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University Hospital - reports
1937-1940

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Came in attached to Gordon King's letter 4/12/38

BRIEF REPORT ON MEDICAL RELIEF WORK

UNDERTAKEN AT CHEELOO UNIVERSITY HOSPITAL

SEPT.1937 - MARCH 1938.

The care of the civilian victims of hostilities in the Tsinan area was assigned to Cheeloo University Hospital by special arrangements made at an early stage in the proceedings. The first casualties were admitted on Sept. 26th, 1937, and, since then, there has been a steady stream of victims coming to the hospital for treatment, until the last few weeks, when there has been a considerable falling off. At no time has the hospital been inundated to its capacity, although, on several occasions, such a state of affairs looked extremely likely to occur, and preparations were made accordingly. The patients have come in waves, the busiest time being on the occasion of the capture of Tsinan about Christmas time.

Altogether, some 141 patients have been cared for at the hospital, suffering from conditions immediately due to the hostilities. Of these, 25 died, 96 have been discharged well or improved, and 20 are still in the hospital, proceeding slowly to recovery.

The length of stay of these patients has varied considerably. A number of the most seriously wounded only survived a few hours or days, in spits of all that could be done. One patient stayed as long as 122 days, and was discharged well,

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on March 30th. Fifteen patients have been in the hospital for periods in excess of 50 days. The average length of stay of each patient has been 20.3 days.

During the period under consideration (Sept.26th,1937 to March 31st, 1938), 30.2% of the patients in the hospital have been direct victims of the hostilities, and, at one period, the hospital contained practically no other patients. At the same time it should be stated that many other patients have been given free or partially free treatment in the hospital, whose inability to pay has for one reason or another, been due indirectly to the hostilities.

The bed capacity of the hospital is 167, but, at one time (in October), the average daily occupancy dropped to 29, although it has steadily risen during succeeding months to 38 in December, and 63 in March. Normally, during this period of the year, the hospital is almost filled to capacity, and it will be appreciated that the overhead cost of maintaining the hospital open and ready to deal with any emergencies (during the time of year when running costs are highest) has been considerable. In fact it may be stated unhesitatingly that it is only by means of a generous grant of money from Relief Funds raised by the Lord Mayor of London, and of supplies donated through the Chinese Medical Association, as well as of other smaller private gifts, that it has been possible to maintain the work of the Hospital in an unrestricted manner at this difficult time.

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During the greater part of the time, a staff of about ten doctors (two of them Chinese and the rest foreigners) and twelve or fifteen nurses (of whom five are foreigners) has carried the responsibility of the hospital, and I think it can fairly be claimed that a high standard of work has been maintained. The full resources of an up-to-date teaching hospital have been made available to the patient, and no method of investigation or treatment which might have been of the least possible value to the patient has been witheld. The X-ray equipment has been in constant use and much valuable work on the localisation of foreign bodies has been done. The Physio-therapy Department has proved of immense value in helping men and women to regain the use of their limbs after fractures or injuries to nerves and muscles. Full laboratory examinations have been carried out on all patients and blood transfusions have been given in many cases. Numbers of serious operations have been carried out, and, in many instances, the satisfaction of seeing a patient once despaired of leave the hospital well and strong has brought the only reward which those who have been privileged to render this service would crave.

In conclusion, a few brief notes on some of the more interesting cases are appended:

CASE NO. I. A man of 40 came up to the hospital one day in December, with a bullet in his brain, having walked from the Yellow River, a distance of eight or nine miles. Examination showed that the cranium was badly smashed, and that the

bullet had lodged in the left frontal lobe of the brain. At operation, a big flap of the scalp was turned down, broken and unhealthy bone removed and the bullet extracted from the brain. The man made a perfect recovery and left hospital fifteen days later with a scarcely visible scar. His mental condition was unaffected, and he now wears a small shield over the area, which he is able neatly to conceal beneath his hat.

CASE NO. 2 Another man came up to the hospital on Nov. 14th, with a shell wound in the left side of the forehead. The power of speech was absolutely gone and there was a complete right-sided paralysis of the muscles of the forearm and leg. X-ray examination showed a fair sized fragment in the depths of the left parietal region of the brain. It was impossible to attempt to remove the fragment, but, under conservative treatment, the power of speech and the use of the limbs slowly returned. Within a month, he was speaking again, with a limited vocabulary, and his condition improved to such an extent that, on discharge, 102 days after the injury, he had very largely regained his normal state.

CASE NO. 3 A young girl of 15 came in with a gunshot wound high up in the left leg. There was only an entrance wound, and no sign of a wound of exit. After a careful X-ray examination, it was found that the bullet had never left the patient's body, and was lodged deep in the pelvis. An operation for the removal of the bullet after the lapse

of over 24 hours since the time of wounding would have been a very risky procedure, so it was decided to observe the progress of the patient and only operate in the case of absolute necessity. The next morning, while the patient was emptying her bladder, there was a sudden metallic clang, and the bullet was passed into the pan ! Conservative measures of treatment were certainly justified in this case, for, after spontaneously ridding herself of the missile, the patient left the hospital perfectly well in 20 days' time.

CASE NO. 4 A girl of 17, who is to be a bride next year, came in to the hospital in January, the victim of a village shooting affray. She had a through-and-through bullet wound in the lower abdomen, the bullet making its exit through the sacrum behind, just missing the spinal nerves. Twenty-seven hours had already lapsed since the injury, but operation promised the only hope of life, so was carried out immediately. Six penetrating wounds of the small intestine were found, in addition to wounds of the bladder, uterus and rectum. All were sewn up, and, after several critical days, the patient proceeded to a complete recovery, and walked out of the hospital 34 days later.

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March 31st, 1938.

Gordon King

Gordon King. F.R.C.S. F.C.O.G.
Hospital Superintendent

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MAY 7 1938
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March 31st, 1938.

Gordon King

Gordon King. F.R.C.S., F.C.O.G.
Hospital Superintendent

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THE UNIVERSITY HOSPITAL

OF

CHEELOO UNIVERSITY

TSINAN, SHANTUNG, CHINA

Report for Years

1936—1937, 1937—1938

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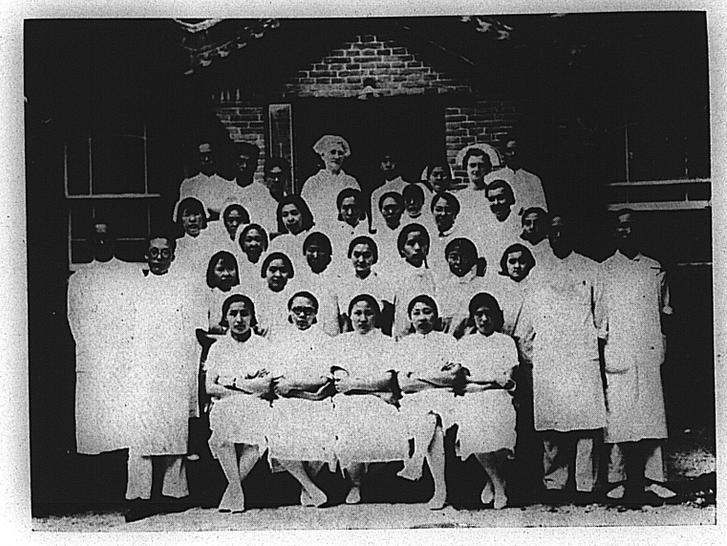

NURSING STAFF

JUNE 1938

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Cheeloo University Hospital Report

for the years 1936-37, 1937-38.

Submitted
by
Cheeloo University Hospital Committee
December 1938.

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FOREWORD

This combined Hospital Report for the two years, 1936-1938, is submitted with many apologies for its lateness in appearance, but the unexpected events of last year were so catastrophic that publication was impossible. Even now, we have been forced to abbreviate it, because of the increased expense following the present conditions, and so the classified lists of diseases and some other features have been omitted in this issue. It is hoped, however, that, even in its present form, this report will help to maintain the interest and the support that is so badly needed during the dark days through which we are passing.

During the year 1936-37, Dr. Price was acting as Superintendent. He left in December 1937 for furlough, and later was appointed assistant in the Department of Surgery, at Johns Hopkins University Medical School. He was succeeded as Superintendent by Dr. Gordon King, who left at the end of October 1938, to take the Chair of Obstetrics and Gynaecology at Hongkong University. To both these men we owe a great debt of gratitude for their splendid work, both administrative and clinical, and we trust that the time will come when Cheeloo will benefit again from their rich services.

To produce a unified report after the two Superintendents had resigned was not easy, and so the following plan was adopted. Two separate Annual Superintendent's Reports are included and these of themselves show the contrast of the two years. The first, written by Dr. Price, speaks of the plans for future expansion, and augurs well for even greater development and service. The second, written by Dr. King, shows the exquisiteness of the crisis through which we are passing. These are followed by

short reports submitted by the various services. The comparative statistics further emphasise this contrast of the two years. The list of donations from individual and group wellwishers and friends we print with real gratitude. We believe that we have contributed something really concrete to this disturbed land. What we have done has only been possible because of our friends in the home countries.

We are still not back to normal. The daily census reports since July 1938, however, indicate that balance is being restored, and our hopes for the future begin to revive. Cheeloo Hospital has long ranked with the best in China, and has compared favourably with those in the West. In the years ahead of us, we shall need a bigger western staff and we must look to the Home Countries for larger donations, if we are to maintain our high standards of efficiency in Medical and Christian service. This appeal for help we know we do not make in vain.

PERSONNEL

Hospital Superintendent 1936-1938.

Dr. P.B. Price, B.A., M.D.
Dr. Gordon King, F.R.C.S. (Eng.), F.C.O.G.

Attending Professional Staff 1936-1937.

General Medicine	W. McClure, B.A., M.D., C.M.
	†H.J. Smyly, B.A., M.D., Ch.B., F.R.C.S.I.
	E.B. Struthers, B.A., M.D., D.P.H., D.T.M. & H.
	F.H. Mosse, M.A., M.R.C.P.
	Julia Morgan, M.A., M.D.
	Arabella S. Gault, M.A., M.D.
	Lin Lien Ch'ing, M.D.
Dermatology	Yew Chia Chun, M.D.,
Pediatrics	Annie V. Scott, B.S., M.D.
	Fan P'ei Lu, 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.
	Liu Yung Yao, M.D.
Obstetrics & Gynaecology	*Gordon King, F.R.C.S. (Eng.), F.C.O.G.
	Mary P. Gell, M.B., Ch.B.
Ophthalmology	Eugene Chan, M.D.
Otolaryngology	Lang Kuo Chen, M.D.
	Li Yuan Fu.
Roentgenology	Theodore C. Greene, M.D.

Resident Staff 1936-1937.

Medical Department:

Chang Kuan Ying, M.D., Assistant Resident in Medicine & Student Health.
Chao Shih Hsun, M.D. Assistant Resident in Medicine
Lan Lu Lien (Miss) M.D., Assistant Resident in Medicine.
Liu Ch'u Fei, M.D., Assistant Resident in Medicine.
Sung Han Chieh (Miss) M.D., Assistant Resident in Medicine.
Pi Chih Chao, M.D., Resident in Pediatrics
Hsieh Ching Ku'ei, M.D., Resident in Skin

† Absent July—Dec. 1936
* Absent Dec 1936—Dec. 1937

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Surgical Department:

Liu Yüng Yao, M.D., Resident in Surgery
Hou Ch'un Chih, M.D., Assistant Resident in Surgery.
Liu Hsi Kung, M.D., Assistant Resident in Surgery.
Chin Mao Yueh M.D., Assistant Resident in Obstetrics & Gynaecology.
T'ang Yü Teh (Miss) M.D., Assistant Resident in Obstetrics & Gynaecology.
Tsou Chih, M.D., Assistant Resident in Eye

Nursing Staff 1936-1937.

Frances R. Wilson, B.S., R.N.	Superintendent of Nurses.
Rosa Bell, R.N.	Supervisor & Instructor
Coral M. Brodie, R.N.	„ „ „
E. Florence Evans, B.A., R.N.	„ „ „
Marjorie Alderson, S.R.N.	„ „ „
† Mollie E. Townsend, R.N.	Supervisor & Anaesthetist
Miss T'ao Ai Chu, N.A.C.	Night Supervisor
Miss Li Pao Chen, N.A.C.	„ „
Miss Chin Tsai Feng, N.A.C.	Associate O.P.D. Supervisor
Miss Han Feng Ying, N.A.C.	Operating Room Supervisor
Miss Liu Su Ch'in, N.A.C.	Hou Tsai Men Maternity Clinic
Miss Kuo Ch'eng Hsin, N.A.C.	Public Health Department
Miss Shih Hung Yao, N.A.C.	„ „ „
Mr. Wang Ling Po, N.A.C.	„ „ „

Pharmacy Staff 1936-1937.

In charge:	W.P. Pailing, B.D., M.P.S., Ph.C.
Head Pharmacist	Liu Chen Fa
Assistant Pharmacists:	Shih Ch'ing-yüan
	Wang Ch'ing-shan
In charge of Drug Room:	Liu Kuo-hua

Special Services 1936-1937.

Physio-therapy:	Gladys V.L. Nunn, C.S.M.M.G.
	Liu Lien-hsi, N.A.C.
	Wang-Liu Ching-lan, N.A.C.

† Left March 1937.

Special Services 1936-1937.

Social Service:	Hazel M. Myers
	Miss Wang Wen-kiang

Laboratory Services 1936-1937.

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
	Miss T'ang Mu-ying
Pathology, Bacteriology & Serology:	Hou Pao-chang, M.D.
	Yu Fu-hsin.

Evangelism 1936-1937.

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

Business and Administrative Staff 1936-1937.

Treasurer of University:	H.P. Lair
Business Manager, Architect & Engineer:	J.B. Wolfe
Assistant Business Manager & Accountant:	Yen Chao
Assistant Engineer:	Liu Shih-ming
Business Office Secretary:	Liu Hung-yeh
Admitting Officer:	Feng Chi-sheng
Secretary to Private Patient Clinic:	Miss Li Hsiu-hui
Custodian of Records:	Chang Yü-shu
O.P.D. Registrars:	Chang Heng-teh
	Chang Hung-chi
	Chang Feng-chi
O.P.D. Cashier:	Tung Kuang-ho
Medical & Surgical Supplies:	E. Florence Evans
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 Assistant 1936-37

Pediatrics Department: Mrs. H. P. Lair

Hospital Superintendent 1936-1938.

Dr. P. B. Price B. A., M. D.
Dr. Gordon King F. R. C. S. (Eng.), F. C. O. G.

Attending Professional Staff 1937-1938.

General Medicine	*W. McClure, B.A., M.D., C.M.
	H. J. Smyly, B.A., M.D., Ch.B., F.R.C.S.I.
	*E.B. Struthers, B.A., M.D., D.P.H., D.T.M. & H.
	F.H. Mosse, M. A., M. R. C. P.
	Julia Morgan, M.A., M.D.
	*Arabella S. Gault, M. A., M.D.
	*Lin Lien Ch'ing M. D.
Dermatology	Yew Chia Chun, M. D.
Pediatrics	Annie V. Scott, B. S., M. D.
	*Fan P'ei Lu, 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.
	*Liu Yüng Yao, M.D.
Obstetrics & Gynaecology	*Gordon King, F.R.C.S. (Eng.), F.C.O.G.
	Mary P. Gell, M.B., Ch.B.
Ophthalmology	*Eugene Chan, M.D.
	R.T. Shields, M.D.
Otolaryngology	*Lang Kuo Chen, M.D.
	*Li Yüan Fu
Roentgenology	Theodore C. Greene, M.D.

Resident Staff 1937-1938.

Medical Department

*Chang Kuan Ying, M.D., Assistant Resident in Medicine
*Chao Shih Hsun, M.D., Assistant Resident in Medicine
*Lan Yu Lien (Miss), M.D., Assistant Resident in Medicine
*Liu Ch'u Fei, M.D., Assistant Resident in Medicine
*Sung Han Chieh, (Miss) M.D., Assistant Resident in Medicine

---

* Absent during all or part of the year.

*T'ien Hao Ch'üan, M.D., Assistant Resident in Medicine
*Hsieh Ching Ku'ei, M.D., Resident in Skin
*Chiang Ch'uan Hsi, M.D., Assistant Resident in Skin
*Pi Chin Chao, M.D., Resident in Pediatrics
*Hsü Teh Yin, (Miss), M.D., Assistant Resident in Pediatrics

Surgical Department

Hou Ch'un Chih, M.D., Resident in Surgery
*Li Hui Wen, M.D., Assistant Resident in Surgery
*Yao Tze Hsiang, M.D., Assistant Resident in Surgery
*Chin Mao Yüeh, M.D., Assistant Resident in Obstetrics & Gynaecology.
*Chiang Kao Ti (Miss) M.D., Assistant Resident in Obstetrics & Gynaecology.
*Tsou Chih, M.D., Assistant Resident in Eye
*Chang Pai Ying, M.D., Assistant Resident in Eye

Nursing Staff 1937-1938.

Frances R. Wilson B.S., R.N.	Superintendent of Nurses
*Rosa Bell, R.N.	Supervisor & Instructor
Coral M. Brodie, R.N.	„ „ „
E. Florence Evans, B.A., R.N.	„ „ „
Marjorie Alderson, S.R.N.	„ „ „
*Miss T'ao Ai-chu, N.A.C.	Night Supervisor
Miss Li Pao-chen, N.A.C.	„ „ & Head Nurse
*Miss Chin Tsai-feng, N.A.C.	Associate O.P.D. Supervisor
*Miss Han Feng-ying, N.A.C.	Operating Room Supervisor
Miss Liu Su-ch'in, N.A.C.	Hou Tsai Men Maternity Clinic
*Miss Kuo Ch'eng-hsin, N.A.C.	Public Health Department
Miss Shih Hung-yao	„ „ „ (& Staff Nurse)
Mr. Wang Ling-po, N.A.C.	„ „ „ „ „

Pharmacy Staff 1937-1938.

*W. P. Pailing, B. D., M. P. S., Ph.C.
Shih Ch'ing-yüan
Wang Pao-kuang
*Wang Ch'ing-shan
*Liu Kuo-hua

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*Absent during all or part of the year.

Special Services 1937-1938.

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 1937-1938.

Hazel H. Myers

Laboratory Services 1937-1938.

Arabella S. Gault, M. D.
Hsu Ching-t'ang
Yü Fu Hsin

Evangelists 1937-1938.

Chaplain to the Hospital: *W. P. Pailing, B. D.
Evangelists: Hsü Chih-t'ing
Li Pai-chiang
Mrs. Li Pai-chiang
Ward Visitor: Mrs. R. T. Shields

Business & Administrative Staff 1937-1938.

Acting Treasurer of University: A. E. Clayton
Business Manager: J. B. Wolfe
Business Office Secretary: Liu Hung-yeh
Admitting Officer: Feng Chi-sheng (till Feb. 1938)
H. E. Chandler (from Feb. 1938)
Secretary to Private Patient Clinic: *Miss Chia Ai-jung
Custodian of Records: Chang Yü Shu
O. P. D. Registrars: *Chang Heng-teh
*Chang Feng-chi
Chang Hung-Chi
O. P. D. Cashier: Tung Kuang Ho (left Feb. 1938)
Medical & Surgical Supplies: E. Florence Evans
Linen Supplies: *Mrs. Chou Chün-chen
P'eng Jen-ch'üeh
General Stores: Wang Chia-shan
In charge of Kitchens: Chang Ku'ei-wen
Information Centre: Wang Ch'iu-fang

Voluntary Part-time Assistants 1937-1938.

Pediatrics Department: Mrs. H. E. Chandler
O. P. D. Supervisor's Office: Mrs. R. T. Shields

*Absent during all or part of the year.

SUPERINTENDENT'S REPORT
1936-1937.

Submitted by Dr. Price.

Note: In reading this report, it must be remembered that it was written before the outbreak of the "China Incident".

Personnel Dr. Gordon King acted as Superintendent until December, when I resumed the duties of that office, on the understanding that this should be a temporary arrangement, and that renewed efforts should be made to secure a full-time Chinese superintendent. I am glad to record here that these efforts seem to have been successful, and that Dr. Ch'en Chung-shou has agreed to come to Cheeloo to fill that post, as soon as satisfactory release from his present duties can be effected. Dr. Ch'en is believed to be well fitted for this important task, and the entire medical staff is looking forward with pleasure and confidence to his coming.

There have been no changes in the senior medical staff during the year. Dr. King has been absent on home leave since December, and I was away nearly two months this spring with a Commission on Hospital Inspection, carried out under the auspices of the Ministry of Education.

At the urgent request of their respective missions, Miss Mollie Townsend and Miss Rosa Bell, of the Nursing Department, have been loaned, Miss Townsend to the Methodist Women's Hospital, Kiukiang, for six months or a year (beginning March 1st), and Miss Bell to Temple Hill Hospital, Chefoo, for one year (beginning June 1st). The faculty of the School of Nursing and the Hospital Staff have thus been deprived of two senior members holding responsible positions. It is sincerely hoped that these workers will be returned at the end of the loan-period, or that equally competent persons will be sent to replace them.

Mr. Liu Chen-fa, head pharmacist, after nineteen years with the Hospital, has been forced by failing health to resign. In appreciation of this long period of faithful service, the Hospital has decided to continue his full salary for a year after his resignation takes effect.

Service

All departments of the Hospital have worked busily and without interruption throughout the year. The facilities and additional space offered by the new hospital wing and O. P. D. have been fully utilized, so that, statistically, all previous records have been broken. This spring there have been few empty beds, and many patients awaiting admission. Every department has shared in this increased volume of work, indicating wholesome, vigorous growth of the entire institution, and the need and possibilities for further expansion.

Developments

Separate space for examination and treatment of contagious out-patients was prepared and put into use in February. Already this has become an active service, meeting a long-felt need, and removing a serious source of danger from the general O.P.D.

A building for the resident staff, authorized by the Board of Directors two years ago, has been erected this spring on the new hospital property, and will be ready for occupancy in September. Costing approximately $18 000, it will accommodate 24 persons.

As part of the general reorganization plan for the business aspect of the whole University, the Business Office of the Hospital has been reorganized, with improvements in management, and the accounting of the Hospital has been placed more directly under the supervision of the Treasurer's Office.

Further improvements have been made recently in the rather complex matter of fee collection, receipts, cross-checking, and accounting throughout the hospital.

A start has been made within the past month toward unification of laundry, linen supplies, store rooms and sewing room under one competent supervisor.

Considerable time and thought have been devoted to the matter of hospital organization. A suggested plan of organization, based upon the regulations drawn up by the Board of Directors in 1933, but incorporating the experience of the past four years, was at length prepared, has been approved by the Hospital Committee, Medical Faculty, Executive Council, and is now referred to the Board of Directors for consideration.

The matter of hospital status for clinical members of the medical faculty has also been initiated.

Nursing

The School of Nursing opened in September with 65 students, 20 of them being probationers, 7 of whom left before the end of the 6-month period. In addition, ten undergraduate and graduate students from other schools have registered as affiliated students. 14 seniors will receive diplomas this year. Increased emphasis has been given to public health training this year, including a two-month period of practical work at Lungshan.

