keratosis							
1.–1	Carbuncle	6			1			
	Cellulitis	13			3			
	Cicatrix with keloid ..	1						
	Erysipelas				3			
	Furuncle	2			1			
	Granuloma inguinale ..	1						
	Impetigo bullosa	1						
	Paronychia	1						
	Verruca	1						
	Herpes Zoster			1				
1.–2	Epidermophitosis					2		
	Scabies	4						
	Tinea versicola					1		
1.–3	Urticaria				1			
1.–4.	Abrasions	1						
	Clavus, heel	1						
	Contusions	2			1			
	Burns	9						
	Lacerations	2			2			
	Subcutaneous emphysema				1			
1.–5.5	Pruritis	1						
1.–6	Sebaceous cyst	2			1			
1.–7	Acne vulgaris				1			
1.–8	Carcinoma, squamous ..				1			
	Fibroma, subcutaneous ..	1				1		
	Fibro-sarcoma	1						
	Sarcoma (arm; neck) ..	2						
	Keloid	2						
	Lipoma, subcutaneous ..	3						
	Melanoma	1						
	Papilloma	1						
1.–9	Psoriasis	8						
	Breast							
19–1	Abscess	5						
	Gangrene	1						

	Diagnoses	Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
19–1	Mastitis, acute	2						
	Tuberculosis	1						
19–8	Carcinoma	9						
	Fibroadenoma	1						
	Sarcoma	1	1					
	MUSCULO-SKELETAL SYSTEM							
	Bones							
20–0	Spina bifida	1						
20–1	Osteomyelitis, long bones	6			3			
	jaw ..	8						
	skull ..	1			1			
	Periostitis	2						
	Spur, calcaneal	5						
	Tuberculosis, long bones ..	2	1					
	hands or feet	4			2			
	vertebra .	19			1			
20–4	Fracture, Colles'	1						
	femur	2						
	humerus ..	3			2			
	Pott's	1						
	radius	3						
	skull, base ..	1	2					
	vault ..	2						
	tarsus							
	tibia	5			1			
	ulna	2						
	vertebra ..	4						
20–8	Fibro-sarcoma, fibula ..	1						
	Sarcoma, femur	1						
	jaw	1						
	knee	1						
	Tumor, pelvis (type undetermined)		1					
20–9	Osteochondrosis, femur ..		1					
	Joints							
24–1	Ankylosis, fibrous, jaw ..				1			
	knee ..	1						
	Arthritis, acute	3						
	chronic infectious		5			2		
	gonorrheal ..		3					
	rheumatoid ..			2		1		
	Contractures							
	Tuberculosis, ankle ..							

	Diagnoses	Primary Cert.	Primary Prob.	Primary Ques.	Secondary Cert.	Secondary Prob.	Secondary Ques.	Deaths
24–1	Tuberculosis, elbow	1						
	hip	12						
	knee	6						
	sacroiliac		1					
	wrist	1						
24–4	Dislocations	4			1			
24–9	Osteoarthritis, spine	1						
Muscles								
27–1	Myositis, syphilitic	1						
27–9	Dystrophy, progressive	1						
	pseudo-hypertrophic	1						
Tendons, Fascia								
29–1	Septic finger	6						
	Septic hand	3						
	RESPIRATORY SYSTEM							
General								
30–1	Upper respiratory infection		22			52		
Nose								
31–1	Rhinitis, hypertrophic		1					
31–8	Carcinoma	2						
	Sarcoma	1						
31–9	Deviation of septum	4						
	Mucous polyp	11						
	Rhinitis, atrophic				1			
	hypertrophic	2			2			
Accessory Sinuses								
32–1	Sinusitis	5			1			
Larynx								
33–1	Laryngitis, acute	2						
33–4	Stenosis (following cut-throat)	1			1			
33–5	Paralysis	1						
33–8	Epithelioma	2						
	Papilloma, vocal cord							
Trachea								
34–1	Tracheitis, acute				1			
Bronchi								
35–1	Bronchiectasis	1						
	Bronchitis, acute	2			24			
	chronic	3				30		
35–3	Asthma	3			1			
35–4	Foreign body in bronchus	1						

	Diagnoses	Primary Cert.	Primary Prob.	Primary Ques.	Secondary Cert.	Secondary Prob.	Secondary Ques.	Deaths
Lungs								
36–1	Abscess	2	2					1
	Broncho-pneumonia	3			28			11
	Emphysema		2			3		
	Lobar pneumonia	14			3			10
	Tuberculosis, hilum		4			14		
	parenchyma	22	4	3	6	3	4	4
	pneumonia				1			
36–4	Wound	1						
36–6	Atelectasis					1		
Pleura								
37–1	Empyema, acute	5			3			
	chronic	2						
	tuberculous	1						
	Pleurisy, acute	2			1			
	with effusion	5			6			
	tuberculous	1			5			
37–4	Hemothorax				1			
	Pneumothorax				2			
	CARDIO-VASCULAR SYSTEM							
General								
40–9	Hypertensive cardio-vascular disease		10			3	2	
Heart								
41–1	Endocarditis	1			3			
	Heart disease, rheumatic	1			8			
	syphilitic	1				1		
	Myocarditis, syphilitic	1						
	Mitral insufficiency	1						
	stenosis		7					
	Aortic stenosis				1			
41–4	Wound of pericardium	1						
41–5	Heart disease, hypertensive	1	1					
41–9	Auricular fibrillation				1			
	Myocardial degeneration		1					
Arteries								
46–1	Aortitis					1		
46–4	Stab wound	1						
	Aneurysm, traumatic	1						
46–6	Dilatation of aorta				2			
46–9	Arteriosclerosis				2			
	Thromboangitis obliterans	3						

Diagnoses	Primary			Secondary			Deaths
	Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
Veins							
48–1 Phlebitis (saphenous) ..	1						
48–5 Varicose veins, leg ..	1			2			
48–6 Thrombosis (axillary) ..		1					
HEMIC AND LYMPHATIC SYSTEMS							
Blood-Forming Organs							
50– Anemia, aplastic	1						
idiopathic microcytic	1						
pernicious ..	1						
splenic		2			1		
Leukemia, lymphoid acute	1						1
myelocytic ..	3						1
myelogenous	1						1
myeloid, chronic	1						
Polycythemia, secondary ..		1					
Myeloma	1						
Blood							
51–9 Secondary anemia	5			3			
Spleen							
52–9 Splenomegaly of undetermined origin	4						
Lymph Channels							
54–1 Lymphangitis, acute ..	2			1			
Lymph Nodes							
55–1 Bubo, inguinal	1						
Lymphadenitis, pyogenic ..	2						
tuberculous	3	2			3		
55–8 Lymphosarcoma	1		1				
55–9 Hodgkin's disease		1					
DIGESTIVE SYSTEM							
Mouth							
61–0 Cleft lip	3						
61–1 Abscess, alveolar	1						
Dental caries				60			
Fistula of cheek	1						
Gingivitis, acute				1			
Pyorrhea alveolaris ..				57			
Noma	1			6			
Tuberculous ulceration ..				1			
61–6 Buccal cyst	1						

Diagnoses	Primary			Secondary			Deaths
	Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
61–8 Carcinoma, floor of mouth	1						
Epulis	1						
Fibroma, tongue	1						
Hemangioma, lip	1						
Sarcoma, palate	1						
Salivary Glands							
62–6 Ranula	1						
62–8 Carcinoma, parotid ..	2						
Pharynx and Esophagus							
63–1 Abscess, peritonsillar ..	7						
retropharyngeal	2						
Pharyngitis, acute	1			3			
Stenosis, esophagus ..	2						
Tonsillitis, acute	15			21			
subacute ..	1			1			
chronic ..	21				86		
63–4 Foreign body, esophagus ..	1						
63–5.5 Spasm of esophagus ..	1						
63–8 Carcinoma, esophagus ..	6						
Stomach							
64–1 Syphilis of stomach ..					1		
64–3 Gastritis, acute	3	7				4	
chronic							
64–4 Gastrostomy, for closure of	1						
64–5.5 Cardiospasm		1					
Pylorospasm		1					
Neurosis, gastric		2					
64–8 Carcinoma							
64–9 Achlorhydria (cause undetermined)	1						
Peptic ulcer							
Pyloric stenosis		2					
Small Intestine							
60–1 Acute gastro-enteritis ..	27				16		4
65–1 Tuberculosis, intestine ..	2					1	4
65–2 Ancylostomiasis	5				6		
Ascariasis	9				123		
Tapeworm infestation ..	3						
65–4 Fecal fistula	2						
Perforation	1						

	Diagnoses	Primary Cert.	Primary Prob.	Primary Ques.	Secondary Cert.	Secondary Prob.	Secondary Ques.	Deaths
65–9	Duodenal ulcer		2					
Colon, Appendix, Rectum								
66–1	Appendicitis, acute	27						1
	subacute ..	5	1					
	chronic ..	1		1		1		
	Bacillary dysentery, acute	49			10			1
	chronic		16			3		
	Colitis, acute	2						
	chronic	6			1			
	Perirectal abscess	6						1
	Tuberculosis of cecum ..	1	1					
	Amebic dysentery, acute ..	3						
	chronic	21			4			
66–4	Perforation				1			
66–5	Hemorrhoids, internal ..	32			8			
66–5.5	Spasticity of colon ..	1						
66–6	Chronic constipation ..		3		89			
	Impaction of feces ..	2						
	Prolapse of rectum ..	2						
66–8	Adenocarcinoma, rectum ..	6						
	Adenomatous polyp, rectum	1						
	Carcinoma of colon ..	1						
	Multiple polypi, rectum ..	2						
	Sarcoma, rectum	1						
Anus								
67–1	Fistula, pyogenic	41						
	tuberculous ..	1						
67–4	Erosion	1						
	Fissure	1			1			
67–8	Epithelioma	1						
Liver, Bile Passages								
68–1	Amebic abscess of liver ..	2			1			
	Cholecystitis, acute ..	1						
	chronic ..		1			1		
68–3	Hepatic toxemia					1		
68–5	Cirrhosis		17			1		
68–6	Cholelithiasis	1						
68–8	Carcinoma, liver	1	1	3				
69–8	Carcinoma, pancreas ..	1	1					
Abdomen Generally								
04–1	Abscess, abdominal wall ..	1						

	Diagnoses	Primary Cert.	Primary Prob.	Primary Ques.	Secondary Cert.	Secondary Prob.	Secondary Ques.	Deaths
06–1	Peritonitis, localized ..				11	4		3
	generalized ..	2			3			4
	tuberculous ..	1	1			3		
06–5	Ascites	1			11			
04–4	Hernia, ventral	1						
04–6	Hernia, inguinal, recurrent	13			2			
	strangulated	2						
04–8	Neoplasm (type undetermined)		1					
	URO-GENITAL STSTEM							
Kidney								
71–0	Polycystic kidney	1						
71–1	Nephritis, acute	5			1			1
	chronic	14			7			1
	Pyelitis		2			1		
	Tuberculosis of kidney ..	1			1	2		
71–5	Nephrosis		1			2		
71–6	Calculus	1	1					
	Hydronephrosis		1					
71–9	Renal glycosuria	1			1			
Bladder								
73–1	Cystitis, non-tuberculous ..	3			2			
	tuberculous ..	3			3			
73–4	Recto-vesical fistula ..				1			
	Vesico-vaginal fistula ..	1						
73–5.5	Enuresis	1						
73–6	Calculus	20						
73–8	Carcinoma	1						
	Sarcoma	1						
Urethra								
74–0	Hypospadias	1						
	Fistula infectional	2			1			
74–1	Gonorrheal urethritis ..	5			3			
	Periurethral abscess ..	5			3			
	Stricture, postinfectional ..	8			1			
74–4	Laceration	1						
	Stricture, post-traumatic ..	4						
	Foreign body	1						
74–6	Calculus	6						

	Diagnoses	Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
65–9	Duodenal ulcer		2					
Colon, Appendix, Rectum								
66–1	Appendicitis, acute	27						1
	subacute ..	5	1					
	chronic ..	1		1		1		
	Bacillary dysentery, acute	49			10			1
	chronic		16			3		
	Colitis, acute	2						
	chronic	6			1			
	Perirectal abscess	6						1
	Tuberculosis of cecum ..	1	1					
	Amebic dysentery, acute ..	3						
	chronic	21			4			
66–4	Perforation				1			
66–5	Hemorrhoids, internal ..	32			8			
66–5.5	Spasticity of colon ..	1						
66–6	Chronic constipation ..		3		89			
	Impaction of feces ..	2						
	Prolapse of rectum ..	2						
66–8	Adenocarcinoma, rectum ..	6						
	Adenomatous polyp, rectum	1						
	Carcinoma of colon ..	1						
	Multiple polypi, rectum ..	2						
	Sarcoma, rectum	1						
Anus								
67–1	Fistula, pyogenic	41						
	tuberculous ..	1						
67–4	Erosion	1						
	Fissure	1			1			
67–8	Epithelioma	1						
Liver, Bile Passages								
68–1	Amebic abscess of liver ..	2			1			
	Cholecystitis, acute ..	1						
	chronic ..		1			1		
68–3	Hepatic toxemia					1		
68–5	Cirrhosis		17			1		
68–6	Cholelithiasis	1						
68–8	Carcinoma, liver	1	1	3				
69–8	Carcinoma, pancreas ..	1	1					
Abdomen Generally								
04–1	Abscess, abdominal wall ..	1						

	Diagnoses	Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
06–1	Peritonitis, localized ..				11	4		
	generalized ..	2			3			3
	tuberculous ..	1	1			3		4
06–5	Ascites	1			11			
04–4	Hernia, ventral	1						
04–6	Hernia, inguinal, recurrent	13			2			
	strangulated	2						
04–8	Neoplasm (type undetermined)		1					
	URO-GENITAL STSTEM							
Kidney								
71–0	Polycystic kidney	1						
71–1	Nephritis, acute	5			1			1
	chronic	14			7			1
	Pyelitis		2			1		
	Tuberculosis of kidney ..	1			1	2		
71–5	Nephrosis		1			2		
71–6	Calculus	1	1					
	Hydronephrosis		1					
71–9	Renal glycosuria	1			1			
Bladder								
73–1	Cystitis, non-tuberculous ..	3			2			
	tuberculous ..	3			3			
73–4	Recto-vesical fistula ..				1			
	Vesico-vaginal fistula ..	1						
73–5.5	Enuresis	1						
73–6	Calculus	20						
73–8	Carcinoma	1						
	Sarcoma	1						
Urethra								
74–0	Hypospadias	1						
	Fistula infectional	2			1			
74–1	Gonorrheal urethritis ..	5			3			
	Periurethral abscess ..	5			3			
	Stricture, postinfectional ..	8			1			
74–4	Laceration	1						
	Stricture, post-traumatic ..	4						
	Foreign body	1						
74–6	Calculus	6						

Diagnoses		Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
Penis								
75–0	Phimosis	2			5			
75–1	Balanitis	1			1			
	Chancroid	1						
75–8	Carcinoma of penis	4						
Testicle, Epididymis								
75–1	Epididymitis, tuberculous	4				4		
	non-tuberculous	5			4			
75–8	Sarcoma, testis	1						
	Teratoma	1						
	Tumor (type undetermined)		1					
Cord, Prostate								
76–1	Prostatitis, chronic	1						
	tuberculous	1						
	Abscess of prostate	2			1			
76–6	Hydrocele	3						
	Varicocele				1			
76–7	Benign hypertrophy, prostate	2						
76–8	Liposarcoma of cord	1						
	Fibrosarcoma of prostate	1						
Perineum, Vulva, Vagina								
77–0	Imperforate hymen	1						
77–1	Condyloma acuminatum				1			
	Stricture of vagina				1			
	Vulvitis, acute	1						
77–4	Hematoma of vulva	1						
	Perineal laceration	1						
Uterus, Tubes, Ovaries								
78–1	Endocervicitis	12			12			
	Endometritis	10			9			
	Tuberculous endometritis	1						
	Metritis	1						
	Salpingitis	4			1			
78–4	Prolapse of uterus	1						
78–6	Hydrosalpinx	4			1			
	Anteversion	1						
	Retroversion	2			6			
78–8	Carcinoma, uterus	2						
	Dermoid cyst, ovary	1						
	Fibromyoma, uterus	10			1			
	Ovarian cyst	8						
	Polyp, endometrial	1						

Diagnoses		Primary			Secondary			Deaths
		Cert.	Prob.	Ques.	Cert.	Prob.	Ques.	
78–9	Amenorrhea	1						
	Endometrial hyperplasia	1						
Obstetrical Conditions								
79–0	Abortion, complete	3			2			
	incomplete	1						
	threatened	7			1			
	Pregnancy	315			13			
79–1	Omphalitis	1						
79–7	Subinvolution, uterus	1						
	Tubal pregnancy	4			1			
	ENDOCRINE SYSTEM							
Thyroid Gland								
81–9	Non-toxic diffuse goiter	3						
	NERVOUS SYSTEM							
General								
90–1	Neurosyphilis	3						
	Tabes dorsalis	1			1			
Meninges								
91–1	Meningitis, cerebrospinal	5			1			1
	pneumococcic				1			
	pyogenic				2			2
	syphilitic		1					
	tuberculous	6						3
	type undetermined	3			1			1
91–4	Intracranial hemorrhage				4		1	4
91–8	Endothelioma	1						
Brain								
93–1	Encephalitis, lethargic	3						
93–4	Concussion	9			3			1
93–5	Hemiplegia	2						
	Thrombosis		1			1	1	2
93–8	Tumor		1					
Spinal Cord								
97–8	Neurofibroma	1						
	Tumor, type undetermined		1					
97–9	Progressive muscular atrophy	1						1
Peripheral Nerves								
98–1	Neuritis, peripheral		2			2		

Diagnosis	Primary Cert.	Primary Prob.	Primary Ques.	Secondary Cert.	Secondary Prob.	Secondary Ques.	Deaths
98–4 Injury, sciatic nerve ..	1						
98–9 Trigeminal neuralgia ..	2						
THE EYE							
Eyeball, Cornea, Iris							
Glaucoma	1			1			
X1–1 Iritis				1			
Fistula in cornea				3			
Leukoma	4			3			
Panophthalmitis	4						
Staphyloma	4						
Synechia				1			
X1–4 Prolapse of iris	3						
X1–7 Keratomalacia	1						
Lens, Vitreous, Retina, Optic Nerve							
X2–1 Papillitis	1						
Retinitis	1						
X2–4 Foreign body in vitreous ..	1						
Traumatic cataract ..				1			
X2–7 Senile cataract	4						
Orbit							
X3–5.5 Strabismus	1						
Eyelids							
X5–1 Blepharitis				1			
X5–4 Laceration	1						
Lacraymal Gland and Duct							
X6–1 Dacryocystitis				1			
Conjunctiva							
X5–1 Conjunctivitis, acute ..				5			
Trachoma, chronic					68		
X5–8 Tumor (type undetermined)		1					
X5–9 Symblepheron	1						
Xerophthalmia				1			
THE EAR							
External Ear							
X7–1 Otitis externa	2						
Middle Far							
X8–1 Mastoiditis	5			1			
Otitis media, acute				12			
chronic ..	4			31			

	Primary Cert.	Primary Prob.	Primary Ques.	Secondary Cert.	Secondary Prob.	Secondary Ques.	Deaths
THE FOLLOWING PATHOLOGICAL CONDITIONS, WHICH ACCORDING TO THIS CLASSIFICATION FALL SHORT OF DIAGNOSTIC ACCURACY, ALSO OCCURRED:							
Aortic insufficiency ..	1						
Asthma	1			2			1
Cardiac hypertrophy ..	1			2			
Chyluria	1						
Convulsions	1						
Dehydration				4			3
Embolism						1	
Heart failure	3			8			7
Hemoptysis	3						
Hemorrhage	1			1			
Hepatomegaly	1						
Indigestion	1			1			
Infection, focal		2					
Intestinal obstruction ..	1				3		1
Syphilis, latent (W. R. positive)	12						
Lymphadenoma, neck ..	1						
Paresthesia, leg	1						
Retention of urine, acute ..	1			2			
Uremia				2			2

OPERATIONS PERFORMED

This list does not include minor procedures carried out on wards or in out-patient dressing and examining rooms, but only operations scheduled and performed in the hospital and out-patient operating rooms.

Operations	Hospital	O. P. D.	Deaths
GENERAL SURGERY			
Amputation of leg	21	—	2
Appendectomy	16	—	1
Biopsy	13	8	
Excision of foreign body	14	12	
Extraction of teeth	25	13	
Laparotomy, exploratory	11	—	
with drainage of abscess	6	—	
Herniorrhaphy	15	—	
Operations on anus	67	102	
„ „ blood vessels	2	41	
„ „ bones	4	—	
„ „ breast	13	—	
„ „ hands or feet	12	11	
„ „ intestines	4	—	
„ „ lymph glands	3	—	
„ „ mouth	2	—	
„ „ nerves	7	1	
„ „ prepuce	9	53	
„ „ rectum (for tumors)	4	—	
„ „ skin or subcutaneous tissues	148	106	
„ „ skull	6	—	
„ „ stomach	3	—	1
„ „ testis or cord	1	30	
„ „ thorax	3	—	1
Sigmoidoscopy	9	6	
Thyroidectomy	1	—	
Transfusion of blood	14	—	
Totals	438	383	6
ORTHOPEDIC SURGERY			
Operations on bones	21	1	
„ „ joints	4	—	
„ „ tendons	4	—	
Plaster casts applied	33	17	
Reduction of fractures	1	—	
Totals	63	13	0

Operations	Hospital	O. P. D.	Deaths
PLASTIC SURGERY, totals	39	4	0
GENITOURINARY SURGERY			
On bladder, cystotomy	1	—	
cystoscopy	34	—	
lithotomy	17	—	
On epididymis or vas	3	—	
On penis, amputation	5	—	
On urethra, dilatation	11	15	
repair of stricture	9	1	
lithotomy	4	—	
Orchidectomy	3	—	
Prostatectomy, suprapubic	2	—	
Totals	88	52	0
GYNECOLOGICAL SURGERY			
Dilatation and curettage	40	—	
Excision of ovarian tumors	3	—	
For ectopic pregnancy	1	—	
„ incomplete abortion	2	—	
„ vesicovaginal fistula	2	—	
On cervix	5	—	
„ tubes or ovaries	8	—	
„ uterus	16	—	1
„ vulva or perineum	2	—	
Rubin's test	1	134	
Totals	80	134	1
OBSTETRICS			
Spontaneous deliveries	248	—	1
Operative deliveries	45	—	2
Total	293	0	3*
OPHTHALMOLOGICAL OPERATIONS			
Enucleation of eyeball	6	—	
Excision of cataract	17	—	
Iridectomy	40	—	
Repair of eyelids	7	107	
Other operations	10	317	
Grand	90	424	0

* 14 s illborn babies are not included

Operations	Hospital	O. P. D.	Deaths
EAR, NOSE, AND THROAT			
Esophagoscopy and dilatation ..	38	3	
Mastoidectomy	5	—	
Removal of foreign body, from esophagus ..	5	2	
" bronchus ..	1	—	
Resection of turbinates or septum	13	—	
Tonsillectomy	50	—	
Other operations	30	31	
Totals	142	35	0
DERMATOLOGY			
Cauterizations and fulgurations ..	—	35	0
Grand Totals	1,233	1,086	10

Post-Operative Deaths

15717, F. 51. Multiple adherent fibroids, obesity, mild cardio-renal hypertensive disease. Supravaginal hysterectomy under spinal and ether, a long difficult operation. Died 1 hour later of shock and heart failure.

15767, M, 15, a beggar. Chronic dysentery, incontinent anus, prolapsed rectum, severe malnutrition and anemia. Grew progressively worse with conservative treatment. Ileostomy under local anesthesia. Died the next day of shock and inanition.

16147, M. 34. Secondary hemorrhage (femoral artery) from 2-day old operative incision (done elsewhere). Admitted in bad condition with tournequet on leg. Amputation under ether. Died of shock at close of operation.

16110, M, 53. Carcinoma of stomach, almost complete pyloric obstruction. Resection of stomach and regional lymph glands under ether. Died 3 days later, probably of peritonitis.

12274, F, 19. Acute appendicitis. Appendictomy. Secondary hemorrhage, presumably initiated by violent retching. Died of hemorrhagic shock 4 hours after second operation to ligate the bleeding artery.

13092, M, 33. Tuberculosis of knee with secondary streptococcus infection, (?) septicemia, severe anemia. Transfusion followed by amputation under spinal. Died 11 days later of (?) septicemia; terminal bronchopneumonia.

17262, M, 30. Gunshot wounds of chest and arm, streptococcus empyema, extreme anemia, (?) pulmonary tuberculosis. The operation under local anesthesia. Died the next day of sepsis. The operation did not seem to influence his course.

The obstetrical cases were infected upon admission, and died of sepsis.

BRIEF CLINICAL NOTES ON INTERESTING CASES

Pneumococcal Meningitis with Recovery

15842, M, 32. A workman, admitted for repair of inguinal hernia. Meningitis developed 9 days after operation. C. S. F. turbid, under high pressure, with high cell count. Culture positive on 3 occasions for Pneumococcus Type-IV.

First treated with lumbar puncture, appearing to be making progress, but his condition suddenly became very critical. A cistern puncture was done with injection of optochin. He had considerable reaction at the time of the injection, but went to sleep after it, and woke the next morning feeling quite well. The C. F. S. rapidly became normal and he made an excellent recovery. (Service of Dr. Mosse).

Clinical Hyperparathyroidism

15935, M, 16. Admitted with weakness, fatiguability, and wandering pains all over his body; these variable in duration and severity, and at times very acute.

Examination: So marked a loss of muscle tone that in O.P.D. he was thought to have muscular dystrophy. Constipation, loss of weight, ankylosis of left elbow, marked kyphosis of spine, and bony swellings of jaw, left fifth metacarpal, and left external malleolus. Two small masses which felt like lymph glands in the neighborhood of the thyroid gland.

This case showed a typical picture of early osteitis fibrosa cystica before it has progressed to the stage of spontaneous fractures, etc., but the clinical diagnosis was not supported by other evidence. Careful laboratory and metabolic balance studies gave consistently normal calcium and phosphorous values. This case, therefore, remains a still unsolved diagnostic problem. It is hoped that this case can be followed with further studies. (Service of Dr. Mosse).

Kala-azar with Agranulocytic Angina

16751, F, 14. Typical kala-azar, treated with a new organic antimony preparation. High fever on admission, frequently up to 40°, but after a rather stormy course this settled to normal by the 35th day of treatment.

W.b.c. had varied from 2700 on admission to 4600 at this time. P.m.n., 66% on admission, had varied between 44% and 76%. The patient appeared to be making a very satisfactory recovery. Then, on the 37th day, the temperature suddenly rose to 40°, the w.b.c. dropped

to 2100, and there was dramatic total disappearance of p.m.n. The patient developed a sore throat with ulceration and formation of a membrane, pneumonia developed, and death occurred 5 days after the onset of the angina.

Pentose nucleotide, which was used successfully in a later case, was unfortunately not available at this time. (Service of Dr. Mosse).

Liposarcoma of the Spermatic Cord

17354, M, 44. Mass in right side of scrotum 3 years, growing steadily, at length extending up to involve the abdominal wall.

Examination: Huge hourglass mass, constricted at inguinal region, definitely fluctuant and translucent. Thought to be hydrocele or cystic tumor.

Operation showed a solid lipomatous mass extending up through a greatly dilated inguinal canal, the abdominal and larger portion being extraperitoneal. Excised together with cord and testis. Large defect in abdominal wall successfully closed, healing per primam.

Pathological report: Lipoma, with early sarcomatous change, especially of abdominal portion.

Lipoma of the cord is rare. This case demonstrated how deceptively fluctuant and translucent a lipoma can be. (Service of Dr. Price).

Epidural Spinal Neurofibroma

16053, M, 19. Lumbar pain 7 years; weakness, gradual loss of control of urine and feces.

Examination: Marked wasting of legs, especially ant. tibial muscles; anesthesia of soles, buttocks, and ext. genitals. Overflow incontinence. Sacral spina bifida. Sacral tumor suspected, but x-ray showed lipiodol block at L 3, and widening of interpedicular space of L 1, 2.

Laminectomy revealed a large extradural tumor, displacing and compressing the cord, and extending through the intervertebral foramena. Incompletely removed. Postoperative course satisfactory, but practically no improvement in neurological symptoms during hospitalization. Since discharge he has been lost sight of.

Pathological report: Neurofibroma. (Service of Dr. Ingle).

Extramedullary Endothelioma

17532, M, 37. 2½ years ago fell from tree on head; no loss of consciousness; walked home. Developed pains in back of neck, and later progressive weakness in arms and legs. No loss of sphincter control.

Examination: Spastic paresis of arms and legs; sensory loss, chiefly of pain, up to level of C 3. X-ray of cervical vertebrae negative.

Exploratory laminectomy (C 3, 4, 5). Dura showed no pulsation. On opening the arachnoid, a long plum-colored tumor was found posterior to the cord, traversed by nerve roots. It extended beyond the limits of the dissection, and as the patients condition did not permit further exposure, it was partially removed. Postoperative condition good until afternoon of second day when the temperature rose rapidly to 41°, and the patient became comatose and died.

Pathological examination showed an endothelioma incompletely removed. (Service of Dr. Ingle).

Carbon Monoxide Poisoning with Paralysis

16910, M, 26. The patient went to sleep in a closed room heated by a charcoal brazier. When found by neighbors he was unconscious and his wife dead, her head resting on his extended arm. A week later he was brought to the University Hospital because of swelling, numbness, and paralysis of entire right arm.

Diagnosis: Carbon monoxide poisoning; toxic paralysis of right brachial plexus (all the trunks); pressure thrombosis of axillary vein.

Recovery was slow, but complete after several months. (Service of Dr. Price).

Very Early Carcinoma of Stomach

17298, F, 43. Indefinite dyspeptic symptoms for 20 years. Preoperative diagnosis: Probable peptic ulcer.

Exploratory laparotomy showed what appeared to be a longstanding scarred pyloric ulcer. A Finney phyloroplasty was done with excision of a small round deep ulcer and its surrounding scar tissue. Uneventful convalescence.

Pathological section revealed a nest of cancer cells, smaller than a pinhead, in the base of the ulcer. This was a chance finding, for it appeared in only one of several serial sections.

Evidently a very early case of carcinoma developing in an old ulcer. The patient would not agree to further operation. The ultimate outcome will be watched with interest. (Service of Dr. Price).

Tuberculosis of Cecum Simulating Appendicitis

17811, M, 63. Vague gastro-intestinal symptoms for 1 year. Acute attack 1 month before admission. Appendicitis suspected and treated expectantly. There followed a stormy period of chills and pyrexia.

Eventually a large abscess appeared in the right flank, which was opened and drained. The patient became progressively weaker.

Admission examination revealed a thin sick man with soft abdomen except for a mass in the r.l.q.; incision wound in right flank discharging pus and feces. The downhill course continued. A subphrenic abscess was located and drained. Smear of this pus contained numerous tubercle bacilli as well as colon bacilli. The patient grew steadily worse and died.

Final diagnosis: Tuberculosis of cecum, perforated. (Service of Dr. Price).

Ectopic Gestation with Unusual Complication

17589, F, 30. A pregnant woman, past term, admitted with a history of having passed a large bone by rectum.

Examination: A moderately ill patient, with large mass filling the abdomen. No signs of fetal life.

Operation disclosed an advanced ectopic pregnancy, the dead and decomposed fetus occupying a sac which had ulcerated through to communicate with the pelvic colon. The sac was marsupialized. Sooner or later practically every bone of a fetus at term was recovered. The resulting fecal fistula was closed by secondary suture, and the patient left the hospital in good condition. (Service of Dr. King).

ADMINISTRATIVE SHOP-TALK

The House-Order Book

A hospital is a much more complex organization than the uninitiated realize, and a medium-sized departmentalized institution may have more regulations, written and unwritten, than one can possibly keep in mind. Dr. Heimburger introduced the House-Order Book plan here, and we have used it for many years with great satisfaction.

In this plan, copies of each regulation, concisely written on separate loose-leaf notebook sheets, are distributed to the Business Office, Superintendent of Nurses, heads of Departments, etc., to be filed in their House-Order Books under such headings as: Admission of Patients, Fees, Duties of Orderlies, Visiting Hours, etc., etc. Thereafter when any question regarding hospital regulations arises, an authoritative answer can usually be found quickly and easily. The loose-leaf feature facilitates revision of "orders," and insertion of new ones. These books are useful also in enabling new members of the staff to become familiar with the hospital routine and customs.

Guarantors for Patients

The University Hospital meets the problem of collection of ward patient fees partly by requiring a deposit upon admission ($20 for medical, $30 for surgical cases), and partly by requiring the signature or chop of a reputable shop in Tsinan (one listed in the telephone directory) as guarantor. A printed form is supplied each patient seeking admission which must be signed by both himself and this guarantor, promising to pay all regular fees, to conform to hospital regulations, and to assume all risks incurred in treatment.

This plan met a good deal of criticism and opposition when first introduced, but now that it is a well-established custom, it is usually accepted as a matter of course: (see

table on page 29). In consequence the Business Office has become a business-like and much less turbulent place, the number of uncollectable bills has dropped from large numbers each year to very few, and threatened or actual suits against the Hospital have been almost eliminated. Most of our trouble now is with patients, admitted as emergency cases before such arrangements can be made, who try to get out of paying their bills.

Visiting Hours

First Class (Private) rooms: 10—12, 3—5, 7.30—9.
Second Class (Semi-private) rooms: 10—12, 3—5.
Third Class (Public Ward) beds: 1—2, daily; only one visitor at a time.

Companions

On occasion, first class (private) patients are allowed companions; these pay half the regular private bed fee and full food fee. Second class (semi-private) and third class (ward) patients are not permitted companions.

Fees (during 1934-35)

	First Class	*Second Class*	*Third Class*
In-patients			
Bed (per day)	$5	$2	$0.40
Food (per day)	1—3	1—3	.30
Operation	10—100	5—50	2—20
Delivery*	50—100	20—100	10—20
Laboratory (overall fee except for Wass.)	.3	1.50	1
Wassermann test	2	1.50	1
X-ray (film) examination	10—30	10—20	5
Out-patients			
Out-call	10		
O.P.D. registration, new	5	1	0.10
return	1		.05
Operation	5+		0.20—3
Dressings	1		.10
Lab. tests, each (initial urinalysis free)	1		.10
Wassermann test	2		1
P. E. with certificate	5+	5	1+

Reduced first and second class fees are charged to missionaries and other church workers, physicians and nurses and their dependents, and all members of the University community.

*Including ante—and past-natal care.

Per Capita Costs

In our experience it is practically impossible to separate hospital and O.P.D. expenditures, for both organizations are staffed by the same personnel, and many services, such as pharmacy, x-ray, physiotherapy, social service, etc., are used in common by the two institutions. Hence we cannot work out at all accurately the per capita cost of in-patients. To divide total operating costs by the number of in-patient days is patently unfair as it charges O.P.D. costs against in-patients.

Estimated costs of in-patients, on the basis of certain arbitrary division of expenditures between hospital and O.P.D., however, indicate that per capita costs have fallen during the last five years from about $3.20 to about $.250. These figures do not include salaries of the visiting staff (Medical School faculty members) or of nurses supported by mission boards.

Supplies and Requisitions

Hospital supplies we keep in four sets of store rooms—general, drug, linen, and surgical—each with its manager and card-index inventory system. Supplies are issued only on presentation of written requisitions, properly signed (usually by a head nurse) and countersigned (usually by the superintendent). Articles like thermometers, light bulbs, and rubber goods, are given out only in exchange for the damaged article. Tuesday is the official requisition day. On that morning each week as many as 150 or 200 requisition forms and 40 or 50 damaged articles for exchange pass through the superintendent's office for his O.K. A few "pink slips", however, come in each day. In each store room all requisition forms are filed, are entered periodically

upon the inventory cards, and at monthly intervals are reviewed and classified by wards or department. All orders for new stock likewise pass through the superintendent's office. In this way a fairly careful check is kept on all supplies, waste and "leakage" is diminished, and overstocking can be avoided. By these means we have been able to cut the large item for supplies on our budget about 40 percent.

SNAP-SHOTS FOR LAY READERS

Mr. Chang, a local Christian, took unto himself a second wife because the first bore him daughters but no sons. It cost him his church membership, but that seemed a small price to him because of his great desire for an heir. The Second Mrs. Chang was a nice little lady with a persistent pain in her stomach. But she was childless. She went to the University Hospital for treatment of her pain, and although she was relieved for a time, it seemed wasted money to him for even then she gave him no children. So he married a third time. Alas, alas! there was only one child, and that a girl! The Third Wife died, and the Second Wife took the little child for her own. The disgusted Mr. Chang left for parts unknown.

Not until last year did we see the Second Mrs. Chang again. She had aged a good deal. Her stomach ulcer had grown large by now and the food passage was almost completely blocked. She was very thin. An operation, a serious one at best, and a very risky one in her weakened condition, offered the only hope. From those vaguely dark post-operative days, when she lay nearer death than she realized, she began the long slow climb to full recovery.

Some time later, when one of the missionaries visited her in her home, she was delightfully surprised to find her an enthusiastic Christian. The First Wife was also interested in this "doctrine", all the more so because one of her own daughters had previously become a believer. "Tell me", said the missionary, looking into the face aglow with new health and life, "what influenced you to accept Christ?" "It was my experience in the hospital." "But what part of that experience?" persisted the missionary. "Well', she answered, "the evangelist there talked to me, and you did too, but chiefly it was one of the student nurses on night duty. She talked to me about the Gospel, and was so good to me when I was very sick."

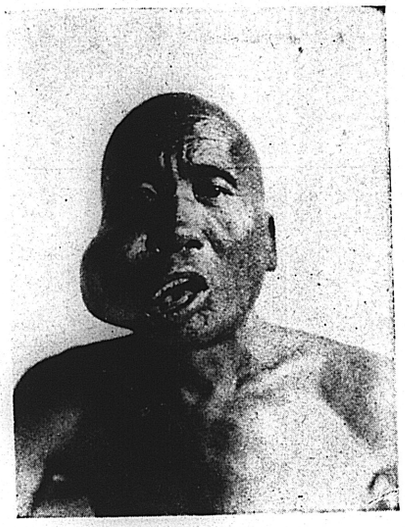
Laying a corner-stone is a Western custom. In China the formal opening is the all important day when visitors gather and speeches are made. So the laying of the corner-stone of the new hospital building (see opposite page iii) was in the form of a dedicatory occasion rather than an event of public interest.

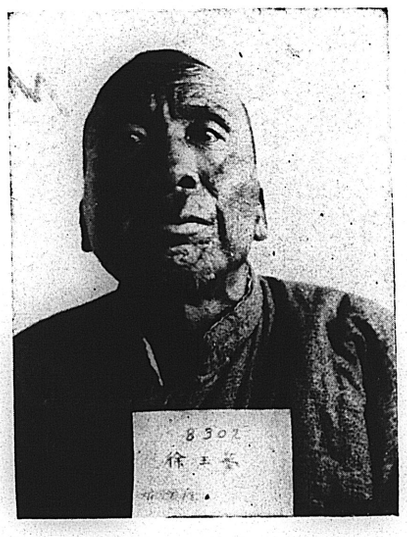
And where corner-stones are beginning to be used in China, it is thought fitting to write an inscription on them. So our corner-stone has on one face the date, a concession to the West, and on the other in large "cursive" characters, A GENEROUS GIFT FOR THE RELIEF OF MULTITUDES. This, very appropriately, was inscribed by Dr. J. Heng Liu, Director of the National Health Administration, Nanking.

This being a university hospital with none too many beds for teaching purposes, in-patients get their money's worth of attention. Most of them like it.

Each medical ward-patient has on the average: 3 complete physical examinations, 33 partial examinations, 12 laboratory tests, is seen 32 or more times by the interne, about an equal number of times by the resident physician, 15 times by the visiting doctor-in-charge, 2 or more times by the entire medical staff, 3 times by groups of students with an instructor, has 16 pages of clinical record besides nurses' notes, is given 46 doses of medicine, is charged $14.50 (Chinese currency), and costs the Hospital $26.50. Each surgical ward-patient has on the average: about half as many examinations, but is more likely to be x-rayed, undergoes one to two operations followed by 16 dressings, and during convalescence serves 5 times as a subject for discussion on "rounds"; he pays the Hospital $28.50, and costs $44.75.







These *before* and *after* pictures are of a Shantung farmer. He was a pathetic figure upon arrival. The tumor wasn't painful, but it prevented closing his jaws so that he couldn't chew his food, or talk intelligibly, and saliva drooled from the lower corner of his mouth. This had been going on for a year or more. He was growing thin from sheer lack of nourishment.

The tumor together with nearly half the upper jaw was removed. It is difficult to say which was prouder of the final result, the operator or the patient.

Among a crowd of eye-patients one day last spring was a young man of 28 going blind. Hospital care offered hope, the doctor said, but he had no money to pay the costs. Investigation by a social service worker brought out the following story:

Farmer stock. Very little education. Left home at 15 to learn a trade, and became a worker in leather. But before long he was lured by adventure and more money into the army of a former general. Here he went from bad to worse, contracting a disease. Leaving the army, he eked out a living pulling wheelbarrows. At length his disease so weakened him so that could no longer work. He was treated somewhere, developed bismuth poisoning which affected his eyes severely, came to Tsinan seeking relief, and found himself penniless and without friends in a strange city.

Admitted to the Hospital as a free case. Operation on eyes successfully performed. Total cost to the Hospital $15.40 (Chinese currency; U.S.$5.70 or £1.3.5).

Results: Much improved. Prognosis for eyes good. The patient is very grateful. Before he left he had plans made to return to his trade as a leather worker as soon as treatments in the Out-patient Department should be completed.

Just another tuberculosis case—one of hundreds that come to the Out-patient Department, and one of countless

thousands in Shantung Province. He was able to pay a modest fee so that the diagnosis could be confirmed by X-ray, but he hadn't enough money for the month of hospitalization and prolonged rest-cure recommended by the doctor. Into the sympathetic ear of the social service worker he poured his troubles.

He is 26, a writer in a primary school, getting $15 a month and room. As much as he could spare of his salary he sent each month to his family where eleven live on a small plot of poor farm land. He had had three months salary advanced. This was in the nature of a loan as the school has no fund for sick leave. Now he had only $15 of that left, no prospect of getting more, and little hope of retaining his job.

Admitted to the Hospital on a partpay basis. Cost to the patient, $15; cost to the Hospital $27.75. With the help of the Social Service Department arrangements were made with the school for a friend, who was at leisure, to substitute for him, paying back his debt and holding the job for him.

Results: The patient was discharged improved, and is continuing rest and treatment in a separate room at home in the country. The friend is still holding down his job.

"The Spirit of the Lord is upon me, because he hath anointed me to preach the gospel to the poor, he hath sent me to heal the broken-hearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised."

A haggard, unkempt woman—a famine refugee from southern Shantung. Everything at home had been sold or mortgaged. With nothing left to eat, they distributed the four living children among less unfortunate relatives, and along with hundreds of others made the long trek to one of the refugee camps at Tsinan. After weeks of almost intolerable existance, husband and mother-in-law had returned

to make a new beginning with spring planting, leaving her here alone—leaving her because she was too ill to travel, and was pregnant besides.

Leaning on a fellow refugee she crept to the Out-patient Department. A fearful streptococcus infection involved her neck and chest, half-choking her. Even with the best hospital care it was a question whether she could survive. So she was admitted as an emergency case. She stayed with us a long time, but she recovered—and didn't lose her baby either! It cost the Hospital $50.90. Upon discharge a return railway ticket was contributed by an interested friend, and arrangements made for her husband to meet her at the railroad terminus with a wheelbarrow.

"When He saw the multitudes, he was moved with compassion on them, because they fainted, and were scattered abroad, as sheep having no shepherd."

"Malnutrition". That means a wee body, scrawny as a plucked bird, a feeble whining cry, and sometimes, as in this case, disease of the eyes from lack of vitamines.

A social service worker investigating the home conditions found that this was the only living child of nine, the others having died with various diseases, due largely to miserable living conditions and ignorance of the mother. The parents originally came from the old homestead, 130 miles east of Tsinan, where they owned a small piece of land that they couldn't make a living on. They were told it would be easier in the city. The father finally got a job pulling a wheelbarrow pushed by another, making thirty or forty cents a day when he could get work. Average family income $5 a month, $1 of which went for rent of a small mat shed to live in. Both parents were very ignorant, but were eager that this child should live.

The infant was admitted to the Pediatric Ward. Cost to the Hospital $29.55.

Results. Steady improvement, which is continuing, as weekly check-ups in the OPD show. Education of the mother is a slow business, but there are signs of progress.

A little boy, seven years old, acutely ill with kidney trouble. The doctor said he should come into the hospital. At the Admitting Office the parents protested they had no money. Was it true? or was it the old story of trying to capitalize on sympathy? The matter was referred to a social service worker who quietly instituted an investigation.

The father, she found, is a ricksha puller; the mother a gatekeeper for a private home, earning lodging for the family of five in the gate-house. The father's earnings, after ricksha rental was paid, was barely enough for living expenses. There were no savings. The boy, eldest of the children, has been attending primary school, being bright and promising enough to have been granted a scholarship.

The patient was admitted free of charge. Hospital costs $24.55.

Results: The lad is doing well taking half a year of rest from school. The parents are taking good care of him, bringing him regularly to the clinic for follow-up examinations. Social service workers have visited the home repeatedly, helping with advice, and finding the father some regular pulling jobs.

"Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me."

A small, under-developed boy of 17, with swollen abdomen, and large hard spleen. Kala azar. Probably fatal unless treated. But treatment is expensive, and the father had only $6. Please, wouldn't the doctor "do a good work" and treat him for that? The case was referred to the Social Service Department for investigation.

They come from a family of seven, the sole wage earners being an old grandfather of 70, who farms a bit of land owned by the family, and the father who is a musician for weddings and funerals in their community. Income is very uncertain, the father making thirty or forty cents a day when employed. The land is hilly, and does not always produce enough food for the family. The boy helped on the farm, but has been unwell for a year. They scraped together all they could, $6, and the father and boy walked 60 miles over the hills to Tsinan. They were strangers with no friends in the city.

They paid the six dollars, and the boy was admitted. The father hurried home lest he lose chances for work. The patient developed complications which prolonged convalescence, but after nearly two months he was discharged in good condition. Arrangements were made for return home most of the way by train. Cost to the Hospital $57.95. The patient is to return in three months for observation.

Whether many of these patients or members of their families have become professing Christians, we do not know. Chinese are not quick to adopt a new religion, especially when it demands a revolution of life. But they all heard, some of them again and again, the story of a loving Savior. Some of them took tracts, pictures, or scripture portions home with them. And surely all of them must have taken with them also memories of gentle care and unselfish service. This is the seed, sown perhaps for others to reap rejoicing. This is the leaven that quietly but surely will leaven the whole lump. This is following, as nearly as we know how, the example and commission of our Lord Jesus.

Some patients, we do know, have gained far more than physical health.

"One of the best efforts
of the Missionary Program"

—*from the*
LAYMEN'S REPORT, SPEAKING
OF CHEELOO MEDICAL WORK.

0637



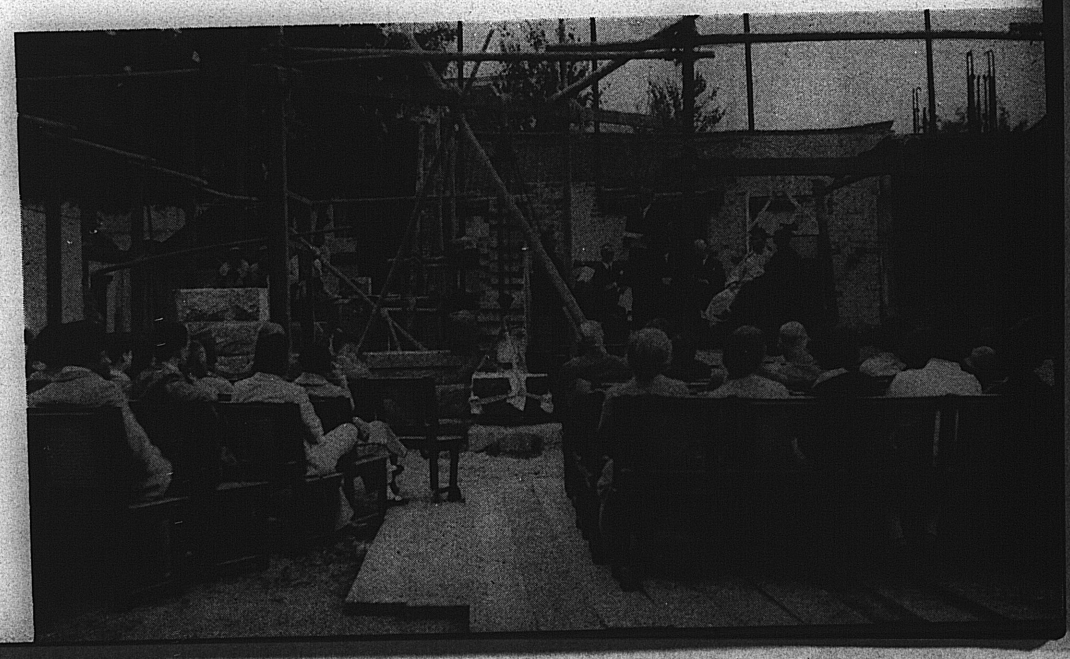
Corner-stone of the New Hospital. The inscription, by Dr. J. Heng Liu, Director of the National Health Administration, Nanking, says,

A LIBERAL GIFT FOR THE RELIEF OF MULTITUDES.

2 4 7
4 0 2 1
0638

In October 1934, the corner-stone of the first unit of the new Cheeloo University Hospital was laid, and now, eighteen months later, a formal opening of the new building is being celebrated, thus bringing to partial realization hopes and plans of many years.

The history of Cheeloo University Hospital has from the first been linked with that of the Medical School. Soon after the establishment in 1909 of the Tsinan Union Medical College, funds were raised, chiefly in England, for a companion "teaching" hospital; thus it happened over twenty years ago that the corner-stone of the then-called **Union Medical College Hospital** was laid, and at that time also there was a formal opening attended by many friends and notables. But the Medical School began to grow at an unexpected rate, for between 1916 and 1923 the former Peking Union Medical College, the Medical Department of Nanking University, the Hankow Medical College, and the North China Union Medical College for Women in Peking, all were moved to Tsinan, the five schools combining to form the present Cheeloo University School of Medicine. With increase of clinical work and departmentalization, and also because during these years the science of hospital struc-



Laying the corner-stone. Dr. Shields, Dean of the Medical School, is delivering the address. Seated on the platform, from left to right, are: Rev. W. B. Djang, Associate - President Davies, Dr. A. E. Armstrong (Canada), Dr. E. H. Hume, Pastor Hsü, and Dr. Peter Kiang.

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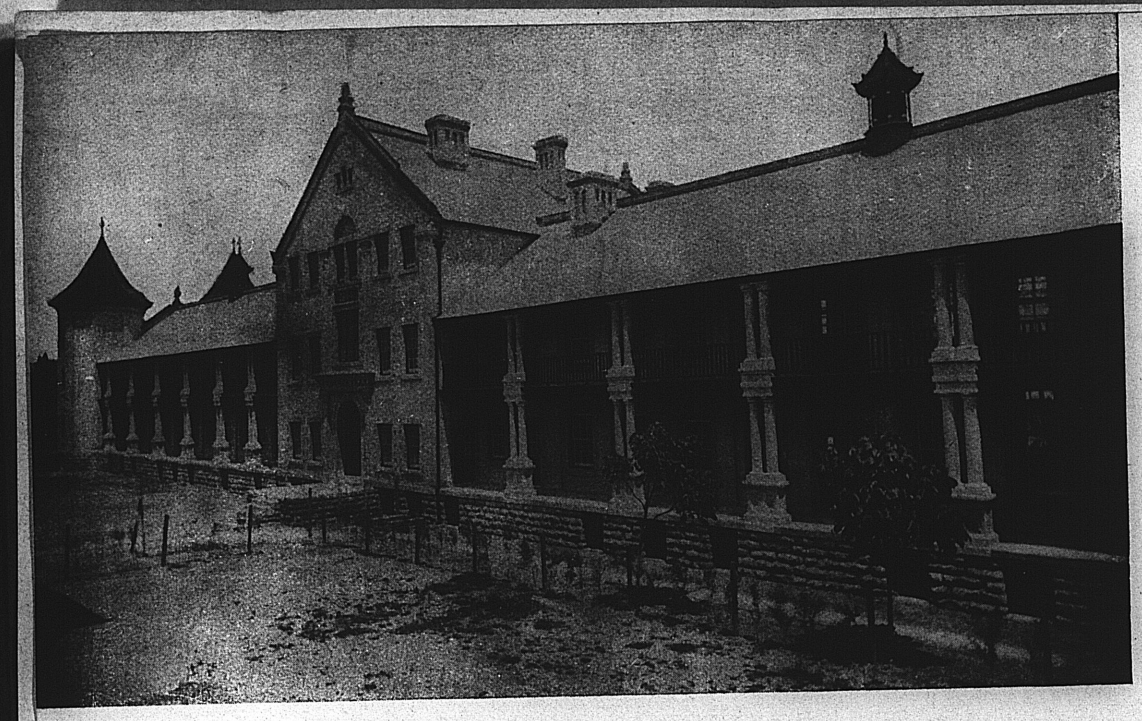

The old Hospital.

ture and organization developed rapidly, it soon appeared that the simply planned 100-bed hospital building, however suitable in 1914, was becoming increasingly inadequate. Consequently, in 1924, funds to erect a new 240-bed hospital were contributed by interested individuals and groups. For over two years the medical staff and architects worked over plans, a group of experts in America assisting; and after months of negotiations some twenty pieces of property north-east of the old hospital were purchased, which altogether formed a large square plot capable of accommodating the proposed new structure. When the last piece of land had been secured from an owner who held out for a large price, the staff celebrated with a banquet, for the stage seemed all set for initiating this much needed expansion. But before a start could be made there came the revolutionary upheaval of 1927-28, local warfare, evacuation of Westerners to coastal cities, the Japanese occupation of Tsinan, temporary closure of the University; and later, political disturbances, strikes, another brief closure of the University; and later, political disturbances, strikes, another brief closure of the University; and at length a world-wide depression with increased local financial difficulties—in discouraging succession. The American dollar depreciated, investments dropped in value, and the building fund

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dwindled alarmingly. Only now at long last has it seemed possible to proceed with the erection of the first unit of the new hospital building, together with a new out-patient building adjoining. And the very act of pushing this work vigorously and courageously forward has brought a fresh atmosphere of optimism and determination during an extremely difficult and critical period in the history of the University.