Steps have already been taken to register the School with the Ministry of Education, and it is hoped that this may be consummated during the coming year.

Finances

The Treasurer's reports in hand at the time of writing indicate that the Hospital will probably close the year without a deficit. This will be the first time that it has not been necessary to transfer a subsidy from the Medical School. This favorable result could not have been possible, however, without the special contribution of U S. $3000 from America, representing interest on unused new-hospital building funds. Reference to the budget approved last June, for the current year,

shows that both income and expenditures proved to be under-estimates. The budget for 1937-38 approximates this year's actual receipts and expenditures.

Needs & Plans

The outstanding need for the immediate future is to complete the new hospital building. In view of the experience of the last three years, there can be little remaining doubt that it will be possible for the Hospital to continue its growth, and utilize with full efficiency 240 or more beds, or that it will be a good move financially.

Building the remainder of the new hospital will release the old hospital building for use of the medical school, offering space for increased laboratory facilities, and at the same time permit the hospital to carry out more adequately its teaching function.

Closely connected with any program of expansion of hospital work, however, is the necessity of additional housing space for resident staff and nurses. At present there is a resident staff of 30-35 (including internes). When the Hospital is completed, there will be 40-50 residents, who should by all means live in or immediately adjacent to the hospital. This will mean extending the building now being erected to at least double its length (the building was planned with that in view). Housing for nurses presents an even more pressing problem. The present nurses' dormitory accommodates 54 students. The adjacent residents' building, the old O.P.D. building, and a rented house for men nurses, with considerable crowding, provide total accommodation for about 90. Already the hospital work increasing so rapidly, is suffering from insufficient numbers of nurses. For the completed new hospital, it will be necessary to plan for a total nursing staff of 125-150. It seems unavoidable, therefore, in the program of expansion, to plan for another dormitory for nurses at least as large as the present one.

More immediately urgent than any of the foregoing, however, is the need for some accommodation for contagious in-patients. Definite plans for this are being made, and it is expected that at least temporary arrangements for this can be made by the fall.

It is also planned to re-open the dental department of the Hospital before the end of the summer, a competent dentist having been invited already for the purpose. This department should more than pay for itself.

Other plans for the immediate future include building of cubicles on the flat roof of the hospital, for tuberculosis patients. This will be tried on a small scale first, as an experiment. If it proves successful, both clinically and financially, it is hoped that the large roof area can in this way be used to advantage.

Finally, I wish respectfully to present a point of view. The Hospital has become very nearly self-supporting. This has been accomplished, in part by improving income, in part by effecting economies and preventing waste and loss. One of the economies has been in staff. The same senior staff and approximately same-sized junior staff are now doing almost double the volume of clinical work that was done three years ago. That has meant overwork for nearly everyone. This is true especially of the senior clinicians. When pushed too far, this policy will be ruinous. Already we have had several break-downs in health from overwork, and this policy cannot fail to be reflected in the quality of work done. So, in facing the whole program of expansion, which in many ways seems so clearly indicated, the need for a larger senior medical staff cannot be ignored. To this end, it may be that increased annual subsidy for both medical college and hospital will have to be sought.

P. B. Price.
Hospital Superintendent.

SUPERINTENDENT'S REPORT
1937-1938.

Submitted by Dr. Gordon King.

The year which has just closed has undoubtedly been one of the most disturbed that the Hospital has known since its foundation nearly thirty years ago. At the beginning of July 1937, the Hospital had just emerged from the two most successful years of its history. The wards had never contained such large numbers of in-patients, and at no previous time had there been such a full attendance of out-patients. Through the medium of numerous special clinics, held in the city, and the recently organised Public Health work, which ramified into the countryside around Tsinan, the influence of the Hospital had never been so far-reaching. The time seemed ripe for the completion of the New Hospital Building Programme, which the trial period of nearly two years seemed fully to justify. And then, came the "incident" in North China which has ripened into a mighty conflict that is threatening the very life blood of the nation itself.

In the midst of such momentous events, every institution has suffered to a greater or less extent, and the Cheeloo University Hospital has been no exception to this rule, although the Hospital has been more fortunate in this respect than many other institutions. During the autumn and winter of 1937, a number of very anxious months were in store for patients and staff alike. As the hostilities approached, arrangements were made for the Hospital to take its share of civilian relief work, although, at first, no great number of these cases appeared. Later, it became necessary for the students and almost the entire Chinese medical and nursing staff to evacuate, and the Hospital was left with a small skeleton staff and only

a handful of patients. The low watermark was reached in October, when there was an average daily census of only 29 patients, and an actual minimum census, on one day, of 13. From this time onwards, things gradually began to improve, until, at the time of the capture of Tsinan, on December 27th, there was a staff of 1 Chinese and 8 Foreign doctors, and 5 Foreign nurses, with some 13 Chinese nurses. By this time, the wards in the Old Hospital had been closed, and only certain of the wards in the Hospital wing were in use. The average daily census of patients in December was 38, with a sharp rise to 50 at the end of the month, as civilian casualties from fighting began to come in. Christmas Day will long be remembered by the members of the surgical service, when the emergency room was turned into a veritable shambles, as case after case was brought in, injured by aerial bombing. From this time, the Hospital has never been free of civilian victims of the warfare, and some sad stories could be told of almost unbelievable suffering and hardship sustained by the people at our very doors. Other stories could also be told of almost miraculous recovery from wounds for which there seemed to be no hope. In all, 169 patients (all of them civilians) have been treated for injuries sustained directly as the result of the fighting. A total number of 3975 hospital days care has been expended on these patients (figures from Sept. 26th, 1937 to May 31st, 1938).

At one time, it was feared that the Hospital would be inundated to capacity, or more, with wounded patients, and preparations were made accordingly. But, fortunately, this was not the case, as the fighting here was soon over. Apart from the one rush of wounded at Christmas time, most of the wounded patients have been the result of sporadic affrays in the town or nearby country. A large

number of patients have received care at the Hospital, many of them with free or partially free treatment, whose condition was only indirectly due to the hostilities. For a long time, only a minority of the patients in the Hospital were suffering from conditions unconnected in some way with the emergency.

During the early months of 1938, the condition of the Hospital gradually improved It became necessary to open all the wards in the New Hospital, and finally to open one of the large surgical wards in the Old Hospital. By March, the average bed occupancy had grown to 63 and, by June, to 68, with a maximum census at one time during the month of 77. The gradual tendency of the Hospital, therefore, has been towards recovery, but the present bed occupancy is still only slightly more than half the occupancy during normal times, and considerably less than half of the total bed capacity of the Hospital, which is 167.

During this year of depleted staff, it has not been an easy matter to maintain a highly organised and departmentalised service, such as this hospital offers. The highest credit is due to the *Surgical Service* for the way in which it has carried on with a very heavy load of in-patient and out-patient work, with Drs. Ingle and Hou as the only regular members of the staff. Help has been received by them, as occasion demanded, from members of the other services, particularly from Dr. Gell, who has been acting as anaesthetist for many months.

The *Medical Service* has shouldered a heavy programme of outpatient work and has shown a remarkable recovery in the number of its in-patients during the latter months of the year. Dr. Smyly proceeded on furlough shortly after the close of the year, leaving Drs. Mosse, Morgan, Gault and Greene to carry on the Department.

The *Pediatric Service* has maintained its efficiency and poise under the able guidance of Dr. Annie V. Scott. Although the number of admissions has necessarily not been large, a flourishing Out-patient work has been maintained for a large part of the time, and much credit is due to voluntary lay helpers, for assistance which they have given.

The *Dermatological Service* received a new lease of life with the return of Dr. C.C. Yew early in the new year, and the out-patient attendances in this Department have been second only to those of the Surgical Department itself.

The *Ophthalmological Service* was in great difficulty after the departure of Dr. Eugene Ch'en, until Dr. Shields volunteered to undertake the work and, during the last few months, he has built up a flourishing clinic, and has embarked on some new and promising aspects of the treatment of trachoma.

The *Ear, Nose and Throat Service* has been the most hit of all the special services and greatly feels the lack of a man who is able to give his whole time to this work. In the emergency, Drs. Hou and Ingle are undertaking responsibility for seeing cases who register for this department.

The *Obstetrical and Gynaecological Service* has carried along unobtrusively, very largely under the guidance of Dr. Gell, and has maintained a steady service to both in-patients and out-patients.

The *X-ray Service*, under the able control of Dr. Greene, has been quite indispensable during the times through which we have passed. Some particularly valuable work has been done by Dr. Greene on the location of bullets and other foreign bodies.

A particularly warm tribute is due to every member of the *Nursing Service,* from Miss Wilson downwards, for the splendid service and co-operation which has been forthcoming in meeting many difficult and unforeseen conditions.

The *Physiotherapy Service,* under Miss Nunn, with her two Chinese assistants, has also done invaluable work during the year, in helping to deal with the many cases of limb injury.

The services of the *Pharmacy* and *Laboratories* have been of a very high order throughout the year and great credit reflects on Mr. Shih Ch'ing Yüan, Mr. Yü Fu Hsin and Mr. Hsü Ching T'ang, for the efficient manner in which they have maintained their work.

The *Social Service,* under Miss Myers, has accomplished an enormous volume of work, and, in particular, has conducted painstaking investigations into the circumstances of the many needy cases who have been cared for in the Hospital.

The *Hospital Evangelists,* Mr. Hsü Chih T'ing, Mr. Li Pai Chiang and Mrs. Li, have carried on their work throughout the year with probably less interruption than any other service. Even whilst an air raid was taking place on Sunday, December 26th, a ward service which was in progress was maintained without interruption. Some most encouraging stories could be told of response to the Gospel message which has been met with in the hearts of many of the patients. Sincere thanks are due to a number of helpers, particularly to Mrs. Shields and to Mr. Ross, for special service which they have rendered.

It would be difficult to overestimate what the Hospital owes to *Mr. Wolfe,* whose careful control of the physical plant has resulted in the efficient running of so many of the services upon which a Hospital depends.

Finally, this section of the report would not be complete without a warm reference to the loyalty and devotion of all the hospital servants, from the highest to the lowest. I think it may be said that, without exception, they stood by the hospital during the time of crisis, and, by faithfully carrying out their own appointed tasks, have made possible the smooth running of the whole institution during this difficult time.

To turn briefly to the financial aspect of affairs, it will be noticed, from the Treasurer's Report, that the total expenditure of the Hospital for the year was $ 91.085.44, and that this expenditure was met out of income, with the exception of a subsidy of $ 11,775.90 received from the Medical School. The two most significant things about the financial report are: (1) The fact that the private patient work of the Hospital, which formerly brought in over 10% of the income, has practically fallen to nil, and, (2) The relatively high cost of overhead expenses in running a 167 bed hospital for an average of only about 60 patients. This has meant that, during the year, the average cost per day per patient to the hospital has been $3.00 as compared with between $2.00 and $2.50 in normal times.

The Hospital has been fortunate in receiving several gifts of money and supplies, for the carrying out of relief work. From the Lord Mayor's Fund came donations totalling $9500, together with a large consignment of valuable drugs and surgical supplies. From Cheeloo friends in London came a gift of $1580. A gift of $500 was received from the Tsinan Rotary Club, and numerous other small individual gifts from friends far and near, making a total figure of $13,884.97 received in donations. A further generous gift of $5000 was received from the China Advisory Famine Relief Commission, for medical relief work, and is included in the figures for the year 1938-39. A valu-

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able gift of medical supplies was also received through the Chinese Medical Association. Numerous parcels of medical supplies, bandages, material, etc. have been received from time to time, from friends in America and Great Britain, who have appreciated the need of the Hospital. To all these friends, and any others who have helped the hospital in any way during this difficult year, a sincere word of thanks is due.

Gordon King
Hospital Superintendent.

July 20th, 1938.

REPORT OF MEDICAL DEPARTMENT

We have to report a year of exceptional promise, when 'everything in the garden was lovely,' followed by a year of exceptional difficulty, when gardeners were few and the garden disorganised.

1936-37. Dr. Smyly was absent on short furlough for six months, and Dr. Mosse was home on leave for the first three months of the year, but, apart from this, our staff was virtually intact throughout the year. Dr. Smyly returned in January to direct our Medical work and to resume his management of the Leper Hospital. Dr. Struthers, though still a member of the department, was giving most of his time and energies to developing the new Public Health work, till he left for furlough in May '37. His work as Associate Editor of the C.M.J. brought many interesting papers to be passed on by our staff. Dr. McClure was with us, giving us the benefit of his ripe experience in Ward consultations, and doing invaluable work in the O.P.D., where he had developed a flourishing clinic for nervous diseases. Our tuberculosis work, with

its growing pneumothorax clinic, under Dr. Morgan's guidance, had advanced so rapidly that it was no longer possible for her to conduct it single-handed. The greatest medical advance that we have made in recent years has been in our attitude to this terribly prevalent disease. It is not many years since the average O.P.D. patient with pulmonary tuberculosis was considered an almost insoluble problem; but the tuberculosis clinic, working in close touch with the X-ray room and the Social Service Department, has changed all that.' Dr. Gault got a Basal Metabolism 'department' started, and developed an excellent Diabetic clinic. Dr. Lin, fresh from a most valuable post-graduate year in America, was in great demand and had a very busy year; and Dr. Greene, besides giving continual help from the X-ray angle, was always ready to consult with any of us on the more strictly medical aspects of a case.

We have never been more efficiently staffed on the Medical side, and have never in the history of our Hospital had a more prosperous year, or one with brighter hopes for the future. We felt that we were making notable progress all along the line.

Then came the Far Eastern Crisis and 1937-38 was a somewhat different story. Staff and students reassembled in the Autumn, but everything was changed. We started off with an attempt at normalcy, but with each week conditions became more difficult; staff and students began to drift away; and finally came the 'great dispersion' when only the foreign staff remained to be Clinical Clerks, Internes, Residents, and Attending Staff all combined.

Dr. Struthers had already left before hostilities began, and Dr. McClure was not very long in following him. Dr. Gault spent much of the year giving valuable assist-

ance at Weihsien. In December Dr. Mosse went to Tsingtao for a Christmas week-end with his family, and promptly got marooned there—for three months! So, for a time, Dr. Smyly and Dr. Morgan were left to carry the Medical work, with such assistance as Dr. Greene could give them. At times of special tension the work was light, at other times very heavy; but we did our best to keep up the standards of a teaching Hospital, though we had only one another to instruct.

It was a year of anxieties, difficulties and makeshifts, but we have never, perhaps, had greater opportunities of service to the community. Though we were no longer able to do our main job of training physicians, we were able to render very valuable medical service to the civilian population, who needed our help more than ever before.

F. H. Mosse
Acting Head of Medical Department.

DIVISION OF DERMATOLOGY

During the past ten years the skin department has shown a rapid development, and has now become a very large and flourishing clinic. Most of our patients naturally come from Shantung province, but we are now getting patients from far afield; for instance, one patient came from Honan Province, with hitherto undiagnosed tinea imbricata of more than twenty years duration, and another patient from Nanking with typical lesions of neuro-dermatitis which were cured after two weeks treatment; and the success of our malarial treatment for neuro-syphilis has brought us some distinguished patients from long distances.

From 1st. July 1936 to 1st. July 1937 we saw very large numbers in the O.P.D., and 82 were admitted to

Hospital. This year was remarkable for the number of erysipelas patients, 33 having been treated, with only one death, due to septicaemia during convalescence.

In Oct., 1937 the department had to be closed temporarily, the patients being cared for by Dr. Smyly and the medical department. In Jan. 1938 Dr. Yew was able to return, and the skin department was again started. Dr. Ch'i has given invaluable assistance, dividing his time between the skin department and the leper hospital.

During the past year, July 1937—July 1938, in spite of the unsettled conditions, perhaps even in some cases because of them, the numbers in the skin department have been very high. For comparative statistics please refer to tables at the end.

C. C Yew
Head of Division of Dermatology.

DIVISION OF PEDIATRICS.

In February 1937 three rooms were opened in the old O.P.D. building where Clinic contagious patients could be seen. The suite is equipped for carrying out isolation technique, so that, for the first time, we feel we are able to care for these patients by observing technique which should prevent spreading of contagious diseases either to other patients or to staff. The new isolation unit for in-patients was scheduled to open Oct. 1, 1937. Several times during the year there was urgent need for such service, and it is hoped staff adequate for opening the service may soon be available.

During 1936-37, 210 infants visited Well Baby Clinic, a total of 443 visits. It is a real privilege to have 443 opportunities to talk with mothers and fathers about the

proper diet, clothing and home hygiene for a well baby, and to give the baby inoculations against smallpox, diphtheria, typhoid fever and perhaps scarlet fever, before he is one year of age.

"It won't be hard to boil the nipples and bottles, as you direct; it isn't hard to do the diaper washing, but I am afraid I cannot remember the correct number of drops of Lactic Acid to put into each formula", said Grandmother Ting, as the erect, eager, more-than-sixty-year-old grandmother was leaving Well Baby Clinic. Mother and father had answered the call to service, and grandmother was not going to fail to support their decision. She did a good job too! When hot days came, she was still equal to her more difficult task. Now, at seven months of age, the baby is a happy, healthy infant, a promising scion of Han.

Children's Chest Clinic meets regularly each Wednesday afternoon. Definite appointments are given to all children who show positive tuberculin test or tuberculous disease. A recent review of 1642, largely unselected, children from our clinic showed the percent positive to 0.1 intradermal test:

0- 5 yr.	37.7%
5-10 yr.	63.4%
10-13 yr.	65.18%

Of 224 children showing positive tuberculin test, X-ray revealed:

Increased peribronchial shadows	69.19%
Pulmonary tuberculosis, healing	18.29%
Pulmonary tuberculosis, adult type	2.23%
Pulmonary consolidation, lobe or wedge	8.38%
Miliary tuberculosis	1.78%

Hsu Chung Hai, 7 years of age, comes from a poor home. His mother has pulmonary tuberculosis and an

older sister is suffering from tuberculosis of the spine. When first seen, at 4 years of age, his tuberculin was positive and, six months later, X-ray showed that he was suffering from pulmonary tuberculosis. He was brought to clinic regularly. When sufficiently convalesced, Social Service arranged for him to attend school. This removed him from the poor hygiene and tuberculosis in his home for at least a part of each day. He is now fever free, gaining weight regularly and making very satisfactory progress in school.

The child population of Tsinan fluctuated greatly throughout the year 1937-38. The exodus of mothers and children began in August and continued through December. From November to March we saw very few of our old friends in Clinic. This played havoc with Well Baby and Children's Chest Clinic attendance. As children return to clinic, we see how disorganization of home life, overcrowding, with lack of proper rest and diet, have handicapped many of the tuberculous children, while others have profited physically, with freedom from school duties, during the year. Perhaps wee babies have suffered least from the unsettled conditions of the past year. They certainly were the happiest group one met in clinic. On the whole, their source of nutrition was not seriously disturbed. They suffered most from over-crowding and lack of proper environmental hygiene, making it difficult for mothers to give proper care to cleanliness of skin and clothing, and resulting in serious skin infections.

Among the hordes of refugees pouring south in December 1937, little two-year old Pao Hsiang landed in Tsinan. His mother was too ill to travel, so was admitted to hospital from Obstetric clinic. With mother receiving adequate care, father noticed that Pao Hsiang was feverish, so brought him to Pediatric Clinic, where it was learned

he was suffering from an infected wound on the left arm, sustained during bombing of the train on which he was travelling. In addition, it was soon learned that he had Kala Azar. Four weeks in hospital saw the arm healed, adequate Kala Azar treatment and the addition of five pounds of body weight. Hardships of travel had so weakened mother that she was unable to survive, so one day early in January, father came for Pao Hsiang, saying that they would leave early the next morning for the old home. Pao Hsiang was to travel in a basket suspended from one end of a carrying pole, balanced by a similar basket containing father's portable possessions. In this way they would travel to their bit of "good earth" in Hopei.

Under direction of the Child Health Nurses, Good Mothers' Club work was carried on regularly up to October 1937. This training consisted in attendance of mothers for regular talks and demonstrations, with follow-up in the home by the nurse, to see that mothers were actually practising what they were taught. Five groups, consisting of 133 mothers, had finished the regular course of 12 lectures and demonstrations. We were daily conscious in clinic of the value of this work. Throughout 1936-37, Pediatric service furnished physicians to Ch'ung Teh Primary School, with an enrolment of 108 students, as well as a physician and nurse for the Tsinan Y.W.C.A. Well Baby and Pre-School Clinics, and for the Lungshan Well Baby Clinic.

Annie V. Scott

Head of Division of Pediatrics.

REPORT OF SURGICAL DEPARTMENT

The year 1936-37 was the best year in the department's growth Our staff consisted of three visiting surgeons, Drs. Ingle, Price and Y.Y. Liu, a resident surgeon, Dr. C.C. Hou, and two assistant residents. In addition, there were two surgeons in the E.N.T. department and a surgeon and resident officer in the Eye department, and some ten fifth year students acting as internes. It seemed that we were definitely winning the confidence of the people, and that the time was at hand for a further stage in our building programme.

Alas, the outbreak of the "China Incident" shattered our hopes. As the foreign army drew nearer, our clinics quickly showed the effect by greatly reduced attendance. In October 1937, all the Chinese staff left, and the whole burden of the work fell on the two foreign surgeons. In consequence, the Surgical, Ophthalmological, Aural and Dermatological clinics had to be thrown together and be dealt with by one surgeon. Shortly before Christmas, Dr. Price went on furlough, and only Dr. Ingle remained. Meanwhile, a small but steady stream of wounded began to arrive. (It had been our policy throughout to remain neutral, in a military sense, and, although, so long as our Chinese staff had been here, many expeditions had been made to the station to attend to wounded soldiers as they passed through, practically no requests for inpatient treatment were received from the military authorities, and the wounded we dealt with were almost entirely civilian.) Our war surgery rose to a height about Xmas 1937, when the city changed hands. Xmas Day was largely spent in the operating room In all, about 200 wounded were treated in hospital, and perhaps a similar number in out-patients. It was only possible to carry out this work through funds generously allocated to us from the Lord Mayor's Fund,

so that we can say none were turned away who needed treatment, no matter how expensive it might be.

During the spring of 1938, as conditions became gradually more normal, Dr. Hou rejoined the staff, and later Dr. Yao, who had been acting as assistant. Dr. Shields, too, very kindly undertook the work of the Eye clinic, and the pressure of work materially lessened. But, owing to the fact that so many of those who can afford to do so have moved away, that the countryside is far from settled, and that communications through the city gates are so restricted, our work is still far below normal. The out-patient work retains a fair level, but folk seem unwilling to come into hospital, except in cases of emergency.

It has naturally been a time of great disappointment; and yet a source of real satisfaction that we have been able to continue our service without a break throughout this terrible time.

The teaching function of the department has completely ceased for the time being; and the future is full of uncertainty. We continue from day to day and hope for better times. If our work has suffered on the scientific side, it has perhaps even gained on the philanthropic and missionary side. The foreign surgeons have been in far closer personal contact with the patients than formerly; and the fact that the hospital has continued steadily at work in times of danger and uncertainty has been duly noted and appreciated by the patients.