The city of Tsinan with its 650,000 inhabitants, lies sprawling along the plain which slopes gently from the hills to the winding Yellow River. It is the center and capital of historic Shantung Province. The University is situated on commodious grounds forming the "South Suburb" of the city. The Hospital, just inside the city wall and not far from busy thoroughfares, has during the course of years made a large place for itself in the life of the city and countryside.

The Cheeloo University Medical Department program of expansion calls ultimately for a 240-bed hospital with adjoining out-patient and resident doctors' buildings, and conversion of the older hospital building for use of the Medical School. The building operations just completed constitute a large step towards this goal.



A section of Tsinan as viewed from the roof of the Hospital. Note the crowding of houses, and the mixture of old and new.

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Architect's drawing of the New Hospital when completed. Only the left wing has been built so for.

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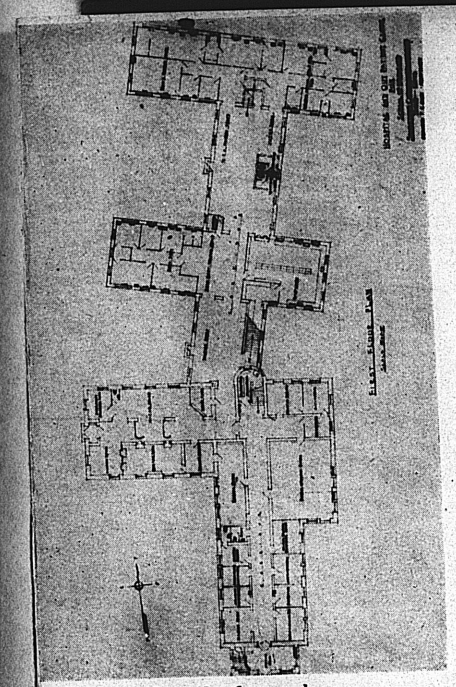
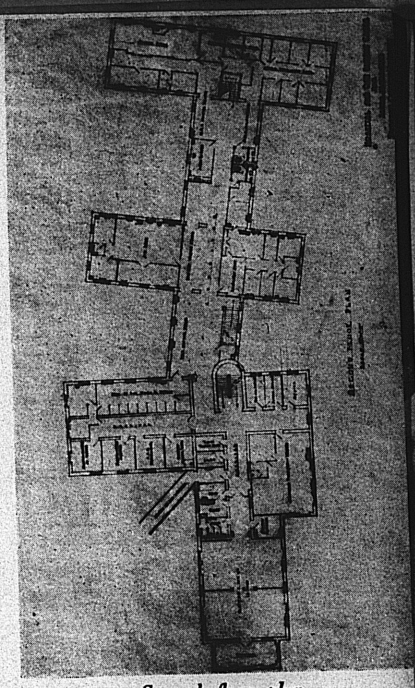


Ground floor plan.

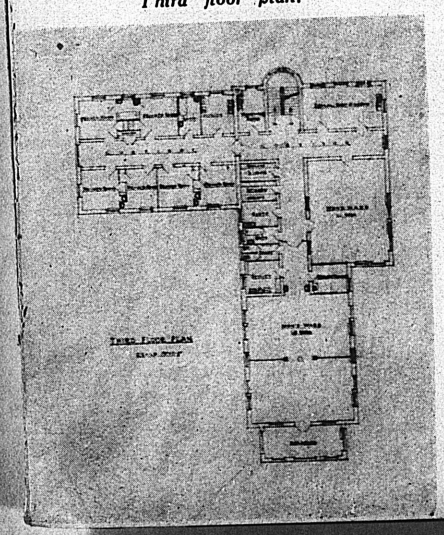


Second floor plan.

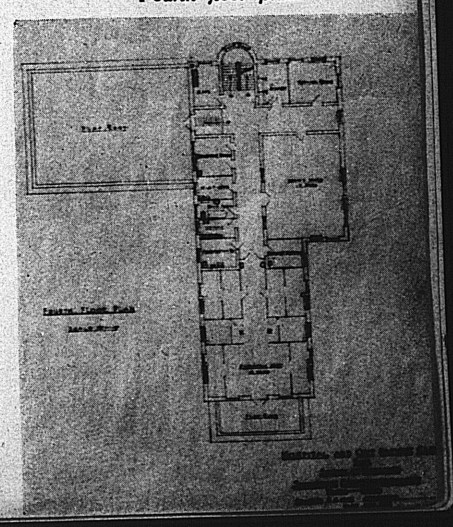
The completed wing of the new hospital has added sixty beds and now houses all medical and pediatric patients, and long-needed, attractive facilities for private patients. The old hospital continues to accommodate ordinary surgical and obstetrical patients, but sufficient space has been released to allow one of the most congested departments of the Medical School to expand. The new out-patient building has doubled our out-patient facilities which the former out-patient building serves temporarily as a nurses' annex. The two hospital buildings are connected across the public street by means of a 132-foot covered bridge, as well as a tunnel, and thus can function as a single unit. Other features have been added also: a central power plant, new laundry, separate isolation unit, and a new morgue.

The new buildings are thoroughly modern, fire proof, steel-and-concrete structures, built at about a quarter the cost of similar buildings in America or England—for only 32 cts. Mex. per cubic foot including furnishings! This has been possible not only because of relatively cheap labor in China, but also because of the extensive use of local materials. Stone was hewn from nearby mountains, brick and tile are made in Tsinan, cement comes from Hopei Province, steel windows, beds and mattresses were manufactured in Shanghai, door fittings in our own workshop, porcelain-ware in the Tangshan factory, window screens by a local iron-smith, furniture by local carpenters, radiators by the North China School of Engineering Practice in Peiping, and so on throughout the

Third floor plan.



Fourth floor plan.





ENTIRE STAFF OF THE CHE

Administrative and Senior Professional Staffs are seated in fr
Staff in the rear. On the wings stand employees, which mus
In the background on the Left may

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E CHEELOO UNIVERSITY HOSPITAL.

ted in front. Nurses are in the second row, and the Junior Professional which must be more numerous where labor-saving machinery is wanting. Left may be seen a tower of the old Hospital.

0645

buildings. Heating, plumbing, lighting, and other mechanical equipment were installed by our own workshop force.

Credit for the success of this enterprise is shared by many. It will be impossible to mention them all. Drs. Balme, Neale, Cochran, Shields and many others had part in the original conception of a new hospital and fostered interest in the project. Funds were contributed by interested groups (including the Rockefeller Foundation) and individuals in America through the Womens' Committee of the Board of Governors. Land was secured largely through the skill and diplomacy of Mr. Whitewright and Dr. Peter Kiang. Black, Wilson & Co., Shanghai, were architects for the new hospital, and R. L. Creighton of Peiping was architect for the new out-patient building. Great credit is due to Mr. J. B. Wolfe, of our staff, for carrying through so successfully and economically all the infinite details of building. Governors and Directors and University Executives have exercised themselves in behalf of the project. Members of the Medical Staff have spent much time and thought over plans and problems. Finally, the Municipal Government has



Gateway and west view of the new hospital and out-patient buildings. A schedule of out-patient clinic hours and a clock may be seen on a wall on the extreme right. Over this is the covered bridge which connects with the old Hospital.

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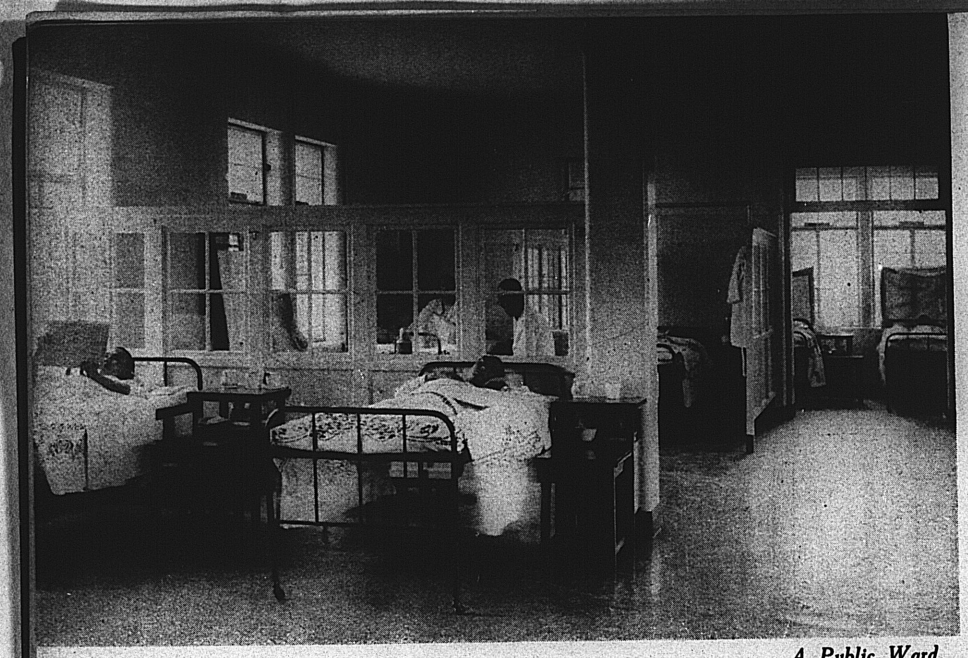
Interior views of the out-patient department.

contributed handsomely by paving the street leading to the hospital.

One compensation for long delay in building is that many unique features, results of years of planning and experience, have been incorporated. For example, services which are used in common by both hospital and O.P.D. such as record room, admitting office, departments of x-ray, electrotherapy, and social service, emergency and accident room, pharmacy, etc., are all so placed that they are conveniently accessible to both in- and out-patients. A neat, efficient method of handling and filing out-patient records has been evolved, closely coordinated with in-patient records.



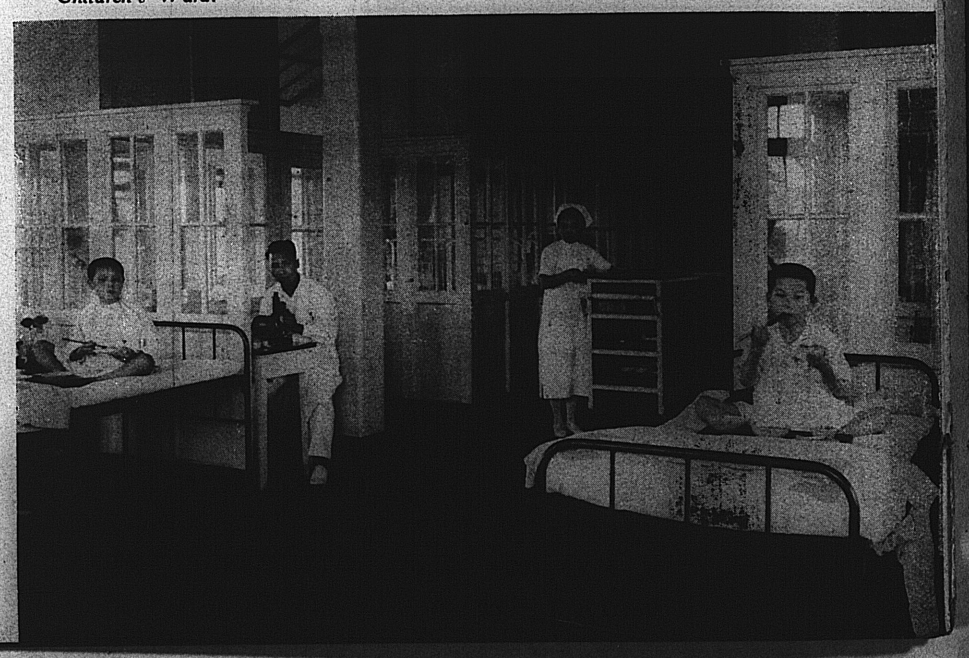


A Public Ward.

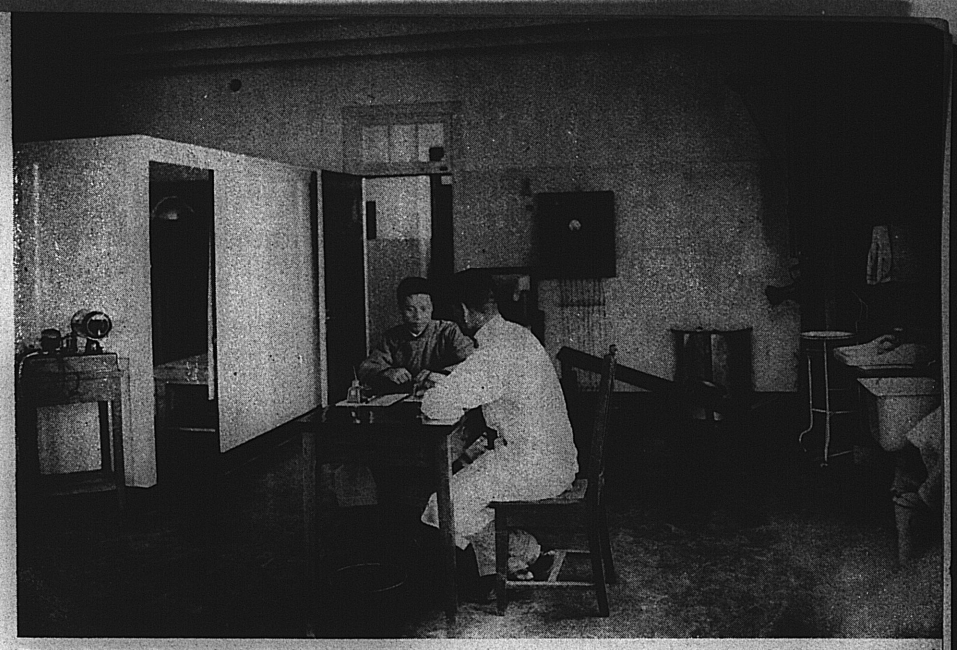
Inability to turn up any patient's clinical record promptly is becoming uncommon; this is something of a feat in China where people may, and do, change names at will and where files are apt to be "Chinese puzzles". Registration of out-patients is now in a wide, comfortable corridor in orderly queues, instead of on the street as heretofore.

The out-patient building is a new departure. It is a two-story structure of moderate size, having 12,300 square feet of floor space. Each of its twelve departments is a unit with its own waiting, examining, and treatment rooms. Partitions are all wedged-up ply-board and fiber-board structures, thin, light, and sound absorbing. The plan for the building was evolved from two basic conceptions. First, the necessity for numerous examining rooms of ideal size, just large enough for patient, doctor, and student, each room having its own set of furniture, outside window, steam radiator, running water, transom and door opening directly onto a corridor. There are forty-two such rooms in the building making possible individual careful attention for every patient. Besides these examining rooms there are several larger ones—pharmacy, surgical dressings rooms, clinical laboratory, radiographic

Children's Ward.



room, etc. Rooms occupy 54 per cent. of the floor space. It was the scientific arrangement of the remaining space into waiting rooms and corridors that formed the second ideal which underlay the plan of the building. Special attention was directed to the arrangements of corridors, to streams of people coming and going, to cross currents and points of concentration or stagnation. That the resultant outlay has been in some degree successful is shown by the fact that on busy days as many as 400 persons—patients, companions, doctors, nurses, students and employees—function actively in the building at one time without confusion or congestion.



Physiotherapy Department.

Wards in the new hospital are so designed that patients do not face windows. Glare from the ceiling is eliminated by slight graying of the whitewash. The children's ward has all its beds separated by glass partitions. Another feature is color. The first floor is paved throughout with dark green concrete, and the fourth floor with dark red. In corridors walls are "warm brown"; in wards and out-patient departments they are pale green, blue, or cream, with furniture to match. Service rooms are gray. This extensive use of colored paint, while not adding materially to costs, has effectively substituted bright colorfulness for the

A Private Room.



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usual drabness and bare whiteness of medical buildings. It is hoped that this innovation will have a salutary psychological effect in stimulating cleanliness, cheerfulness and efficiency.

The service which the old hospital rendered last year may be summarized briefly as follows: 2,300 in-patients, 23,000 general out-patients who made 80,000 visits, three branch clinics, 1,300 private out-patients; 1,750 operations and 250 deliveries, 18 internes and 19 nurses graduated, 12 resident house officers sent out to other institutions for special service, 6 post-graduates in physiotherapy, health work in schools, and clinical facilities provided for teaching medical students and for training student nurses. Such services will be considerably enlarged by expansion into the new buildings. But our ideal is not chiefly for statistical increases. Our dearest wish rather is that the quality of our work may be so greatly improved, that clinical standards may be raised so high, and that the spirit of Christian service may become so evident, that the Cheeloo University Hospital may fully deserve an outstanding reputation for these things throughout the Orient.

There is danger perhaps that the foregoing may create in the minds of some an impression of prosperity, even of affluence, which is quite contrary to existing conditions. Money designated for this specific building was contributed in pre-depression days, and has never been applicable to running expenses. Meanwhile, this hospital like many other subsidized institutions, has run upon hard times, so hard in fact that in addition to rigid economies such desperate and intolerable measures as elimination of charity work or lowering of professional standards have preforce been considered. Strange as it may sound, it was inability to meet current expenses that provided the final impetus to build. We need the revenue from larger numbers of patients, especially "pay patients". We propose to carry on the larger work with much the same staff, each adding to his own personal load, and thus to avoid proportionate increase in expenditure. But overwork cannot be a permanent solution. We must look to friends, alumni, former patients, philanthropists, and others who may be interested, for financial assistance, in order that this work, with its splendid history and rich promise for the future, may go forward.



Resident Staff on their way to the afternoon out-patient clinics.

International

Interdenominational

Educational

Humanitarian

Christian.

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THE UNIVERSITY HOSPITAL

OF

CHEELOO UNIVERSITY

TSINAN, SHANTUNG, CHINA

Report for Year Ending

June 30, 1936

COMMEMORATING OPENING OF NEW
OUT-PATIENT DEPARTMENT
AND
WEST WING OF NEW HOSPITAL.

Printed by J. BREWER, 140 Peking Road, Shanghai

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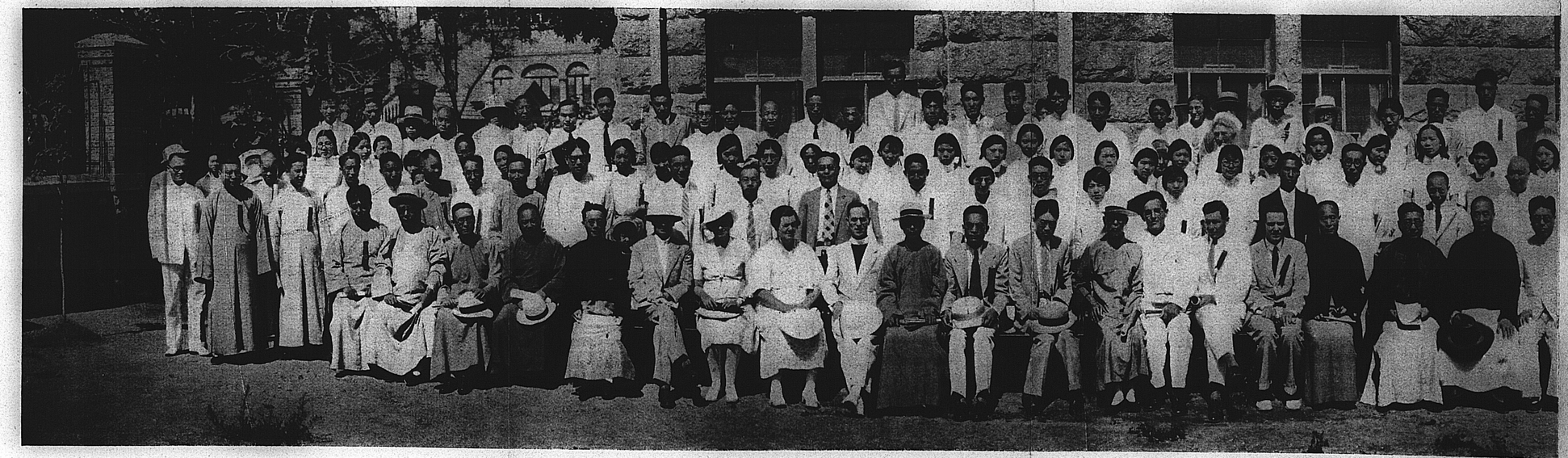
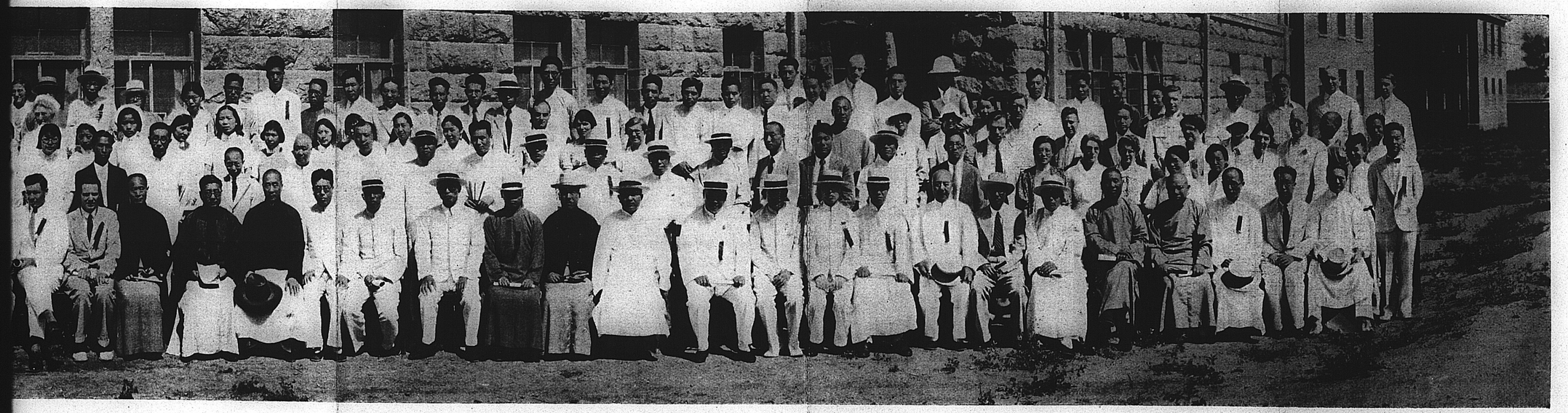


GROUP TAKEN ON JUNE 22ND, 1936, IMMEDIATELY AFTER THE FORM

In the centre of the front row is General Han Fu Ch'u (holding hat), Chairman of the Shantung Provincial Government. The new Hospital



), 1936, IMMEDIATELY AFTER THE FORMAL OPENING CEREMONY OF THE NEW BUILDING

ng Provincial Government. The new Hospital Wing and Out-patient Building may be seen in background. On the left may be seen the east tower of the old Hospital.

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FOREWORD

The year 1935-36 will remain an outstanding one in the history of Cheeloo University Hospital chiefly on account of two main events, the opening of the new Out-Patient Department and new West Wing, and the carrying out of extensive Medical Relief Work among Yellow River Flood Refugees quartered in Tsinan during the winter and early spring months. Both of these subjects are treated in considerable detail in the present report, even though this has meant curtailing, to some extent, other usual features of the report.

The year has brought with it other encouragements besides the extension of the hospital premises, chief amongst which must be reckoned further progress in the direction of self-support, which has now been carried to the high level of 96%.

In compiling the list of diseases, the "Standard Classified Nomenclature of Disease" has again been followed. Since the tentative adoption of this system in last year's report, several favourable comments have been received, and further experience in working with the classification has shown its superior accuracy and value. In practice it is found that the system is a great stimulus to the making of correct and scientific diagnoses, and it should prove a great boon to all Hospitals adopting it.

GORDON KING.

October 31st, 1936.

PERSONNEL

University President

Shu-ming T. Liu

Hospital Superintendent

P. B. Price, M.D. (until Feb. 29th, 1936)
Gordon King, F.R.C.S., F.C.O.G. (from March 1st, 1936)

Assistant to the Superintendent

Liu Yung-yao, M.D.

Attending Professional Staff

General Medicine:	H. J. Smyly, B.A., M.D., CH.B., F.R.C.S.I.
	Wm. McClure, B.A., M.D., C.M.
	E. B. Struthers, B.A., M.D., D.T.M.&H.
	*Julia Morgan, M.A., M.D.
	F. H. Mosse, M.A., M.R.C.P.
	Arabella S. Gault, B.A., M.D.
	*Lin Lien-ching, M.D.
General Surgery:	L. M. Ingle, B.A., M.B., CH.B., F.R.C.S, (Eng.)
	P. B. Price, B.A., M.D.
	Liang Ch'i-shen, M.D.
	Liu Yung-yao, M.D.
Obstetrics and Gynaecology:	Gordon King, F.R.C.S. (Eng.), F.C.O.G.
	*Mary P. Gell, M.B., CH.B.
Dermatology:	Yew Chia-chun, M.D.,
Ophthalmology:	Eugene Chan, M.D.,
Otolaryngology	*Lang Kuo-chen, M.D.
	Li Yuan-fu
Paediatrics:	Annie V. Scott, B.S., M.D.
	Fan P'ei-lu, M.D.
Roentgenology:	T. C. Greene, M.D.

Resident Professional Staff

General Medicine:	Su Sheng-hui, M.D., Assistant Resident.
	Liu Kuei-lin, M.D., Assistant Resident.
	Wang Fu-i, M.D., Assistant Resident (after Dec. 17, 1935.)
General Surgery:	Hou Chun-chih, M.D., Assistant Resident.
	Li Chun-ying, M.D., Assistant Resident.
Obstetrics and Gynaecology:	Chin Mao-yueh, M.D., Assistant Resident.
	T'ang Yü-teh, M.D., Assistant Resident.
Dermatology:	Hsieh Ching-Ku'ei, M.D., Acting Resident.
Ophthalmology:	Tsou Chih, M.D., Assistant Resident.
Paediatrics:	Pi Chin-chao, M.D., Assistant Resident

*Absent part of all of the year.