Perhaps one example will indicate the value of our work. A boatman on the Yellow River, a Mohammedan, was suddenly struck in the forehead by a spent bullet. He was able to walk some 6 miles to hospital, with his brain protruding from a small hole above his left eye.

X-ray showed a bullet imbedded in the frontal bone and projecting into the brain. Immediate operation was undertaken, the bullet and disintegrated brain and crushed bone being removed, and the wound cleansed and closed. Healing was prompt and in 12 days he was up and about, with a metal shield over the gap in his skull. He suffered no mental after-effects from his wound and was deeply grateful. Some weeks later he returned to present the hospital with an illuminated address.

博愛同仁 (Po Ai T'ung Jen)
(Universal love and beneficence).

Laurence M. Ingle
Head of Surgical Department.

DIVISION OF OBSTETRICS & GYNAECOLOGY

Dr. King was on furlough from December 1936 to December 1937; but, with the assistance of two able residents and some help from the surgeons, the work was continued satisfactorily. Notably the clinic in the town, at Hou Tsai Men, increased so much that is was decided to engage a public health nurse, in September 1937, to assist Nurse Liu in the after-care of patients, and in building up a "Well Baby Clinic", for the help and instruction of mothers. Alas! this hope did not materialise, for, by that time, there had been a huge exodus of people from Tsinan, including a large number of our prospective mothers; the clinic numbers had dropped to almost none, and deliveries to about five a month.

Previous to this, we had been able to let our women medical students attend deliveries in the homes; until this year, we had not had enough cases to make that use of their time worth while.

In September 1937, it was considered advisable for all women residents to leave, and, by October, the men residents had also left to join various army medical units.

In December, Hou Tsai Men Street, situated uncomfortably near to the seats of the once-mighty, came in for more than its fair share of bombs, and it was considered useless to keep the clinic open longer. Nurse Liu, who had done splendid work there for nearly eight years, has been working in the hospital since then.

During the time of air-raids, Obstetrics took temporary refuge in the Pediatrics Department, in the new hospital building, as the concrete roofs and floors there were more fireproof than the wooden ones in the old building. We owe much to Dr. Scott's generosity in giving up her treatment room, to be our delivery room, and, at one time, a large part of her ward for our patients.

A serious obstacle to our work now is that, under military law, nobody is allowed in the streets at night, so that many of our mothers are unable to reach us in their need, and we are unable to go to them.

The necessity for public health teaching still shows itself in the high infant mortality. It was also brought forcibly home to us again when a patient with a severe degree of pelvic deformity, due to osteomalacia, utterly refused to believe our words or to stay in hospital. We heard later that both she and her baby had died as the result of mishandling.

A comparison of the figures for the two years will show the effect of the war on our department. The figures for out-patients and for gynaecological cases will be found elsewhere.

Mary P. Gell
Head of Division of Obstetrics and Gynaecology.

COMPARATIVE STATISTICS OF OBSTETRICAL CASES.

Presentation.	Booked or Emergency	No. of cases.		Method of Delivery				Result to Mother						Child							
				Spontaneous		Operative		L.		D.		Morbid		L.		S. B.		M.		N.D.	
		1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.	1936-37.	1937-38.
Vertex: Anterior position	Booked	236	99	216	92	20	5	235	99	1	—	32	23	239	96	1	—	—	—	5	4
	Emergency	44	23	37	15	7	8	44	23	—	—	10	9	39	19	2	1	—	1	5	2
Vertex: Posterior position	Booked	7	2	6	1	1	3	7	2	—	—	—	1	—	2	—	—	—	—	—	—
	Emergency	2	3	1	1	1	2	2	3	—	—	—	2	3	2	—	—	—	—	—	—
Face	Booked	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—
Breech	Booked	9	6	4	2	5	4	9	6	—	—	3	2	5	5	2	1	1	—	1	—
	Emergency	3	1	—	1	3	—	3	1	—	—	2	1	1	—	2	—	—	—	—	1
Transverse	Booked	2	—	—	—	2	—	2	—	—	—	—	—	1	—	1	—	—	—	—	—
	Emergency	5	1	—	—	5	1	4	—	1	1	2	—	—	—	—	1	3	—	—	—
Compound	Emergency	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Totals		308	137	264	113	44	24	306	135	2	2	49	38	288	124	8	4	4	2	11	7

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REPORT OF DIVISION OF ROENTGENOLOGY
1936-1938.

The total number of patients examined from July 1, 1936, to June 30, 1937 (5,279) shows a considerable increase, as compared with the number (2,916) examined during the previous year. This increase was due to a natural growth of the work in general, and to an increase in the fluoroscopic examinations of chests.

The decrease in the work performed from July 1, 1937, to June 30, 1938, as compared with the work performed from July 1, 1936, to June 30, 1937, is shown by the tables and is due to the unsettled conditions in this region, which have discouraged or prevented many patients from coming to the hospital.

During the first year and part of the second year of this two-year period, Dr. Liu Ch'ü Fei, Dr. Chang Kuan Ying, Dr. Sung Han Chieh, and Dr. Lan Lu Lien have each given part-time service for several months in the fluoroscopic examination of patients' chests, and in reporting the films of medical patients, after studying the films with the writer of this report. Dr. Liu Hsi Kung and Dr. Li Hui Wen gave similar service in reporting the films of surgical patients. Dr. Chao Shih Hsün for one year helped with the fluoroscopic examinations of students' chests. We are grateful to the Departments of Medicine and Surgery for assigning these assistant residents to this work, and to the Paediatric Service for allowing its resident, Dr. Pi Chin Chao, to carry on similar work with children examined in this department.

The accuracy of the fluoroscopic reports and sketches by these doctors was checked by the films exposed after fluoroscopy. The accuracy thus shown was gratifying. The discovery of small pulmonary lesions by fluoroscopy

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calls for a careful and definite technique, but this can be learned within a reasonable period of time. Each doctor has done this work after preliminary training.

Fluoroscopy of pneumothorax patients has been done by those conducting the pneumothorax clinic.

Four graduate doctors (not mentioned above) spent about three months each in this department, studying the teaching collection of films and work in progress. Four others spent shorter times. A technician spent two months here.

Case-finding in Tuberculosis

As a modest contribution towards that extremely important problem, the early diagnosis of pulmonary tuberculosis, we are continuing the fluroscopic examination of groups of supposedly healthy persons, and of patients referred from the wards and clinics, exposing films of those with abnormal shadows discovered by fluoroscopy. The results of these studies will be reported elsewhere. We do not consider fluoroscopy a substitute for an examination with films. But fluoroscopy is a valuable complement to an examination with films, and it is valuable by itself when the patient cannot afford a film, or does not wish to pay for an examination with a film, in the absence of marked symptoms. If abnormal shadows are found by fluorosocopy, then a way is usually found to expose a film.

T. C. Greene
Head of Division of Roentgenology.

DIVISION OF ROENTGENOLOGY; STATISTICS.

Number of patients examined in the Department of Roentgenology.	July 1, 1936, to June, 30, 1937.	July 1, 1937, to June 30, 1938.
Hospital	958	413
Outpatient Department	3,296	1.807
Private Patient Clinic	289	50
Staff, students, employees	736	183
Total number of patients examined	5,279	2,453
Diagnostic studies, radiographic, (with or without fluoroscopy in addition).		
Chest	1,288	400
Bone and joint	565	296
Skull (mastoid, paranasal sinuses, etc.)	164	54
Esophagus	44	12
Gastro-intestinal tract	168	62
Urinary tract	31	25
Female reproductive system	16	16
Teeth		
Partial examination	110	60
Complete examination	50	17
Foreign body	6	13
Miscellaneous	20	6
Total	2,462	961
Diagnostic studies, fluoroscopy only used.		
Chest	2,480	1,296
Esophagus	3	10
Gastro-intestinal tract	3	23
After Rubin's test.	76	3
Foreign body	16	65
Miscellaneous	1	0
Type not recorded	357	147
Total	2,936	1,544
Summary		
Patients studied by radiography, with or without fluoroscopy in addition	2,343	909
Patients studied by fluoroscopy only	2,936	1,544
Total patients examined	5,279	2,453
Films exposed		
Larger than dental	3,450	1,241
Dental packets.	1,050	382
Total	4,500	1,623
Fluoroscopic examinations	3,706	1,910

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REPORT OF NURSING SERVICE
1936-1938.

From July 1936 to June 1937, the Nursing service employed an average of ten head nurses and ten graduate nurses. In addition to this, seven graduates from other schools were given six months "ward practice" experience. During this period, the School of Nursing comprised twelve graduating students, ten third year students, seventeen second year students, and, of the twenty entering probationers, thirteen became regular first year students. The load of nursing supervision was increased by the loan of Miss Townsend, to the Kiukiang Methodist Women's Hospital, and of Miss Bell, to Temple Hill Hospital, Chefoo, for one year. We are glad to say that Miss Bell returned to us in June 1938.

New features of the year were a special Public Health course, given by Miss Shih, and two months public health practice course for senior students, supervised by Miss Kuo and Miss Shih.

The year 1937 brought the collapse of all developments and a heavy burden upon those members of the staff who stayed during the crisis. The School of Nursing was closed on October 16th, 1937, while hospital work was continued by five men nurses and one women graduate and unskilled workers. During December, three women graduate nurses returned and two more men were employed. The first student nurse returned on December 10th and the second on March 19th. Gradually others returned until, on June 30th, there were twenty graduates and seven students in the department. Slowly, conditions are returning to normal, but much hard work will be demanded before we reach the promise shown by previous years.

Francis R. Wilson
Superintendent of Nurses.

REPORT OF SOCIAL SERVICE WORK
1937-1938.

Statistics show a great drop from last year, in both services rendered to Administration and to patients, but this year the whole story cannot be pictured that way. For more than three months this spring, the Department was in charge of admitting patients, which covered the first type of service. This experience led to a decision to get a trained case worker as Admitting Officer. A qualified person to go on duty July 1st has been found, and this service will continue to be supervised by our Department. Services to patients are fewer in number, because both patients and workers have been fewer. More relief in kind and money has been given and fewer constructive services have been rendered, because of the number of emergencies, and because of the lack of existing educational institutions in the community. Many slight service cases and follow-up in homes have been taken care of and are of value as check-ups, because of the great numbers of former patients having fled to old homes in the country and to even greater distances. Unmarried pregnancy cases have been increasing and are a great problem. Three volunteer workers, Dr. Ross, of the School of Theology, Miss Elizabeth Liu, of the local Y. W. C. A., and Mr. M. C. Yang, of Cheeloo Rural Institute, have made it possible for the Department to keep going in the absence of regular Chinese co-workers this year.

H. H. Myers.
Head of Social Service.

REPORT OF THE EVANGELISTIC WORK.
1936-37, 1937-38.

The evangelistic work in the Hospital naturally falls into two main divisions—work amongst out-patients and that done in the wards. The out-patient work is of necessity of a more general type, taking the form of preaching to people in the waiting rooms, the showing of Bible pictures and the distribution of portions of Scripture and tracts, with limited opportunities for speaking to individuals. The work in the wards, while consisting also of general Ward Prayers, the showing of lantern slides of Bible pictures, etc., provides greater opportunities for individual talk, Bible reading and study with patients. Both these methods of spreading the Good News have been used by the Hospital Evangelistic staff and, though results are more apparent from the individual work in the wards, yet the seed sown in the out-patient preaching services also takes root and, in time, brings forth fruit. When patients who have become interested in the Gospel message during their stay in hospital leave to return home, the evangelists try to put them in touch with churches near their homes. During the past year, of course, this has been more difficult than usual, owing to the dislocation of travelling facilities, and the general unrest and unsettledness of life, especially in the country.

Of the two years under review in this report, 1936-37 and 1937-38, the first a normal one and the second an abnormal one, the evangelistic work has varied very little on the whole. With the greatly reduced number of patients in hospital during the past year, one would expect the results of the evangelistic work to be smaller than in normal years, but these days of anxiety, danger and suffering have brought to many people an eager desire to

listen to the Good News and a longing to find peace, and over 150 men and 44 women patients in the hospital have confessed belief in Christ during the past year. The help and comfort given by the evangelists during air-raids to patients who were too ill to be moved to a place of safety, and to the victims of bombings and shootings, have also been a means of showing forth the spirit of Christ.

Hsü Chih-ting.
Hospital Evangelist.

PUBLICATIONS

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Dysentery Bacillemia. Chinese Medical J., 1938, 53:193.

Scott, Annie V.; Pi, C. C., Lair, K. S.; Disease Incidence among Chinese Children. Chinese Med. J., 1938, 53:169.

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In November 1936, Dr. E. B. Struthers was appointed Associate Editor of the Chinese Medical Journal. When he left for furlough in the summer of 1937, this work was taken over by Dr. F. H. Mosse.

COMPARATIVE STATISTICAL REPORT

Services Rendered 1936-37, 1937-38.

		1936-37.		1937-38.
In-Patients:				
Census June 30th.	(1936)	133	(1937)	146
Patients admitted during the year		2576		1301
Births during the year (Live births only)		294		131
Total patients treated		3003		1578
Patients discharged during the year		2721		1373
Deaths during the year		136		129
Census June 30th.	(1937)	146	(1938)	77
Total patient days' care		45051		22116
Normal Bed Capacity		167		167
Maximum Census		159		147
Minimum Census		82		13
Average daily census		123		61
Percentage bed occupancy		73.89%		34.94%
Average period of Hospitalisation (days)		15.5		16.9
Number of deaths within 48 hours		53		61
Number of deaths institutional		83		68
Mortality Rate (Institutional deaths only)		2.95%		4.53%
Mortality Rate (Total deaths)		4.8%		8.5%

	1936-37	1937-38
Autopsies	11	6
Operations, major,	406	161
minor	930	501
Deliveries – spontaneous	264	113
– operative	44	24
Out-Patients:		
General O. P. D.		
– New patients	23170	10915
– Return visits	54952	32349
– Total	78122	43264
Private Patient Clinic		
– Office visits, new	658	143
– Office visits, repeat	558	94
– Outcalls	154	58
– Total	1370	295
Hou Tsai Men Obstetrical Clinic.		
– New patients	138	30
– Return visits	349	53
– Total	487	83
– Deliveries in homes	149	51
Grand Total Patient Visits	79979	43642

SUMMARY OF LABORATORY EXAMINATIONS

	Number of Examinations 1936-37	1937-38
Bacteriology Laboratory	1327	875
Serology Laboratory	5734	2542
Blood Chemistry Laboratory	1287	469
Pathology Laboratory	2347	443
Clinical Laboratory, Hospital	978	376
Clinical Laboratory, Out-patient	15858	9050

COMPARATIVE ANALYSIS OF SERVICE 1936-37, 1937-38
IN-PATIENT DEPARTMENT

SERVICE	No. of Patients		Days Care		Proportion of Total Hospital Days		Average days Hospitalisation		Average daily Census	
	1936-37	1937-38	1936-37	1937-38	1936-37	1937-38	1936-37	1937-38	1936-37	1937-38
Medicine	816	413	14443	5641	32.1%	25.5%	17.70	13.66	40	16
Skin	82	23	1071	366	2.4%	1.7%	13.06	15.92	3	1
Pediatrics	184	82	4262	1254	9.4%	5.7%	23.16	15.30	11	3
Surgery	616	483	12089	10133	26.8%	45.8%	19.62	20.97	33	29
Eye	174	26	3334	583	7.4%	2.6%	19.16	22.43	9	1
E. N. T.	221	44	2166	435	4.8%	2.0%	9.80	9.89	7	1
Gynaecology	136	63	1672	873	3.7%	3.9%	12.29	13.86	4	2
Obstetrics	347	167	3276	1638	7.3%	7.4%	9.44	9.81	8	4
New Born	294	131	2738	1193	6.1%	5.4%	9.31	9.10	8	4
	2870	1432	45051	22116	100.0%	100.0%			123	61

COMPARATIVE ANALYSIS OF SERVICE 1936-37, 1937-38
OUT PATIENT DEPARTMENT.

SERVICE	First Visits		Return Visits		Total Visits		Proportion of Total O.P.D. Attendance	
	1936-37	1937-38	1936-37	1937-38	1936-37	1937-38	1936-37	1937-38
Medicine	6168	2328	5086	2758	11254	5086	14.3%	11.8%
Skin	3364	2006	10421	7122	13785	9128	17.7%	21.0%
Pediatrics	1375	1001	3642	2163	5017	3164	6.3%	7.3%
Surgery	5248	3068	15026	10770	20274	13838	26.0%	32.0%
Eye	3714	1210	10108	3843	13822	5053	17.7%	11.7%
E.N.T.	2276	838	3897	1731	6173	2569	7.9%	6.0%
Obstetrics	422	198	951	461	1373	659	1.8%	1.5%
Gynaecology	603	264	1541	745	2144	1009	2.8%	2.4%
X-ray		2		132		134		0.3%
Physiotherapy			4280	2624	4280	2624	5.5%	6.0%
Totals:	23170	10915	54952	32349	78122	43264	100.0%	100.0%

TREASURER'S REPORT 1936-37, 1937-38.

Income			Expenditure			Balance	
Income from Patients' Fees	1936-37	1937-38	Hospital Care Expenditure	1936-37	1937-38	1936-37	1937-38
Drugs	29104.64	17970.75	Dispensary	23814.50	11317 00	+5290.14	+6653.75
X-ray	10291.00	5701.82	X-ray	6509.11	3862.16	+3781.89	+1839.66
Laboratory	6885.09	3278.70	Laboratory	4052.03	1470.84	+2833.06	+1807.86
Massage	2330.00	1299.95	Massage	1397.52	1133.60	+ 932.48	+ 166.35
Food	21195.00	7926.64	Kitchen	22136.44	14894.77	- 941.44	- 6968.13
Private Patients	9532.55	1117.50	Private Patients	816.41	192.01	+8716.14	+ 925.49
Branch Clinics	1686.61	481.45	Branch Clinics	1005.31	1350.69	+ 681.30	- 869.24
Ward Charges and Registration	24199.82	15618.75	Administration and Running Expenses	32529.67	28312.01	- 8329.85	-12693.26
Treatments	20964.83	11227.29	Professional Care	43666.91	25842.36	-22702.08	-14615.07
			Dentistry		795.00		- 795.00
Other Supplies to Patients	854.12	20.94				+ 854.12	+ 20.94
Barber	160.34	69.20	Barber	374.35	74.60	- 214.01	- 5.40
Income from Patients' Fees	127,204.00	64712.99	Total Hospital Expenses.	136,302.25	89245.04		
Percentage of Total Income	88.85%	71.06%	Deficiency			- 9098.25	-24532.05

Income			Expenditure			Balance	
Income other than Fees	1936-37	1937-38	Expenses other than Hospital Care	1936-37	1937-38	1936-37	1937-38
Donations	1744.80	13884.97	Special Social Service & Charity Expenses. Not included under normal expenditure	5656.31	1227.62	+7387.27	+24469.84
Subsidy from New York	10005.00						
Subsidy from Medical School	1242.18	11775.99					
Rents	51.60	36.50					
Public Health	226.90	180.95	Public Health	9.00	6,45	+217.90	+174.50
Nursing School	2210.00		Nursing School	1108.10	496.61	+1101.90	- 496.61
Garage	56.44	51.95	Garage	2.00	37.17	+54.44	+14.78
Samaritan Shop	437.41	442.09	Samaritan Shop	100.67	72.55	336.74	+369.54
Total Income other than Fees	15974.33	26372.45	Expenditure	6876.08	1840.40		
Percentage of Total Income	11.15%	28.94%	Surplus			+9098.25	+24532.05
Grand Total Income	143,178.33	91085.44	Grand Total Expenditure	143,178.33	91085.44		

Note: (1) Items underlined in Balance Column are Debit Balances.
(2) For details of items included under "Donations" refer to "Hospital Donations" lists.

HOSPITAL DONATIONS

1936-1937

China International Famine Relief Commission		$188.53
Christmas Club		135.35
Church Collections:		
Chinese Church	80.59	
St. Paul's Chapel	39.23	
Tsinan Union Church	304.23	424.05
Per Dr. M. P. Gell		99.92
Mr. J. M. Holland		260.35
Leper Hospital		10.00
Dr. P. L. McAll		20.00
M. M. A. (£1.0.0.)		16.40
Per Mr. C. B. Sargent (G. $27.00)		90.72
Dr. C. E. Scott		300.00
Miscellaneous		199.48
		$ 1774.80

HOSPITAL DONATIONS

1937-1938

Mr. J. M. Allison		$25.00
Per Dr. Eugene Chan (for Eye Dept.)		120.00
Dr. C.C. Chesterman		17.34
Per Mr. C. B. Sargent		39.51
West Worthing Tabernacle		165.43
West Worthing Tabernacle Women's Association		63.12
Miscellaneous		338.90
To Samaritan Fund:		
Mr. J. A. Abernathy	50.00	
Mr. A. J. Clements	125.00	
Dr. F. H. Mosse	50.00	
Dr. A. V. Scott	10.00	
Tsinan Rotary Club	10.00	
Tsinan Union Church	205.70	
Mr. A. A. Torrance	25.00	
Miss F. R. Wilson	35.00	
Y. M. C. A. Men's Club	37.80	
Miscellaneous	232.00	780.50

To War Relief Funds:

Per Rev. A. G. Castleton	1580.00	
China Council, A. P. M.	200.00	
Mrs. G. M. Johnston (G. $5.00)	21.17	
Lord Mayor's Fund	9500.00	
Rotary International	500.00	
Bishop T. A. Scott	500.00	
Miscellaneous	34.00	12335.17
	Total	$ 13,884.97

WHITE CROSS SUPPLIES

1936-1937.

5 cases from

Mrs. J. H. Wolstoncroft, Oil City, Penn.
Mrs. W. L. Lewis, Erie, Penn.
Mrs. R. F. Bell, Blairsville, Penn.
Mrs. Wm. L. Cross, Butler, Penn.

1937-1938.

7 cases
3 parcels } from
Mrs. R. F. Bell, Blairsville.
Mrs. W. L. Lewis, Erie, Penn.
Mrs. A. D. David, Warren, Penn.
Mrs. Wm. L. Cross, Butler, Penn.
First Presbyterian Church, Bradford, Penn.
Mrs. Nettie Maxwell, Collingdale, Penn.
The Secretary, W. F. M. S., Newberry, Penn.
Mrs. Floyd Rice, New Bloomfield, Penn.

1 case Hospital Supplies, etc. from
English Baptist Missionary Society, London

2477
40222
0749

SPECIAL DONATIONS TO PEDIATRICS DEPARTMENT

$200 designated for use in taking X-ray of infants under Stovarsol Treatment for Congenital Syphilis. Racine et Cie.

Stovarsol 56 Gm.
Acetylarsan 30 ampoules } Racine et Cie.
Neocardyl 144 ampoules

Ostomilk 16 lbs.
Adexolin 16 bottles } Glaxo Laboratories

Babies' and Children's Clothing: Mrs. Minnie Morgan
Miss Nettie Fisher

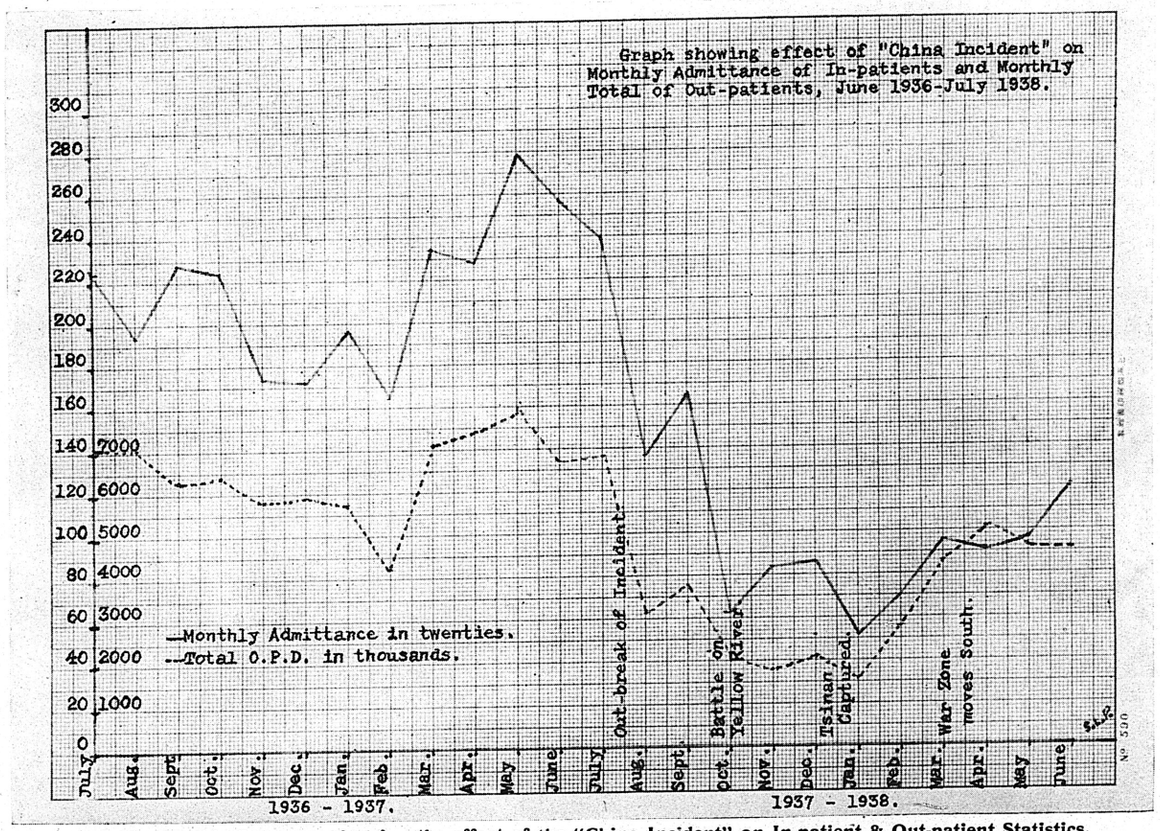
Scrap Books for Children, 25: Junior Department Congregational Church, Santa Ana, Calif.

Funds for Free Bed in Pediatric Service:

Mrs. Carey E. Scott	$228.63
Mrs. R. T. Shields (gift from a friend) . .	33.00
Chevy Chase Presbyterian Sunday School.	30.24
Tsinan Foreign Sunday School.	15.00
China Council War Relief (Presbyterian Mission)	68.00
Eliza Coe Moore Fund for postgraduate training in Pediatrics	301.28

Mr. B. C. Kuo, Printing and Paper for 1000 copies of "Prevention of Diarrhea and Dysentery in Children".

1510



Graphic Monthly Summary showing the effect of the "China Incident" on In-patient & Out-patient Statistics.

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The University Hospital of Cheeloo University

Tsinan, Shantung, China

Report for Year
1939-40

0754

CHEELOO UNIVERSITY HOSPITAL REPORT

FOR THE YEAR 1939-40

0756



A Burns Case in the Pediatric Ward. All the cots being filled, an ordinary bed had to be used.

PERSONNEL

1939 – 40

Hospital Superintendent

STANLEY L. PRESCOTT, M. Sc.

Attending Professional Staff

General Medicine:	H.J. Smyly, B.A., M.D., Ch.B., F.R.C.S.I. *E.B. Struthers, B.A., M.D., D.P.H., D.T.M. & H. *F.H. Mosse, M.A., M.R.C.P. Julia Morgan, M.A., M.D. *Arabella S. Gault, M.A., M.D. Sun Ming Lien, M.D.
Dermatology:	Yew Chia Chun, M.D. Ch'i Ch'ang Ch'un, M.D.
Pediatrics:	Annie V. Scott, B.S., M.D.
General Surgery:	*†L.M. Ingle, B.A., M.B., Ch.B., F.R.C.S. (Eng.) Chao Ch'ang Lin, M.D. Hou Chun Chih, M.D. Godfrey Gale, M.B., Ch.B.
Obstetrics and Gynecology:	Mary P. Gell, M.B., Ch.B. Sun Teng Jen Teh, M.D.
Ophthalmology:	R.T. Shields, B.A., M.D.
Otolaryngology:	Godfrey Gale, M.B., Ch.B.
Radiology:	*Theodore C. Greene, B.A., M.D. R.J. McCandliss, B.A., M.D.
Dentistry:	Eugenia Sharevitch, D.D.S.

Resident Staff

Medical Department:	Li T'ien Hsiang, M.D., Res. in Medicine Hui Hsiu Ch'iung, (Miss) M.D., Asst. Res. in Medicine. Shih Hsueh Chun (Miss) M.B., Asst. Res. in Pediatrics

*Absent during all or part of the year.
†Resigned Dec. 1939.

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Surgical Department: Chao Tze K'e, M.B., Asst. Res. in Surgery
Kuo Teh Lin, M.B., Asst. Res. in E.N.T. & Eye

Interne Staff

Li Shih Chen
Liu Mei Chen (Miss)
Ts'ao Hsien T'ing

Clinical Clerks

Chao Chi Kuang
Meng Ch'ing Lan

Nursing Staff

*Frances R. Wilson, B.S., R.N.	*Superintendent of Nurses*
Marjorie Alderson, S.R.N., S.C.M.	*Assistant Supt. of Nurses.*
*Rosa Bell, R.N.	*Supervisor and Instructor*
*Coral M. Brodie, R.N.	" " "
E. Florence Evans, B.A., R.N.	" " "
Elizabeth Thomson, R N.	*Operating Room Supervisor*
Miss Chao K'un, N.A.C.	*Supervisor and Instructor*
" Kung Chin Sheng, N.A.C.	" " "
" Li Pao Chen, N.A.C.	" " "
" Chao Pao Lin, N.A.C.	*Night Supervisor*
" Chang Li Hsing Chen, N.A.C.	" "
" Ts'ao Yu Chih, N.A.C.	*Out-patients Supervisor*
Mrs. Kuo Teh Fang, N.A.C.	" "
Miss T'an Mei Lien, N.A.C.	*Assistant O.R. Supervisor*
" Hsiung Wei Hua, N.A.C.	*Head Nurse*
" Hou Chun Ying, N.A.C.	"
" Wang Jui Ling, N.A.C.	"
" Hsu Jui Hua, N.A.C.	"
" Lu Fu Chen, N.A.C.	"
" Ho Wen Ling, N.A.C.	"
" Kao Hsin Ai, N.A.C.	"
Mr. Wang Yueh Hsueh, N.A.C.	"

Pharmacy Staff

*W. P. Pailing, B.D., Ph.C.
Liu Kuo Hua
Shih Ch'ing Yuan
Wang Pao Kuang

Physiotherapy Department

*Gladys V.L. Nunn, C.S.M.M.G.
Liu Lien Hsi,
Mrs. Wang Liu Ching Lan,

Social Service Department

Hazel H. Myers
Hwang Yen Yu, B.A.
Teng Lo Hua, B.A.
Chang Yu Ying.

Laboratory Services

*Arabella S. Gault, M.D.
Yu Fu Hsin
Hsu Ching T'ang
T'ien Chun Fan

Evangelistic Staff

*W. P. Pailing, B.D. Ph.C.	Chaplain to the Hospital
Hsu Chih T'ing, Li Pai Chiang	Evangelists
Mrs. Li Pai Chiang, Mrs. R. T. Shields, *Mrs. W. P. Pailing, ‡Miss C. M. Wyatt	Ward Visitors

*Absent during all or part of year.
‡ Temporarily attached to staff.

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Business and Administrative Staff

Rev. H.P. Lair, D.D.	*Treasurer of University*
‡Rufus P. Dart	*Asst. in Business Manager's Office*
Miss Chang Hsiu Chih, B.A.	*Admitting Officer*
Miss Wu Pao Jung, B.A.	*Secretary to Private Patient Clinic*
Chang Yu Shu	*Custodian of Records, Out-patient Dept.*
Chao Chi Ch'ang	" " " *In-patient Dept.*
Chang Chung Hsiao	*O.P.D. Cashier*
Chang Ching Chu	*In-patient Cashier*
E. Florence Evans, B.S., R.N.	*Surgical Supplies*
Mrs. Chou Chun Chen	*Linen Supplies*
Wang Chia Shan	*General Stores*
‡Doris Brown	*In charge of Kitchens*

Voluntary Part-time Medical Assistants

Eileen M. Smyly, M.D., B.Ch.	*Pediatrics Department*
Monica M. Prescott. M.B., Ch.B.	*Obstetrics & Gynecology Department.*

Voluntary Part-time Assistants

Mrs. H. P. Lair	*Pediatrics Records Department.*
Mrs. H. E. Chandler	" " "
Mrs. R. T. Shields	*O.P.D. Supervisor's Office*

‡Temporarily attached to staff.

SUPERINTENDENT'S REPORT

1939-1940

The comparative peace and stabilisation of local conditions throughout the area served by the Hospital has made it possible for a larger number of patients to attend the clinics this year than during previous post-"occupation" years. Such an increase in patients has put an added strain on the personnel and plant, as well as upon the financial resources of the hospital. During the winter months, a certain amount of anxiety was felt but, thanks to the generous gifts from friends and charity organisations, we were able to finish the year without financial deficiency. Special mention should be made of the members of other missions who temporarily joined our staff and assisted us when we were most short-handed.

Personnel. Early in the year, we received the news that Dr. Ingle would not be returning. His resignation is a serious loss to the Surgical Department, of which he has been head for many years. As an adviser on administration he is, and will be, equally missed.

Another shock was sustained when Mr. J.B. Wolfe resigned from the position of Business Manager and Superintendent of Grounds, Buildings and Power Plant. While we rejoiced with him in his appointment at the American Embassy, we felt his going keenly, as there was no-one left on the staff who had an adequate knowledge of machinery or building structure.

About the same time, Mr. K.W. Chang, who had been in charge of the hospital kitchens for a number of years, resigned unexpectedly.

In the late autumn, Dr. E. B. Struthers left Tsinan to help in the Medical School at Chengtu.

Later, Miss Nunn, of the Massage Department, left for furlough, and Miss Brodie suffered a severe illness and finally went home on sick leave. Miss Brodie's illness was a sudden and totally unsuspected blow, and left a terrible vacuum in the Nursing School, where she was in charge of the teaching. We are glad to hear that Miss Brodie is making good progress, but are very sorry to learn that her return to China is unlikely.

In the spring Miss Wilson left for furlough. It almost seemed that our staff was disintegrating before our eyes, concomitantly as the number of patients was increasing. Such losses, through resignation, illness and furloughs, would normally have crippled us severely, but this is not the only side of the picture. As the blows fell, one by one, so new or temporary staff joined us, in most cases because of unsettled conditions in other places, and very wonderfully helped us to share the added loads and burdens.

Early in September Miss Doris Brown, of the Anglican Mission, Yenchow, consented to assist us temporarily in overseeing the kitchens. Supervising the buying, preparing and serving of food, she brought the whole department to a stage of efficiency previously thought impossible, and we are very grateful to Bishop Scott for allowing her to continue as head of the department throughout the year. The kind and generous service rendered by Miss Brown will be long remembered by the entire staff and patients.

We are also grateful to the United Church of Canada Mission, who allowed Misses Dorothy and Mary Boyd to assist us in the Nursing Department, until they were transferred for relief work to Tientsin, early in the new year.

Miss Elizabeth Thomson, of the same mission, was also loaned to us, and later accepted a permanent appointment as Supervisor of the operating theatre. Although she stayed with us barely a year, she found her niche in our hospital life and community and carried a very responsible position with great success. She relinquished this position on account of her approaching marriage to Dr. Godfrey Gale, of the Surgical Department. We are glad to know that she hopes to do half-time work in the hospital next year.

Miss Dorothea Reade and Miss M. P. Moline, of the Anglican Mission, Pingyin, temporarily joined the Nursing Service, during the autumn and spring respectively. Because of local conditions, they were unable to return to their station and, by their "relay" work, as Supervisors of the Out-patient Department, Cheeloo once again benefited through the misfortunes of others.

Dr. Bernard McOwan, of the Anglican Mission, Taian, also assisted the Hospital, in the Eye Department, for a few months, before leaving for war service.

During the winter, Mr. Norman Knight (United Church of Canada Mission) stayed with us for some six weeks and helped a harassed Superintendent to get up to date with statistics, and also gave of his abundant knowledge and experience of hospital affairs.

Early in the spring, we were pleased to welcome Mr. Rufus Dart, of the English Baptist Mission, Taiyuan, to Tsinan. Mr. Dart has given great assistance in the accounts department, both in the hospital and in the Treasurer's Office.

In the Spring, Dr. Mosse returned from furlough.

During the whole year, we were very fortunate in having Dr. R J. McCandliss loaned to us by the American Presbyterian Mission, North, to tide over the period of Dr. Greene's furlough. Dr. McCandliss carried on the work of the Radiology Department with great success, and also reorganised the Private Patient Clinic. The year was not over before we were making strong application for his permanent appointment to our unit here.

Dr. C.V. Bloom, of the English Baptist Mission, Taiyuan, joined our staff and assisted, in the Surgical Department, during the heavy months of May and June. Dr. Bloom soon won a place for himself in the hearts of staff and patients alike and it is hoped that he may be appointed to fill one of the vacancies on the Baptist Mission staff caused by the resignations of Drs. King and Ingle.

No account of outside assistance would be complete without mentioning Dr R G. Struthers (United Church of Canada Mission) who gave much appreciated help in medical clinics, and advice on matters of administration on his various visits to Tsinan.

This short account will indicate the many staff changes that occurred during the year and how, though we tended often to despair over the loss of staff members, yet, very wonderfully, others arrived to take the vacant places. With all these changes, however, it is only fitting to mention the many regular staff members who stayed by us and carried added burdens on top of already full programmes of work.

We had several additions in Chinese staff during the year. Drs. Kuo Te Lin and Chao Tze K'e, both of Moukden Medical College, joined the Surgical staff, as Assistant Residents, while Dr. Li T'ien Hsiang (St. John's) came as Resident in Medicine and Dr. Shih Hsueh Chun (Moukden) as Assistant Resident in Pediatrics.

Among the many voluntary assistants, Mrs. H. P. Lair returned to her former position as Assistant in Pediatrics O.P.D. Clinic, Records Department, and Dr. Eileen Smyly helped us out during the busy months in the Pediatrics Clinics.

The gap left by Mr. Wolfe's departure has not yet been filled. The hospital badly needs someone who can give time and energy to the maintenance side. The valuable mechanical equipment deserves some really skilled oversight and we hope that we shall soon find someone fitted for this arduous task.

Services (for statistics see end of Report). The progressive increase in services rendered noted in last year's report has been maintained throughout 1939-40. The in-patient census rose to 143 (compared with 121), with an average census of 121 (compared with 81). The Out-patient Department shows the same increase, with a total of 95,416 visits during the year. It is perhaps interesting that the number of return visits is so high, indicating that the service rendered in the O.P.D. is certainly appreciated by the community. It should be further pointed out that these records are for visits by registration only and do not include the transfers between the various clinics available on any one day. If these were included, it would be necessary to add about one fifth to the total figures. The Out-patient Department is divided into the usual clinics, such as Medicine, Surgery, Eye, Obstetrics and Gynaecology, E.N.T., etc., and, further, at the present time, we have special clinics for Pneumothorax treatment; Tapping clinics, for patients who are not ill enough to justify hospitalisation; Nutrition clinics, for obesity and diabetes; Ante-natal clinics; Venereal Disease clinics; Well-Baby clinics and special Chest clinics for babies; Good Mothers' Club, as well as several other minor activities. Our O.P.D. is not just a means of entry to hospital after a cursory examination, but a highly departmentalised and efficient unit, running in co-operation with well-equipped laboratory services. This has been a natural outcome of the economic situation: the increased cost of hospitalisation has meant that our O.P.D. work is much heavier, as much that would formerly have been done by hospitalisation is now undertaken in the out-patient service. The cost to the patient of hospitalisation, per day, is now $2.53, which represents about a twelfth of the average monthly earnings of a patient, usually the bread-winner of a large family. So it is in the out-patient work that we see

our greatest contribution to the health of the community, in these troubled times. As a further contribution to the health of the community, we have done fluoroscopic examinations on some 800 school children and a similar service to the employees of several far-sighted and health-conscious local firms. Typhoid and Cholera inoculations and vaccination against smallpox have also been given to our staff and employees and their families, as well as to nurses and students.

On the In-patient side, we have been equally busy. Our standards as a teaching hospital have been maintained and our resident and assistant resident staff have had adequate material for sound post-graduate work and training. Throughout the year, weekly Staff Rounds have been held, for the study and discussion of interesting and obscure cases, at which the entire staff, clinical and laboratory, have pooled and shared their knowledge. Once a fortnight, a General Staff Journal Club has been held, and also weekly departmental journal clubs. In this way, an attempt is made to maintain interest and investigation along the lines of modern medicine. Weekly departmental History Meetings have also been a regular feature of the work, so that the diagnosis, cause of disease, treatment and result for each patient is appraised and discussed, to the mutual advantage of all.

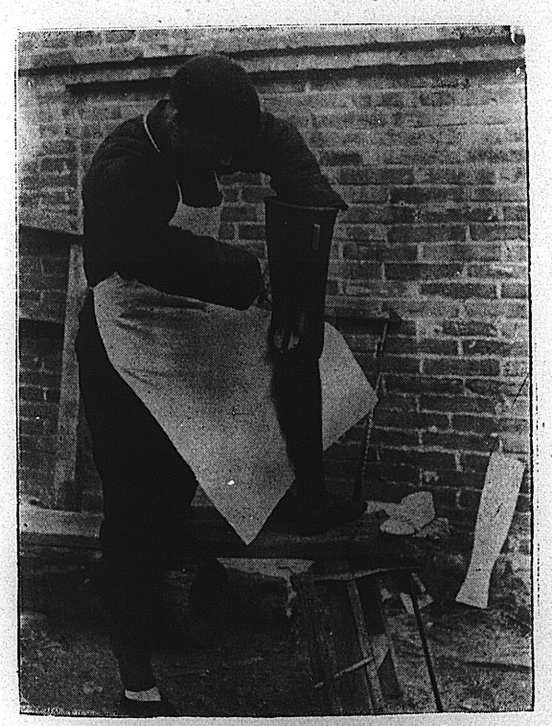
This brief survey of some of the extra features of our activities here will give an idea of the amount of work covered during the year, which cannot be adequately expressed in the figures and tables set out under statistics.

The added cost of printing of this report, because of the inclusion of a list of diagnoses, makes it impossible to include full accounts of the activities of each of the individual departments. On the other hand, some points of interest should be briefly mentioned.

In the **Surgical Service** statistics it will be seen that the average days hospitalisation has risen to 32 days; this is accounted for mainly by the numerous cases of chronic osteomyelitis, following gun-shot wounds, as well as of joint and bone injuries, all necessitating lengthy hospitalisation. Some cases might have left hospital and attended at the O.P.D., but the lack of adequate inn accommodation within the environs of the hospital made this impossible. Orr's treatment for chronic osteomyelitis was not practicable, as these cases could not be treated as ambulatory.

A development that is badly needed at present is a hospital inn, where such patients might be cared for. An average daily census of 48 patients indicates the pressure on Surgical bed accommodation, the normal maximum capicity of which is 52. Often extra beds had to be added to the ward. It was hoped that a special Children's Surgical ward could be opened, to relieve this bed pressure, but the shortage of nurses necessitated this plan being temporarily postponed.

Cases of vesical calculus, a disease which is endemic in this district, continue to come in large numbers. Suprapubic lithotomy is the routine method of treatment. Preliminary air inflation of the drained bladder remains in favour and gives a dry operation field. The suprapublc wound is closed without drainage and primary union may be expected in the average case.



One of the activities of the Workshop-making artificial legs.

The Workshop has assisted the department by providing artificial limbs and other simpler orthopaedic appliances—a strong and effective prosthesis, for above knee amputations, is produced for U.S. $12.50, and for below knee amputations, for U.S. $9.00. The small number of our staff (two senior staff members doing full-time work in General Surgery and one half-time in E.N.T. and half-time in General Surgery) precludes any thorough specialisation, but we plan to make progress in the development of chest surgery, and in improving our technique and widening the scope of our orthopedic surgery. For this latter plan, a portable X-ray unit is a much desired piece of apparatus which we hope to have available whenever possible.

Out-patient attendances remained large and the Surgical staff was kept busy. In order to decrease the number of return cases, especially those who came for dressings only, the appointment system for registration was initiated, so that patients could return on fixed days. This benefited both the patients and the surgeons. Minor operations were performed in the Surgical Out-patient operating-room and these were all treated as ambulatory cases.

Obstetrics & Gynaecology Service. The Ante-natal Clinic work is still considerably smaller in numbers than before the "Incident". The effects of inadequate ante-natal care show themselves in our morbidity statistics, 71% in emergency cases and about 29% in the total number of booked cases. In seeking to explain the causes of this high morbidity rate among so-called booked cases, one realises that a large number of them only come once before they are admitted to hospital, and that resistance to infection is lowered by anaemia and malnutrition and other conditions which might have been dealt with, if the patient had been seen regularly over a longer period.

These remarks are made in the hope that some who read them may help in the good work of making it widely known that only adequate antenatal care can prevent many of the tragedies and mishaps that fall to the lot of the prospective mother. If further emphasis were needed, it could be found in our infant mortality figures. 33 of the 52 emergency patients had stillborn or only short-lived babies (62%), whereas, in the booked cases, the percentage was only 6.7%, even including premature babies.

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To complete the statistics for those who find them interesting, there were 31 cases of toxaemia, including 10 of eclampsia, among those admitted to hospital; 3 cases of placenta praevia and three of premature separation of a normally implanted placenta; one case of osteomalacia; one patient with a Naegele pelvis. Four Caesarean sections were done, two because of pelvic abnormalities, and two because of strictures due to mishandling of a previous labour, by untrained midwives.