Interne Staff

Mr. Chang Kuan-ying	Mr. Liu Ch'ü fei
„ Chang Tun-jen	„ Liu Hsi-kung
„ Chao Shih-hsün	„ Wang Fu-i (3)
„ Ch'ien Chao-sheng (1)	„ Chang Chao (4)
„ Chow Yü-san	„ Wang Wei-tseng
„ Feng Lan-fen	„ Yang Chung-ta
„ Huang Fu-shao	Miss Chow Mei-lin
„ Ku Huan-chang (2)	„ Lan Yu-lien
„ Kuo Teh-lung	„ Wang Feng min
„ Liang Ch'i-hsuan	„ Wang Yün-fang (5)

(1) Died Jan. 2nd, 1936.
(2) Until Dec. 31st, 1935.
(3) Until Dec. 16th, 1935.
(4) After Oct. 15th, 1935.
(5) After Jan. 3rd, 1936.

Nursing Staff

Superintendent of Nurses:	Frances R. Wilson, B.S., R.N.
Supervisors:	Marjorie Alderson, S.R.N.
	Rosa Bell, R.N.
	*Coral M. Brodie, R.N.
	*E. Florence Evans, R.N.
Supervisor and Anaesthetist:	*Mollie E. Townsend, R.N.
Associate Supervisor:	Han Feng-ying, N.A.C.
Night Supervisors:	T'ao Ai-chü, N.A.C.
	Wang Li Jung, N.A.C.
Assistant Instructor:	T'ang Chang Mei-cheng, N.A.C.
Matron of Nurses' Home:	Chin Tsai-feng, N.A.C.
Head and Staff Nurses:	
Ch'en Wen-chen, N.A.C.	Ma sheng-t'ang, N.A.C.
Ch'i Lin, N.A.C.	Ma Yü-jung, N.A.C.
Han I-teh, N.A.C.	Mao Hsiu-ch'ing, N.A.C.
Hsiang Hsiu-ying, N.A.C.	Sun Shu-teh, N.A.C.
Hsing Ai-chen, N.A.C.	Wan I-chen, N.A.C.
Hsü Ch'ing-yun, N.A.C.	Wang Ching-ai. N.A.C.
Hsü Yu-mei, N.A.C.	Wang Jui-ling, N.A.C.
Hu Ching-tzu, N.A.C.	Wang Mei-yü, N.A.C.
Li Hsing-chün, N.A.C.	Yen Chieh-jen, N.A.C.
Li Mei-yü, N.A.C.	Yen Hsiu-hsiang, N.A.C.
Li Yü-ch'i, N.A.C.	Chang Hsueh-ch'ing, N.A.C.
Liu Feng-chen, N.A.C.	Liu Yü-hsiu, N.A.C.
Student nurses: 43	

Public Health Nursing Staff

Shih Hung-yao, N.A.C.
Ku Ch'eng-hsin, N.A.C.
Wang Li-po, N.A.C.

*Absent part or all of the year

Pharmacy Staff

In charge:	W. P. Pailing, B.D., M.P.S., PH.C.
Head Pharmacist:	Liu Chen-fa
Assistant Pharmacists:	Shih Ch'ing-yuan
	Li Ching-hua
In charge of drug store:	Liu Kuo-hua

Special Services

Physio-therapy:	*Gladys V. L. Nunn, C.S.M.M.G.
	Liu Lien-hsi, N.A.C.
	Wang-Liu Ching-lan, N.A.C.
Social Service	*Hazel M. Myers
	Wang Wen-kiang
	Ch'ien Ch'ieh-hua
Branch Obstetrical Service:	Florence Liang, M.D.
	Li Tsan-wen, B.S.

Laboratory Services

Blood Chemistry:	P. C. Kiang, M.D.
	Li Tsan-wen, B.S.
Clinical Laboratories:	Arabella S. Gault, M.D.
	Liu P'ei-hua
	Hsü Ching-t'ang
Pathology, Bacteriology and Serology:	Hou Pao-chang, M.D.
	Hsü Yin-t'ang, M.D.
	Yü Fu-hsin

Evangelism

Chaplain to the Hospital:	W. P. Pailing, B.D.
Evangelists:	Hsü Chih-t'ing
	Li Pai-ch'iang (Mrs.)
Ward Visitor:	Mrs. W. P. Pailing

Business and Administrative Staff

Treasurer of University:	H. P. Lair
Business Manager:	*J. B. Wolfe, B.A.
Architect and Engineer:	*J. B. Wolfe, B.A.
Assistant Business Manager and Accountant	Yen Djao
Assistant Engineer:	Liu Shih-ming
Business Office Secretary:	Liu Hung-yeh
Admitting Officer:	Feng Chi-sheng
Secretary to Private Patient Clinic:	Miss Connie E. Williamson
Custodian of Records:	Chang Yu-shu
O.P.D. Registrars:	Chang Heng-teh
	Chang Hung-chi
	Chang Feng-chi

*Absent part or all of the year.

O.P.D. Cashier:	Tung Kuang-ho
Medical and Surgical Supplies:	Mrs. Irene Slichter (appointed Feb. 22, 1936)
Linen Supplies:	Lin Kuo-hsiang
General Stores:	Wang Chia-shan
In charge of Kitchens:	Chang Ku'ei-wen
Information Centre:	Wang Ch'iu-fang

Voluntary Part-time Assistants

Physician to Nurses:	Mrs. Mary King, M.B., CH.B., D.T.M.&H.
Paediatrics:	Mrs. H. P. Lair
	Mrs. H. E. Chandler
Medical and Surgical Supplies:	Mrs. F. H. Mosse
	*Mrs. J. B. Wolfe

Assistants and Employees (not otherwise mentioned)

Administration	10
Housekeeping	10
Compounds and Gates	5
Ward Orderlies and Carriers	13
Kitchens	20
Laundry	10
Nurses' Home	4
O.P.D.	15
Pharmacy	3
Record Room	1
Technicians	2
Stores	2
Sewing Women	6
	101
Total Hospital Staff	259

*Absent part or all of the year.

RETROSPECT

The Cheeloo University Hospital and Medical School form an integral part of each other and of the whole University, so that any account of their history and origin necessarily involves a consideration of the whole institution.

Cheeloo University, or the Shantung Christian University, was established in 1904 by the union of the educational work belonging to the American Presbyterian and English Baptist Missions at Weihsien and Tsingchow respectively. Medical work was begun at a somewhat later date in Tsinan. Still later the work of the whole University became concentrated at Tsinan, the provincial capital, and by the increase in the number of cooperating mission boards to a total of nine the University stands today as one of the most remarkable examples of international cooperative Christian enterprise to be found anywhere in the world.

Prior to 1910 medical education had been carried on for a long time by missionary physicians in the province of Shantung, and for several years union peripatetic classes had been organized. The need for an established medical school and hospital became increasingly apparent, however, and in 1908 an excellent site was obtained in the South Suburb of Tsinan city for the erection of a Union Medical College and Hospital. In March 1910 the first class of students was received, and from that time onwards there has been a steady stream of students coming to Tsinan year by year to embark upon the study of medicine. The first class of four students graduated in January 1915, and year by year their ranks have been added to until the present number of graduates (up to June 1936) reaches the impressive total of 349 men and women physicians.

An early need in connection with the medical school programme was the replacement of the original bungalow type of hospital by a teaching hospital of adequate size, and in

1914 the building of the "old" Hospital and Out-patient Department was commenced by the English Baptist Mission, at a total cost of some nine thousand pounds sterling. The plant, which was opened for the reception of patients in November 1915, had a capacity of 110 beds, and was pronounced to be "the most up-to-date and well-equipped Hospital in North China" at that time. The number of patients was more than doubled during the first year of operation, and such was the growth of the work that in less than two years it became apparent that an expansion scheme would be necessary. In the early part of 1917 it was proposed to build a separate hospital for women and children, thus enabling the main hospital to be devoted entirely to men patients. The need for increased bed capacity became all the more pressing, not only because of inability to accommodate the number of patients applying for treatment, but also because of the increased demand for practical teaching facilities in the wards. For during the years 1916 and 1917, with the transfer to Tsinan of 65 students from the former P.U.M.C. and 14 students from the Medical School of Nanking University, the number of students became trebled, thus taxing the resources of the Medical School to the utmost. Certain much-needed extensions were carried out in connection with the Medical School, but it was not possible to make any additions to the Hospital at this time. Still later, between the years 1917 and 1924, students from the Hankow United Medical College and from the North China Union Medical College for women joined the Cheeloo Medical School, so that the school came to represent an amalgamation of five separate medical colleges. With the consequent augmentation of staff and student body, and the ever-increasing volume of patients, the insufficiency of space available in the old hospital became an acute problem, and by 1924 concerete plans were on foot for the erection of a new Hospital. Fortunately finance was not a problem, as the funds for the new building were contributed in America

through the Women's Committee of the Board of Governors, and by interested individuals and groups, including the China Medical Board. By 1926 an excellent plot of land had been secured to the north-east of the old hospital, and detailed plans had been drawn up for the erection of a new hospital. But before a start could be made there came the political upheaval of 1927-28 and following this a most unsettled and disturbed period during which it was impossible to contemplate any major efforts of expansion. By 1934, however, after many unavoidable delays, it was at last decided to embark upon the building of a new Out-patient Department and the West Wing of the New Hospital. It was felt that in this manner the most immediate and urgent needs could be met. The intolerable overcrowding in the old Out-patient Department would be ended: an immediate increase of 60 beds would be provided, and moreover the experience gained in working in the new west wing and with a larger bed capacity would determine whether, within a short space of time, it would be justifiable to proceed with the completion of the New Hospital by adding the central block and east wing. It was in this manner that the building programme described elsewhere in this report came about.

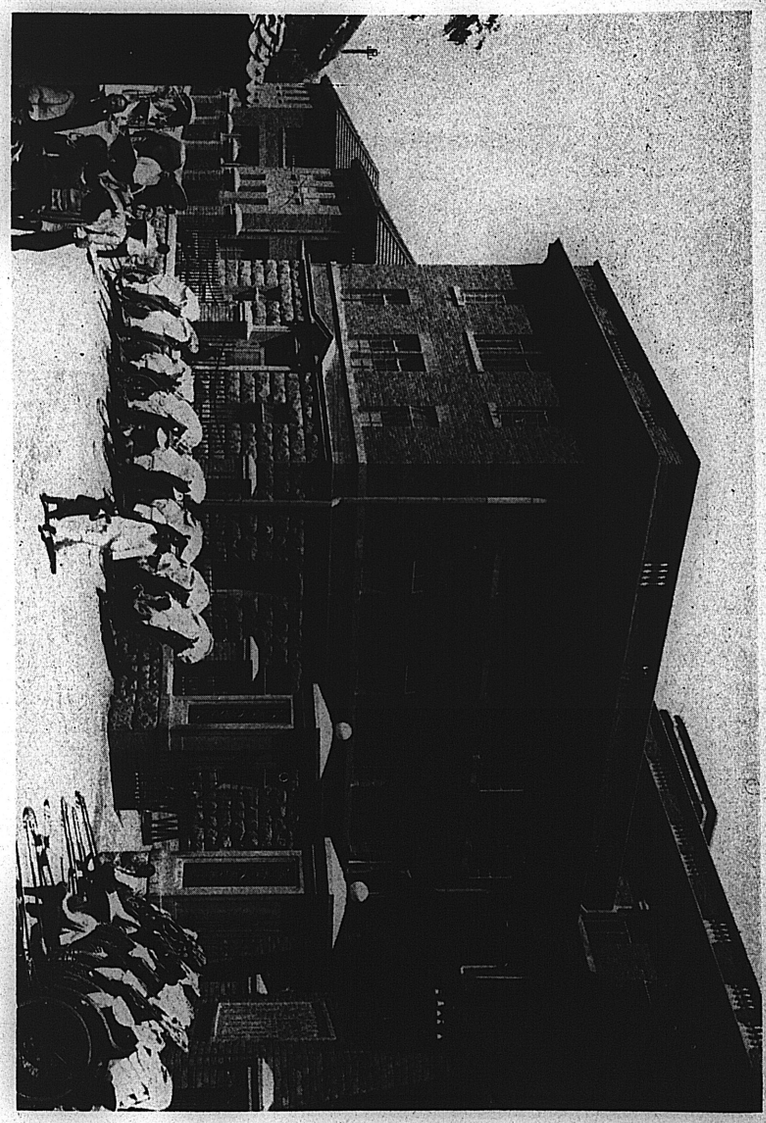
An untold volume of devoted and consecrated labour has been poured into the Hospital from its earliest beginnings onwards. It would be impossible to mention by name all those to whose Christian loyalty and generosity the work owes its existence and growth. Suffice it to say that today the Cheeloo University Hospital holds an established place in the city and in the province, and stands as a living and growing witness to the power of united Christian effort.

THE NEW WEST WING AND OUT-PATIENT DEPARTMENT

The building programme completed during the year 1935-36 constitutes the first and most important step towards the attainment of the ultimate goal of an up-to-date 240-bed University Hospital, with adjoining Out-Patient Department, Isolation Building, and increased housing facilities for resident doctors and nurses.

The sorely-needed new Out-Patient Department has at last been completed and opened for use, and in addition the West Wing of the new Hospital has been erected and now accommodates all medical and paediatric patients in addition to the Hospital administrative offices and an attractive suite of rooms for private patients.

Building was started early in September 1934, and the Corner Stone was laid at a dedicatory service held on October 11th, 1934. By a happy circumstance this date coincided with the visits of Dr. A. E. Armstrong and Dr. E. H. Hume, both members of the North American Section of the University Board of Governors. The stone-laying ceremony was most appropriately performed by Dr. Armstrong, and Dr. Hume gave a memorable address on "Foundations—Scientific, Social and Spiritual". After this the building proceeded apace, and it would have been a matter for amazement to our many friends in England and America if they could have seen a thoroughly modern, fireproof, ferro-concrete structure springing up entirely under hand labour, with none of the mechanised contrivances and aids to which builders in western lands are accustomed. As far as possible local materials were used for the building operations. Stone is plentiful in the near-by mountains, and was cut to the right dimensions on our own premises. Seasoned logs of timber were also sawn up and handled on the spot. Brick and tile of good quality are made in Tsinan, cement



THE MAIN ENTRANCE TO THE NEW HOSPITAL AND OUT-PATIENT BUILDING

To the left stretch the Out-patient buildings, whilst on the right is to be seen the covered bridge connecting with the old Hospital.

comes from the neighbouring province of Hopei. A very good brand of porcelain were was obtained in Tangshan, steel windows and beds were made in Shanghai, radiators were made by the North China School of Engineering Practice in Peiping, and last but not least, the heating, plumbing and lighting, together with innumerable miscellaneous items of mechanical equipment, were made or installed by our own workshop staff. The buildings were completed, together with equipment, for the incredibly low cost of about 32 ients Mex. per cubic foot—about one-quarter of the cost of similar buildings in England and America.

The Out-Patient Building, with its two floors and 12,300 square feet of floor space, provides excellent accommodation for nine clinical departments, in addition to well-planned registration facilities, a centrally situated pharmacy and efficient laboratories. One feature of the building is the large number of individual examining rooms of a size adequate to accommodate patient, doctor and student. There are no fewer than 42 such rooms, in addition to a number of larger ones, distributed throughout the various departments, thus making possible prompt and individual attention to all patients. Another feature is the abundant corridor and waiting space, which ocupies 46 per cent of the floor area. The congestion and crowding which became such a problem in the old building have now completely disappeared in consequence, and even on the busiest days there is never any sign of confusion or disorder.

The new West Wing, which adjoins the Out-Patient Department, is situated immediately across the road from the old hospital, to which it is connected by a covered bridge as well as by an underground tunnel. The two buildings are thus brought into intimate connection, and will function as one unit until the completion of the remainder of the New Hospital. On the ground floor of the new building are the administrative offices, record room and private patients' registration office and examining rooms. On the next floor

are the offices of the Nursing Department, Social Service Department, and Physiotherapy Department, together with a 16-bed Women's Medical Ward. On the remaining two floors are the Pediatric Wards and Men's Medical Wards, in addition to a Special Diet Kitchen and a suite of six attractive rooms for Private Patients and accommodation for semi-private patients. The whole building is surmounted by a flat roof, which has already proved a great asset on certain social occasions, and from which a very fine view of the city of Tsinan may be obtained.

Although the new hospital came into use during the month of October 1935, just at a time when the arrival of many thousands of flood refugees in Tsinan gave rise to an unusual demand on our bed capacity, the formal opening of the new building was unavoidably postponed until June 22nd, 1936. On this date General Han Fu-ch'u, Chairman of the Shantung Provincial Government, was personally present at the ceremony as the guest of honour, in addition to a representative gathering of Tsinan citizens and officials and a large number of friends of the hospital. The chair was taken by President Shuming T. Liu, and addresses were given by General Han, by Dr. Yin, principal of the Provincial Medical School, and by Dr. Peter Kiang. Following the ceremony a group photograph was taken and the whole building was thrown open for inspection.

The total capacity of the hospital has now been increased to 168 beds. It has already been mentioned that the New Wing houses Medical, Paediatric and Private Patients, whilst all Surgical, Gynaecological and Obstetrical patients are accommodated in the old building, where the operating rooms, and sterilising facilities are still situated. Certain improvements have been made possible in the old building, such as the addition of an operating room for septic cases and the devotion of the whole top floor of the hospital to the requirements of a "clean" obstetrical unit. One of the disused ground floor wards has also been turned over to

the Medical School for much needed expansion, and eventually, when the whole of the New Hospital has been built, it is planned to turn over the remainder of the Old Hospital to Medical School purposes.

The vacated Out-Patient Building has already found new use in providing accommodation for women residents and internes, and a certain number of nurses. In addition space has been assigned for the offices of the Public Health Department and a small temporary Isolation Department. Other additions have been a new Power Plant and a new Hospital Laundry.

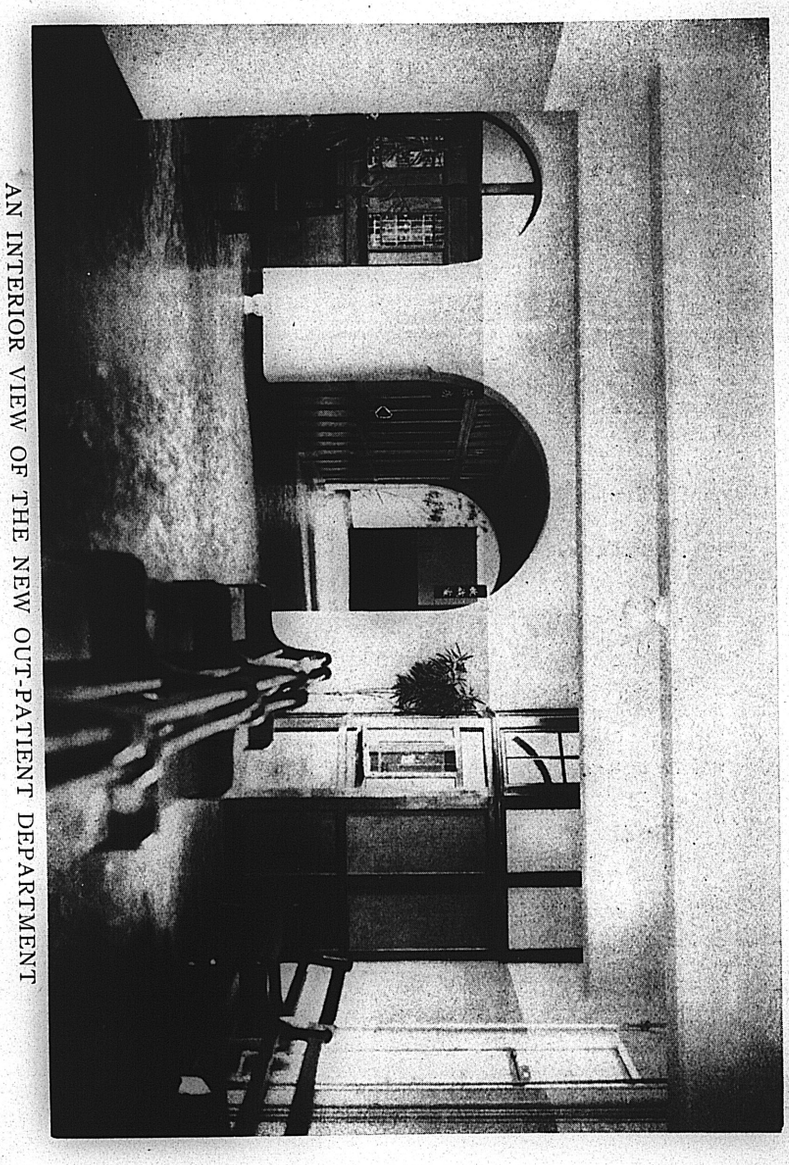
These changes, though they only partially represent our ultimate hopes and plans, have undoubtedly meant an increase in the amount of work handled and a general raising of the standard of efficiency of the Hospital. For a hospital possessed of the Christian ideals which Cheeloo cherishes, only the best will suffice, and it is the ardent desire of all those connected with the Hospital that increased opportunities for service may only redound to the greater glory of the Name of Him who inspired the work.

STATEMENT OF COSTS

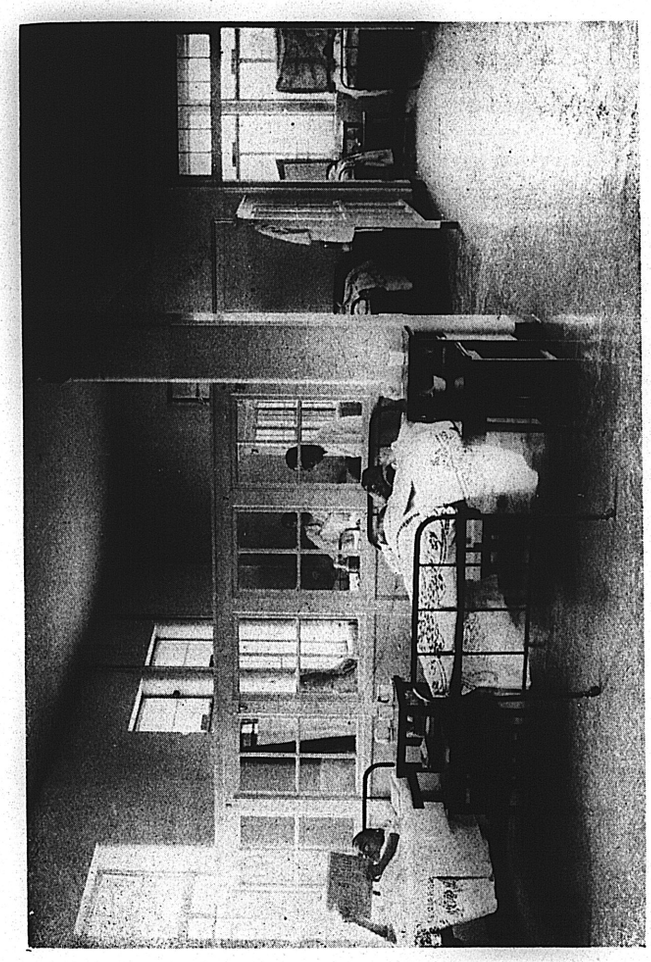
New Hospital Building Accounts

Power plant			67,746.02
Heating mains and heating old buildings			14,350.30
New Hospital, West Wing			
Contract	64,800.00		
Misc. and Extras	18,765.51		
Heating	11,427.60		
Plumbing	4,515.02		
Lighting	2,014.80		
Paint	3,848.53		
Hardware	1,820.47	107,191.93	
Out-patient Clinic			
Contract	27,700.00		
Misc. and Extras	17,590.19		
Heating	7,293.14		
Plumbing	2,200.00		
Lighting	1,006.00		
Painting	3,600.00		
Hardware	1,600.00	60,989.33	168,181.26
Old Hospital Reconstruction		12,815.94	
Hospital Equipment		12,490.67	25,306.61
Supervision			5,346.00
TOTAL EXPENDITURE			$280,930.19

New Hospital West Wing	307,000 cu.ft.	
Out-Patient Clinic	187,000 cu.ft.	
Total	494.000 cu.ft. @ $0.3404 per cu.ft.	$1,785 per bed



AN INTERIOR VIEW OF THE NEW OUT-PATIENT DEPARTMENT



A VIEW OF ONE OF THE PUBLIC WARDS

REPORT OF THE SUPERINTENDENT

New Buildings Completed. The opening of the new Out-patient Department and Hospital Wing will long render the year 1935-36 a memorable one in the annals of the University Hospital. The steps leading up to the event have already been fully described elsewhere in this report, and some account has been given of the new buildings themselves. It is unnecessary to state what a boon the new premises have proved to both patients and staff alike. It was most fitting that the date of their occupation should coincide so closely with the centenary celebrations in Canton of the opening of the first missionary hospital in China by Dr. Peter Parker, in November 1835. By no more appropriate token could Cheeloo have demonstrated the continued advance of the medical missionary cause, and the continued need for such service as Cheeloo has to offer.

Flood Relief. The other outstanding feature of the year, and one which will bulk large in the memory of all those connected with the Hospital during this period, was the medical relief work carried on among the Yellow River Flood Refugees quartered in the Tsinan area during the winter months of 1935. This work aroused so much interest among Cheeloo's many friends that a special account of it has been included later in this report. Full details of the work attempted and the results achieved will be found there.

Staff. The advent of President Shuming T. Liu, who assumed office in July 1935, was a matter of much encouragement to all members of the University staff. The President's interest in the Hospital and deep concern for its welfare has been greatly appreciated by all members of the staff.

Certain changes in the Hospital Staff have taken place during the year. The former Hospital Superintendent, Dr.

P. B. Price, under whose efficient guidance the transitional period of building and installing the new premises was covered, felt obliged to relinquish office at the close of his two-year term of service. Many efforts were made to induce him to reconsider his decision, but he did not feel justified in remaining out of full surgical work for a further period. It was therefore decided to request Dr. Gordon King to serve as Superintendent from the beginning of March, 1936 until he proceeds on furlough at the close of the year. Meanwhile, a special sub-committee was appointed to consider the whole question of permanent arrangements for the Hospital Superintendency.

Mr. J. B. Wolfe, under whose skilled supervision the complicated building arrangements of the last two years have been carried through, proceeded on a well-deserved furlough in March 1936. Mr. Wolfe has been acting in the combined capacity of architect, engineer, business manager and purchasing agent during the difficult period of construction and expansion, and his careful supervision of the innumerable details connected with this has been of untold value to the institution.

Others who left on furlough during the course of the year include Dr. Mary Gell and Miss Hazel Myers, who has now been appointed a member of the Northern Presbyterian Mission and will shortly be returning to resume her work as head of the Social Service Department.

Dr. Julia Morgan, Miss Mollie Townsend and Miss Florence Evans returned from furlough during the year. Miss Nunn and Miss Brodie are expected to return within the near future.

Dr. Lin Lien-ch'ing and Dr. Lang Kuo-chen returned to their respective departments in the autumn of 1935, after a year spent in post-graduate study in America. A new appointment was made in February 1936, when Mrs. Irene

Slichter came to take whole-time supervision of the Medical and Surgical Supply Stores.