In Gynaecology, the greater part of our work is done in the Out-patient Clinic. Out-patients, both gynaecological and antenatal, are seen every afternoon, cases for treatment on two mornings a week, and sterility cases by special appointment, if and when necessary. 94 Rubin's tests (utero-tubal insufflation) were done during the year, using the improved insufflation apparatus devised by Prof. Gordon King, when head of this department.

We see a large number of cases of carcinoma of the cervix which have already progressed beyond the stage when any treatment is of the slightest use. Now that we have a small quantity of radium, lent to us by the United Church of Canada Mission, since the hospital where it had been in use had to be closed, we have attempted to treat one case that seemed more hopeful. The amount of radium we have is very small, and, as the dosage is reckoned in milligram hours, it takes about two weeks to treat one case, and is therefore not the most economical way of using the radium which, in that time, might have been used to treat a number of cases with superficial lesions.

It is with a sense of great thankfulness that this review of the year's work is made. Those who have worked under similar conditions know what incessant vigilance and discipline is necessary, especially in obstetrical cases, where so much depends upon attention to small details, and also how many obstacles have to be faced, due to superstition, obstinacy and lack of education.

Pediatric Service. Outside of the usual O.P.D. clinic work, 536 babies attended the Well Baby Clinic and 343 attended the special Chest clinic. A total of 707 attendances of children at the special Isolation clinic was made, the majority being Pertussis, Measles, Chicken-pox and Scarlet Fever. 10 cases of Infantile Paralysis were also seen. Owing to

lack of staff, the special isolation block for in-patients is still not open. This is a sad deficiency in our service.

Prophylactic inoculations were also a prominent part of our work, following toxin diagnosis where possible.

Diphtheria toxoid	194
Scarlet "	49
Typhoid inoculation	54
Cholera "	21
Cholera and Typhoid inoculation	59
Smallpox	216

Dermatology Service. The number of patients seen shows a large increase over the number for the previous year, and those attending the Venereal Disease clinics were twice as many as in 1938-39. These patients are almost entirely from the city of Tsinan, very few country people attending this clinic.

In August 1939, the new treatment of Scabies by benzyl benzoate was started, and up to July 1st, 1940, 616 cases have been treated, all showing very satisfactory results.

During the summer of 1940, the treatment of neurosyphilitic patients with tertian malaria parasites was tried. 9 patients were inoculated with these parasites and, in all cases, typical malaria was produced. One of the patients was a young man of 31 who had hemiplegia. After one course of treatment, he showed marked improvement, being able to move his right arm and leg freely. A case of tabo-paralysis and a case with difficulty of speech both improved after the malaria fever therapy. Other patients, suffering from tabes dorsalis, also showed noticeable improvement.

Injections 1939-40

	Salvarsan	Neo-salvarsan	Trypaflavin
No. of injections	973	716	1084
Drugs injected in gram	329.8	378.3	108.4

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Injection of Salvarsan

Radiological Service. The total number of patients examined by X-ray during the twelve months ending July 1, 1940, shows a striking increase, and the present volume of work indicates the increasing importance of this diagnostic service. It is gratifying that the department, so ably organised by Dr. Greene, has been able to increase its effective output of work even during his year on furlough.

During the summer months of 1939, both Dr. Smyly and Dr. Morgan gave their assistance in conducting the fluoroscopic examinations and supervising the work of the department, until the arrival in the fall of Dr. McCandliss, who was to assume charge during Dr. Greene's absence. During a part of June 1940, Dr. Hui made the fluoroscopic examinations, following a period of special training.

Radium and X-ray therapy have been additions to the service of this department during the current year. The former was made possible by a loan to this hospital of part of the radium hitherto used by Dr.

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CHEELOO UNIVERSITY HOSPITAL

Department of Obstetrics and Gynaecology

1939-1940

The work of the department has progressed smoothly throughout the year, and what is said in the general hospital report of the increase in numbers of all outpatients, especially at certain seasons of the year, applies also to the numbers attending the Gynaecology clinic; but not, unfortunately, to the antenatal clinic, which is still considerably smaller than before the "incident". The effects of inadequate antenatal care show themselves in our morbidity statistics.

(Morbidity is an old-fashioned word which has come to have a fairly definite meaning in obstetrics. In this hospital, temperatures are taken every four hours; any patient who, after the day of delivery, has a temperature of 38 C. or more either twice on one day, or once on at least two consecutive days, is considered as a "morbid" case.)

Of 284 mothers delivered in this hospital during the past year, 99 showed morbidity. Ruling out emergency cases, in which the morbidity rate was 32 out of 52 cases, or over 61.5%, for which we cannot fairly hold ourselves responsible, there still remain 67 cases of morbidity among the 232 booked cases (28. 9%). Again, ruling out cases of dysentery (13), to which pregnant women are especially susceptible, two cases of acute appendicitis, one case of typhoid fever, and one patient who had a quite obvious reaction after antisyphilitic injections, there still remain 50 cases of morbidity, i.e., about 22%, at least, out of the total number of booked cases. In seeking to explain the causes of this high morbidity rate among so-called booked cases, one realises that a large number of them only come once before they are admitted to hospital, and that resistance to infection is lowered by anaemia and malnutrition and other conditions which might have been dealt with, if the patient had been seen regularly over a longer period. The loyal co-operation of all the staff, and especially of the nurses, upon whom perhaps the greatest responsibility rests in the care of these booked cases, is an absolute necessity; and great praise is due to them for their unremitting carefulness.

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These remarks are made in the hope that some who read them may help in the good work of making it widely known that only adequate antenatal care can prevent many of the tragedies and mishaps that fall to the lot of the prospective mother. If further emphasis were needed, it could be found in our Infant Mortality figures. 33 of the 52 emergency patients had still-born or only shortlived babies (6.2%), whereas, in the booked cases, the percentage was only 6.7%, even including premature babies.

To complete the statistics for those who find them interesting, there were 31 cases of toxaemia, including 10 of eclampsia, among those admitted to hospital; 3 cases of placenta praevia and three of premature separation of a normally implanted placenta; one case of osteomalacia; one patient with a Naegele pelvis. Four Caesarean sections were done, two because of pelvic abnormalities, and two because of strictures due to mishandling of a previous labour, by untrained midwives.

We owe much to the Department of Radiology for help in diagnosing pelvic abnormalities in doubtful cases. The greatly increased cost of films, etc., makes it impossible for us to do X-ray pelvimetry as a routine antenatal procedure. A study of this kind would add greatly to our knowledge of the type of pelvis most common in this part of the country, and of the difficulties likely to be met with during labour. But it is a bad time to ask our philanthropic friends to start a fund to make such a study possible—perhaps one day . . . . . .

In Gynaecology, the greater part of our work is done in the Outpatient Clinic. Outpatients, both gynaecological and antenatal, are seen every afternoon, cases for treatment on two mornings a week, and sterility cases, by special appointment, if and when necessary. Ninety-four Rubin's tests (utero-tubal insufflation) were done during the year, using the improved insufflation apparatus devised by Prof. Gordon King, when head of this department.

We see a large number of cases of carcinoma of the cervix which has already progressed beyond the stage when any treatment is of the slightest use. Now that we have a small quantity of radium, lent to us by the United Church of Canada Mission, since the hospital where it had been in use had to be closed, we have attempted to treat one case that seemed more hopeful. The amount of radium we have is very small, and, as the dosage is reckoned in milligram hours, it takes about two weeks to treat one case, and is therefore not the most economical way of using the radium which, in that time, might have been used to treat a number of cases with superficial lesions.

Our In-patient work in Gynaecology can be gauged by the operation list appended, though that does not include quite all the patients admitted! It is terribly hard to persuade women to come into hospital, and most of them have something pretty serious the matter before they do come in. Two patients died a few weeks after operation, both because of malignant ovarian tumours with metastases. Good results were recorded in all the other cases.

It is with a sense of great thankfulness that this review of the year's work is made. Those who have worked under similar conditions know what incessant vigilance and discipline is necessary, especially in obstetrical cases, where so much depends upon attention to small details, and also how many obstacles have to be faced, due to superstition, obstinacy and lack of education.

List of Gynaecological Operations

1	Panhysterectomy
4	Removal of ovarian cyst, supravaginal hysterectomy and bilateral salpingo-oophorectomy
8	Oophorectomy
1	Myomectomy
4	Salpingectomy, for ruptured ectopic pregnancy
1	Nephrectomy, for hydronephrosis
1	Ligation of Fallopian tubes (Madlener)
1	Exploratory laparotomy (tuberculous peritonitis)
1	Excision of cervix
3	Removal of large pedunculated fibroid of cervix
1	Incision and drainage of infected vulval cyst
1	Application of radium for carcinoma of cervix
14	Dilatation of cervix and curettage
4	Caesarean section

Mary P. Gell

McClure, of the Canadian Mission. These radium needles have been used in several cases of malignancy and promise to be a valuable adjunct to the surgical method of treatment.

Superficial X-ray therapy has been accomplished by using a higher voltage in the present equipment than is ordinarily used for radiography. Over a dozen patients have been treated for conditions ranging from tuberculous glands in the neck, and carbucle, to cancerous growths in the nasal sinuses, with some very favourable results. Although both the Radium and X-ray therapy were instituted too late in the year for extensive use, there is every hope that this service will increase in amount and scope of its treatment for suitable cases.

Stereoscopic pelvimetry has also been introduced in the X-ray service. Measurements of the pelvis, in respect to childbirth, are accomplished by an ingenious adaptation of geometry. Calipers with crossed threads reproduce in space the dimensions to be measured, much as distances are calculated for naval gunnery.

Nursing Service. During the year, there have been between 50 and 60 graduate nurses employed in the hospital, the length of their service varying from a few days to a full year. In addition, there were 7 senior, 13 second year but no first year student nurses, as the latter were attending the Pre-nursing year of the Special Courses in the University. In the autumn of 1939, 10 students registered for the Pre-nursing Course and they entered the regular Hospital course at the end of June 1940. In practical and class work, they have already shown the advantages gained from the Pre-nursing year of the Special Courses.

From the above, it will be seen that the ratio of graduate nurses is greater than in previous years. This is explained by the fact that there have been small student classes, due to present conditions. In June 1940, seven senior student nurses received their diplomas, these nurses being members of the class which evacuated in 1937.

CHEELOO UNIVERSITY HOSPITAL
STATISTICS OF OBSTETRICAL CASES, 1939-40

PRESENTATION	Booked or Emergency	No. of cases (babies)	Method of Delivery		Result to Mother			Result to Child			
			Spontaneous	Operative	L.	D.	M.	L	S.B.	M.*	N.D.
VERTEX Anterior Position	Booked	211	197	14	207	1	59	200	4	—	7
	Emergency	37	26	11	33	4	23	18	13	—	6
VERTEX Posterior Position	Booked	11	9	2	11	—	3	9	1	—	1
	Emergency	1	1	—	1	—	—	1	—	—	—
BREECH	Booked	10	9	1	9	—	1	8	—	—	2
	Emergency	5	3	2	4	—	2	—	3	—	2
TRANSVERSE	Booked	4	1	3	3	—	3	4	—	—	—
	Emergency	9	—	9	8	1	6	1	8	—	—
FACE	Booked	1	1	—	1	—	1	—	1	—	—
BROW	Emergency	1	—	1	1	—	1	—	1	—	—
TOTALS		290 babies 284 mothers	247 (incl. 6 twins)	43	278	6	99	241	31		18

L=Living D=Dead M=Puerperal fever SB=Stillborn *M=Macerated ND=Death within first 10 days
(8 N.D. not registered:—251 registered births)

Physiotherapy Service

The best report on this service is to give a list of the large number of treatments done during the year.

Treatments

Massage	3726
Ionization	1788
Galvanism	70
Faradism	377
Diathermy	340
Infra-red Ray	3449
Radiant Heat	200
Schnee Bath	470
Exercises	690
Mercury Vapour	1243
Nerve Test	11
Pistany Mud	44
	12,408

Social Service Department. The work of this department may be reported (1) according to the problems of the patients with whom the workers came in contact, and (2) by the services rendered to these patients. Taking the first classification, we find the following types of problems dealt with;

(1) 1. Necessity of long period of medical treatment.
2. Hospital treatment needed and bed not available.
3. Chronic disease.
4. Physical or mental disability.
5. Problems due to bad physical habits, personality, ignorance.
6. Problems of marriage, widowhood, orphan and illegitimate children.
7. Financial difficulties.
8. Unemployment.
9. Unfavourable working conditions.

(2) Services rendered to patients included the following:

A. *Services to Hospital.* No. of cases: 1617.

1. Arrangements for admission: investigation of financial status of patients; persuading medically interesting patients to enter hospital.
2. Arrangements for discharge: urging patients to complete advised period of hospitalisation; seeing to their transportation from hospital; planning for after-care.

B. *Personal Services to Patients and their families.* No. of cases: 329.

Arranging meals for waiting out-patients; writing letters for patients; communicating with relatives; shopping for patients.

C. *Social Treatments to Patients and their families.* No. of cases: 1799.

1. *Medical*; including:
Instruction in health habits
Arranging accomodation for patients attending clinic
Referring patients to Public Health Nurse.
Securing blood donors.
2. *Financial* — including:
Subsidising patients; arranging loans; arranging for small amounts of financial assistance, for meals, ricksha fares, redeeming pawned articles, etc.
3. *Relief in Kind*, such as clothing, bedding, grain.
4. *Environmental conditions*: help or advice regarding housing.
5. *Education*, including:
Enrolling patients in free schools; securing books; securing vocational training.
6. *Employment*, including:
Vocational re-education of physically disabled; occupational therapy; aid in securing more suitable employment.

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7. *Special Child Care*, including:
   Referring children for adoption, illegitimate and others; supplementing food for undernourished children.
   Securing wet nurse.

8. *Personal Relationships*, such as adjusting quarrels between members of family, between employer and employee, etc.

Occupations of In-patients dealt with by Social Service Department

Liberal Professions	13
Public Officials	21
Communication Services	14
Workers and Apprentices	74
Traders	76
Farmers	92
Soldiers and Sailors	3
Students	127
Housewives	202
Domestic Servants	6
Young women at home	24
Prostitutes	3
Beggars	3
Under occupational age	150
Unemployed, no specialty	76
Ricksha pullers, wheelbarrow men and other day labourers	32
Miscellaneous	13
Total	929

A few representative stories, as told by the social workers themselves, will be found under "Interesting Notes and Anecdotes". These give, perhaps, the best representative survey of the work of the department and the type of problem with which it has to deal daily.

The **Employees Social Service**, a sub-section of the general Social Service Department, takes care of the welfare of employees, enables them to meet their economic difficulties and helps to adjust their family social

problems, so as to produce more efficient work for the hospital, as well as happier living at home. This section also co-operates in the health work. Through this department, any sick employee can attend the Out-patient Department without payment, can obtain free medicine and hospitalisation at very much reduced rates. This Service also keeps records of required inoculations. Employees' wives and children have the same privileges as the employees themselves. In cases of emergency, expenditures for weddings or funerals, sickness, education, this department arranges for small loans free of interest. Family problems of the employees are, in many cases, adjusted by the social worker, who also, during home visits, gives instruction in health habits and help to mothers, in housekeeping and making of family budgets.

All applications for employment are handled first through this section. If the applicant is thought suitable, he is sent for a physical examination. If this is satisfactory, he may be temporarily employed for three months, if there is a vacancy, but, before being taken on the permanent list, adequate guarantees of good conduct and efficient work are required, as well as a careful investigation of the home conditions and environment, made by the Social Worker. This section of the general Social Service has only been started since the "incident", but it has already proved its worth. It has forged a strong link between the lower scale employees and the administration and done much to raise their social environment. At the time of writing this report, plans have been completed for a recreation centre and evening education classes. Miss Teng, under Miss Myers' supervision, has done a piece of praiseworthy constructive work. During the year, some 104 applicants for positions have been interviewed, of whom 32 have been taken on the staff. Venereal disease, tuberculosis and unsatisfactory social conditions are responsible for most of the rejections. This careful check-up of the applicants for employment has considerably raised the standard of the employees and is well worth the extra trouble taken. During the year, 1129 clinic visits were made by the employees and $188.90 was spent by the hospital on medicines and treatments for them. A total of 369 sick days are recorded for employees. This is not high when it is considered that the hospital has 108 employees. The hospital spent $912.20 on hospitalisation and after-care help for the few employees who

needed special treatment or long periods off duty, because of tuberculosis. 29 loans, for marriages, deaths and special expenditures, were also arranged during the year.

It is the aim of the **Evangelistic Service** to provide opportunities for worship for everyone within the hospital walls. To this end, daily prayers are held in the wards from 8.40 to 9.00 a.m:, and, at the same time, a devotional period for staff and employees is conducted in the chapel. The ward prayers not only influence the patients, they also open up a channel for evangelistic effort on the part of doctors and nurses, many of whom assist in these services. We are grateful to them and also to the Chinese and foreign friends from outside the hospital who inspire us by their messages in the chapel.

Naturally, the chief part of the evangelistic effort is that directed towards the patients. The first and, obviously, the widest, contacts are made in the Out-patient Department. There, the Chinese evangelists address groups of sick folk and their friends while they wait to see the doctors. As these groups break up, there is plenty of opportunity for talks with individuals and for the sale of copies of the Gospels.

Nightly lantern services, when slides illustrating the life of Christ are explained, are much appreciated by the patients, especially the uneducated ones, for whom books are a closed door. Another appeal to the eye has been provided by the use of a Feltograph — a baize-covered board, on which large-sized cut-out figures can be placed at will. We have sets illustrating the Christmas story, the Crucifixion and the Resurrection. As the speaker tells the story, he arranges and rearranges these figures on the board, making vivid tableaux.

Not a little effort has been spent in follow-up work, visiting patients who live in Tsinan, and introducing them to near-by churches. By means of special cards, we have also tried to put Chinese pastors in other districts in touch with interested men and women who have just left the hospital.

In order to help patients just learning the need for prayer, a book of simple petitions, for use both in hospital and after their return home, has been compiled by the evangelists.

There is probably no piece of Christian work in which it is more difficult to quote exact figures than in Hospital Evangelism. Many of our most promising cases, speaking from the evangelist's point of view, leave us never to be heard of again, while others reappear at the Out-patient Department many months later, saying that they have been baptized and joined the church in some other locality.

At no time since the hospital was opened has there been such a receptive attitude among patients of all classes, so, though it may not be possible to tabulate results, we are certain that many men and women have been brought into the Kingdom of God during their stay in the wards.

Laundry. Mention might be made here of the Laundry, a small department but still a basic one in every hospital set-up. Our laundry, through the year, has washed, on an average, 2500 pieces per day, all by hand, on the old-fashioned wash-board, dried them in the sun, most of the year, and ironed them by hand, with charcoal irons. We have long wished for modern laundry equipment, but none is yet forthcoming. To have managed so long with the old-fashioned hand processes is quite an achievement, but we feel that any further expansion in the hospital and Out-patient Department will necessitate some radical modernising of our laundry plant.

Power Plant. During the winter months, the price and poor quality of coal made steam heating a real problem. With the resignation of Mr. Wolfe, the problem became more acute and many hours were spent by the Superintendent in trying to apply his "mechanical" knowledge, learned in physiology of the circulation, to the more urgent problem of circulating steam and hot water, and in a vain attempt to defeat the basic laws of thermo-dynamics. But the hospital continued to function and the general resistance of the body to disease kept the staff and patients free from colds.

Developments. The only noteworthy building project during the year was the remodelling and reconstruction of the hospital kitchens. These have long been too small, and the added load of supplying food for the nurses finally convinced us of the necessity of doing something. With the help of Miss Brown and others, the great work was started and, although it took much longer than was anticipated, the result met with

general approval. The kitchens, however, must still be regarded as more or less of a temporary nature, until the rest of the New Hospital is completed and the new kitchens built in their proper place.

It is not out of place here to mention that the "incident" caught us with only one wing of the new hospital completed. The other wing and central block, containing laboratories, kitchens, private wards, administration department, etc., is still only a blue print and will probably remain so for some time to come. The Surgical and the Obstetric and Gynaecological Departments are at present housed across the road, in the old hospital, built in 1914, and the two parts are connected by a "fly-over" bridge of about 120 feet in length. This geographical splitting of the hospital into two parts puts administrative efficiency at a low premium, although it may keep up the health of the staff, by increasing the physical exercise necessary in each days's work. It is, however, a real problem for the patients, as the journey from the Surgical ward to the X-ray Department, the two antipodes, becomes something of a major venture for the really sick patient. One way of avoiding this, of course, would be the gift of a portable X-ray!

Finances. A glance at the Treasurer's Report will show that the total budget for the year 1939-40 is more than double that of the previous year and the deficiency in income, equivalent to charity expenditure by the hospital, is nearly three times that of the year 1938-39. The percentage of income from patients' fees has likewise fallen from 77% to 70.58%, in 1939-40. This has necessitated the drawing of a subsidy of $28,711.78 from the University Emergency Funds (via the Medical College), on top of the very generous donations received directly for the support of the hospital, from friends and charity organisations. We are deeply indebted to the China International Famine Relief Commission for the donation of $20,000.00, and also to the Presbyterian Board of Foreign Missions, whose contribution of $16,671.09 was largely made up of necessary supplies not obtainable locally. We are also grateful to all our friends who have given so generously to the Donations Fund and the Samaritan Fund. A list of donors will be found at the end of this Report.

An attempt has been made this year to separate in-patient and out-patient expenditures. Such a separation is somewhat arbitrary, but by estimating the time spent by the staff in the two fields, and dividing the maintenance, heating, lighting, etc., by cubic footage and working time, a fairly accurate estimate is possible. Drugs, supplies, X-ray and Laboratory expenditures have been divided between the departments according to the ratios of in-patient and out-patient income obtained for them (for which accurate figures are available). The figures so obtained are rather revealing.

Out-patient Department

Total O.P.D. Expenditure	$92,177.80	for 95416 O.P.D. visits
" " Income	91,261.10	
Charity expenses in O.P.D.; drugs, X-rays, treatment, etc.	916.70	

In-Patient Department

Total Expenditure	196,509.89	for 44409 days care
Income from Fees	112,491.21	
Charity for 3rd Class beds	84,018.68	

Out-Patients 95416 visits

Income	$ 0.96 per visit per patient
Hospital expenditure	0.97 " " " "
Hospital spends on charity	0.01 " " " "

In-Patients 44409 days care

Income	$ 2.53 per day per patient
Hospital expenditure	4.42 " " " "
Hospital spends on charity	1.89 " " " "

It is interesting to note that, prior to the "incident", the O.P.D. was run with a small profit, which contributed to the upkeep of the in-patient side of the hospital. The large increase in the cost of hospitalisation has been unavoidable because of the skyrocketing of all local prices,

especially those of foreign drugs and surgical supplies, and the rise in exchange (averaging $13.40 to $1.00 U.S.) making the cost to the patient almost prohibitive. It is also partly due to a reluctance on our part to raise our charges beyond what we felt could reasonably be paid by the large low-wage-earning group of the community. Eventually however, we were forced to do this, towards the end of the year, when it became cheaper for patients to live in hospital (for them, not for the hospital), with full diet, foreign-style bed, bedding and nursing care, than to stay in the cheapest inns where only bedboards are provided, and attend hospital as out-patients! A comparison of patients' fees and general rise in cost of living before and after the "incident" is interesting.

Cost Per Day

	Before	*After*		
In-patient's bed	$0.40	$0.80	= increase of	× 2
" food	0.30	1.00	= " "	3⅓
Out-patient registration 1st visit	0.10	0.50	= " "	5
" " return "	0.05	0.20	= " "	4

Compared with the five to six-fold increase in the local cost of living, it is clear that our increase in charge is still behind the drop in the purchaseable value of the local currency.

It is feared that next year the cost of hospitalisation, and consequent charity expenditure by the hospital, will be even higher. To raise further the charges to patients would be a real hardship to the people whose monthly earnings are so near to the starvation level. It is a difficult problem to run a hospital efficiently in an area where, normally, the gentle hands of death care for the sick and weakly, and where the earning power of the people is so low that the basic cost of hospitalisation ($4.42 per day),—not including the salaries of the mission-supported members of Medical and Nursing staffs—is of the value of the entire earnings of a family for three days, particularly when such earnings usually provide no surplus beyond paying for the bare necessities of life.

We shall rely once again on the generosity of others to enable the work of the hospital to continue through another year, and we know that we shall not be disappointed.

In concluding this report by the Superintendent, it is felt that now is a suitable time to publish a few brief statistics on the work of the Cheeloo Hospital during the last ten years. For a fuller understanding of the table, it should be remembered that the wing of the new hospital was completed and occupied during the year 1935-36, and that the Sino-Japanese hostilities involved Tsinan most acutely during 1937-38. This table shows clearly that during the year under review (1939-40), the work of the hospital has practically returned to normal pre-"incident" conditions. Out-patient total visits are some ten thousand more than at any previous time, and the increase is due largely to the increase in the number of return visits, coincident with the transfer of a considerable amount of in-patient work to the out-patient clinics. Average days' stay in hospital decreases, with improved technique possibly, to the pre-"incident" year, but since has gradually increased to the figure of 19.8 days. This has been commented on already under the Surgical Service report. The total budget and percentage of income from patient's fees is also of interest. This report gives some idea of what the Cheeloo Hospital stands for and the place it occupies in the community it serves. It is our hope that the progress made in the last ten years may not only be maintained, but increased, during the years to come, and that Cheeloo Hospital may continue to uphold the highest ideals and standards of Christian medical service.

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Comparative Statistical Report for 10 Years, 1930—40

Year	In-Patients						Out-Patients			Finances	
	Patients Treated	Patient Days Care	Maximum Census	Minimum Census	Average Census	Average Days Hospitalisation	First Visits	Return Visits	Total Visits	Budget	Percentage of Patients' Fees
1930-31	1807	32,147	109	55	88	17.8	16,623	44,156	60,779	109,393.42	59.4
1931-32	1946	33,266	107	59	91	17	19,717	50,810	70,527	128,590.75	66.2
1932-33	2221	34,658	107	74	94	15.6	21,845	55,127	76,972	117,510.70	70.4
1933-34	2316	34,889	117	78	96	15.1	22,883	56,792	79,675	119,293.30	78.6
1934-35	2402	34,853	116	61	96	14.5	22,469	55,821	78,290	109,798.79	81.0
1935-36	2868	41,384	150	53	113	14.7	24,657	59,595	84,252	125,900.41	91.00
1936 37	3003	45,051	159	82	123	15.5	23,170	54,952	78,122	143,178.33	88
1937-38	1578	22,116	147	13	61	16.9	10,915	32,349	43,264	91,085.44	71.06
1938-39	1845	30,203	121	44	81	17.9	18,807	57,810	76,617	127,271.79	77
1939-40	2395	44,409	143	97	121	19.5	22,897	71,445	94,342	288,687.69	70.58

NOTES OF MEDICAL INTEREST

We publish here a few notes of medical interest that seem worth recording.

Aetiology of Heart Disease

A survey of the last 200 cases of Heart disease admitted to the Hospital shows the following aetiology for Chinese patients:—

Rheumatic	58.5%
Hypertensive	18.0%
Syphilitic	14.5%
Congenital	3.5%
Tuberculous	3.5%
Arrhythmia (without other aetiology)	1.5%
Bacterial endocarditis	5%

This survey covered approximately 10,000 total admissions.

The hypertensive cases are those with definite heart lesions; hypertension without demonstrable cardiac involvement is not included.

The writer was surprised to find only one case of bacterial endocarditis in this recent group. When he has had time to enlarge the survey he feels sure that the figure given above will be found too low. If O.P.D. figures had been included the Congenital group would have been larger.

It is of interest to compare these figures with those given by Karcher (C.M.J. vol. 50, p. 705, 1936) for Canton, and for other parts of the world.

	U.S.A. North		U.S.A. South Nashville Tenn.		England	South Africa	Changsha	Canton	Tsinan
	Boston	New York	Whites	Negroes					
Congenital	2.5	4.39	4.1	2.1	2.0			2.1	3.5
Rheumatic	30.0	48.1	14.1	4.3	51.0	42.0	30.0	36.0	58.5
Syphilitic	2.9	5.3	2.2	15.4	9.0	25.5	15.0	4.6	14.5
Hypertensive	22.0	3.74	65.1	71.8	7.0		11.0	17.7	18.0
Arteriosclerotic	34.0	8.55						2.1	
Thyrotoxic			1.1	1.1			1.0	2.1	
Beri-beri							13.0	13.4	
Nephritic							30.0	4.2	
Unknown	1.0	21.5				3.0		8.5	
Other types		6.75	8.2	3.9	5.0			9.3	5.5

The most striking fact in the Cheelco figures is the outstanding percentage of rheumatic carditis in an area where rheumatic fever, apart from its cardiac manifestations, is not an outstanding disease. Only 8 out of 10,000 admissions during this period were diagnosed as Rheumatic Fever.

Typhoid and Paratyphoid Fevers

Twelve cases were diagnosed as Typhoid and six as Paratyphoid. Cultures were made in all cases from blood or faeces, in most cases from both, and, in several, from urine. Positive cultures of *B. typhosus* were obtained in 8 cases and *B. paratyphosus* in 2 cases. Of those which had negative cultures, 2 cases of typhoid and 4 of paratyphoid gave positive Widal tests.

Positive cultures from typhoid were obtained from the blood in 7 cases, faeces in 4 cases and urine in one case. Positive cultures of paratypoid were obtained once from blood and twice from faeces.

The number of days of fever, dating from the onset, given in the patient's history, to the day the temperature became normal, varied from 14 days to 73 days, the average of 10 cases who recovered in hospital being 41 days. Three cases died. One had a perforation three days after admission, operation was refused and he died five days later. Two died of haemorrhage. Two cases were discharged against advice, of which one died at home six weeks later, after nine weeks illness. She was only in hospital for 12 days.

One case was remarkable. On admission to the Obstetric Department, she had a temperature of 39°C. and had been ill for five days. She was delivered two days after admission. The cause of the fever was not determined for some days and she was given sulphanilamide. Her Widal reaction was positive in dilution of 1/320 for B. paratyphosus B, and 1/160 for B. typhosus. Her fever lasted only 14 days. Possibly sulphanilamide shortened the course of the disease. Mother and baby were both discharged well.

Dysentery

Apart from cases of Amoebic Dysentery which are readily diagnosed by finding motile amoebae in the stools, dysentery cases can be divided into Acute and Chronic. Reviewing these, one finds that Acute

cases fall into three groups (1) Bacillary Dysentery with positive cultures; (2) cases clinically identical with these in symptoms and in the type of cell exudate, as seen by the microscope, but from wnich *B. dysenteriae* were not obtained by cultivation; (3) mild transient Colitis, in which cultures were negative or, in some cases, not attempted. There were 14 cases in this group, of which 10 were admitted to the Obstetric Department.

Acute bacillary dysenteries with positive cultures numbered thirteen, divided as follows:— Shiga 4, Flexner 2, Y bacillus 7. Acute Colitis with negative cultures numbered six, of which one was pregnant. They were probably also Bacillary Dysentery. The majority of cases in these two groups are successfully treated as out-patients, by fluid diet and Sodium Sulphate. The cases of Chronic Colitis may also be divided according to the results of bacterial cultures. Twelve were proved by culture: Shiga, 7 cases; Flexner, 1 case; Y Bacillus, 4 cases.

Seven cases failed to yield dysentery bacilli on cultivation. Of these, three had tuberculosis of the lungs or pleura and probably of the intestine, two had cirrhosis of the liver, with ascites, one had achlorhydria of the stomach and improved with the administration of Hydrochloric Acid after meals. Only one was a typical dysentery, and only one culture was made from this case.

The proved chronic dysenteries varied in duration from one month to five years. Treatment given to these cases varied. Saline lavage of the colon, with temperature of the solution of 45°C. in the rectum, Dakin's solution, commencing in a dilution of 25% and increasing gradually to 75% or full strength, injected per rectum once or twice daily, and Yatren, both by mouth and rectum, were all used. All these methods are effective in suitable cases. The results were as follows:—
Cured 3, Improved 5, Died 1. The remaining 3 were only treated for a few days, insufficient to show any effect.

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INTERESTING NOTES AND ANECDOTES

The following stories are reported by the Social Service staff in their own words, without editorial "blue-pencilling". They give a clear picture of the human problems met with in each day's work. All the difficulties that the people suffer in these times cannot be dealt with always with such success. There are many failures, but many more successes. This work needs tact and infinite patience, and a sympathy and understanding that can only be gained after long experience.

The Story of "The Good Hero Yang"

One day, a farmer, 36 years of age, walking with two crutches and with the aid of another man, appeared in the Social Service Department, saying his name was Yang. He had come from Lin I, Shantung, a few days before, to be cured in this "famous hospital". He said he had a very big problem which, because of their clothes and actions, seemed to us to be a financial difficulty. They had an introduction from a mutual friend, telling the facts about them. After the social history was taken, and the doctor in the Surgical Out-patient Department had reported, we knew that the patient was suffering from a chronic disease, and he perhaps would never get well again, but his friend still wanted to help him to suffer less. So we offered to him free treatment and, with the friend's co-operation and financial help, the patient was admitted for one month.

Though little could be done for this patient in a medical way, our Department, observing that the cousin who came with the patient was an intelligent man, inquired into his present situation. He was found to be a country school teacher, unemployed because of the present political situation and without hope of any way to help with family finances, which were particularly bad since the patient was incapacitated for life. He was eager to do anything he could to help the family, so, after taking the patient to his old home, he returned to try any job we could offer. The first was helping in the hospital kitchen. The woman in charge, seeing his quiet, courteous manner, recommended him for a more suitable job, so that he is now helping in the Out-patient Clinic and is a good influence here, as well as a help to his family.

The Result of Listening to Advice.

On Jan.4th, a Social Worker of the Cheeloo Hospital met a group of people in the hospital who looked radiantly happy. She noticed that there were two men and a little girl who were all smiling happily and looking as though they had received a great blessing. As she approached the group, she noticed that one of the men was the patient, Mr. Li, and the little girl was his daughter, while the other man was his brother. Mr. Li was being discharged from the hospital a well and happy man, while his daughter was rejoicing in the fact that she still had a father who was alive and well.

Let us tell you the story behind this little scene. One day in December of last year, one of our doctors asked that a social worker should inquire into the financial condition of the patient, Mr. Li. He had been brought into hospital, suffering from a gunshot wound in the fore-arm, which necessitated amputation of the arm. This was done, but, shortly afterwards, the patient developed typhoid fever. After a few days, the relatives came to take him home and could not see why the patient should remain in the hospital, and why the doctor should insist on this. It was explained to them that the patient was seriously ill and that, if he were moved, he would certainly die. After much talking and arguing, the relatives agreed to leave the patient in the hospital. Had this been a normal case of typhoid fever, all would have been well but, unfortunately, a blood transfusion was necessary, because of the serious condition which developed. The worker telephoned to the patient's brother, informing him of the patient's condition, and asking him to find a blood donor. The next day, the patient's wife and daughter came to the hospital to see if either of them was suitable to give the necessary transfusion. This was given by the wife and the man's life was saved.

So the worker watched these three happy people leave the hospital. Mr. Li was certainly handicapped as he faced life once more, but we hope that he will be able to employ a farm hand to help him with his work. Though now he cannot take full responsibility as previously he did, his life has been saved and he will be able usefully to employ his time. Here then we have the record of a family who wisely listened to the advice of a social worker, and it is our hope that, as he tells his friends and neighbours about what has been done for him in the hospital, he will also help them to realise about the educative work which is done by the Social Service Department.

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The "Loving Pearl"

Chang Ai Chu, a five year old girl, whose mother called her "My Loving Pearl", was seen in the Pediatric O.P.D. one day early this autumn. The child had suffered from frequent attacks of loose stools during the summer, and, as a result, she was finally brought to our hospital, for care, by the mother, who complained: "She cannot see at night". The child was admitted immediately for Avitaminosis with Keratomalacia. Free bed and hospitalization were arranged.

Upon investigation, the social worker discovered that the father was a ricksha puller who had five dependents to look after. The mother, who gave the impression of being a capable housewife, had suffered from a similar disease when she was seventeen. As a result of it, she had lost her sight, but she has been a good Christian, constantly happy in her faith.

After admission, the child's eyes were saved and her general condition improved rapidly. One week later, "Loving Pearl" was discharged as a perfectly well child. The blind mother, led by one of her bright children, came for the child and brought a dollar to pay towards the hospital expenses, for she added "It brings comfort and joy to one's heart to have a share".

Since her dismissal from the hospital, we have helped with Cod Liver Oil, which has a nutritive value of great worth in this ailment. "Loving Pearl" has come back for check-up and, each time, the words "healthy-looking" were added in the record. She appears so healthy and joyful that one can hardly believe she has ever been sick, and her cute dark eyes, bright as pearls, seemed to speak out each time: "You have saved us, and we do thank you".

The following stories told by the Evangelistic Workers in the hospital show some of the encouraging results of this side of the hospital's work.

"Miss Liu may be quoted as an example of one who has heard the Christian message during her regular visits to the Eye clinic. So thrilled was she by what she learned of Christ that she has continued her visits to the hospital even though her disease is now cured. Her father highly disapproves of Christianity as a religion, though he values its teaching and healing help, therefore, he allows his daughter to visit the hospital and the Museum at the Institute, but draws the line at church attendance. Neuertheless, this girl keeps in touch with Christians and has already been baptized."

"Mrs. Meng, a middle-aged woman, drank in the teaching given her as she recuperated after an operation. Her husband visited her daily and to him she told all she heard, She also asked for books for him to read. Both declared their faith in Christ before Mrs. Meng left the hospital. Mr. Meng returned to Tientsin, where he was linked up with a pastor in that city: his wife went back to her country home, to get rid of a family heirloom, a large brass Buddha which had been made generations ago, at the command of an ancestor of the Meng family, as a result of a dream he had dreamt. It was no easy tasy that Mrs. Meng had to tackle, the task of convincing her family circle that that precious image could no longer stay in the home of of a Christian."

Mr. Chang was a soldier and came to hospital with a gun-shot wound. In his company of men there had been a Christian, and Mr. Chang had delighted in refuting all this man's arguments, pouring scorn on him whenever he could. During his stay in hospital, however, his attitude changed entirely. He read many Christian books, besides the New Testament, and declared his faith in Christ."

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CHEELOO UNIVERSITY HOSPITAL
STATISTICS OF OBSTETRICAL CASES, 1939-40

PRESENTATION	Booked or Emergency	No. of cases (babies)	Method of Delivery		Result to Mother			Result to Child			
			Spontaneous	Operative	L.	D.	M.	L.	S.B.	M.*	ND.
VERTEX Anterior Position	Booked	211	197	14	207	1	59	200	4	—	7
	Emergency	37	26	11	33	4	23	18	13	—	6
VERTEX Posterior Position	Booked	11	9	2	11	—	3	9	1	—	1
	Emergency	1	1	—	1	—	—	1	—	—	—
BREECH	Booked	10	9	1	9	—	1	8	—	—	2
	Emergency	5	3	2	4	—	2	—	3	—	2
TRANSVERSE	Booked	4	1	3	3	—	3	4	—	—	—
	Emergency	9	—	9	8	1	6	1	8	—	—
FACE	Booked	1	1	—	1	—	1	—	1	—	—
BROW	Emergency	1	—	1	1	—	1	—	1	—	—
TOTALS		290 babies 284 mothers	247 (incl. 6 twins)	43	278	6	99	241	31		18

L = Living, D = Dead, M = Puerperal fever, SB = Stillborn, *M = Macerated, ND = Death within first 10 days (8 N.D. not registered: = 251 registered births)

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COMPARATIVE STATISTICAL REPORT

Service Rendered 1938-39, 1939-40

	1938-39	*1939-40*
IN—PATIENTS		
Census June 30th, 1939	77	117
Patients admitted during the year	1577	2025
Births during the year (live births only)	191	251
Total Patients treated	1845	2393
Patients discharged during the year	1623	2120
Deaths during the year	105	155
Census June 30th, 1940	117	118
Total patient days' care	30203	44409
Normal bed capacity	164	164
Maximum census	121	143
Minimum census	44	97
Average daily census	81	121
Percentage bed occupancy	50	74
Average period of hospitalisation (days)	16.9	19.5
Number of deaths within 48 hours	53	65
Number of deaths (institutional)	52	90
Mortality rate (institutional)	2.9	3.9
Operations, major (inpatient theatre)	902	1170
Deliveries, spontaneous	172	241
" operative	41	43
OUT—PATIENTS		
General O.P.D.		
New patients	18807	22897
Return visits	57810	71445
Total	76617	94342
Operations (O.P.D. Theatre)		4102
Treatments		1202
Dressings		39220
Private Patient Clinic		
Office visits, new	182	337
Office visits, repeat	117	287
Outcalls	77	119
Dental registrations	133	331
Total	509	1074
Grand Total O.P.D. visits	77126	95416

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REPORT OF LABORATORY SERVICE

	No. of Specimens Examined	
	1938-39	*1939-40*
O.P.D. Laboratory	14353	17922
Hospital Laboratory	11622	27384
Blood Chemistry Laboratory	1045	1037
Bacteriology Laboratory	1405	2890
Serology Laboratory	3545	4906
Pathology Laboratory	340	592*

*442 Cheeloo Hospital
150 Outside Hospitals

REPORT OF PHARMACEUTICAL SERVICE

Prescriptions dispensed:	
In-patients	13134
Out-patients	32504
Total	45638

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X-Ray Department Statistics

	1938-39	1939-40
Hospital patients examined	527	659
Outpatients "	2670	3544
Private patients "	156	149
Staff, students, employees	301	220
Total number of patients examined	3654	4572
Diagnostic studies, radiographic		
Chest	344	345
Bone and joint	384	392
Skull, sinuses, mastoids etc.	95	111
Esophagus	19	9
Gastro-intestinal tract	103	33
Urinary tract	47	62
Female reproductive system	21	25
Teeth (partial examination)	183	159
" (complete ")	19	15
Foreign body	20	6
Miscellaneous	21	12
Total number of radiographic cases	1256	1169
Diagnostic studies, fluoroscopic only,		
Chest	2289	2979
Esophagus	36	48
Gastro-intestinal tract	38	62
After Rubin's test	55	
Foreign body	39	
Miscellaneous	5	
Total number by fluoroscopy	2462	3087
Summary		
Patients studies by radiography, with or without fluoroscopy in addition	1192	1204
Patients studies by fluoroscopy only	2462	3368
Total patients examined	3654	4572
Films and dental packets exposed		
Films larger than dental	1517	1230
Dental packets	691	458
Total films used	2208	1688
Fluoroscopic examinations	3409	4421

*The smaller number of X-ray films used during 1939--40 is explained by the fact that a greater number of fluoroscopic examinations were done in place of films.

CHEELOO UNIVERSITY HOSPITAL
STATISTICS OF OBSTETRICAL CASES, 1939-40

PRESENTATION	Booked or Emergency	No. of cases (babies)	Method of Delivery		Result to Mother			Result to Child			
			Spontaneous	Operative	L.	D.	M.	L.	S.B.	M.*	ND.
VERTEX Anterior Position	Booked	211	197	14	207	1	59	200	4	—	7
	Emergency	37	26	11	33	4	23	18	13	—	6
VERTEX Posterior Position	Booked	11	9	2	11	—	3	9	1	—	1
	Emergency	1	1	—	1	—	—	1	—	—	—
BREECH	Booked	10	9	1	9	—	1	8	—	—	2
	Emergency	5	3	2	4	—	2	--	3	—	2
TRANSVERSE	Booked	4	1	3	3	—	3	4	—	—	—
	Emergency	9	—	9	8	1	6	1	8	—	—
FACE	Booked	1	1	—	1	—	1	—	1	—	—
BROW	Emergency	1	—	1	1	—	1	—	1	—	—
TOTALS		290 babies 284 mothers	247 (incl. 6 twins)	43	278	6	99	241	31		18

L = Living, D = Dead, M = Puerperal fever, SB = Stillborn, *M = Macerated, ND = Death within first 10 days (8 N.D. not registered: = 251 registered births)

TREASURER'S REPORT 1938-39, 1939-40

INCOME			EXPENDITURE			BALANCE	
Income from Patients' Fees	1938-39	1939-40	Hospital Care Expenditure	1938-39	1939-40	1938-39	1939-40
Drugs	28,099.47	66,602.32	Dispensary	20,066.14	70,197.76	+ 8,033.34	− 3,595.44
X-ray	6,585.13	13,412.10	X-ray	4,177.57	10,476.64	+ 2,407.56	+ 2,935.46
Laboratory	5,217.95	8,548.30	Laboratory	1,655.28	6,328.80	+ 3,562.67	+ 2,219.50
Massage	2,138.50	2,793.20	Special Therapy	1,297.75	1,536.20	+ 840.75	+ 1,257.00
Food	12,296.59	27,552.86	Kitchen	24,880.10	53,478.61	−12,610.51	−25,925.75
Private Patients	3,183.25	4,372.48	Private Patients	415.38	1,098.25	+ 2,767.87	+ 3,274 23
Dentistry	960.80	1,595.10	Dentistry	2,326.45	2,819.43	− 1,365.65	− 1,225.33
Ward Charges and Registration	23,369.97	51,942.90	Administration, Maintenance, etc.	34,307.98	57,282.34	−10,938.01	− 5,339.44
Treatments	16,055.95	26,050.79	Patients' Care	34,428.68	72,515.38	−18,372.73	−46,464 59
Other Supplies to Patients	255.49	635.61				+ 255.49	+ 635.61
Special Nurses	51.00	85.60	Special Nurses	51.00	126.80	−	− 41.20
Barber	112.55	161.05	Barber	77.55	147.45	+ 35.00	+ 13.60
Income from Patients' Fees	98,299.65	203,752.31	Total Hospital Care Expenses	123,683.88	276,007.66		
Percentage of Total Income	77.23	70.58	Deficiency			−25,384.23	−72,255.35

COMPARATIVE ANALYSIS OF SERVICE (1938-39, 1939-40)
IN-PATIENTS

SERVICE	No. of Patients		Days Care		Proportion of Total Hospital Days		Average Days Hospitalisation		Average Daily Census	
	1938—39	1939—40	1938—39	1939—40	1938—39	1939—40	1938—39	1939—40	1938—39	1939—40
Medicine	544	708	9005	14089	29.9%	31.71	16.55	19.00	24	39
Skin	17	6	250	97	.7%	.21	14.70	16.1	1	1
Pediatrics	144	188	2529	3385	8.4%	7.82	22.17	18.00	6	9
Surgery	515	551	12157	17695	40.2%	39 81	23.60	32.00	32	48
Eye	18	56	246	606	.8%	1.34	13 61	18.20	1	2
E. N. T.	53	113	436	1159	1.4%	2.58	8.25	12.50	1	3
Gynaecology	65	73	930	966	3.1%	2.15	14.31	13.20	3	3
Obstetrics	251	330*	2735	3709	9.1%	8.32	10.89	11.20	8	10
New Born	191	251	1918	2703	6.4%	6.06	10 04	10.70	5	7
Total	1768	2276	30203	44409						122

*The difference in the total number of patients in Obstetrics, as given in this table and in the statistics of the Obstetrics Department, is explained by the fact that a number of patients were discharged before delivery and were subsequently unable to return.