We were sorry to lose the efficient service of Miss C. E. Williamson at the end of the year. Miss Williamson, in her secretarial capacity, had become almost an indispensable part of the Private Patient Clinic organisation. She carries the good wishes of everyone with her as she proceeds to another sphere of service in England.

Hospital Work. In spite of the extensive changes that have taken place, the work of the Hospital has proceeded without interruption throughout the year. The bed capacity has risen from 117 to 168 and, although this represents a 44% increase in the number of beds, it is encouraging to be able to report that the percentage of bed occupancy is only very slightly lower than that which was reported last year (77.6% as against 81.6%). This means that the actual number of admissions was considerably in excess of last year, and, in fact, the total "patient days' care" exceeded that of last year by 6,531. A certain amount of this increase was due to the number of refugee patients, but there was in addition a true and independent increase. An interesting comparison is afforded by glancing at the census taken at the beginning and at the end of the year. On June 30, 1935, the census of patients in the hospital was 67, as compared with 133 on June 30, 1936. These figures included no Refugee patients. The graph on next page, showing the increase in the number of deliveries performed by the Obstetrical Service during recent years, is reproduced as typical of the expansion which has taken place in many departments of the work.

Finance. It is gratifying to be able to report that the Hospital has attained the highest level of self-support yet recorded. It may be of interest to quote the figures for the last few years:

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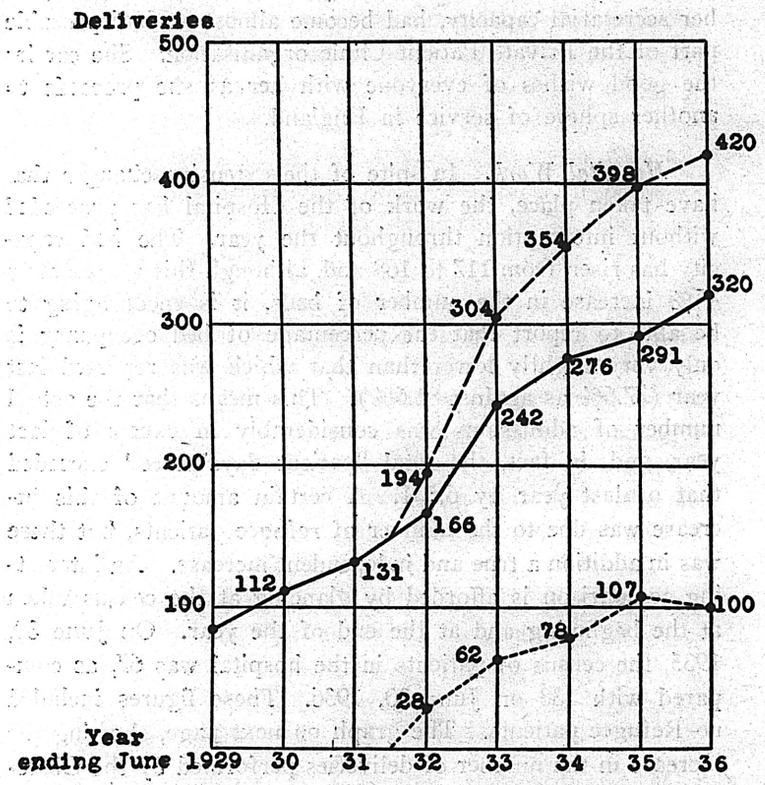
Chart Showing increase in Number of Deliveries on Obstetrical Service 1929-36.



———— Combined total of deliveries

———— Deliveries in Hospital

..... Deliveries on Hou Tsai Men Out-door Service

Year	Receipts (exclusive of subsidy)	Expenditure	Percentage of Self-support*
1928-29	$31,019.87	$72,472.02	42.8%
1929-30	54,211.67	88,927.09	60.9%
1930 31	70,508.28	109,393.42	64.4%
1931-32	89,213.98	128,590.75	69.4%
1932-33	85,522.32	117,510.70	72.8%
1933-34	95,874.68	119,293.30	80.4%
1934-35	101,938.51	109,798.79	92.8%
1935-36	120,503.52	125,900.41	95.7%

It has been the custom for many years to balance the difference between receipts and expenditure by a special subsidy from the Medical School at the end of each financial year. The decreasing amount of subsidy required, in spite of a steady increase in the volume of work handled, forms one of the best indications of the healthy growth of the Hospital. Within a period of eight years, the level of self-support has risen from 42.8% to 95.7%, and there is good ground for hoping that, at the end of the forthcoming financial year, the Hospital will at last have reached the status of complete self-support.

A perusal of the financial statement for the year on page 48 will disclose much of interest to the reader. It will be noticed that drug fees and X-ray fees bring in a substantial profit. However, the most remarkable increase in the income has been from the Private Patient Clinic established a little over two years ago. With an increase in its earning capacity of more than double that of the previous year, this clinic now brings in nearly 10% of the total hospital income.

During the coming year, it is hoped to effect economies in the heat and light bill and in the cost of food. The need for encouraging further donations is stressed, if the amount of Samaritan Service is to be maintained or increased.

*Exclusive of the salaries of the Attending Staff and of Foreign Nurses.

Further Building Plans. On the whole, it would seem right to state that the hopes in connection with the new building scheme have been entirely justified so far, and the logical course would seem to be to press for the early completion of the whole New Hospital Building, thus fulfilling the long cherished dream of a 240-bed University Hospital.

Evangelistic Work. Amidst the many other activities of the Hospital, this work has not failed to take its place. A reference to the Evangelistic report will show something of what is being done to bring the news of a living Saviour to the many sick and suffering who enter the Hospital. Day by day a devoted band of men and women, including doctors, nurses and students, as well as lay workers, comes into intimate contact with the patients. By life and by witness, as well as by word of mouth, it is sought to convey something of the Christian Message to all of them. No statistics can convey the value of work so done, but it is our earnest hope that, in the day when all things shall be made plain, not a few will trace the origin of their spiritual awakening to their relationship with Cheeloo University Hospital.

GORDON KING.

REPORT OF THE MEDICAL SERVICE

The work of the Medical Service was directly affected by two chief factors which distinguished the year 1935-36, namely, the opening of the new wing of the hospital and the medical care of the Flood Refugees.

The Department of Medicine, including the division of Paediatrics and Dermatology, is housed in the new hospital building. The wards are of a somewhat square shape, divided in the middle by glass partitions. They are bright, airy and well-lighted, and in practice are proving highly satisfactory. Two drawbacks are the distance from the clinical laboratory and the lack of small extra rooms for special patients. For the rectification of these we must wait till the whole of the new building is completed; meantime, more or less satisfactory arrangements have been devised. The Out-patient Department also is proving very satisfactory.

Fortunately, all members of the Department were in Tsinan after September, Dr. Morgan and Dr. Lin having returned from America. But, in October, Dr. Struthers was allocated to give full time to organising medical relief for Flood Refugees. All members of the staff and student body took part in this work, so that the year has been an arduous one, the more so as only two assistant residents were available instead of four, until December, when one more joined our force.

The wards were filled to capacity during the winter, refugees being added to the numbers of ordinary patients. Amongst the former, respiratory infections predominated, and pneumonia in old people remains stamped upon the mind as a feature of the past winter. They arrived much depleted, with the hardships of the previous months. An interne was at a loss to describe the facial aspect of one old gentleman and "weatherbeaten" was suggested; the next patient admitted to the care of this house-officer was aptly described

in the record as "weatherbeaten all over." The disease of outstanding interest in this group was scurvy, of which there were great numbers of cases, and, both in the Out-patient Department and wards, the disease was systematically studied. The results will be published at a later date by members of the department.

Amongst cases of special interest may be mentioned four cases of tumour of the spinal cord, of which one was operated on and is making a good recovery, with restoration of function. Symptoms began nine months before admission and complete paraplegia was present for two and a half months.

In a year of exceptional strain it may be recorded with gratitude that the class of internes was one of ability above the average. All the usual activities were maintained, including the Internes' Journal Club. The success of the year was in no small measure the fruit of their intelligent hard work. We record with deep personal regret on the part of the whole staff the death of one of the ablest of our internes during the year from perforated gastric ulcer and general peritonitis. Mr. Ch'ien Chao-sheng was a man of exceptional promise, with great personal charm and true Christian character. His unselfishness, cheerfulness and courage were maintained to the last.

H. Jocelyn Smyly.

REPORT OF THE SURGICAL SERVICE

Staff. Drs. Ingle and Price have been working in the department throughout the year, while Dr. Ingle has also been acting as Associate Dean of the Medical College, and Dr. Price, until the end of February, has been Hospital Superintendent. Dr. Y. Y. Liu, in addition to his surgical work, has been Assistant to the Hospital Superintendent. We have been glad to welcome Dr. C. S. Liang back to work again after a long illness. He has been appointed Assistant in Surgery and has been responsible for surgical classes in the second and third years.

Miss Townsend, our anaesthetist, returned from furlough early in 1936.

Out-Patient Department. With the opening of the new out-patient block in September, we have instituted morning clinics for the convenience of return patients, and minor operations can now be performed four days a week instead of twice weekly as heretofore. During the months of November to March a special clinic for Flood Refugees was held at 11 o'clock daily, so that the department was in almost continuous use from morning till evening. This extra work was an exceedingly heavy tax on our limited staff.

In-Patients.. With the opening of the west wing of the new Hospital, the total number of surgical beds has been increased to fifty. An additional "septic" theatre has also been provided by transformation of the old delivery room. Work in the theatre has consequently increased throughout the year, and, in the month of May, a new operating record was reached—143 operations, of which 55 were classed as "major". This is an average of almost five a day, and represents almost as rapid a turnover as fifty beds will allow.

A welcome addition to our operating equipment has been an Electro-surgical Unit, which we were able to obtain

through the generosity of Dr. Meigs. This unit promises to have a large field of usefulness.

In general, it has been a year of steady growth; probably further expansion should be along the line of special clinics for different phases of our work. A fracture clinic, a tumour clinic, a clinic for injection treatments, for instance, might prove of real service to our clientele, and enable us to do better follow-up work than has been possible in the past.

As in former years, a few brief notes of cases, interesting from various points of view, are appended.

Hosp. No. 20345. A lady, 31 years of age, had had gradual onset of anaesthesia for 10 months and paralysis for 3 months of the lower part of her body and legs. X-ray studies with lipiodol confirmed the clinical diagnosis of spinal tumour, and showed a block at the level of the 4th and 5th thoracic vertebrae. Laminectomy was performed and an extramedullary tumour, which was reported by the pathologist as a psammoma, was removed from the posterior surface of the cord.

Movements were noted in the toes on the fifth day after operation. Recovery was rapid, and, on discharge, thirty days later, she could walk with assistance, and the anaesthesia had completely disappeared. Her chief complaint was that a bedsore, present on admission, and previously anaesthetic, had begun to hurt her!

Hosp. No. 20469. A theological student, who had previously been in good health, was seized with violent abdominal pain in the early morning. When seen in the dormitories a diagnosis of perforated gastric ulcer was made. On admission to hospital an hour later, he had so far recovered that he was convinced that nothing serious was wrong, and even our faith in our own diagnosis was somewhat shaken. However, Dr. Greene confirmed the diagnosis in a moment by fluoroscopy, and, by exposing a film, was

able to provide visual evidence of pneumoperitoneum. This evidence was the final means of persuading an unwilling patient to undergo operation, which was performed six hours after perforation. The result was eminently satisfactory to surgeon and patient.

Hosp. No. 8711. Wei Chen Shih, a young woman of 18 years. was first admitted in Feb. 1931 because of attempted suicide by drinking strong caustic. She recovered from the acute poisoning and trauma. Ten weeks later, she was readmitted for complete oesophageal obstruction, due to cicatricial stricture at the level of the tracheal bifurcation. Gastrostomy was performed by Dr. Stearns. During the following 3 years, at weekly intervals, the stricture was dilated under direct oesophagoscopic vision by Drs. Lang and Li, of the E. N. T. division. A total of 109 such operations is recorded. In Feb. 1935 she was readmitted to give birth to a healthy baby. which she was able to nurse. By Dec. 1935, she was swallowing solids easily, and oesophagoscopy showed little or no residual narrowing. So the gastrostomy was closed (excision of tract with anatomical repair). At the time of writing, oesophagus and stomach are functioning normally, and the patient is in the 5th month of another pregnancy.

It is not often that we collect evidence of the deeper values of our work, and it is a pleasure to report the following story. A married lady came to hospital in 1933 with symptoms of hyperthyroidism, and a partial excision of the thyroid was done with good results. While in hospital, she had the usual opportunities of meeting the evangelists and ward visitors, and showed much interest in the Gospel. About the same time, her husband came under the influence of a prominent Chinese evangelist. Now, in 1936, both she and her husband, her two daughters, her brother and his wife, and a neighbour's wife, have been baptised and are active members of the Church of Christ.

LAURENCE M. INGLE.

REPORT OF THE OBSTETRICAL AND GYNAECOLOGICAL SERVICE

The year has been marked by very material progress, chiefly by the provision of adequate out-patient facilities and by the assignment of a special ward to which only "clean" obstetrical cases are admitted.

Staff. Dr. Mary Gell has been on furlough throughout the year, and the work has been carried on by the head of the Service, with the assistance of two assistant residents, Dr. Chin Mao-yueh and Dr. T'ang Yü-teh. During the earlier part of the year Dr. Florence Liang also rendered valuable assistance, chiefly by carrying the responsibility of the Branch Clinic at Hou Tsai Men. Part-time help was also rendered by Dr. Mary King, who took charge of the Treatment Clinics held twice weekly throughout the year.

Out-Patient Service. When the new premises became available in November 1935 the whole service was reorganised. The present accommodation includes two antenatal examining rooms, a Gynaecological history room, a large Gynaecological examining room, with adjoining changing and sterilising rooms, and a small laboratory. It is now possible to carry out the examination of three patients simultaneously, thus enabling a staff of three doctors and two internes to work at full pressure, and avoiding much of the former waiting and overcrowding. Most of the furnishing is new, including two very satisfactory antenatal examining tables. Gynaecological and Antenatal Clinics are held each afternoon of the week, and all the mornings except one have been occupied by special clinics, such as the Private Clinic, Treatment Clinics, and Sterility and Contraceptive Clinics. The small adjoining laboratory has been found to be an invaluable asset in the work of running the clinics.

The routine examination of urine, blood and smears is carried out by a special technician whilst patients wait, and in cases where treatment depends upon the result of laboratory examination a great deal of time is saved in having a laboratory devoted entirely to the work of the department.

Ward Service. The hope of many years has at length been realised in the setting aside of the top floor of the old hospital as a "clean" Obstetrical Ward, an advance only made possible by the transfer of other services into the new hospital building. By a few relatively simple changes the whole floor was adapted to the purposes of a modern Obstetrical Unit and now contains a large ten bed ward, a small two bed ward (for cases of pregnancy toxaemia), labour room, delivery room, sterilising and scrubbing-up room, nursery, small laboratory and the usual service rooms. Only "clean" cases, who have regularly attended the antenatal clinic, are admitted to this ward. Emergency and potentially infected cases are all admitted to another ward and delivered in a separate delivery room on the lower floor. The immediate result of this has been an increase in the popularity of the service, and the reduction of our morbidity rate from 26.8% to 13.4% (puerperal morbidity being defined as a rise of temperature to 38° C. or higher for two readings or more on one day, or for one reading or more on consecutive days, temperatures being taken four-hourly on all patients throughout the puerperium). During the year 320 patients (135 of them primiparae) were delivered in the Hospital, again a record number. Of these patients 74% had regularly attended the antenatal clinic, and 26% belonged to the "Emergency" class. The main features of obstetrical interest may be summarised in the table on next page.

The operative deliveries include 12 Caesarean Sections, 22 cases of forceps delivery, 9 internal versions, 6 breech extractions and 7 decapitations. The morbidity rate remains high, although many of the cases only showed pyrexia for

Presentation	Booked or Emergency	No. of Cases	Method of Delivery		Result to Mother (1)			Result to Chil (2)			
			Spontaneous	Operative	L	D	Morbid	L	S B	M	N D
Vertex: Anterior position	Booked	214	198	16	213	1	37	205	4	1	4
	Emergency	60	47	13	59	1	21	50	1	5	4
Vertex: Posterior position	Booked	1	—	1	1	—	—	1	—	—	—
	Emergency	3	—	3	3	—	2	2	1	—	—
Face	Emergency	1	—	1	1	—	—	—	1	—	—
Breech	Booked	14	12	2	14	—	8	8	3	1	2
	Emergency	9	5	4	8	1	2	4	—	4	1
Transverse	Booked	3	—	3	3	—	1	3	—	—	—
	Emergency	8	—	8	7	1	3	3	1	4	—
Twin deliveries	Booked	3	2	1	3	—	1	6	—	—	—
	Emergency	4	—	4	4	—	2	4	—	1	3
Totals	Booked	235	212	23	234	1	47	223	7	2	6
	Emergency	85	52	33	82	3	30	63	4	14	8
Grand Total		320	264	56	316	4	77	286	11	16	14

(1) L=living. D=died

(2) SB=still-birth, M=Macerated, ND=neo-natal death. Seven of the still born or macerated foetuses were delivered by destructive operations.

a part of one day, and would not enter the morbidity list if temperatures were taken twice daily instead of four-hourly. It is confidently expected that with the establishment of the new ward, the morbidity rate will be very materially diminished in the future.

Hou Tsai Men Obstetrical Service. This has been carried on under the supervision of Dr. Florence Liang and Dr. T'ang, with the assistance of Miss Liu, the resident obstetrical nurse. Attendance at the clinics has remained satisfactory and 100 deliveries were conducted in the homes, in addition to a number of cases which were eventually referred to the Hospital for treatment. A total of 564 post-partum visits to the homes was made.

Teaching. The system of routine clinical instruction for students in the 3rd, 4th and 5th years has been carried on and expanded. One of the advantages of the new O. P. D. is that greater use can be made of the teaching facilities there provided, and it is now possible for fourth year students to serve as clerks in the antenatal and gynaecological clinics. For the fifth year in succession Dr. J. Preston Maxwell visited Tsinan to give a course of lectures in Obstetrics and Gynaecology, and as usual his visit was greatly appreciated.

Gordon King.

REPORT OF DERMATOLOGICAL SERVICE

The Out-patient service of this clinic is one of the busiest and most varied in the Hospital. In addition to the ordinary dermatological patients, all cases of syphilis and other venereal disease (excepting gonorrhoea in the female) are handled by this service. The following figures will give some idea of the amount of work performed:—

Patients Seen During Period July 1, 1935-June 30, 1936

New patients	3,582	
Old patients	8,620	
Referred patients	933	
Special patients	46	
Total		13,181

Treatments given

Anti-syphilitic treatment		
Salvarsan injections	404	
Neo-salvarsan injections	340	
Tryparsamide injections	18	
Total		762
Anti-gonorrheal treatment		
Injections	677	
Irrigations of anterior urethra	1.089	
„ „ posterior urethra	10	
Total		1,776

Owing to the lack of space available for statistics this year, it is not possible to print the detailed list of diagnoses prepared. The variety of conditions met with in the clinic will be appreciated, however, when it is stated that some 235 different pathological conditions of the skin are listed in the table.

C. C. YEW

REPORT OF THE OPHTHALMOLOGICAL SERVICE

Shantung is rampant with eye diseases of every description. It is quite unfortunate that, in the wide stretch of territory between Peiping and Nanking, there are so few men who can treat ocular defects satisfactorily. The Cheeloo Department of Ophthalmology certainly fills a great need in this part of the country.

With only two doctors to take care of such a large number of patients, the strain on the physical and mental health of the staff is very great. Dr. Tsou, who joined this department last year, has discharged his duty faithfully, but we still need at least another junior man to help out.

In point of numbers the Out-patient service of the Eye Department comes second only to that of General Surgery. An average of 55 patients attends the clinic each day, thus accounting for 19.5% of the total Out-patient attendances throughout the year. In addition to this, a total of 140 patients has been admitted for in-patient treatment, mostly of an operative nature.

EUGENE CHAN

REPORT OF THE OTOLARYNGOLOGICAL SERVICE

The work of the service, both in the Out-patient Department and in the Hospital, has grown during the past year in spite of the fact that Dr. Lang was on furlough and Dr. Li was on sick leave at the beginning of the year. We tender our sincere thanks to the various members of the surgical service who stepped into the gap during our absence.

An increasing number of deaf patients has been attending the clinic, and, as detailed hearing tests could hardly be carried out during the regular attendance hours, a special Clinic for the Deaf has been established. The clinic has been held weekly on Thursday mornings, and has provided an opportunity for the investigation of obscure cases of deafness referred from the regular clinics.

The total number of operations performed during the year (excluding minor operations done in the Out-patient Department) was 191. This represented a decided increase over the previous year, and a threefold increase over the figure for 1930. Of special interest has been the increase in the number of operations for disease of the mastoid, both simple and radical, thus showing a wider recognition by the public of the importance of this disease.

The numbers of patients (excluding private patients) seen in the Out-patient Department were as follows:—

Out-patients, new	2,103
„ old	3,925
„ referred cases	1,286
In-patients, referred cases	107
Total	7,421

Among the interesting cases seen during the year, the following might be mentioned:—

Hosp. No. 20696. Right chronic frontal sinusitis with fistula.

An external frontal sinus operation of the type recommended by Howarth was done. Much polypoid tissue and several pieces of sequestrum were removed. An uneventful recovery was the result. (In my experience very few cases of frontal sinus disease occur among Chinese patients. This patient happened to be a foreigner, and was the first such case to be operated on in this hospital during the last seven years.)

Hosp. No. 20399. Extrinsic lipoma of largnx.

A male patient, aged 22, came up with extreme respiratory obstruction. A tumour, measuring 5 x 5 x 5.5 cm. in diameter, was removed from the larynx at operation, after a preliminary tracheotomy had been performed. The patient was discharged well after a stay of 24 days in hospital. The tracheal fistula had entirely healed and the larynx had recovered its normal appearance.

The tumour was diagnosed as a lipoma by our pathologist. In his paper, published in the Journal of Laryngology and Otology in 1934, Birkett could only compile 42 such cases from the literature, so that tumours of this description, whether of extrinsic or intrinsic origin, may be considered quite rare.

K. C. Lang.

REPORT OF PAEDIATRIC SERVICE

During the year the regular duties of the Paediatric staff have been:

1. Teaching Paediatrics—Medical School.
2. Supervision of Internes and Clinical Clerks in Ward and O.P.D.
3. Teaching Paediatrics—Nursing School.
4. Charge of Paediatric work in Cheeloo Hospital and O.P.D.
5. Paediatric out-calls and private clinic.
6. Provision of physician for Tsinan Y.W.C.A. Clinic and Lungshan Well Baby Clinic.
7. Provision of school physician for two primary schools.
8. Keeping of Hospital and O.P.D. Paediatric records, appointments and follow-up work.
9. Provision of school nurse for two primary schools.
10. Organisation of Cheeloo Mothers' Club and Tsinan Y.W.C.A. Mothers' Club.
11. Waiting Room Health Education
12. Home Visiting.

September and early October saw us moved into the new clinic and ward. To be able to consult parents privately and to have not more than one patient at a time in an examining room is a great advance on our former crowded quarters. The new arrangement adds much to the efficiency and ease with which our daily work is accomplished. A private waiting room where parents may consult the Child Health nurse ensures opportunity for useful education while the patient is waiting his turn. Division of the ward space into five units facilitates grouping of patients to the best advantage for bedside isolation and is a real factor in the prevention of spread of infectious disease which may develop after admission.

Despite the fact that Yellow River flood refugee children were admitted direct to the ward from camps containing contagious diseases—smallpox, measles, mumps, chickenpox —during the year only two patients developed contagious

disease while in the children's ward. These two children came from refugee camps. During the past year, Paediatric O.P.D. has seen the following patients in isolation:— Chickenpox 10, Diphtheria 9, Measles 35, Pertussis 69, Mumps 51, Scarlet Fever 21, Smallpox 2. All of the diphtheria patients and several children suffering from Scarlet Fever needed hospital care but, owing to the fact that no isolation facilities were available, we were unable to admit any of these patients. The two patients who developed contagious diseases while under treatment in the hospital were sent home for lack of proper isolation facilities.

Daily testing for immunity and prophylatic inoculation was carried out in the Paediatric service, the total for the year being:—

Schick Test	2,901	Typhoid vaccination ..	181
Diphtheria Toxoid ..	1,039	Smallpox „	298
Dick Test	1,761	Scarlet Fever Toxoid ..	109

The Well Baby Clinic continues on one half day each week and renews our hope of the time when all mothers will bring children for examination before they become ill. During the year, 248 infants were enrolled in the clinic. An effort is made to have each infant receive diphtheria and typhoid prophylactic inoculations between the sixth and twelfth months. Infants who have not been vaccinated against smallpox are given the inoculation as soon as possible. Much time is spent going over with the mother the kinds of food suitable for the infant. We find, in almost every case of wrong feeding, that the cause is ignorance of food needs and of proper preparation of the food. The Mothers' Club is doing much to increase this knowledge. There is now a definite need for the organisation of a pre-school clinic, where clinic work similar to that done in the Well Baby Clinic can be carried on for children above one year of age.

The Good Mothers' Club continues to meet regularly each week. Some additions have been made to the original 12 lessons, so that now the mothers receive training in First Aid and Home Hygiene.

Children who show positive tuberculin tests are followed in the regular Chest Clinic, with one half day each week. The children attend by appointment. During the past year, 165 were enrolled on the active list of the clinic. Co-operation for home investigation by a Social Service worker has been very helpful. The following note from a home investigation will give an idea of the value of these visits in the home. "Housing Condition: Family occupy one room in two small "chien" facing east. The court is small and dirty, shared by more than ten other families, but there is a big open space in front of the house and children in the families play out there. Their room is not well kept, but not too bad. Mother is a jolly woman, doesn't pay much attention to her children. She was having a good chat in her neighbour's room while patient and brother were searching for things to eat for lunch when worker walked in."

Infants and children with family history of syphilis or stigmata of the congenital disease are investigated by X-ray and serology. All patients diagnosed suffering from the disease are followed in the regular weekly clinic. Careful checking up of those patients receiving Stovarsol has been reported.

Throughout the year, the Paediatric Service provided a school physician for the Ch'ung Teh Primary School, with 69 students, and for Chu Ts'ai Primary School, with 86 students. Physical examinations, immunity tests and prophylactic inoculations are carried out in the two schools. A close follow-up for correction of defects and for training in health habits is continued through the year. The Paediatric Service also furnishes a physician for the Well Baby Clinic at Tsinan Y. W. C. A. and at Lung Shan Health Centre.

From October to March, physicians from the Paediatric Service directed one of the Medical School student groups, for work in the medical care of Yellow River Flood Refugees. Most of the refugee children admitted for hospital care were very ill at the time of admission. All were suffering from marked malnutrition, so that, when the critical illness was past, the patient needed careful feeding over a longer period than most convalescent children.

ANNIE V. SCOTT.

REPORT OF THE ROENTGENOLOGICAL SERVICE

Physical Plant.