COMPARATIVE ANALYSIS OF SERVICE, (1938-39, 1939-40)
OUT-PATIENTS

SERVICE	First Visits		Return Visits		Total Visits		Proportion of Total O.P.D. Attendance	
	1938-39	1939-40	1938-39	1939-40	1938-39	1939-40	1938-39	1939-40
Medicine	3792	4995	5900	8343	9692	13338	12.7%	14.13%
Skin	3802	4287	12114	15396	15916	19683	20.8%	20.87%
Pediatrics	1925	1829	4369	5091	6294	6920	8.2%	7.30%
Surgery	4889	5303	16951	20015	21840	25318	28.5%	26.83%.
Eye	2106	2706	6517	7262	8623	9968	11.2%	10.57%
E. N. T.	1249	1472	2620	3799	3869	5271	5.0%	5.59%
Gynaecology	569	910	1601	2822	2170	3732	2.8%	3.96%
Obstetrics	399	580	868	1251	1267	1831	1.7%	1.95%
*X-Ray		55	142	170	142	225	.2%	.25%
*Physiotherapy		11	6508	5173	6508	5184	8.5%	5.50%
Dentistry	76	749	220	2123	296	2872	.4%	3.05%
Total	18807	22897	57810	71445	76617	94342		

*First visits registered under other services. Return visits by registration only. For full department statistics see separate table

COMPARATIVE ANALYSIS OF SERVICE (1938-39, 1939-40)
IN-PATIENTS

SERVICE	No. of Patients		Days Care		Proportion of Total Hospital Days		Average Days Hospitalisation		Average Daily Census	
	1938—39	1939—40	1938—39	1939—40	1938—39	1939—40	1938—39	1939—40	1938—39	1939—40
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Percentage of Total Income	77.23	70.58	Deficiency			−25,384.23	−72,255.35

INCOME			EXPENDITURE			BALANCE	
Income other than Fees	1938—39	1929—49	Expenses other than Hospital Care	1938—39	1939—40	1938—39	1939—40
Donations	25,067.97	43,874.26	Social Service		7,264 61		+47,527.55
Samaritan Fund		10,917.90					
Employees Welfare		171.45	Employees Welfare	2,390.45	613.20	+24,203.98	− 441.75
Subsidy from Emergency Funds	1,526.46	28,711.78	Evangelism		1,547.75		+27,164.03
Rents	9.00	130.00				+ 9.00	+ 130.00
Nursing School	1,909.70	227.40	Nursing School	1,092.86	2,229.12	+ 816.84	− 2,001.72
Garage	90.36	145.72	Garage	76.50	107.50	+ 13.86	+ 38.22
Samaritan Shop	368.65	757.87	Samaritan Shop	28.10	917.85	+ 340.55	− 160.98
Income other than Fees	28,972.14	84,935.38	Expenses other than Hospital Care	3,587.91	12,680.03		
Percentage of Total Income	22.77	29.42	Surplus			+25,384 23	+72,255.35
Grand Total Income	127,271.79	288,687.69	Grand Total Expenditure	127,271.79	288,687 69		

Note: (1) Items underlined in Balance Column are Debit Balances.
(2) For details of items included under "Donations" refer of Hospital Donations lists.

HOSPITAL DONATIONS
1939-1940

Anonymous	$1,000 00
China International Famine Relief Commission	20,000.00
Lord Mayor's Fund	5,000.00
Miscellaneous	303.47
Presbyterian Board of Foreign Missions	16,671.09
Anonymous (T.A.S.)	859.70
Mr. Tsou Chih Ch'uan	40.00
	$43,874.26

DONATIONS TO SAMARITAN FUND
1939-1940

Cr. Bal. July 1, 1939		$ 492.41
Rev. J.A. Abernathy		100 00
Anonymous		226.95
Mrs. C.L. Carhart		329.90
China Council, Presbyterian Mission		6,431.32
Christmas Greetings Club		210.00
Church Collections:		
St. Paul's Chapel	159.07	
Tsinan Union Church	715.13	
Foreign Sunday School	28.70	902 90
Dr. P.S. Evans		100.00
Miss M. E. Ferguson		600.00
Dr. J.L. Lewis		10.00
Miscellaneous		56.01
Per Miss H.H. Myers		634.14
Mr. Saito		5.00
W. F. M. S., Pacific Branch, per Miss E. F. Evans		619.27
Miss M. Woods		200.00
		10,917.90

WHITE CROSS SUPPLIES
1939-40

24 cases received from

Mrs. Robt. Gilkey, Erie Presbyterial, Greenville, Pa.
Mrs. E. L. White, Cayuga County Presbytery, Auburn, N. Y.
Mrs. E. L. Mitchell, St. Lawrence Presbytery, Watertown, N. Y.
Miss K. Millard, N. River Presbytery, New Hamburg, N. Y.
Mrs. R. D. Hough, Erie, Pa.
Mrs. W. L. Cross, Butler, Pa.
Livermore Presbytery, Pa.
Mrs. B. McGivern, Syracuse, N. Y.
Mrs. L. H. Johnson, Pitcairn, Pa.
Mrs. A. D. David, Warren, Pa.
Mrs. W. Alun Roberts, Lackawanna, N. Y.
Miss Mary F. Ives, Troy, N. Y.
Mrs. P. L. Shoup, Beaver Presbyterial, Baden, Pa.
Mrs. Walter Duggan, Bradford, Pa.
Mrs. C. A. Kuebler, Erie, Pa.
Women's Missionary Society, Pleasantville, Pa.
Mrs. Lyle Garner, Mercer, Pa.

IN-PATIENT DISEASES
1939—1940

	Diagnoses	Primary	Secondary	Deaths
0— DISEASES OF THE PSYCHOBIOLOGICAL UNIT				
	MENTAL DEFICIENCIES			
000—077	Mental deficiency with developmental cranial anomalies	1		
000—370	Opium addiction	39	18	1
000—760	Pseudocyesis		1	
000—X00	Psycho-neurosis	1		
000—X01	Hysteria		1	
0Y0—147	Psychoses with syphilis of the central nervous system	1		
001—X20	Dementia praecox	1		
002—X00	Anxiety hysteria	1		
002—X22	Compulsive tics and spasms		1	
002—X30	Neurasthenia	1		
002—X33	Anxiety state	1		
001—Y00	Undiagnosed psychoses	1	1	
930—YXX	Epilepsy	1		
0— DISEASES OF THE BODY AS A WHOLE				
012—100	Bacteriemia	1	2	1
010—168	Influenza	5	1	
010—152	Kala-azar	43	1	3
010—157	Malaria	8	3	
010—169	Measles	2	1	
010—114	Paratyphoid fever	3		
010—1411	Relapsing fever, louse-borne	2	1	1
010—196	Rheumatic fever	5		
012—1027	Septicaemia, haemolytic staphylococcus	1		1
013—190	Septicaemia unassociated with bacteriemia		1	
014—190	" puerperal	1	7	

	Diagnoses	Primary	Secondary	Deaths
012—147	Syphilis, generalized	3	3	
013—147	" , secondary		1	
014—157	" , tertiary multiple	1		
Y00—147	" , of undiagnosed site	9	65	
010—11X	Tetanus	4		3
0Y2—123	Tuberculosis, exposure to		1	
Y00—123	" of undiagnosed site	1		
010—115	Typhoid fever	26	2	4
010—184	Typhus fever	4		
010—177	Vaccinia		2	
011—319	Bismuth poisoning, chronic	1		
010—3161	Arsphenamine poisoning	2	1	2
010—322	Sulphurous acid poisoning	1	1	
010—383	Food poisoning	8	1	
010—33X	Kerosene poisoning	1		
010—312	Lead poisoning	1	1	
010—370	Opium poisoning	4		2
010—388	Toxemia of pregnancy	7	3	1
015—388	Eclampsia	7	2	1
013—388	Pernicious vomiting	3		
014—388	Pre-eclampsia		2	
010—401	Abrasion, multiple,	1		
010—4XX	Shock, post-traumatic		1	
010—70X	Obesity due to excess of food		1	
010—709	Feeding, improper		3	
011—709	" under two years	2	2	
013—709	Feeding problem in infancy	1		
013—711	Malnutrition, under two years	1	7	
014—711	" over two years	1	23	
010—711	Marasmus		2	
010—701	Starvation	1	1	
010—7011	Inanition with edema	1	12	
010—721	Acidosis	1		
010—795	Diabetes insipidus		1	
010—761	Deficiency of vitamin A		5	
010—762	Beriberi	2	1	
010—766	Pellagra	1		

	Diagnoses	Primary	Secondary	Deaths
010—764	Rickets		8	
010—764.9	Tetany associated with rickets	2	2	
010—722	Hypothyroidism, adult	1		
010—785	Diabetes mellitus	16	14	
010—7851	" " mild	3	3	
010—7852	" " severe	4		1
Y00—Y10	Fever of unknown origin	1	1	
	REGIONAL DISEASES			
030—100.2	Abscess neck	2	2	
057—100.2	" buttocks	2	1	1
073—100.2	" popliteal space	1		
091—100.2	" thigh	6		
094—100.2	" ankle	1		
096—100.2	" foot	1		
057—100	Cellulitis buttocks		1	
086—100	Infection of finger	1		
093—100	" left leg	1		
096—100	Acute cellulitis foot	1		
051—100.3	Sinus of buttocks	1		
095—100.3	Sinus of heel	1		
057—1027	Abscess, streptococcus haemolyticus, buttocks		1	
081—1027	" " " arm		2	
073—1027	" " " popliteal	1		
096—123	Tuberculosis of foot	1		
093—159	Chronic ulcer of leg	1		
091—400.1	Post-traumatic gangrene of thigh	1		1
092—400.4	Periarticular fibrosis of knee		1	
096—404	Crushing wound of feet	1		
085—405	Shell wound of hand	1		1
026—411	Incised wound of scalp	3		1
032—411	" " " neck	1		1
083—411	" " " forearm	1	1	
086—411	" " " fingers		1	
096—411	" " " foot	1		
026—4111	Penetrating wound, scalp	1		
091—4111	" " thigh	1		

	Diagnoses	Primary	Secondary	Deaths
026—412	Lacerated wound scalp	2		
027—412	Lacerated wound face		1	
091—412	" " thigh	1		
092—412	" " knee region		1	
095—412	" " heel	1		
052—414	G. S. W. shoulder	1		
072—414	" groin	1		
081—414	" arm	2		
083—414	" forearm	1		
085—414	" hand	1		
086—414	" fingers		1	
090—414	" extremity		1	
091—414	" thigh		2	
092—414	" knee region	1		1
093—414	" lower leg	3		
033—4141	" penetrating thorax	1		
052—4141	" " shoulder	1		
091—4141	" " thigh	2		
026—4142	" perforating scalp	1		
029—4142	" " chin	1		
095—448	Frost-bite of heel	1		
096—448	" " " foot	1		
097—448	" " " toes	2		
082—4X0	Infected wound of elbow	1		
093—4X0	" " " leg	1		1
030—800 8	Cyst of neck	1		
082—810.X	Fibroma with myxomatous change, elbow	1		
032—812	Lipoma of neck	1		
057—824	Hemangioma buttocks	2		
051—861	Sarcoma of back	1		
085—871	Endothelioma hand	1		
	1— DISEASES OF THE SKIN, SUBCUTANEOUS AREOLAR TISSUE, AND SUPERFICIAL MUCOUS MEMBRANE			
112—079	Albinismus		1	
131—085	Epithelioma of hand	1		1
111—074	Naevus pigmentosus		1	

	Diagnoses	Primary	Secondary	Deaths
114—092	Oedema neonatorum	2		2
131—105	Abscess scalp (streptococcus haem.)	1		
190—1027	" breast " "	1		
166—100.3	Carbunculus of neck	4		
131—100.3	" " scalp	1	1	1
168—100.3	" " trunk	1		
183—100.3	" " back	2		
180—100	Cellulitis		1	
181—100	" of face	1		1
147—100	" " leg	1		
182—100	" " neck	2		1
183—100	" " back	4		
185—100	" " arm	1	1	1
186—100	" " forearm	1		
187—100	" " hand		1	
189—100	" " ankle	2		
184—102	" " perineum (streptococcus)	1		1
131—1029	Erysipelas of face	3	1	
114—1X4	Erythema nodosum, infectional	3		
161—100.0	Furunculosis	1	3	
163—100.0	Furuncle of nose	1		
146—199	Granuloma inguinale	1		
110—102	Impetigo contagiosa	1	5	
111—130	Pityriasis simplex	1	1	
180—100.2	Subcutaneous areolar tissue, abscess of		5	
110—147	Syphilis, primary, of skin	1		
110—147.6	" , tertiary, of skin		1	
112—179	Verruca acuminata	1		
112—210	Dermatophytosis		2	
112—208	Pityriasis versicolor		2	
112—215	Pompholyx		3	
110—281	Scabies	1	4	
130—210	Tinea corporis		1	
147—215	" cruris		2	
11X—390	Urticaria		2	
138—401	Abrasion		1	
139—402	Contusion elbow	1		
138—430	Decubitus ulcer		1	

	Diagnoses	Primary	Secondary	Deaths
131—411	Incised wound scalp	1		1
147—522 9	Ulcus varicosum of skin of leg	2		
131—6X8	Sebaceous cyst of scalp	1		
151—6X8	Steatoma	4		
110—766	Pellagra	1		
133—880	Epithelioma of nose	1		
136—880	" " neck	1		
134—824	Hemangioma of lip	1		
143—812	Lipoma of buttocks	1		
185—812	" " arm	1		
111—961	Psoriasis		1	
	DISEASES OF THE BREAST			
190—100 2	Abscess of breast	3		
190—190	Mastitis, acute	1		
190—1X0	" , chronic	1		
190—100	" , phlegmonous	1		
190—123	Tuberculosis of breast	1		
190—810	Fibroma of breast	1		
190—8861	Cyst-adenoma of breast	1		
190—887	Adenocarcinoma of breast	2		
190—889	Carcinoma of breast	8		
190—8891	" " " , medullary	1	2	
190—8892	" " " , scirrhous	3	1	
	2— DISEASES OF THE MUSCULO-SKELETAL SYSTEM			
	DISEASES OF THE BONES			
202— 076	Fracture of bone of orbit	1		
23722—1027	Chronic osteomyelitis of tibia (haem. strep.)	1		
230— 100 2	Abscess of humerus	1		
2391— 100.6	Exostosis, post-infectional of os calcis	2		
22X1— 100	Osteomyelitis acute, of ilium	1		
2341— 100	" " , " first metacarpal	1		
237— 100	" " , " tibia	2	1	
219— 100.0	" chronic of mandible	11	1	
226— 100.0	" " " scapula	1		

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	Diagnoses	Primary	Secondary	Deaths
230—100.0	Osteomyelitis, chronic, of humerus	1		
231—100.0	" " " radius	2		
235—100.0	" " " femur	3		
2372—100.0	" " " tibia	2		
2391—100.0	" " " os calcis	2	1	
23X—100.0	" " " metatarsal bones	1		
220—123	Tuberculosis of vertebrae	5		1
221—123	" " cervical vertebrae	1		
222—123	" " dorsal vertebrae	1	2	
223—123	" " lumbar vertebrae	3		
228—123	Tuberculosis of sternum		2	
229—123	" " ribs	2	1	
22X1—123	" " ilium	2	1	
2303—123	" " lower extremity	1		
234—123	" " metacarpal bones	1		
23517—123	" " greater trochanter	1		
237—123	" " tibia	1		
2391—123	" " os calcis	1		
23X5—123	" " fifth metatarsal	1		
2106—406	Exostosis of base of skull	1		
2344—406	" " fourth metacarpal	1		
227—496	Foreign body in clavicle		1	
223—416	Fracture of lumbar vertebrae	1		
229—416	" " ribs	1		
23014—416	" " greater tuberosity		1	
2302—416	" " shaft		1	
23514—416	" " neck	1		
2X1—416	" " radius and ulna	1		
2106—418	Fracture, compound, of base of skull	2		1
218—418	" " " maxilla	1		
2191—418	" " " mandible	2		
220—418	" " " vertebrae		1	
230—418	" " " humerus	2		
23014—418	" " " greater tuberosity		1	
23022—418	" " " shaft	2		
2303—418	" " " lower extremity	2		1
234—418	" " " metacarpal bones	2		1
23533—418	" " " lateral condyle		1	

	Diagnoses	Primary	Secondary	Deaths
2371—418	Fracture, compound of tibia (upper extremity)	1		
2X1—418	" " " radius and ulna	1		
211—419	" " comminuted of scalp	1		1
218—419	" " " " maxilla		1	
212—419	" " " " parietal	1		
2261—419	" " " " scapula	1		
2302—419	" " " " humerus	1		1
2352—419	" " " " shaft	4		
2372—419	" " " " tibia (shaft)	1		1
2101—414	G. S. W. of vault of skull	1		
2348—414	" " phalanges	1		
22X1—414	" " ilium	1		
2X222—414.9	Gun-shot fracture of tibia & fibula (shafts)	1		
219—400.2	Osteomyelitis, traumatic of mandible	1		
23022—400.2	" " " shaft	1		
235—400.2	" " " femur	1		
237—400.2	" " " tibia	1		
239—400.2	" " " tarsal bones	3		
2391—400.2	" " " os calcis		1	
22X—43X	Deformity of pelvis due to unequal strain		1	
22X—640	Contracted pelvis		7	
22X—646	Funnel pelvis, cause unspecified		1	
2181—811	Fibrosarcoma of frontal process	1		
218—81X	Giant-cell tumour of superior maxilla	1		1
2352—819	Sarcoma, osteogenic of shaft	1		
218—881	Carcinoma superior maxilla	2		1
2191—889	" mandible	1		1
2391—900.6	Exostosis, cause unknown, of os calcis	1		
2371—911	Osteochondrosis of tibia (tuberosity)	1		
	DISEASES OF THE JOINTS			
242—100	Arthritis generalised, acute (infectional organism unknown)	1		
248—100	Arthritis generalised, acute, knee joint "	2	1	
265—100	" " " , ligaments "	1		

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	Diagnoses	Primary	Secondary	Deaths
247—100	Arthritis generalised, acute hip joint	1		
240—103	" due to gonococcus	1		
248—103	" , knee joint due to gonococcus	1		
247—103	" hip " " " "	2		
240—1X0	Arthritis, chronic infectional	1	3	
241—1X0	" , rheumatoid of vertebral joint		1	
244—123	" tuberculosis, of wrist	1		
2468—123	" " " sacro-iliac joint	2	1	
248—123	" " " knee joint	2		
249—123	" " " ankle joint	1		
248—105	Knee, staphylococcal synovitis of	1		
242—406	Dislocation of shoulder joint	1		
243—406	" " elbow joint	1		
241—414	G. S. W. vertebral joint	1		
258—430	Cartilage, atrophy of, traumatic		2	
240—940	Osteoarthritis,			
	3— DISEASES OF THE RESPIRATORY SYSTEM			
302—100	Common cold	12		
	DISEASES OF THE NOSE			
133—100.0	Furuncle of nose		1	
318—100	Naso-pharyngitis	7	7	
310—100	Rhinitis, acute		1	
310—1X6	" , hypertrophic, infectional		1	
310—147	Syphilis of nose	1		
310—100.9	Ulcer of nose, infectional	1		
310—392	Allergic rhinitis		1	
313—640	Deflection of septum, cause unknown	3	1	
318—810	Nasopharyngeal fibroma	3		1
310—829	Melanosarcoma of nose	1		
318—886	Nasopharyngeal adenoma	1		
310—887	Adenocarcinoma of nose	1		1
310—944	Mucous polyp of nose	1	1	
315—940	Hypertrophic rhinitis of turbinate	2	1	
310—Y00.7	Epistaxis, cause undetermined		1	

	Diagnoses	Primary	Secondary	Deaths
	DISEASES OF THE ACCESSORY SINUSES			
332—100.0	Sinusitis, ethmoidal, chronic		1	
322—100	" , frontal, acute	1	1	
321—100.0	" , maxillary, chronic	4	2	
320—190	" , non-purulent, chronic		2	
322—130	" of frontal sinus	1	1	
	DISEASES OF THE LARYNX			
332—100.8	Edema, obstructive		1	
330—100	Laryngitis, acute		1	
330—147	Syphilis of larynx	1		
330—123	Tuberculosis of larynx	1		
330—551	Neurosis of larynx	1		
330—810	Fibroma of larynx	1		
	DISEASES OF THE TRACHEA			
340—496	Foreign body in trachea	1		
	DISEASES OF THE BRONCHI			
350—100.6	Bronchiectasis, post-infectional	1	1	
350—100	Bronchitis, acute	7	13	
350—1X0	" , chronic	4	6	
350—390	Asthma	7		
350—438.9	Ulceration of bronchus, due to foreign body	1		
	DISEASES OF THE LUNG			
360—100.2	Abscess of lung	5		2
361—100	Bronchopneumonia	4	9	1
361—101	" pneumococcal	4		
361—1004	" post-operative		1	
260—100	Pneumonia, lobar	14	4	3
360—101	Pneumococcal lobar pneumonia	1	1	
360—146	Spirochetosis of lung	3	1	2
450—123	Tuberculosis of lung	69	25	5
360—1231	" " " , minimal	5	1	
360—1232	" " " , moderately advanced	24	3	
360—1233	" " " , far advanced	1		