During the year, the department has moved into the new Out-patient building, which is connected with the other parts of the hospital. Our former X-ray equipment has done valiant service for many years, but much of it for so many years that it became necessary to replace all the electrical and some of the mechanical parts. In our new quarters has been installed equipment which can supply up to 350 Ma. at 85 Kv. P. for diagnostic purposes. It can also supply up to 10 Ma. at 135 Kv. P. for intermediate therapy. Rectification is accomplished by four valve tubes. The radiographic equipment for routine work is shock-proof. High tension fluoroscopic parts are enclosed so as to make the fluoroscopic equipment virtually shock-proof. A number of mechanical parts and accessories have been made locally.

Table Showing Number of Registrations in the Department During the Years 1922-1936.

(not including a large number of fluoroscopic examinations without special registration done during the later years)

Year	*No. of Registrations*	*Year*	*No. of Registrations*
1922-1923	381	1929-1930	811
1923-1924	328	1930-1931	970
1924-1925	478	1931-1932	1,128
1925-1926	573	1932-1933	956
1926-1927	535	1933-1934	1,238
1927-1928	625	1934-1935	1,624
1928-1929	576	1935-1936	1,881

Diagnostic Studies.

During the year there were 1,881 registered cases; these included all cases for radiographic examination with or without fluoroscopy, and a few cases for special fluoroscopic study alone. About 1,035 unregistered cases for fluoroscopy, chiefly of the chest, make the total number of cases examined about 2,916. There were 1,826 cases for radiographic examination; this number is not a record of the number of films exposed, because many films are often used for one examination. There were 1,690 fluoroscopic examinations.

Summary of Service Performed July 1, 1935 to June 30, 1936

Radiographic examinations (not number of films)	1,826
Fluoroscopic examinations	1,690
Registered cases, radiographic and fluoroscopic* ..	1,881
Unregistered fluoroscopic cases* .. .. .. about	1,035
Total cases examined	2,916

The 1,881 registered cases received 1,980 diagnostic studies, tabulated below. A patient may require many radiographic and fluoroscopic examinations during the several days of an investigation, as in studying the gastro-intestinal tract, but the work is recorded in this table as one study.

Chest (lungs, heart, etc.)	1,127
Bones and joints	409
Head (skull, mastoids, sinuses, etc.)	117
Dental examination, partial	81
Dental examination, complete	39
Oesophagus	30
Gastro-intestinal tract	96
Urinary tract	28
Gynaecology and obstetrics	25
Foreign body	13
Miscellaneous	15
Total	1,980

*A "fluoroscopic case" may have one to several fluoroscopic examinations, but is recorded here as one case.

In addition to the diagnostic studies of the registered cases, as classified above, there were approximately 1,350 fluoroscopic examinations, chiefly of the chest, of approximately 1,035 unregistered cases.

Case-Finding in Pulmonary Tuberculosis.

The department has conducted several fluoroscopic surveys of groups of students, in order to discover cases of pulmonary tuberculosis. In a group of 179 students applying for entrance to the Colleges of Arts and Science of Cheeloo University, in the fall of 1935, abnormal shadows observed with the fluoroscope caused us to request 19 of the students to have examinations with X-ray films. Eleven of these nineteen students were found, by the radiographic examination, to have active, parenchymal, pulmonary tuberculosis, and seven more were considered as cases to follow with later examinations. Most of the 179 students had had physical examinations performed elsewhere before applying for admission. In many of the most active cases, the physical examination conducted here did not reveal a lesion.

We believe that, ideally, a fluoroscopic examination of the chest is part of a general physical examination. By proper organisation and training of staff, many patients and students may be given the benefit of this examination at a low cost. Every morning for the last several months, a fluoroscopic clinic has been held for patients selected by the various other clinics.

Teaching

Teaching of undergraduates in X-ray physics and in general medicine and surgery, by means of X-ray methods, has been carried on. Physiology students, in small sections, have observed the normal heart, lungs, diaphragm, oesophagus, and gastro-intestinal tract, by means of the fluoroscope. One graduate doctor has studied in the department for two months, and five others for shorter periods. Two X-ray

technicians from other hospitals have studied here during the year. A beginning has been made in training an Assistant Medical Resident, so that he can carry on the morning clinic for the fluoroscopic examination of the chest.

T. C. GREENE.

REPORT OF THE NURSING SERVICE

Since July 1935 the School of Nursing has been made up of the following students:—

3rd year class	10
2nd „ „	16
1st „ „	11
Probationers	18
Affiliates for graduate experience	6
Under-graduate practice	1

With the opening of the new hospital wing and the concurrent increase in the number of in-patients it was necessary to employ four more head-nurses and eleven staff-nurses.

Miss Coral M. Brodie, instructor in Practical Nursing, left in May 1935 for furlough in Canada. Her work was carried on during the year by Mrs. T'ang (Chang Mei-chen) and Miss Alderson. When Miss Mollie Townsend returned to her work as anaesthetist in January 1936 she was asked to take supervision of the Operating Room also. With the return of Miss E. Florence Evans to resume her post as Supervisor of the Out-patient Department on March 1st, Miss Han Feng-ying was transferred to become Associate Supervisor of the Operating Room.

The curriculum was strengthened this year by the addition of a course of Public Health lectures given by Miss Margaret Shih of the Rural Service Centre in Lungshan. It is our hope to be able to give practice in Public Health work to our nurses during the coming year.

We wish to express our appreciation of the contribution made by the Medical School faculty and doctors in the way of instruction and lectures. Dr. Mary King has made a large place for herself as Medical Advisor to the School. We shall miss her while she is away on furlough this year.

Graduate members of the staff have been interested and stimulated by discussions in the monthly meetings of the Nursing Journal Club under the chairmanship of Miss Bell.

At the June 1936 Commencement diplomas were awarded to ten graduates. These nurses have been located as follows:—

At home with her parents	1
Married	1
Staff Nurse at P. U. M. C.	1
„ „ „ Williams Porter Hospital	1
„ „ „ Central Hospital, Nanking	1
In Shansi	1
Staff Nurses at Cheeloo	4

FRANCES R. WILSON.

REPORT OF THE PHYSIOTHERAPY SERVICE

In writing a report of the work done in the department during the last year, I wish especially to pay tribute to the work done by Mr. Liu and Mrs. Wang during my year's absence. The standard of the work has been fully maintained, and the number of patients treated was 1,679. The actual number of treatments given was 10,177, a figure only very slightly lower than that of the previous year.

In September 1935 the department was moved from the old Out-patient Department to the New Hospital. Our bright and airy quarters in the new building are much appreciated by our patients as well as ourselves.

The hospital fund for new equipment was able to give us a grant of £25 and a few kind friends in England brought this sum up to £150. New apparatus purchased with this money has safely reached Tsinan, and with this new and up-to-date extra equipment we hope greatly to increase our sphere of usefulness. The old apparatus will still continue to give good service.

The opening of a well-equipped department of physiotherapy in General Han's military hospital, under the care of one of our own graduates, has naturally resulted in fewer soldiers attending our department for treatment, but there is enough and to spare of work for us among the civilian population.

Our work has greatly increased among the better class paying patients. We are grateful for this as it enables us to give free treatment to a number of the very poor.

GLADYS V. L. NUNN.

REPORT OF THE HOSPITAL SOCIAL SERVICE

In the absence of the head of the Service on furlough throughout the year, the work has been very ably carried on by Miss Wang Wen-kiang, assisted by Miss Ch'ien Ch'ieh-hua. Since the opening of the New Hospital more suitable quarters have been assigned to the Social Service in the shape of two adjoining rooms in a central yet quiet corner of the new building.

The following summary will convey some idea of the activities of the service during the past year:—

1. *Patients with complete Social History.*

Service	Men	Women	Total
Medicine, general	35	74	109
„ , diabetes cases			13
„ , pulmonary tuberculosis cases	62	106	168
Paediatrics			64
Surgery, general	32	10	42
Gynaecology and Obstetrics		24	24
Ear, Nose and Throat		2	2
Eye	3	3	6
Skin			1
Total			429

2. *Patients with follow-up notes only (home visits).*

Medicine, general	28
„ , pulmonary tuberculosis	114
Paediatrics	305
Surgery, general	6
Gynaecology and Obstetrics	51
Ear, Nose and Throat	6
Eye	19
Skin	2
Total	531

In addition to the above work three other avenues of service might be mentioned.

A. *Services rendered to the Hospital*—421.

Under this heading might be mentioned special service in connection with the admission or discharge of patients. A daily problem is the investigation of the financial status of a patient and trying to form an estimate as to whether the case is deserving of free or partially free treatment.

B. *Personal service to patients or patients' families*—69.

Such diverse services as arranging meals for waiting Out-patients, writing letters for patients, mailing medicine to out-of-town patients, etc., come under this category.

C. *Social treatment to patient and patient's family*—798.

An innumerable list of services might be mentioned under this heading. Careful explanations as to the nature of a disease are needed by some patients. Other patients need referring to other institutions for help and treatment. Financial difficulties have to be talked over. Help is sometimes needed in securing employment. The problems of illegitimate pregnancy have to be faced at times. Quarrels between family members have occasionally to be straightened out. Relief in the form of clothing or food or money is sometimes indicated. All these and a thousand other problems fully occupy the time of the social service workers.

HAZEL H. MYERS.

REPORT OF THE EVANGELISTIC WORK

The object of this hospital, as all interested friends know, is threefold. Besides the chief motive of healing disease, the hospital provides the necessary practical experience for our medical students, but we also keep in mind the peculiar opportunities for evangelism which the receptive attitude of the sick offers. The heart of every sufferer craves comfort, and where can real comfort be found but in the knowledge of Him, Who is the Great Physician?

Many methods are used in the attempt to bring the Gospel to our patients. Owing to the smallness of the evangelistic staff, it is difficult to deal adequately with the large numbers who attend clinics every day. Some faithful work has, however, been done among the Out-patients during the past year. Many tracts and gospel portions have been given away or sold, with what far-reaching effects none can estimate.

Naturally, the most effective work is that carried on in the In-patient Department, and years of experience have shown that the most fruitful of all is the time spent with those men and women who remain in hospital for a considerable period.

An illustration of this fact may be of interest:

Mrs. Huang is a young woman of about twenty years of age. She came to us from a nearby village for curative treatment after being badly mishandled by an untrained midwife. It was months before she was fit to go home, but in that time she had learned to look to Jesus as her Saviour. She had also made considerable progress in reading, so that she could read simple tracts and selected texts. After she left hospital, the Salvation Army was asked to appoint one of its officers to visit her village.

As an instance of how the patients themselves act as an evangelistic agency let us think of Ku Chu-ying. She

is a young girl suffering from pulmonary tuberculosis. When first she came to the hospital, a year ago, she refused to have any conversation with either Chinese or Western evangelists. Gradually this opposition broke down and she accepted books to read. As her health improved, she became willing to talk, and at the end of a few months, she acknowledged herself a Christian. Since that time, she has purchased several New Testaments and posted them to her relations and friends. In particular, she keeps up a correspondence on Christianity with her favourite brother in Tientsin and a girl friend who is studying in France. Miss Ku backs up her gifts and letters with constant prayer for the recipients.

Mr. Yao, in contrast, is an example of one who, during a short stay in hospital, found Christ to be the solution of his problems. This man, a teacher by profession, and a keen student of Confucian and Buddhist literature, accepted with delight the Christian books loaned to him from the In-patient Library. Before leaving he expressed a desire for baptism. As Mr. Yao's home is hundreds of miles away in another province, a letter has been sent to the church nearest him, asking that the Christians there take responsibility for his spiritual nurture.

The Popular Education Movement, promoted by the Chinese Government, is having far-reaching effects in many country districts. Several teachers engaged in carrying out this work have been in our wards. One, a woman, expressed the opinion that all religions were equally good, that Christianity was no better and no worse than the rest. From this unresponsive attitude she changed greatly, her facial expression and whole demeanour softening, as the direct fruits of the religion she disdained—the self-sacrificing service of doctors and nurses—were daily manifested before her eyes. She left us still a non-Christian, but certainly no longer an anti-Christian.

Another, Mr. Chao, had a position of importance in south Shantung. Before coming to hospital he had heard a good deal of the "Jesus Doctrine", but had understood very little. His ten day stay with us restored his health and sent him back to his educational work to give his people a message that he had never had before.

Not to non-Christians alone does the hospital bring spiritual help. Quite a large proportion of patients are professing Christians. Many of these confess that they have grown indifferent, but that sickness has been the means of re-awakening in their hearts a desire for closer communion with God. We rejoice to see people of this kind earnestly reading their Bibles, and, still more, to hear them talking to their neighbours on religious topics. Their words are a valuable endorsement of all the other efforts made to reach those who have not found the Truth.

Perhaps personal work at the patients' bedsides is the most successful method of approach, but by no means the only one.

Every bed has its Bible and hymn-book, which can tell their own tale to the literate. The Patients' Lending Library, already mentioned, is another silent but effective witness. Daily ward prayers in which doctors, nurses and students share, and evening lantern services are other means of influencing our patients.

Follow-up work is not easy, for the hospital draws its patients from a vast area, but, wherever possible, really interested folk are put in touch with the church in their own district, so that the work begun in hospital may be carried on in the patients' homes. "One soweth, another reapeth, but God giveth the increase". This is peculiarly true of this type of Christian work. May the increase be in accord with our earnest expectations.

MURIEL L. PAILING.

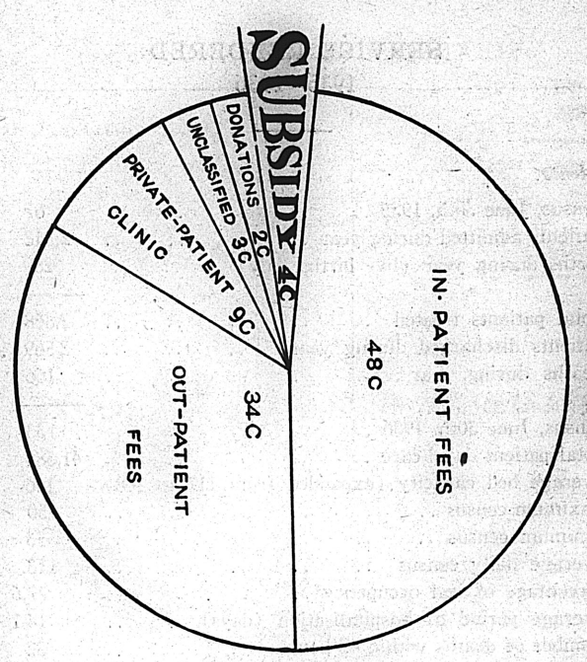
FINANCIAL STATEMENT 1935-36

INCOME			Credit or Debit Balance (Debit balances underlined)	EXPENDITURE		
Items	Percent of total	L. C. $		L. C. $	Percent of total	Items
	%				%	
Out Patient registrations Hospital bed fees	19	23,615.00	2,687.28	26,302.28	21	Administration Purchase & issuance Housekeeping Heat, light, water Repairs
Patients' food	10	12,980.05	4,478.37	17,458.42	14	Patients' kitchen
Examinations Treatments Operations Deliveries, etc. (Hosp. and OPD)	17	22,100.90	21,796.42	43,897.32	35	Doctors' & nurses' maintenance Surgical & medical supplies Records
Drug fees	22	27,356.20	8,773.27	18,582. 3	15	Pharmacy
X-ray fees	6	7,306.75	2,637.86	4,663.89	3	X-ray costs
Physiotherapy fees	1	1,681.60	445.17	1,236.43	1	Physiotherapy
Laboratory fees	5	6,550.53	4,844.90	1,705.63	1	Laboratories
Private Clinic fees	10	12,074.22	10,364.21	1,710.01	1	Private clinic
School of Nursing fees	2	2,210.85	1,156.8	1,054.03	1	School of Nursing
Branch Obstetrical Clinic fees	1	1,161.50	88.63	1,250.13	1	Branch Obs. Clinic
Donations	2	2,269.95	4,966.73	7,236.68	6	Smaritan cases Social service Evangelism
Miscellaneous	1	1,195.97	398.31	797.66	1	Miscellaneous
TOTALS	96	120,503.52	5,396.89	125,900.41	100	
subsidy from Medical School	4	5,396.89				
	100	$ 125,90 :41		125,900.41		

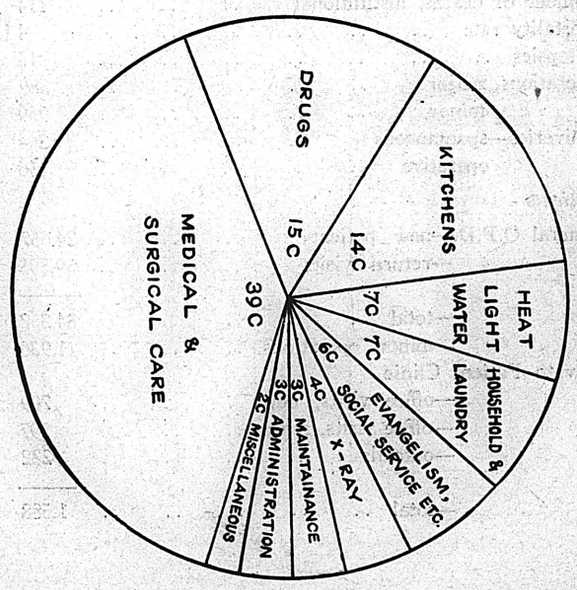
THE HOSPITAL DOLLAR

What happens to each dollar? An analysis, cent by cent, of the way in which each dollar of the Hospital's budget is received and spent.

How Received



How Spent



SERVICE RENDERED
1935 - 1936

In-Patients:

Census, June 30th, 1935	67
Patients admitted during year	2,512
Births during year (live births only)	289
Total patients treated	2,868
Patients discharged during year	2,569
Deaths during year	166
Census, June 30th, 1936	133
Total patient days' care	41,384
Average bed capacity (expanded from 117 to 168)	146
Maximum census	150
Minimum census	53
Average daily census	113.
Percentage of bed occupancy	77.6
Average period of hospitalisation (days)	14.7
Number of deaths within 48 hours	52
Number of deaths, institutional	114
Mortality rate	4.17%
Autopsies	15
Operations, major	389
minor	959
Deliveries—spontaneous	264
operative	56

Out-Patients

General O.P.D.—new patients	24,657
—return visits	59,595
—total	84,252
—minor operations	1,936
Private Patient Clinic	
—office visits, new	709
—office visits, repeat	597
—outcalls	282
—total	1,588

Hou Tsai Men Branch Obstetrical Clinic	
—new patients	196
—return visits	328
—total	524
—deliveries in homes	100
Lungshan Clinic (Rural Extension Project)	
—total visits	3,122
GRAND TOTAL OUT-PATIENT VISITS	89,586

SUMMARY OF LABORATORY EXAMINATIONS

Laboratory	*Number of Examinations*
Bacteriological Laboratory	854
Blood Chemistry Laboratory	1,483
Clinical Laboratory, Hospital	718
„ „ Out-patient	11,397
Pathological Laboratory	1,005
Serological Laboratory	5,415

(The above list does not include many thousands of routine urine, blood and other examinations carried out by students and internes.)

ANALYSIS OF SERVICE

In-patients

Service	Number of Patients	Days Care	Proportion of total Hospital days	Average days of Hospitalization	Average daily census
Medicine	861	13,979	33.8%	16.2	38
Skin	69	885	2.2%	12.8	2
Pediatrics	204	3,811	9.2%	18.6	11
Surgery	557	10,941	26.4%	19.6	30
Eye	140	2,066	4.9%	14.7	6
E. N. T.	187	1.711	4.1%	9.1	5
Gynaecology	145	1,691	4.1%	11.6	5
Obstetrics	343	3,496	8.5%	10.1	9
New Born	300	2,804	6.8%	9.5	7
TOTALS	2,806	41,384	100%	14 7	113

Out-Patients

Service	First visits	Return visits	Total visits	Proportion of total O.P.D. attendance	Average visits per day
Medicine	6,167	6,342	12,509	14.8%	41
Skin	3,582	8,620	12,202	14.5%	40
Pediatrics	1,587	4,048	5,635	6.7%	19
Surgery	5,848	19,604	25,452	30.2%	85
Eye	4,338	12,142	16,480	19.5%	55
E. N. T.	2,103	3,925	6,028	7.2%	20
Obstetrics & Gynaecology	1,032	2,269	3,301	3,9%	11
Physio-therapy	—	2,647	2,647	3.2%	9
TOTALS	24,657	59,595	84,252	100%	280

DONATIONS

Hospital Supplies (White Cross supplies, contributed through the American Presbyterian Church, North, Board of Foreign Missions, New York City)

2 cases per Mrs. Wm. L. Cross, Butler, Pennsylvania.
1 case per Mrs. Anna Duggan, Bradford, Pennsylvania.
Mrs. A. D. David, Warren, Pennsylvania.
1 case per Mrs. A. D. David, Warren, Pennsylvania
Mrs. J. H. Wolstoncroft, Oil City, Pennsylvania
Mrs. J. W. Byers, Mercer, Pennsylvania
Mrs. P. W. Heeth, Meedville, Pennsylvania
1 case per Mrs. G. W. Ingraham, Monaca, Pennsylvania.
Women's Missionary Society, Pleasantville, Pennsylvania.
2 cases per Mrs. R. F. Bell, Blairsville, Pennsylvania.

Hospital Supplies (received per Baptist Missionary Society, London, England).

2 cases of "Wants Boxes."

DONATIONS TO SAMARITAN FUND

Dr. C. E. Scott	$800.00
Tsinan Union Church	293.95
Tsinan Rotary Club. (including grant for Scurvy Research)	210.00
Cheeloo Christmas Greetings Club	120.95
Mrs. David Hill	100.00
Yee Tsong Tobacco Company	100.00
Rev. H. E. Chandler	100.00
Rev. R. A. Torrey, Jr.	80.00
Miss Evy Shields	50.00
Mrs. Mosse	49.65
Mrs. R. T. Shields	32.26
Dr. P. L. McAll	25.00
Misscellaneous	308.14
	$2,269.95

PUBLICATIONS BY MEMBERS OF THE STAFF

Fan, P. L: Stovarsol treatment of congenital syphilis in Chinese Children, Chinese M. J., 1936, 50, 364.

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Pi. C. C: Renal Rickets, Chinese M. J., 1936, 50, 399.

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Book Published by Council on Publication of the Chinese Medical Association During Year

Physiotherapy: Miss Gladys V. L. Nunn.

Book Published for the Nurses' Association of China

Materia Medica and Therapeutics for Nurses: W. P. Pailing and K. H. Liu

Books at Present in Press

Materia Medica (Bruce & Dilling): W. P. Pailing & Liu Kuo-hua.
Operative Surgery (Miles & Wilkie): L. M. Ingle.

CLASSIFICATION OF DISEASES

In-Patients, 1935-36.

In preparing this list the "Standard Classified Nomenclature of Disease", compiled by the National Conference on Nomenclature of Disease, and first published in New York in January 1933, has again been used. A preliminary trial of this nomenclature in the Hospital Report of 1934-35 convinced us of its superiority to other classifications in use. The classification is both topographical and aetiological, the first half of the code representing the anatomical grouping and the second half the aetiological. In this report, the full code numbers are used. The main divisions of the topographical classification are as follows:—

0 Diseases of the body as a whole (including diseases of the psyche, and of the body generally); and those not affecting a particular system exclusively
1 Diseases of the integumentary system (including the subcutaneous areolar tissue and breast)
2 Diseases of the musculo-skeletal system
3 Diseases of the respiratory system
4 Diseases of the cardio-vascular system
5 Diseases of the haemic and lymphatic systems
6 Diseases of the digestive system
7 Diseases of the uro-genital system
8 Diseases of the endocrine system
9 Diseases of the nervous system
x Diseases of the organs of special sense

The main divisions of the aetiological classification are as follows:—

0 Diseases due to prenatal influences
1 Diseases due to lower plant and animal parasites
2 Diseases due to higher plant and animal parasites
3 Diseases due to intoxication
4 Diseases due to trauma or physical agents

5.0 Diseases due to circulatory disturbances
5.5 Diseases due to disturbances of innervation or of psychic control
6 Diseases due to or consisting of static mechanical abnormality (obstruction; calculus; displacement and gross changes in form, etc. due to unknown cause).
7 Diseases due to disorders of metabolism, growth, or nutrition
8 New growths
9 Diseases due to unknown or uncertain causes, the structural reaction (degenerative, infiltrative, inflammatory, proliferative sclerotic, or reparative) to which is manifest; and heriditary and familial diseases of this nature
x Diseases due to unknown or uncertain causes, the functional reaction to which is alone manifest; hereditary and familial diseases of this nature

IN-PATIENT DISEASES

Diagnoses	Primary	Secondary	Deaths
0. Diseases of the Psycho-Biological Unit			
Mental Deficiencies and Diseases.			
000A772 Congenital hypothyroidism	1		
000–332 Alcohol addiction		1	
000–370 Opium addiction	11		
000–794 Menopause syndrome	1		
002–147 General paralysis	1		
000–x00 Psycho-neurosis	1		
000–x01 Hysteria	1		1
00y–y00 Psychosis, unspecified	1	2	
Diseases of the Body as a Whole.			
010–151 Amoebiasis	5		
010–161 Chickenpox	2		
0x0–125 Diphtheria carrier	1		
010–168 Influenza	3		
010–152 Kala-azar	37	1	
010–124 Leprosy	1	3	
010–157 Malaria	6	1	
010–169 Measles	2		
010–1411 Relapsing fever	3		
010–196 Rheumatic fever	5		
010–102 Scarlet fever	4		
013–190 Septicaemia	5	14	14
013–102 Septicaemia, streptococcic	1		1
010–176 Small-pox	2		
012–147 Syphilis, generalised	7	29	
010–11x Tetanus	2	2	3
012–123 Tuberculosis, diffuse	1		
010–115 Typhoid fever	32		
012–200 Blastomycosis	1		
010–383 Food poisoning	4		
010–300 Poisoning, unspecified	4		1
010–316 Arsenic poisoning	1		
010–312 Lead poisoning	4		
010–311 Mercury poisoning	1		
010–370 Heroin poisoning	2		
010–323 Nitric acid poisoning	1		1
010–388 Toxaemia of pregnancy		17	
013–388 Pernicious vomiting		1	
014–388 Pre-eclampsia		8	

	Diagnoses	Primary	Secondary	Deaths
015–388	Eclampsia		7	
010–410	Wounds, unspecified	4		
010–411	Wounds, incised, unspecified	1		
010–414	Wounds, gunshot	3		
010–4xx	Shock, undesignated			5
010–7011	Inanition with oedema		1	
010–750	Diabetes mellitus	19	6	1
010–764	Rickets		9	
010–763	Scurvy	28		
010–771	Hyperthyroidism	1	2	
y00–y10	Fever of unknown origin	8		
Regional Diseases.				
0..–1x1	Ulcer, undesignated	3		
052–1x1	„ , shoulder	1		
057–1x1	„ , buttock	1		
096–1x1	„ , foot	1		
0..–1x2	Abscess, undesignated	3		
028–1x2	„ , cheek	2		
030–1x2	„ , neck	3		
037–1x2	„ , pectoral	1		
042–1x2	„ , abdominal wall		1	
046–1x2	„ , lumbar		1	
051–1x2	„ , back	1		
081–1x2	„ , arm	1		
091–1x2	„ , thigh	3	1	1
096–1x2	„ , foot	2		
0..–123.2	„ , tuberculosis, unspecified	1		
057–1x3	Sinus of buttock	1		
042–1x3	„ abdominal wall	1		
074–1x3	Fistula, perineal	2		
0..–1x1	Gangrene, unspecified	2	1	
093–1x1	„ , leg		1	
094–1x1	„ , foot	4	2	
057–100	Infection, buttock	1		
080–100	„ , arm	1		
086–100	„ , finger	1		
085–100	„ , hand	1		
093–100	„ , leg	1		
097–100	„ , toe	1		
0..–257	Filarial elephantiasis	1		
0 .–496	Foreign body	2		
093–4x1	Gangrene, leg, post-traumatic	1		
0..4x7	Haematoma, post-traumatic		1	
0..–402	Contusion, unclassified	5	1	1
084–404	Crush wound, forearm	1		

	Diagnoses	Primary	Secondary	Deaths
085–404	Crush wound, hand	4		
093–404	„ , leg	1		
085–400	Wound, hand	7		
086x400	„ finger	1		
026–411	Incised wound, scalp	1		
084–411	„ „ , wrist	1		
026–412	Lacerated wound, scalp	3	1	
027–412	„ „ , face	1		
074–412	„ „ , perineum	1		
021–414	Gunshot wound, head	1		
052–414	„ „ , shoulder	1		
074–414	„ „ , perineum	1		
093–414	„ „ , leg	3		
069–631	Splanchnoptosis	1		
0..–8..	Tumour, unspecified	2		
0..–812	Lipoma, unspecified	1		
0..–887	Adeno-sarcoma, unspecified	1		
026–861	Sarcoma, scalp	1		
030–861	„ , neck	1		
039–861	„ , mediastinum	1		
040–861	„ , abdomen	1		
044–8..	Tumour, umbilicus	1		
051–812	Lipoma, back	1		
065–861	Sarcoma, retro-peritoneal	1		
052–811	Fibro-sarcoma, shoulder	1		
065–861	Sarcoma, retro-peritoneal	1		
066–812	Lipoma, pelvic meso-colon	1		
080–811	Fibro-sarcoma, arm	1		
091–811	„ „ , thigh	1		
091–861	Sarcoma, thigh	1		
1.	Diseases of Integumentary System.			
161–102	Carbuncle	10	1	
180–100	Cellulitis, unspecified	2	1	
181–100	„ , face	2	1	
182–100	„ , neck	4	2	
183–100	„ , back		1	
184–100	„ , trunk	3		
185–100	„ , arm	5		
187–100	„ , hand	2		
188–100	„ , thigh	4		
189–100	„ , leg	1	5	
18x–100	„ , foot	6		
111–190	Eczema seborrhoeicum	2		
100–1024	Erysipelas	10		1
16.–105	Furunculosis	2		
176–100	Paronychia	1		

	Diagnoses	Primary	Secondary	Deaths
100–281	Scabies	2		
112–215	Pompholyx		4	
147–215	Tinea cruris	1		
110–316	Dermatitis, arsenical	1		
110–3001	„ , venenata	4		
110–390	Urticaria	1	1	
11x–4413	Burns, third degree	9		
110–430	Decubitus ulcer		1	
110–44x	Pernio	1	1	
13.–565	Ulcer, neurogenic	1		
151–6x8	Steatoma	5		
131–880	Papilloma of scalp	1		
110–881	Squamous carcinoma, unspecified	4		
131–881	„ „ , scalp	1		
136–881	„ „ , neck	1		
	Diseases of Breast			
190–1x2	Abscess of breast	4		
190–190	Mastitis, acute	6		
190–1x0	„ , chronic	9	1	
190–123	„ , tuberculous	1		
190–890	Adeno-fibroma of breast	3		
190–889	Carcinoma of breast	6		
	2. Diseases of Musculo-Skeletal System.			
	Diseases of Bones.			
221–037.	Spina bifida	2		
200–100	Osteo-myelitis, unspecified	4		
218–1x0	„ „ , maxilla	1		
219–1x0	„ „ , mandible	5		
235–1x0	„ „ , femur	4		
237–1x0	„ „ , tibia	1		
2391–1x0	„ „ , os calcis	1		
203–100	Periostitis, unspecified		3	
200–147	Osteo-myelitis, syphilitic	2		
200–123	Tuberculosis of spine	9	1	
2201–123	„ „ „ , cervical	1		
220–123.2	„ „ „ , psoas abscess	1	1	
228–123	„ , rib	1		
239–123	„ , tarsus	1		
2391–123	„ , os calcis	3		
23x–123	„ , metatarsal	2		
2391–4x6	Exostosis of os calcis (spur)	5		
200–416	Fracture, unspecified	2	1	
210–418	„ , base of skull	3		

	Diagnoses	Primary	Secondary	Deaths
220–416	Fracture, spine	3		
22x–416	„ , pelvis		1	
231–418	„ , radius, compound	2		
232–416	„ , ulna	1		
235–416	„ , femur	2		
237–416	„ , tibia	3		
220.3–43x	Deformity, lumbar spine	1		
200–818	Osteoma, unspecified	1		
219–811	Fibro-sarcoma, jaw	1		
	Diseases of Joints.			
240–y00	Arthritis, undesignated	2	2	
248–y00	„ „ „ , knee	2	1	
240–100	„ , infective	1		
240–103	„ , gonococcal	2		
243–123	„ , tuberculous, elbow	1		
244–123	„ „ , wrist	1		
247–123	„ „ , hip	7		
248–123	„ „ , ankle	1		
240–406	Dislocation, unspecified	1		
243–406	„ , elbow	2		
247–406	„ , hip	1		
248–414	Gunshot wound, kneejoint	2		
240–4x9	Scoliosis		1	
24x–A569	Talipes, paralytic	1		
240–940	Osteoarthritis, multiple	2		
241–940	„ , spine	1		
	Diseases of muscles and fasciae.			
270–190	Myositis, chronic	2		
270–9x91	Pseudohypertrophic muscular dystrophy	1		
296–4x4	Palmar fascial contracture	2	1	
	3. Diseases of the Respiratory System			
	Diseases of nose.			
318–100	Naso-pharyngitis (upper respiratory infection)	31	50	
310–1x6	Rhinitis, hypertrophic	6	1	
315–1x6	„ „ , turbinate		4	
315–1x6	„ „ , middle turbinate	3		
312–4x4	Atresia of nostril (post-traumatic)	1		
313–640	Deflection of septum	8	3	
310–861	Sarcoma of nose	1		

Diagnoses	Primary	Secondary	Deaths
310–887 Carcinoma of nose	1		
310–994 Mucous polyp of nose	11	4	
310–yx7 Epistaxis, cause undetermined ..	1		
Diseases of accessory sinuses.			
320–100 Sinusitis, acute		1	
323–100 „ , ethmoidal	5	4	
321–100 „ , maxillary, acute	1		
321–190 „ „ , chronic ..	8		
Diseases of larynx.			
330–100 Laryngitis, acute	3	1	
339–56x Laryngeal paralysis	1		
Diseases of Bronchi.			
350–1x6 Bronchiectasis, post-infectional ..	1		
350–100 Bronchitis, acute	16	24	
350–1x0 „ , chronic	15	2	
350–390 Asthma, bronchial	2		
350–496 Foreign body in bronchus	1		
350–4x4 Obstruction, bronchial	1		
Diseases of lungs.			
361–100 Broncho-pneumonia	17	20	28
360–1x8 Oedema, pulmonary		1	1
360–100 Pneumonia, lobar	24	2	16
360–1x2 Abscess of lung	5	1	
36x–618 Pulmonary embolism		2	2
360–8.. Tumour of lung	1		
360–889 Carcinoma of lung	1		
362–9x9 Emphysema	10	1	1
Diseases of pleura.			
370–1x8 Pleurisy, serous	4	4	
370–1x0 „ , chronic	5	9	
370–123 „ , tuberculous	1	4	
4. Diseases of Cardio-Vascular System			
Diseases of heart.			
410–0.. Malformation of heart	1		
410–533 Hypertensive heart disease	7	8	4
410–533.C44 Hypertensive heart disease, with failure	2		

Diagnoses	Primary	Secondary	Deaths
410–196.C44 Rheumatic heart disease with failure	5	7	1
420–190 Pericarditis, acute		1	
420–1x4 Adhesions, pericardial	1		
420–411 Stab wound, pericardium	1		
430–100 Myocarditis	1		
430–147 Myocarditis, Syphilitic	1		
431–x32 Chronic auricular fibrillation ..		5	
440–x10 Auriculo-ventricular nodal rhythm	1		
453–090.4 Pulmonary stenosis	1		
450–100 Endocarditis		1	1
454–1x4 Mitral stenosis	8	13	
454–196.4 „ „ , rheumatic	1		
455–1xx Aortic insufficiency		3	
Diseases of arteries.			
461–147 Aortitis, syphilitic		1	
479.2–147.9 Popliteal artery, syphilitic aneurysm	1		
478–4x6 Brachial artery, traumatic aneurysm	1		
460–942 Arterio-sclerosis, general	2	2	
462–9x6 Arterio-sclerosis, thoracic aorta, aneurysm due to	1		
402–930 Thrombo-angeitis obliterans ..	1		
5. Diseases of Haemic and Lymphatic Systems			
Diseases of blood.			
513–711 Anaemia secondary to malnutrition			1
513–911.9 Haemolytic icterus	1		
513–yx9 Secondary anaemia	2	135	
Diseases of spleen.			
520–416 Rupture of spleen	1		
520–yx6 Splenomegaly of undetermined origin	11	2	
Diseases of lymphatic channels.			
547–190 Lymphangitis, acute, arm	3		
540–123 „ , tuberculous	1		
541–4x4 Obstruction, thoracic duct	1		

Diagnoses	Primary	Secondary	Deaths
Diseases of lymph nodes.			
553–190 Lymphadenitis, cervical, acute ..	2		
553–123 „ „ , tuberculous	2	2	
550–123 „ , tuberculous	4	2	
558–1x0 „ , inguinal		1	
550–954 Lymphogranulomatosis	1		
6. Diseases of Digestive System.			
Diseases of mouth, lips and tongue.			
610–100 Stomatitis, gangrenous (noma) ..	1	2	
611–037 Harelip	2		
611–124.4 Stricture of mouth, due to leprosy	1		
611–824 Haemangioma of lip	1		
612–102 Glossitis, streptococcal	1		
Diseases of teeth and gums.			
614–100 Pyorrhoea alveolaris		41	
614–1x2 Alveolar abscess	3		
615–100 Gingivitis		2	
615–818 Odontoma (dental cyst)	1		
Diseases of palate.			
616–437 Cleft palate	1		
Diseases of salivary glands.			
621–170 Epidemic parotitis	2		
621–8.. Tumour of parotid gland	2		
Diseases of pharynx.			
631–019 Fistula into pharynx (branchial cleft)	1		
631–931 Acute pharyngitis, cause unknown ..	4	2	
639–1x2 Retro-pharyngeal abscess	1		
Diseases of adenoids and tonsils.			
636–1x2 Peritonsillar abscess	7	1	
634–100 Tonsillitis, acute	20	4	
634–102 „ „ , streptococcal ..	1		
634–123 „ , tuberculous	1		
634–1x0 „ , chronic	58	47	
634–861 Sarcoma of tonsil	1		
633–940 Hypertrophy of adenoids		1	
Diseases of oesophagus.			
637–1x4 Stricture of oesophagus, post-infectional	1		

Diagnoses	Primary	Secondary	Deaths
637–887 Adeno-carcinoma of oesophagus ..	7		
Diseases of stomach.			
640–383 Gastritis, acute (food poisoning) ..	3		
641–580 Achalasia	1		
642–586 Achlorhydria, neurogenic	2	1	
646–557 Neurosis, gastric, secretory	3	1	
640–889 Carcinoma of stomach	5	1	
640–910 Chronic atrophic gastritis	5		
640–951 Gastric ulcer	17		
640–951.3 „ „ , perforation of ..	4		
641–954 Stenosis of cardia	1		
645–954 „ „ pylorus		5	
640–9x7 Haematemesis, cause undetermined		1	
Diseases of intestine.			
604. 123 Hyperplastic ileo-caecal tuberculosis	1		
604–630 Intussusception	2		
604–631 Enteroptosis	1		
604–yx4 Intestinal obstruction	1	2	
604–x11 Constipation	9	3	
604–yx9 Diarrhoea, cause undetermined ..	19	16	6
650–123 Tuberculosis of small intestine ..	1	3	
650–241 Ascariasis, intestinal	4	37	
650–243 Ankylostomiasis	4	4	
650–2612 Taenia saginata, intestinal infestation with	1		
650–261 Taenia solium, intestinal infestation with	2		
651–560 Duodenal stasis	1		
650–887 Adeno-sarcoma of intestine	1		
650–1951 Duodenal ulcer	7		
653–951 Jejunal ulcer	1		
Diseases of colon.			
660–190 Acute colitis	19	5	
660–1x0 Chronic colitis	5	2	
660–116 Bacillary dysentery	36	3	2
660–151 Amoebic colitis	12	6	
660–242 Oxyuriasis	1		
Diseases of appendix.			
661–190 Acute appendicitis	13		
661–1x2 „ „ , with abscess ..	1		

Diagnoses	Primary	Secondary	Deaths
661–1x0 Chronic recurrent appendicitis ..	4		
Diseases of rectum.			
669–1x2 Abscess, peri-rectal	4		
668–1x4 Stricture of rectum, post-infectional	2	2	
668–123 Tuberculosis of rectum	1		
668–631 Prolapse of rectum		1	
668–642 Diverticulum of rectum	1		
66x–641 Internal haemorrhoids	28	1	
668–886 Adenomatous polyp of rectum ..		1	
668–887 Adeno-carcinoma of rectum ..	3		
Diseases of anus.			
670–1x3 Fistula of anus	24		
670–123.3 „ „ „ , tuberculous ..	9		
677–1x2 Peri-anal abscess	2		
672–586 Relaxation of anal sphincter ..	1	1	
67x–641 External haemorrhoids	3	2	
Diseases of liver.			
680–151.0 Amoebic hepatitis	1		
680–151 Amoebic abscess of liver	2	1	
680–889 Carcinoma of liver	1		
680–952 Cirrhosis of liver	16	1	
Diseases of bile passages.			
687–180 Chronic cholecystitis	1	1	
682–615 Cholelithiasis	1		
682–6xx Jaundice, catarrhal	3	1	
Diseases of pancreas.			
690–887 Adeno-carcinoma of pancreas ..	1		
Diseases of peritoneum.			
060–100 Peritonitis, acute	3	10	11
066T100 Peritonitis, puerperal	1		
060–123 „ , tuberculous	3	10	
045–6392 Hernia, inguinal, direct	1		
045–6393 „ „ , indirect	20	2	
045–639.4 „ , strangulated	3		
060–y03 Ascites		19	

Diagnoses	Primary	Secondary	Deaths
7. Diseases of the Uro-Genital System.			
Diseases of the kidney.			
712–100 Glomerulo-nephritis, acute	8	1	
712–100 „ „ , chronic ..	6	3	
713–1x9 Nephrosis	1		
722–100 Pyelitis	4	1	
710–123 Tuberculosis of kidney		3	
710–522 Passive congestion of kidney ..		1	7
710–631 Nephroptosis	1		
710–8.. Tumour of kidney	1		
710–x1 Renal glycosuria		1	
710–y00.76 Nephritic toxaemia	2		
Diseases of bladder.			
730–190 Chronic cystitis	2	3	
730–123 Tuberculosis of bladder	4		
730–615 Vesical calculus	18		
730–8.. Tumour of bladder	2		
730–861 Sarcoma of bladder	1		
Diseases of urethra.			
748–1x2 Abscess, peri-urethral	1		
740–103 Urethritis, gonococcal		3	
740–103.4 Stricture, gonococcal	2	2	
740–190 Urethritis, chronic		1	
740–1x3 Urethral fistula	4		
740–416 Rupture of urethra, traumatic ..	2		
740–4x4 Stricture of urethra, post-traumatic	3		
740–615 Urethral calculus	3		
Diseases of penis.			
753–017 Congenital phimosis		2	
751–889 Carcinoma of penis	7		
Diseases of testicle.			
755–190 Orchitis		1	
755–861 Sarcoma of testis	1		
Diseases of epididymis.			
756–103			
756–103 Epididymitis, gonococcal	3	1	
756–1x0 „ , chronic	1	1	
756–123 „ , tuberculous	3	6	

Diagnoses	Primary	Secondary	Deaths
Diseases of tunica vaginalis.			
757–9x8 Hydrocele, idiopathic	5	2	
Diseases of scrotum.			
758–100 Infection, scrotum	2	1	
758–257 Filariasis of scrotum	1		1
758–402 Contusion of scrotum	1		
758–412 Laceration of scrotum	3		
Diseases of spermatic cord.			
76x6x6 Varicocele	1		
Diseases of prostate.			
764–1x2 Abscess, prostatic	1		
764–103 Prostatitis, gonococcal	1		
7..–y73 Haematuria	2	4	2
7..–y00.75 Retention of urine			4
7..–y00.7x Uraemia			
Diseases of female genital system.			
705–x10 Sterility, cause unknown	10	4	
Diseases of vulva.			
771–257 Filariasis of vulva	1		
Diseases of vagina.			
776–018 Imperforate hymen	1		
781–4x4 Stricture of vagina	2		
704–4x3 Vesico-vaginal fistula	2		
Diseases of cervix.			
783–1x0 Chronic cervicitis	4	2	
783–1x6 Cicatrix of cervix	1		
Diseases of uterus.			
782–076 Infantile uterus	1		
785–190 Endometritis, acute	1		
785–1x0 „ , chronic	17	2	
782–1x0 Metritis, chronic	1		
782–63x Retroversion of uterus	2	2	
782–892 Adeno-myoma of uterus	3		
782–832 Fibro-myoma of uterus	10		
783–889 Carcinoma of cervix	4		
783–944 Mucous polyp	4		

Diagnoses	Primary	Secondary	Deaths
785–x10 Amenorrhoea, cause unknown ..	1		
785–x20 Menorrhagia, cause unknown ..	2		
780–x32 Dysmenorrhoea	4		
Diseases of fallopian tubes.			
787–100 Salpingitis, acute	1		
870–1x0 Salpingo-oophoritis, chronic	1		
Diseases of ovary.			
788–8861 Cyst-adenoma of ovary	10	1	
Obstetrical conditions and diseases.			
7x9T100 Pelvic cellulitis, puerperal	1		
7x3–4x6 Cicatrix of cervix, post-traumatic	1		
7x4–100 Pregnancy, delivered	320		4
7x7–789 Tubal pregnancy	3		
7x4–057 Multiple pregnancy	7		
790–000 Term birth, living child	255		
790–001 „ „ , antepartum death ..	7		7
790–002 „ „ , intrapartum death ..	5		5
790–003 „ „ , neonatal death	7		7
790–004 Premature birth, living child ..	31		
790–005 „ „ , antepartum death	9		9
790–006 „ „ , intrapartum death	6		6
790–007 „ „ , neonatal death ..	7		7
790–052 Early abortion	1		
790–0522 „ „ , complete	5	1	
790–0523 „ „ , incomplete	4		
790–053 „ „ , threatened	7	1	
8. Diseases of the Endocrine System			
810–886 Adenoma of thyroid	1		
810–943x Diffuse goitre with hyperthyroidism	1		
9. Diseases of the Nervous System			
990–147 Syphilis, cerebro-spinal	2		
90x–147 „ , meningo-vascular	1		
Diseases of meninges.			
910–027 Meningocele	1		
910–100 Meningitis, unspecified		2	1
910–104 „ , meningococcic	2		
910–190 „ , chronic	1		
910–123 „ , tuberculous	2	1	1
910–147 „ , syphilitic	2		

Diagnoses	Deaths	Secondary	Deaths
Diseases of brain.			
930–100 Encephalitis	1		
930–428 Concussion of brain	4	1	
930–88. Carcinoma of brain	1		
930–x01 Grand mal (epilepsy)	3	1	
930–y03 Oedema of brain		1	
930–y94 Coma		1	
933.4–076 Cerebral spastic infantile paralysis	1		
94x–416 Cerebral blood vessel, rupture of	2	7	7
94x–618.563 „ „ „ , embolism of— hemiplegia		1	
94x–9x7 „ „ „ , thrombosis of	1		
94x–9x7.563 „ „ „ „ „ hemianopia		1	
94x–9x7.x17 „ „ „ „ „ hemiplegia	1		
Disease of spinal cord			
970–147 Syphilis of spinal cord	3		
970–8.. Tumour of spinal cord	4		
970–8x8 Syringo-myelia	2		
Diseases of peripheral nerves.			
965–y10 Facial neuritis		2	
980–y10 Neuritis, cause undetermined		2	
998–y10 Sciatica		1	
DISEASES OF THE EYE.			
Diseases of cornea.			
x123–130 Keratitis, deep		1	
x12–1x43 Leucoma	2	2	
x12–761 Keratomalacia	1		
Diseases of iris.			
x15–147 Iritis, syphilitic		1	
Diseases of retina.			
x23–100 Retinitis	1		
Glaucoma and errors of refraction.			
x18–6xx1 Chronic congestive glaucoma	1		
x11–6521 Progressive myopia		1	

Diagnoses	Primary	Secondary	Deaths
Diseases of conjunctiva.			
132–1x4 Ectropion		2	
x56–100 Conjunctivitis, acute	1		
x56–1x0 „ , chronic		2	
x56–1235 „ , phlyctenular	1	1	
x56–194 Trachoma		53	
x58–956 Pterygium			
Diseases of lachyrmal gland.			
x66–190 Dacro-cystitis, chronic		1	
DISEASES OF THE EAR			
Diseases of external ear.			
x75–100 Otitis externa	3		
Diseases of middle ear.			
x84–190 Mastoiditis, chronic	9	1	
x84–100 „ , acute	6		
x80–190 Otitis media	1		
x80–100 „ „ , acute	6	1	
x80–1x0 „ „ , chronic	5	18	
UNCLASSIFIABLE DIAGNOSES			
y00–147 Wassermann reaction positive		5	
y04– Headache	2		
y33 Haemoptysis	1	2	
y45 Haemorrhage, unqualified	1		1
y64 Indigestion	6	1	

OPERATIONS PERFORMED

This list does not include minor procedures carried out on the wards or in the out-patient dressing and examinating rooms, but only operations or procedures scheduled and performed in the operating rooms of the Hospital or Out-Patient Department.

Operation	Hospital	O.P.D.
A. General Surgical Operations:		
Amputation of arm	4	
„ „ finger (including supernumerary)	7	4
„ „ leg	13	
„ „ thigh	7	
„ „ toe (including supernumerary)	6	1
Appendicectomy	10	
Aspiration	11	96
Biopsy	15	6
Cauterization of colostomy, etc.	2	3
„ „ wart	2	
Cholecystectomy	1	
Circumcision	8	44
Closure of gastrostomy wound	1	
Colostomy	2	
Curettage of chronic sinus	3	4
Debridement of hand	1	
Decompression and removal of F.B.	1	
Dilatation of anal sphincter or rectum	10	1
Division of frenum of tongue	1	
Entero-enterostomy and excision of faecal fistula	1	
Excision of aneurysm	2	
„ „ breast, radical amputation	3	
„ „ „ , simple „	6	
„ „ condyloma acuminata		1
„ „ cyst, implantation		1
„ „ „ , mucoid		2
„ „ „ , sebaceous		53
„ „ „ , other, unknown region	2	3
„ „ epithelioma	1	
„ „ epulis	1	
„ „ fibroma	1	2
„ „ fibro-adenoma, breast	3	
„ „ fissure in ano		2
„ „ fistula in ano	40	41
„ „ „ of abdomen	2	
„ „ „ of breast	1	
„ „ „ branchial	1	
„ „ „ of buttock	2	
„ „ ganglion		1
„ „ gland, lymph	6	
„ „ haemangioma	2	1

Diagnoses	Hospital	O.P.D.
Excision of keloid	3	
„ „ lipoma	5	3
„ „ meningocele, frontal	1	
„ „ mole	2	
„ „ osteo-chondroma, femur	2	
„ „ papilloma	2	
„ „ parotid tumour	1	1
„ „ rectal polyp	1	
„ „ saphenous vein	1	
„ „ sarcoma	2	3
„ „ scar	1	5
„ „ skin	4	
„ „ spurs, calcaneal	13	7
„ „ tumour of unknown origin	3	
„ „ ulcer	2	5
„ „ wart	31	211
Extraction, tooth, teeth or stumps	4	
Gastro-enterostomy	1	
Gastrectomy, partial	1	
Gastroscopy	2	
Gastrotomy	29	23
Haemorrhoidectomy	1	
Haemostasis	23	
Herniorrhaphy, ordinary	3	
„ strangulation	1	
Herniorrhapy and transplanation of testis	3	
Incision and drainage of appendix abscess	1	
„ „ „ empyema	1	
„ ischio-rectal abscess	1	
„ „ „ knee	1	
„ other infections or abscesses	95	591
Injection of alcohol for trigeminal neuralgia	6	
„ „ varicose veins		42
Laparotomy, exploratory	12	
Ligation of large vessel	1	
Orr's dressing	1	
Peri-arterial sympathectomy	1	
Proctotomy, internal	1	
Reduction of intussusception	1	
Removal of foreign body	9	2
„ „ nail, finger or toe		5
„ „ stitches	1	
Resection of ribs	3	
Sigmoidoscopy	67	
Spinal anaesthesia only	1	
Spinal puncture	1	
Surgical cleansing	5	
„ dressing	15	
Suture of perforated gastric ulcer	5	
Tapping of ascites	1	
Thoracoplasty	1	

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Circumcision	8	44
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„ „ cyst, implantation		1
„ „ „ , mucoid		2
„ „ „ , sebaceous		53
„ „ „ , other, unknown region	2	3
„ „ epithelioma	1	
„ „ epulis	1	
„ „ fibroma	1	2
„ „ fibro-adenoma, breast	3	
„ „ fissure in ano		2
„ „ fistula in ano	40	41
„ „ „ of abdomen	2	
„ „ „ of breast	1	
„ „ „ branchial	1	
„ „ „ of buttock	2	
„ „ ganglion		1
„ „ gland, lymph	6	
„ „ haemangioma	2	1

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„ „ lipoma	5	3
„ „ meningocele, frontal	1	
„ „ mole	2	
„ „ osteo-chondroma, femur	2	
„ „ papilloma	2	
„ „ parotid tumour	1	1
„ „ rectal polyp	1	
„ „ saphenous vein	1	
„ „ sarcoma	2	3
„ „ scar	1	5
„ „ skin	4	
„ „ spurs, calcaneal	13	7
„ „ tumour of unknown origin	3	
„ „ ulcer	2	5
„ „ wart	31	211
Extraction, tooth, teeth or stumps	4	
Gastro-enterostomy	1	
Gastrectomy, partial	1	
Gastroscopy	2	
Gastrotomy	29	23
Haemorrhoidectomy	1	
Haemostasis	23	
Herniorrhaphy, ordinary	3	
„ strangulation	1	
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„ „ „ empyema	1	
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„ „ „ knee	1	
„ other infections or abscesses	95	591
Injection of alcohol for trigeminal neuralgia	6	
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Ligation of large vessel	1	
Orr's dressing	1	
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Proctotomy, internal	1	
Reduction of intussusception	1	
Removal of foreign body	9	2
„ „ nail, finger or toe		5
„ „ stitches	1	
Resection of ribs	3	
Sigmoidoscopy	67	
Spinal anaesthesia only	1	
Spinal puncture	1	
Surgical cleansing	5	
„ dressing	15	
Suture of perforated gastric ulcer	5	
Tapping of ascites	1	
Thoracoplasty	1	

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Diagnoses	Hospital	O.P.D.
Thoracotomy	1	
Thyroidectomy	3	
Transfusion of blood	24	
Totals ..	581	1,164
B. Genito-Urinary Operations:		
Amputation of penis	3	
„ „ „ and transplanation of urethra	4	
Cystoscopy	24	
„ and pyelography	1	
Cystostomy, suprapubic	6	
Dilatation of urethra	17	55
Hydrocele, excision of	4	
„ , tapping or injection		15
Irrigation intra-vesical	4	
Lithotomy, suprapubic	2	
„ , urethral	1	
Orchidectomy	2	
„ and vasectomy	1	
Repair of stricture of urethra	1	
„ „ urethral fistula	8	
Urethrotomy, external	3	
Varicocele, excision of	1	
Totals ..	102	70
C. Orthopaedic Operations:		
Application of plaster cast	27	8
„ „ splint	1	
Arthrodesis of knee	2	
Insertion of traction pin or stirrup	2	
Laminectomy and excision of spinal tumour	1	
Manipulation of hip	1	
Osteotomy	1	
Reduction of dislocation, open	1	
„ „ fracture	2	
Saucerization for osteomyelitis	13	
Sequestrectomy	8	2
Wiring of patella	1	
Totals ..	60	10
D. Plastic Operations:		
Repair of anus	1	
„ „ cleftpalate	2	
„ „ finger	1	
„ „ hand	5	
„ „ harelip	2	
„ „ mouth	1	
„ „ nose	1	

Diagnoses	Hospital	O.P.D.
Repair of skin flap	12	
Skin grafting, Reverdin or implanation	44	
Suture of wound, primary or secondary	23	4
Totals ..	92	4
E. Gynaecological Operations:		
Amputation of cervix	3	
Biopsy of cervix	2	
Cauterization of cervix	2	
Cervical polyp, removal of	2	
Colpo-perineorrhapy	2	
Cyst of broad ligament, removal of	1	
Dilatation and curettage	55	
„ „ „ with cauterization	1	
Exploratory laparotomy	1	
Hysterectomy, supra-vaginal	11	
„ and Appendicectomy	1	
Myomectomy	1	
Ovarian cyst, removal of	12	
Pan-hysterectomy	1	
Repair of perineum	1	
„ „ recto-vaginal fistula	1	
urethra	1	
„ „ vesico-vaginal fistula	3	
Resuture of cervix	1	
Salpingectomy	4	
Salpingostomy and ventral suspension	2	
Salpingo-oophorectomy	5	
Trachelorrhaphy	1	
Urethral Caruncle, removal of	1	
Utero-tubal insufflation (Rubin's test)	2	134
Vaginal examination under anaesthesia	2	
„ „ and removal of bladder stone	1	
Ventral suspension of uterus	1	
Vulva, excision of	1	
Totals ..	122	134
F. Obstetrical Operations:		
Bougies, insertion of	5	
Breech extraction	8	
Caesarean hysterectomy	1	
„ section, lower segment	4	
„ „ upper segment	4	
„ „ „ „ with sterilisation	3	
Decapitation	7	
Forceps, application of	20	
Internal version and extraction	9	

Diagnoses	Hospital	O.P.D.
Repair of perineum	48	
„ „ episiotomy wound	30	
Willett, forceps, application of	4	
Totals	143	
G. Ophthalmological Operations:		
Biopsy	1	2
Caldwell operation	1	
Conjunctivectomy	1	
Conjunctivoplasty	13	
Dacrocystectomy	1	
Enucleation of eye-ball	13	
Excision of caruncle of eyelid	1	
„ „ conjunctiva		6
„ „ cyst of eyelid		1
„ „ granulation tissue	1	1
„ „ haemangioma		1
„ „ lacrymal sac	3	
„ „ pterygium		45
„ „ scar of lid	1	
„ „ symblepharon	1	
„ „ tumour of lid		5
Expression for trachoma		77
Extraction of cataract	27	
Incision of abscess of lid		9
„ „ chalazion		101
„ „ dacrocystitis		4
„ „ hordeolum		51
„ „ sclera	1	
Injection for iritis		2
„ „ phlyctenular conjunctivitis		21
Iridectomy	35	
Iridotomy	6	
Irrigation for dacrocystitis		11
Leucoma, tattooing		1
Operation for tricheasis		5
Paracentesis	2	
Probing of lacrymal sac		10
Removal of foreign body		11
Repair of ectropion		2
„ „ entropion	2	54
„ „ eyelid	2	1
Scraping of corneal opactiy	1	
Tarsectomy		1
Tenotomy	1	
Unrecorded		2
Totals	114	424

Diagnoses	Hospital	O.P.D.
H. Otolaryngological Operations:		
Adenoidectomy	1	
Biopsy		2
Bronchoscopy and removal of F.B.	2	
Cauterization of nostril	1	
Ethmoidectomy	1	
Excision of dental cyst	1	
„ „ fibroma of ear		1
„ „ nasal polyp	10	12
„ „ nasopharyngeal fibroma	1	
„ „ papilloma of ear		5
„ „ sebaceous cyst of ear		1
„ „ tumour of nose	2	
Incision of furunculosis of ear		5
„ „ mastoid abscess	1	1
„ „ middle ear		2
„ „ peritonsillar abscess	1	8
„ „ retropharyngeal abscess	1	
Laryngoscopy	2	
Mastoidectomy	26	
Oesophagoscopy and dilation	15	
„ „ removal of F.B.	1	
Plastic operation on nose	1	
„ repair of external auditory canal	2	1
Puncture and lavage, maxillary sinus (or lavage only)		41
Removal of foreign body in nsoe	1	3
Resection of septum	10	
„ „ and turbinectomy	1	
Sinusectomy, frontal	8	
Tonsillectomy	29	
„ and adenoidectomy	48	
Turbinectomy	16	
Tracheotomy and excision of tumour	1	
Local anaesthesia, operation not done	1	
Totals	190	82
I. Dermatological Operations:		
Biopsy		5
Cauterization of warts, naevi, condylomata, etc.		38
Lumbar puncture for diagnosis		5
Totals		48
Grand Total	1,404	1,936

TYPES OF ANAESTHESIA USED

General anaesthesia:		
Chloroform	3	
Ether	236	
Ethylchloride	66	
Evipan sodium	12	
		317
Local anaesthesia:	463	
„ „ and ether	4	
		467
Rectal anaesthesia		18
Regional anaesthesia		13
Spinal anaesthesia	309	
„ „ and ether	7	
		316
Total:		1,131

REPORT ON MEDICAL RELIEF FOR FLOOD REFUGEES

CONDUCTED BY CHEELOO UNIVERSITY HOSPITAL AND MEDICAL SCHOOL

Oct. 15, 1936—Apr. 30, 1936.

The Provincial Government Cares for Flood Sufferers in Shantung.

When the Yellow River burst through its southern bank in July 1935, it flooded parts of fourteen counties in Shantung and also a part of the province of Kiangsu. Altogether, about 6,000 square miles were flooded when the water was at its height, and about 4,000,000 people were involved, of whom half were in Shantung. The property loss in Shantung was estimated at $2,000,000. 300,000 refugees were transported to unaffected parts of the province and, throughout the long, cold winter, the Provincial Government housed, fed and cared for these refugees, entailing a monthly expenditure of $700,000. The daily cost per person for food was 6 cents. This supplied bread from 4th class flour, a small piece of pickled turnip and millet soup.

The Provincial Government deserves very great praise fnr the splendid humanitarian work it has accomplished during this past winter.

The Situation in Tsinan.

19,500 refugees were accommodated in 27 camps in the city and suburbs. The largest camp contained 1,400 and the smallest 200 refugees. The furthest distance between the camps was about 7 miles. Temples, schools, guild-halls, disused factories, warehouses were all used and more than filled to capacity.

Cheeloo Requested to Provide Medical Care.

The head of the National Health Administration, Dr. J. Heng Liu, the China International Famine Relief Commission, Chairman Han Fu-ch'u and the Mayor of Tsinan requested the help of Cheeloo's Hospital and Medical School in this emergency.

At a meeting of staff and students, it was unanimously decided that we would be willing to do all in our power to help, though we realized that the magnitude of the task was such that, to do it satisfactorily, in addition to our regular teaching and hospital work, would be almost impossible.

The Budget.

A committee of Medical School and Hospital Staff drew up a budget of $23,250 which was submitted to the China International Famine Relief Commission, who agreed to underwrite an expenditure to this amount. The budget was divided into two parts, to cover prophylactic and curative work, and included the cost of drugs, hospital care, delousing, transport, etc. In addition, the National Health Administration forwarded vaccines and sera to the value of $1,800.

Medical Teams.

The organisation of the work was placed in the hands of Dr. Struthers, with the assistance of Dr. Sun Chia-ch'i. The medical staff and students were divided into eleven groups, each group consisting of two or more doctors and about eight students. The 27 camps were divided amongst the 11 groups. so that each group was responsible for the care of approximately 1,800 refugees. Each camp was visited by a team at least twice a week, usually on Wednesday and Saturday afternoons, as these were the students' only free periods.

Prophylactic and Curative Work in the Camps.

First-aid boxes were prepared and fitted out with things required for vaccinations, drugs, ointments, etc., for the treatment of all minor conditions. A diagnosis and treatment book was kept in each camp. Patients who required hospitalization, or needed a more careful examination than could be given in the camp were given a ticket to present at the hospital.

Vaccinations.

As smallpox was present in 16 camps soon after our work had begun, strenuous efforts were made, week after week, to persuade the refugees to be vaccinated, and, in the end, practically all susceptible persons were given this protection. They considered the winter the wrong time to be vaccinated! A total of 9,910 persons were vaccinated by our staff, in addition to another 1,000 done earlier by Government doctors. The vaccinations stopped the epidemic, but there were altogether probably 300 cases of smallpox, with a very high mortality.

Inoculation

At first an attempt was made to give typhoid vaccine, but the opposition to this was even greater than to vaccination. As the season was late for typhoid fever, and only a sporadic case appeared, we felt vaccinations against smallpox and inoculations of Alum Toxoid to be more important.

Eye Diseases.

The proportion of eye diseases was very high. These were dealt with chiefly in the camps. To counteract Vitamin A deficiency, carrots were sent to many of the camps, and cod liver oil was given to all children who could be induced to take it. Sometimes they were bribed to take cod liver oil by the offer of sticks of red fruit.

Scurvy.

The food supplied to the refugees consisted of "mo-mo", made from 4th class flour, millet soup and a small piece of pickled turnip. This food contained, of the vitamins, probably only Vitamin B. After a period of from four to five months on this diet, refugees began to complain of pain in the legs. This was accompanied by sore, spongy gums and, in some cases, large haemorrhagic patches under the skin of the legs. The most severe cases were admitted to Cheeloo hospital, where a careful study was made of the condition and a comparison made of the value of various methods of treatment. Less severe cases were treated in the O. P. D. with red fruit juice or candied red fruit. In all, about 150 cases were seen.

From funds subscribed privately, cabbage was sent to all the camps occasionally, and to some several times a week. One third of a pound of cabbage was sent for each individual, including children. Altogether 20,160 lbs. were issued.

A guinea-pig on the refugee diet died of scurvy in 25 days.

Infectious Diseases

Infectious diseases in the camps were most prevalent during the months of November and December. The incidence decreased considerably in January, and, in February and March, in most of the camps, there were no cases of infectious disease.

Smallpox. This has been mentioned above.

Measles caused the largest number of deaths in infants and young children who, on the poor fare, readily developed broncho-pneumonia. Hospitals were reporting, for a time, almost 100% mortality. Many were moribund on admission.

Chickenpox was prevalent and care had to be exercised before making a diagnosis between this disease and smallpox.

Mumps was prevalent, but there were no deaths. It did not spread as fast as one would have expected in such crowded quarters.

Diphtheria. There were fortunately only a few cases of diphtheria. A policeman, on bringing a refugee child to the hospital with diphtheria, when he found it could not be given a bed, said "If I return this child to the camp it will be a menace to all the other children. I have no children at home, so I'll just take it to my own home until it is well." The child had already been given an appropriate dose of diphtheria anti-toxin.

Dysentery. There were many cases of bacillary and some of amoebic dysentery.

Pneumonia. As one would expect, this disease took a heavy toll of both the very young and very old.

Meningitis. One case occurred in Camp 16, and near-by refugees were watched for a week, for fear further cases would develop. There was, however, only one case.

Relapsing Fever. There was one case in Camp 1, and two cases in Camp 16. The second patient in this camp contracted the disease by borrowing the blanket of the first patient when he was sent to hospital. As this disease is louse-borne, in each camp, 25 of those sleeping near the patient were deloused. At that time, no provision was available to delouse the whole camp. No further cases occurred.

Typhus. All cases simulating typhus fever, and also all cases of undiagnosed fevers were promptly admitted to Cheeloo hospital. None of the cases were proved to be typhus.

Typhoid Fever. There were only a few cases of Typhoid fever.

Erysipelas affected many refugees and caused not a few deaths. The unusually large number of cases was probably

due to the poor resistence of the patients to infection, and this in turn was due to lack of adequate quantities of Vitamins in the diet.

Delousing.

Relapsing fever having broken out in two camps and the presence of an occasional case with symptoms simulating typhus fever (none of which, however, were proved to be typhus) made the setting up of an adequate delousing unit an urgent necessity. Also, in addition, almost all the women had head lice.

For head lice, 2.5% carbolic acid solution was found to be more satisfactory than kerosene, as it left no objectionable odour. Combs and solution were supplied in all the camps, with instructions regarding use. In a few weeks. head lice had been adequately dealt with.

With regard to body lice, we were told that it would be impossible to persuade Shantung women to go to a bath-house. A bath-house and delouser were, however, prepared, and, with tact and encouragement, Miss Wang Shan-ch'un, a Yenching graduate, persuaded the women to bring the children, then to take advantage of the opportunity to wash their feet, and then, as screened tubs and bath robes had been provided, to take a full bath. The second day some returned to enjoy a second bath. There was no further difficulty and women voluntarily walked 15 li to come to the bath-house. Altogether 7,647 women and children were deloused. When the women in all the camps had been done, men were permitted to come, and 1,051 were done before the camps were closed.

During the winter, the Municipal Government's sterilizer went from camp to camp, delousing garments and bedding. This assisted in keeping down the number of lice. Facilities were also supplied for men and boys to get regular baths.

The delouser at Cheeloo consisted of a small room 10x9x7 feet, in which 8 coils of steam pipe were installed.

Throughout the cold weather, the temperature inside the delouser varied from 140°F. to 180°F. From a piece of garment about 1 inch square, 66 lice were cultured, whereas the eggs on a similar piece after treatment in the room for 20 minutes, were found to be all dead.

A small delouser was built in Camp 1 for $18.00 and another, in Camp 7, for $10.00. These used heat from the fires on which "mo-mo" were steamed.

Health Propaganda.

Miss Kung, one of our Public Health nurses, gave two or three health talks in each camp. Posters on health subjects were supplied to each camp.

Hospital In-Patient Treatment.

Frequent visits to the camps enabled the doctors to pick out cases of infectious or other serious disease and send them to hospital. Emergency cases could be sent to hospital by the head of a camp at any time. Altogether five hospitals were available for all or part of the period. These were the two Catholic hospitals, supported by the Shanghai Famine Relief Committee, and two temporary hospitals set up by the Municipality and supported by the China International Famine Relief Committee, in addition to the Cheeloo Hospital. In the Cheeloo University Hospital alone a total of 385 refugees received in-patient treatment.

Hospital Out-Patient Treatment.

This was carried on at Cheeloo only. Frequently, over 160 patients were seen on one day.

Results.

1. The intensive campaign of vaccinations unquestionably saved the camps, and probably the city also, from a severe epidemic of smallpox.

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2. Frequent visits to camps, with prompt investigation of infectious cases, made it possible to take early preventive measures in warding off epidemics.

3. Simple curative treatment provided regularly in the camps, or, if necessary, in hospital, afforded relief to an untold amount of suffering.

4. The wholesale supply of needed vitamins relieved much severe suffering from scurvy and saved the sight of many eyes.

5. Although we found the work too heavy as an addition to our regular schedule, it gave both staff and students good experience in the practical application of public health measures, under unusually difficult circumstances.

6. Our contribution to the welfare of the refugees has been appreciated in many quarters, and we have made many new friends.

E. B. STRUTHERS.

A NOTE ON THE SCURVY OUTBREAK AMONG THE REFUGEES

During January, February and March of this year, scurvy appeared among the refugee patients who were being cared for medically in the camps in the city by Cheeloo staff and students. A number of them came to the Out-patient Department complaining mainly of pain in calf or thigh, and often of inability to walk. With the first patients who came that was the only complaint, and scurvy was not diagnosed. Later, the appearance of haemorrhages in the leg in addition to pain made clear the diagnosis, which was promptly confirmed by the results of treatment.

In all, 43 patients were treated in the hospital, and an additional 92 were seen in the Out-patient Department. This group of patients furnished a very fine opportunity for the study of a disease which has become almost extinct among the adult population of the world except as a war-time disease, the last large groups of such cases having been reported during the Great War.

The refugees had been for about six months on a camp diet consisting almost wholly of cereal products and lacking all vegetables except for slices of salt turnip. The development of deficiency was not unforeseen, and there was keratomalacia as well as scurvy. Though it was expected, there was no scurvy among the young children, our youngest patient being 13 years. This is perhaps explained in part by the cabbage vendors who visited the camps and to whom a few coppers went from time to time for "extras" for the children, while their parents did without. As scurvy patients appeared in increasing numbers, efforts were made to stem the tide by prevention, and cabbage was furnished to the camps at varying intervals, to some weekly or oftener.

The patients on the whole showed brilliant improvement under treatment, the more strikingly demonstrable per-

haps in the Out-patient Department, where a patient's whole outlook changed between one day and the next. Some of these patients walked miles from camp to hospital on painful legs for a first treatment, and rarely failed to turn up again the next day, delightedly reporting improvement. Various forms of treatment were employed, especially with a view to determining the efficacy of ordinary vegetables and fruits available for poor country dwellers. Cabbage was effective and cheap. Red fruit, either as candied sticks or as fruit juice was also very popular.

Staff, students and nurses cooperated to an unprecedented degree in trying to get the maximum amount of useful information in this study of scurvy, which, in the nature of the case, was limited to three months. Had we had double the staff, they would all have been profitably employed in the work. However, many lines of interest were uncovered and followed up, including the opportunity of studying numbers of patients by the newer laboratory methods for scurvy. Reports of the work done will be forthcoming in the medical literature in the near future.

The Tsinan Rotary Club assisted in this study with a financial grant, and the large and generous provision of funds by the C.I.F.R.C. for medical care in general for these thousands of refugees, was the basis without which the whole study would have been impossible.

JULIA MORGAN.

Summary of Medical Service Rendered To Flood Refugees in Tsinan By Cheeloo University Hospital and Medical School From Oct. 15, 1935 to April 30, 1936.

CAMPS—Preventive and Curative Work

Group visits to camps		819
Visits of individual doctors (inspections, emergency calls, etc.)		430
Treatments in Camps		25,717
Smallpox vacinaitions		9,910
Diphtheria toxoid inoculations		1,230
Typhoid inoculations		72
Cod Liver Oil to children		37 gallons
Deloused and bathed:		
Women and children	7,467	
Men and boys	1,051	
Total		8,518

OUT-PATIENT DEPARTMENT—Treatment of more serious cases.

New registrations	3,162	
Return visits	5,690	
Total visits		8,852

HOSPITAL—In-patient Treatment

Admitted	374	
Births in hospital	11	
		385
Total admitted	48	
Died	48	
Discharged	337	
		385
Total days hospital care		6,083
Average duration of stay in hospital per patient		15.8 day

Summary of Cost of Medical Flood Relief Carried out on Behalf of C.I.F.R.C. by Cheeloo University Hospital and Medical School. Oct. 15, 1935-Apr. 30, 1936.

Medical service in camps	$3,341.40
Medical service in Hospital Out-patient Department	2,576.92
Cost of Hospital In-patient treatment (including special grant of $4,405.97 made by China International Famine Relief Commission to cover extra costs)	11,649.61
Total expenditure ..	$17,567.93
Budgeted expenditure	23,250.00
Amount less than budgeted expenditure	5,682.07
	17,567.93

REPORT OF THE UNIVERSITY HOSPITAL

1935-36

The opening of the new Out Patient Department and Hospital wing will long render the year 1935-36 famous in the annals of the University Hospital. Permission to proceed with this much needed extension of the hospital premises was received at the end of June 1934. Early in September work had commenced on the site, and on October 11, 1934, the corner stone was laid by Dr. A. G. Armstrong, executive Secretary of the Cheeloo Board of Governors, who happened to be on a visit to China at the time. Thereafter, the work proceeded rapidly, and by the early part of September 1935, the new Out Patient Department was ready for occupation. Before the end of 1935 the new hospital wards were all in use, the date of occupation very closely and appropriately coinciding with the centenary celebration in Canton of the opening of the first missionary hospital in China, by Dr. Peter Parker, in 1835. The formal opening of the new premises has been postponed for various reasons, until June 22nd, 1936, when it is hoped that General Han Fu Chu, Chairman of the Provincial Government of Shantung, will perform the opening Ceremony.

It is unnecessary to state what a boon the new premises are proving to patients and staff alike. In the new Out Patient Department, with its two storeys, ample space has been provided for all departments. The former cramped waiting quarters for patients have been replaced by spacious corridors with abundant seating space. The enlarged registration office is capable of dealing with large crowds of patients rapidly and efficiently. The spacious and centrally situated pharmacy is readily accessible to patients from any department. Adequate space and splendid new equipment, have been provided for the rapidly growing X-ray Department.

In the new Hospital Building the ground floor is largely devoted to Administration (Information Desk, Record Room and offices of the Hospital Superintendent, Assistant Superintendent, Accountant and Admission Officer), and to the increasingly popular Private Patient Clinic. The other three floors are mainly devoted to Ward Space, and house all medical cases, men and women, and Pediatric patients. In addition there is a well arranged suite of six private rooms on the third floor, and a number of semi-private rooms. Other space is occupied by the Social Service Department, the Division of Physiotherapy, and special diet kitchen, and the offices of the Nursing Staff.

The whole work was carried out with the greatest economy, and whenever possible use was made of local materials and labour. The erection of the new building, with heating, lighting and plumbing fixtures cost Mex $157,403.90. In addition, the sum of about Mex $40,000.00 has been expended to date on new hospital equipment and old hospital reconstruction.

Certain changes in the staff have taken place during the year. The Hospital Superintendent, Dr. P. B. Price, under whose efficient guidance the transitional period of building and installing the new premises was covered, felt obliged to relinquish office at the end of his two year term of service. Many efforts were made to induce Dr. Price to reconsider his decision, but he felt the call of clinical work too strongly, and did not feel justified in remaining out of full surgical work for a longer period. It was therefore decided

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to request Dr. Gordon King to serve as Superintendent from the beginning of March until the close of the year, when his furlough is due. Meanwhile, a special sub-committee was appointed to consider the whole question of permanent arrangements for the Hospital Superintendency. Mr. J. B. Wolfe, business manager to the hospital, who has given practical supervision to all the building arrangements of the past two years, proceeded of furlough in March 1936. Others who left on furlough during the course of the year include Dr. Mary Bell and Miss Hazel Myers, who has now been appointed a member of the Northern Presbyterian Mission, and will shortly be returning to assume her work as head of the Social Service Department. Dr. Julia Morgan, Miss Mollie Townsend and Miss Florence Evans, returned from furlough during the year. Dr. L. C. Lin and Dr. K. C. Lang, returned to their respective departments in the Autumn of 1935 after a year spent in postgraduate study in America. A new appointment was made in February, when Mrs. Irene Slichter came to take whole time supervision of the Medical and Surgical Supply Stores.

The work of the Hospital has proceeded smoothly throughout the year, in spite of the many alterations connected with the building programme. The bed capacity of the Hospital has risen from 117 to 148, and in spite of the fact that extra beds are now available, the percentage of bed occupancy has also risen from 77.5% to 80.4%. The final figures for the year are not yet available, but, from statistics completed to the end of May 1936, substantial increases can be seen in the work of almost all Departments of the Hospital, a fact which augurs well for the future.

A special piece of service which will bulk large in the memory of all those connected with the Hospital during the past year, was the medical relief extended to Flood Refugees in the Tsinan area. This work, which has been fully reported elsewhere, was only made possible by the fullest cooperation of staff and students, who gave ungrudging and unstinted service both in the Refugee Camps and in the Hospital and Out Patient Departments. Treatments given in the Camps exceeded 25,000, not to mention 9910 small pox vaccinations, and 8518 patients deloused. In the Hospital out Patient Department a total of 8852 visits was made by Refugee patients, and a further 285 persons received in-patient treatment with an average duration of 15.8 days stay in hospital per patient. This work was carried out on behalf of the CIRRC to whom the Hospital is grateful for a grant of money to cover the expenses involved.

Financially, the Hospital still making progress towards its ultimate goal of self-support, and it is anticipated that only a small deficit on the year's work will remain at the end of June. If the budget plans for next year materialise, it is hoped that there will be no deficit at all for the year 1936-37.

Respectfully submitted,

(Signed) Gordon King,
Hospital Superintendent.

8th June, 1936

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Basel, June 28

Professor Walter Bauer,
Kiel, Germany (Deutschland)

Dear Professor Bauer:

I am sorry to have to say that I am unable to accept your kind invitation to speak before the Kiel Academy of Science on the subject of the Coptic Version of the New Testament. I am sorry, because I should like very much to visit Kiel and to meet you and your colleagues. However, I am afraid that I cannot undertake any more work at present. I have already undertaken to do a number of things which I must finish before the end of the year, and I am afraid that I should not be able to do justice to myself or to you if I were to undertake any more work at present.

I am very much interested in the work which you are doing on the Coptic Version of the New Testament, and I am very much interested in the Coptic Version of the New Testament, and I am very much interested in the Coptic Version of the New Testament, and I am very much interested in