	Diagnoses	Primary	Secondary	Deaths
30X—123	Tuberculosis of lung, childhood type	2	1	
361—123	" " " , miliary	1		
3Y6—123	" " " , suspected	1	1	
360—400.2	Abscess of lung, post-traumatic		1	
36X—425	Embolism, pulmonary		2	
360—412	Lacerated wound of lung		1	
360—4142	G.S.W. perforation of lung	1	1	
360—889	Carcinoma of lung		1	
	DISEASES OF THE PLEURA			
370—105	Chronic empyema, staphylococcus	1		
370—100.6	Adhesions of pleura, post-infectional	1	2	
370—100	Empyema, general	3		2
370—101	" pneumococcal	2		
370—1231	" tuberculous, simple	1	1	
373—100	Interlobar empyema	1		
039—100	Mesial empyema		1	
370—123	Simple plastic pleurisy, due to tuberculosis	2	4	
370—123.8	Tuberculous pleurisy with effusion	14	21	
370—123.6	" " , obliterative	1	1	
370—100.8	Serous pleurisy	1	3	
370—1X0	Pleurisy, chronic	1		
306—123.5	Tuberculous spontaneous pneumothorax		1	
306—100.2	Pyopneumothorax, infectional	1	1	1
306—415.2	" due to operative injury of lung		1	
370—400.7	Hemothorax, traumatic		1	
370—414.7	G.S.W. hemothorax	1		
377—415	Artificial pneumothorax		37	
	4— DISEASES OF THE CARDIOVASCULAR SYSTEM			
410—013	Congenital hypertrophy of heart	1		
400—530	Hypertensive cardiovascular disease	9	4	2
420—100	Acute bacterial pericarditis		1	
410—196	Rheumatic heart disease, acute	18	6	3
420—196.0	" pericarditis inactive	1	1	
451—196.6	" valvulitis, "	1		

	Diagnoses	Primary	Secondary	Deaths
420—123	Tuberculous pericarditis	1		
420—123.8	" " with serous effusion		1	
410—147	Syphilitic heart disease	1	2	1
410—9X6	Idiopathic enlargement of heart		1	
410—X14	Sinus tachycardia, cause unknown		1	
410—X22	Auricular paroxysmal tachycardia, cause unknown		1	
410—X25	Paroxysmal auricular fibrillation, cause unknown	1	1	
410—Y00	Heart disease, undiagnosed		1	
410—516	Arteriosclerotic heart disease		1	
	DISEASES OF THE ARTERIES			
4029—4X6	Arterio-venous aneurysm popliteal artery	1		
460—533	Hypertensive vascular disease	3	6	
402—930	Thromboangiitis obliterans	3		
	SUPPLEMENTARY TERMS DESCRIBING MANIFESTATIONS OF CARDIAC DISEASE			
	A Symptoms and signs			
406	Pulmonic incompetency		1	
407	Mitral incompetency		2	
408	Aortic incompetency		6	
	B Abnormalities of cardiac mechanism			
425	Paroxysmal auricular fibrillation		1	
426	Chronic auricular fibrillation		1	
	C Functional state in relation to requirements			
459	Patient's activity greatly limited		1	
45X	Signs of heart failure	1	17	1
	D Structural abnormalities			
498	Stenosis of mitral valve		16	
	5— DISEASES OF THE HEMIC AND LYMPHATIC SYSTEMS			
	DISEASES OF THE BLOOD-FORMING ORGANS			
501—345	Aplastic anemia due to benzol		1	
501—736	Anemia, hypochromic	1	2	

Diagnoses		Primary	Secondary	Deaths
502—790	Granulocytopenia	1	1	
502—791	Leukemia, myeloid, chronic	2		
501—710	Macrocytic anemia	1		
501—900.1	Acute aplastic anemia	2		
501—900.9	Chronic aplastic anemia	1		
Diseases of the Blood				
513—711	Anemia secondary to malnutrition or cachexia	4	91	
516—790	Thrombocytopenic purpura	1		1
513—Y00.9	Secondary anemia, cause undetermined	4	31	1
513—Y10	Anemia due to acute blood loss		12	
513—Y12	" " " chronic blood loss		6	
Diseases of the Spleen				
520—Y00.6	Splenomegaly of undetermined origin	7	3	
Diseases of Lymph-nodes				
558—100	Acute adenitis inguinal	1		
558—10X	Bubo inguinal due to Ducrey's bacillus	1		
558—103	" " " " gonococcus	2		
550—190	Lymphadenitis, infectional	2		
550—123	Tuberculosis of lymph-node	1		
553—123	" " cervical lymph-modes		4	
554—123	" " mediastinal lymph-nodes		1	
556—123	" " mesenteric lymph-nodes	1		
550—887.9	Secondary adenocarcinoma of lymph-nodes		3	
6— DISEASES OF THE DIGESTIVE SYSTEM				
619—100	Cellulitis of floor of mouth	2		2
610—190	Stomatitis	1	3	
610—100	" , gangrenous		3	
610—141	Vincent's angina	1		1
610—209	Thrush of mouth		1	
Diseases of the Lips				
611—037	Harelip	4	1	

Diagnoses		Primary	Secondary	Deaths
611—100.3	Carbunculus of lip	1		
611—100.4	Deformity of lip	1		
Diseases of the Tongue				
612— 025	Adhesions of tongue to gums		1	
612—4141	G. S. W. tongue		1	
612— 951	Ulcer of tongue		1	
Diseases of the Teeth and Gums				
613— 100.0	Periodontal cyst	1		
614— 100	Pyorrhoea alveolaris		70	
614— 100.2	Alveolar abscess	3	3	
615— 100	Gingivitis		20	
614— 140	" spirochetes	1		
613—8181	Odontoma	2		
613— 910	Caries of teeth	4	44	
Diseases of the Palate				
616—037	Cleft palate		3	
Diseases of Salivary Glands				
621— 100	Acute parotitis		2	
621— 170	Epidemic parotitis	1		
622— 600 8	Ranula	1		
620—8872	Scirrhous adenocarcinoma of salivary gland	1		
620— 895	Mixed neoplasm of salivary gland	1		
Diseases of the Pharynx				
631— 190	Acute pharyngitis		1	
631— 125	Pharyngeal diphtheria	1	1	1
631— 1X0	Chronic pharyngitis, infectional streptoccus	1	1	
631—1026	Acute pharyngitis, streptococcus viridans	1	1	
631—1027	" " " haemolyticus		2	
631— 931	Actue pharyngitis cause unknown	1		
631— 940	Chronic pharyngitis cause unknown	1		

	Diagnoses	Primary	Secondary	Deaths
	Diseases of Adenoids and Tonsils			
636—100.2	Abscess peritonsillar	3	1	
634—100.6	Hypertrophy of tonsil, infectional	2		
632—100.6	Hypertrophy of tonsil and adenoids, infectional	3	1	
634—100	Tonsillitis, acute	5	2	
634—1X0	" , chronic	19	8	
634—123	Tuberculosis of tonsil	1		
634—1026	Tonsillitis, streptococcus viridans	1		
634—1027	" " haemolyticus	3		
634—415.7	Hemorrhage after tonsillectomy		2	
634—821	Lymphosarcoma of tonsil	1		1
634—880	Papilloma of tonsil	1		
633—940	Hypertrophy of adenoids, cause unknown	2		
632—940	" " tonsils and adenoids, cause unknown	2		
	Diseases of the Esophagus			
637—100	Esophagitis, infectional	2		
637—147	Syphilis of esophagus		1	
637—400.4	Adhesion of esophagus	1		1
637—430	Pulsion diverticulum of esophagus	1		
637—438	Foreign body in esophagus	2		1
637—415	Perforation of esophagus		2	
637—586	Spasm of esophagus	1		
637—881	Squamous carcinoma of esophagus	5		
637—882	Basal-cell carcinoma of esophagus	1		
637—886	Adenoma of esophagus	1		
637—8872	Scirrhous adenocarcinoma of esophagus	5		
637—889	Carcinoma of esophagus	2		
637—800.4	Stricture of esophagus due to new growth	5		1
	Diseases of the Stomach			
640—383	Gastritis, acute, due to food poisoning	1		
640—332.0	" alcoholic, chronic	1		
640—300.6	" toxic, chronic, non-alcoholic		1	
640—415	Gastrostomy opening		1	
641—580	Achalasia	1		
648—558	Atony of stomach, neurotic	1	1	

	Diagnoses	Primary	Secondary	Deaths
641—590	Cardiospasm, reflex	1		
640—550	Neurosis, gastric	4	1	
640—887	Adenocarcinoma of stomach	3		1
640—889	Carcinoma of stomach	5	1	2
640—800.4	Obstruction of stomach due to neoplasm	1		
640—951	Ulcer of stomach	11	3	
640—951.7	" " " with hemorrhage		1	
640—951.3	Perforation of stomach due to ulcer	3	1	
645—954	Stenosis of pylorus, acquired	3	2	
642—X10	Achlorhydria, cause unknown		1	
640—X32	Indigestion, gastric, acute, cause unknown	3		
640—X33	" " chronic " "	2		
	Combined Diseases of Stomach and Intestine			
601—116	Gastro-enteritis, chronic	1		1
601—190	" " infectional	2	1	1
601—617	" " dietetic	2		
601—930	" " , cause unknown	10	3	2
601—714	Fermentative diarrhea	6		3
	Diseases of the Intestine			
604—017	Intesinal obstruction due to contracture		1	
604—100	Acute entero-colitis	3		
604—123	Tuberculosis of intestine	3	4	1
604—155	Giardia intestinalis	1		
604—414	G. S. W. of intestine	1		
604—611	Foreign body in intestine	1		
604—630	Intussusception	2		1
604—X11	Constipation	2	3	
604—Y00.4	Intestinal obstruction, cause undetermined	4		1
604—Y00.9	Diarrhea, cause undetermined	9	8	1
604—Y00.7	Intestinal hemorrhage, cause undetermined		1	
	Diseases of the Small Intestine			
650—190	Enteritis, acute	1		
654—100.3	Fecal fistula of ileum	1		
650—100.6	Stricture of small intestine, post-infectional	1		1

	Diagnoses	Primary	Secondary	Deaths
650—190	Enteritis, acute	1		
650—123	Tuberculosis of small intestine		4	
650—243	Ankylostomiasis, intestinal	3	7	
650—241	Ascariasis, intestinal	8	81	
650—261	Taenia saginata, intestinal infestation with	2		
651—414	G. S. W. of duodenum	1		1
650—415.3	Fecal fistula, post-operative		1	
650—514	Strangulation of intestine due to hernia		1	
650—560	Duodenal stasis	1		
651—930	Duodenitis, cause unknown	2		
651—951	Duodenal ulcer	18	1	1
651—951.7	" " with hemorrhage	1		
	Diseases of the Colon			
660—100.2	Abscess of wall of colon	1		
660—190	Colitis, acute	13	2	
660—151	" amebic	18	9	1
660—100.0	" , chronic	5	6	
660—116	Dysentery, bacillary	55	26	8
662—123	Tuberculosis of cecum		1	
660—254	Trichuriasis of colon		2	
663—855	Carcinoma of ascending colon	1		
	Diseases of the Appendix			
661—190	Acute appendicitis	7	3	
661—190.2	" " with abscess	5		
661—190.1	" " " gangrene	1		
661—190.5	" " " perforation	1		
661—1X0	Chronic recurrent appendicitis	4	1	
661—610.8	Mucocele of appendix due to obstruction		1	
	Diseases of the Rectum			
669—100.2	Abscess, perirectal	2		
669—105.2	" " , staphylococcal	1		
669—112.2	" " , bacillus coli	1	1	
709—100 3	Fistula, urethro-rectal, post-infectional		1	
66X—100	Phlebitis of rectum, suppurative	1		
668—631	Prolapse of rectum	1		

	Diagnoses	Primary	Secondary	Deaths
66X—641	Internal hemorrhoids	7	4	
668—886	Adenomatous polyp of rectum	1	1	
668—887	Adenocarcinoma of rectum	1		
668—944	Polyp of rectum, cause unknown		1	
	Diseases of the Anus			
670—011	Congenital entire absence of anus	1		
670—012	Congenital partial absence of anus	1		
670—100.2	Abscess of anus	1		
670—100.3	Fistula in anus, infectional	44	3	
677—100.2	Perianal abscess	1		
670—123.3	Fistula in anus, tuberculous	4	3	
670—123	Tuberculosis of anus	1		
670—400.1	Fissure of anus		1	
672—415 X	Incontinence of anal sphincter		1	
67X—641	Hemorrhoids, external	1	5	
60X—641	" , internal and external	5	3	
670—880	Papilloma of anus	1		
	Diseases of the Liver			
680—151	Amebic abscess of liver	3		1
680—147.0	Syphilitic cirrhosis of liver	4		
680—701	Fatty liver in malnutrition		1	
680—887	Adenocarcinoma of liver	2		1
680—911	Subacute yellow atrophy	2		1
680—956	Laennec's cirrhosis	24	1	1
680—9X6	Hypertrophic cirrhosis	1		
680—YX0	Acute catarrhal jaundice, cause undetermined	1		
680—YX6	Hepatomegaly of undetermined origin	1		1
	Diseases of the Bile Passages			
687—100.0	Cholecystitis, chronic	1		
68X—616	Obstruction of bile passage	1		
687—887	Adenocarcinoma of gall-bladder	1		
	Diseases of the Pancreas			
690—190	Acute pancreatitis		1	

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Diagnoses		Primary	Secondary	Deaths
DISEASES OF THE PERITONEUM & ABDOMEN GENERALLY				
0661—027	Congenital femoral hernia	3		
042—100.2	Abscess of abdominal wall	2		
060—100	Peritonitis, acute	4	3	4
060—102	" due to streptococcus		1	
060—112	" due to bacillus coli	1	1	1
066—100	Peritonitis, pelvic	1		
060—123	Tuberculosis peritonitis	16	9	2
060—123.8	" with ascites		1	
042—496	Foreign body in abdomiual wall		1	
060—400.7	Hemoperitoneum, post-traumatic		1	
040—400	Injury of abdomen	1		1
040—402	Contusion abdomen	1		
040—414	G. S. W. of abdomen		2	
046—414	" " flank	1	1	
0601—400 9	Hernia, inguinal direct	1	1	
060—522.8	Ascites due to venous congestion	3	12	
0601—6393	Hernia, inguinal, indirect	6		
0601—6362	" interstitial, inguinal	3		
044—639	" umbilical		1	
042—811	Fibrosarcoma of abdominal wall	1		
060—92X	Myxomatous peritoneum	1		
060—941	Chronic adhesive peritoneum	1		
060—Y00.7	Hemoperitoneum, cause unknown		1	
DISEASES OF THE URINARY SYSTEM				
DISEASES OF THE KIDNEY				
712—100	Glomerulo-nephritis, acute	7	3	1
712—190	" " , chronic	9	9	
713—100.9	Nephrosis due to remote infection	1		
722—100	Pyelitis	1	1	
710—123	Tuberculosis of kidney	4	1	
7Y1—123	" " " suspected		1	
7Y0—1Y0	Undiagnosed infection of urinary tract		1	
713—300 9	Nephrosis due to exogenous poison		1	
710—516	Senile arteriosclerotic nephrosclerosis	1		1
701—600.8	Hydronephrosis	1		

Diagnoses		Primary	Secondary	Deaths
71X—X30	Renal hematuria, cause undetermined	1		
DISEASES OF THE URETER				
723—103	Ureteritis due to gonococcus	1		1
723—615	Calculus in ureter	1		
DISEASES OF THE BLADDER				
730—190	Cystitis, chronic	2	3	
730—123	Tuberculosis of bladder		3	
730—615	Calculus of bladder	34	2	2
736—615.6	Acute cystitis due to calculus		1	
730—814	Myxoma of bladder	1		
730—88Y	Tumour of bladder	1		
DISEASES OF THE URETHRA				
744—100.3	Fistula, penile, infectional	3		
740—103.4	Stricture of urethra, gonococcal	5		1
747—103	Urethral adenitis due to gonococcus		1	
740—103.0	Urethritis, post-gonococcal	2	2	
740—190	" chronic		1	
740—103.3	" fistula		1	
740—496	Foreign body in urethra		1	
740—400.4	Stricture of urethra	1		
740—402	Contusion of urethra	1		
740—615	Calculus of urethra	4	1	
740—Y00.4	Stricture of urethra, cause undetermined		1	
DISEASES OF THE GENITAL SYSTEM				
DISEASES OF THE PENIS				
753—017	Congenital phimosis		4	
753—105.1	Gangrene of prepuce	1		1
753—600.4	Paraphimosis	1	1	
753—792	Phimosis, cause unknown		2	
751—810	Fibroma of penis	1		
751—881	Squamous carcinoma of penis	1		
752—881	" " glans	2	2	
753—881	" " prepuce		1	

Diagnoses		Primary	Secondary	Deaths
751—889	Carcinoma of penis	5		
Diseases of the Testicle				
755—412	Laceration of testicle	1		
755—87X	Embryonal carcinoma of testicle	1		
Diseases of the Epididymis				
756—103	Epididymitis due to gonococcus		1	
756—300 6	" " " poison	1		
Diseases of the Tunica Vaginalis				
757—095	Congenital hydrocele of tunica vaginalis	1		
757 —900.8	Hydrocele of tunica vaginalis	1	1	
Diseases of the Scrotum				
785—102	Erysipelas of scrotum	1	1	
Diseases of the Spermatic Cord				
76X—6X6	Varicocele	1		
Diseases of the Prostate				
764—799	Benign hypertrophy of prostate	1		
Diseases of the Female Genital System				
705—1XX	Sterility due to infectional obstruction	1	1	
705—X10	" , cause unknown		1	
705—X31	Irregular menstruation, cause unknown	1		
Diseases of the Vagina				
781—018	Atresia of vagina	1		
781—103	Vaginitis, gonococcal		1	
Diseases of the Cervix Uteri				
783—017	Congenital contracture of cervix	2	1	
783—018	Congenital atresia of cervix		1	
783—103	Gonococcal cervicitis		2	
783—100.0	Chronic cervicitis	1	1	
783—100.9	Erosion of cervix, infectional		3	

Diagnoses		Primary	Secondary	Deaths
783—400.6	Erosion of cervix, primarily traumatic		1	
783—412	Lacerations of cervix	1		
783—944	Mucous polyp of cervix	4		
Diseases of the Uterus				
785—123	Tuberculosis of endometrium		1	
782—631	Prolapse of uterus, cause unknown		1	
785—786 12	Puberty bleeding	1		
782—832	Myoma, of uterus	1	1	
783—832	" " cervix	1		
7821—832	Subserous myoma of uterus	1		
783—8326	Cervical fibromyoma pedunculated	2		
783—881	Squamous carcinoma of cervix	3	1	
783—889	Carcinoma of cervix	1		
785—832	Submucous myoma of uterus	1		
785—943	Hyperplasia of endometrium, cause unknown	2	1	
785—X20	Primary menorrhagia	2	1	
Diseases of the Fallopian Tube				
787—100	Salpingitis, acute	1	2	
787—103	" , gonococcal	1		
787—100 4	Atresia of fallopian tube		1	
787—6X0	Hydrosalpinx		1	
Diseases of the Ovary				
788—123	Tuberculosis of ovary	1		
788—8861	Cyst-adenoma of ovary	1		
788—8862	" " " , serous papillary	2		
788—8863	" " " " non-papillary	1		
788—8864	Pseudomucinous papillary cyst-adenoma of ovary	3		1
7888—8865	Pseudomucinous non-papillary cyst-adenoma of ovary	2		
788—8X8	Simple cystoma of ovary		1	
7884—87X	Paroophoron cyst		1	
788—Y00.8	Cyst of ovary, type undetermined	4	2	

Diagnoses		Primary	Secondary	Deaths
DISEASES OF THE PELVIC SUPPORTING STRUCTURES				
789—100	Pelvic cellulitis	1		
074—100.2	Perineal abscess	1		
142—100	Cellulitis of perineum		1	
Obstetrical conditions and diseases				
7X51—100	Acute endometritis during pregnancy		1	
7X9—100	Pelvic cellulitis during puerperium	1		
7X4—400.5	Rupture of pregnant uterus		1	
7X4—610.5	Rupture of uterus due to obstructed labor		1	
7X4—63X	Retroversion of pregnant uterus	2		
7X4—Y00.7	Hemorrhage, uterine, cause undetermined		1	
PREGNANCY AND LABOR, FETUS AND BIRTH				
7X4—Y02	Discharged before delivery	16	2	
7X4—000	Pregnancy, delivered	234	20	4
7X4—789	Pregnancy, not delivered	3	11	
7X7—789.5	Tubal rupture	4		
7X4—05X	False labor	12	2	
790—000	Term birth, livng child	232		2
790—003	" " , neonatal death	2		2
790—004	Premature birth, living child	1		
790—007	Premature birth, neonatal death	8		8
790—007	Neonatal dcath, unregistered by mistake	8		
7X4—051	Threatened premature delivery	2		
7X4—008	Late abortion	1		
7X4—0082	Late abortion, complete	2		
7X4—056	Threatened late abortion	2		
790—057	Twins	8		
PRESENTATION				
791—660	Vertex	7		
791—661	L.O.A.		123	
791—662	R.O.A.		84	
791—663	L.O.P.		4	
791—664	R.O.P.		6	
791—670	Breech		2	
791—671	L.S.A.		6	

Diagnoses		Primary	Secondary	Deaths
791—672	R.S.A.		2	
791—673	L.S.P.		2	
791—674	R.S.P.		1	
791—881	Face L.M.A.		1	
791—691	Transverse		12	
PLACENTA				
795—614	Retention of secundines	1		
794—6312	Lateral placenta praevia		2	
794—900.5	Premature separation of normally implanted placenta	2	1	
795—X20	Polyhydramnios	1		
8— DISEASES OF THE ENDOCRINE SYSTEM				
DISEASES OF THE THYROID GLAND				
810—886	Adenoma of thyroid gland	1	2	
810—8868	Cyst-adenoma of thyroid gland	1		1
810—943	Non-toxic diffuse goiter		1	
810—943 6	Toxic diffuse goiter	2		
DISEASES OF THE ADRENAL GLANDS				
862—889	Carcinoma of adrenal gland	1		
860—Y00	Undiagnosed disease of adrenal gland	1		
9— DISEASES OF THE NERVOUS SYSTEM				
DISEASES OF THE NERVOUS SYSTEM GENERALLY				
906—147	Tabes dorsalis	3		
904—953	Amyotrophic lateral sclerosis	1		
DISEASES OF THE MENINGES				
912—123	Tuberculosis leptomeningitis	1		
912—168.X	Meningismus due to influenza	1		1
910—100	Meningitis, acute	1		1
912—104	" cerebro-spinal	2	1	
911—123	Tuberculosis pachymeningitis		1	
910—123	Tuberculosis meningitis	2	1	2

Diagnoses		Primary	Secondary	Deaths
Diseases of the Lacrimal Glands				
X62—100	Dacryoadenitis, acute		1	
X62—190	" , chronic	1		
X66—100	" , acute	1		
X66—190	" , chronic	4		
X66—100.3	Fistula of lacrimal sac	1	1	
Diseases of the Conjunctiva				
X56—190	Blenorrhea, inclusion	1		
X56—100	Conjunctivitis, acute		3	
X56—103	Gonococcal conjunctivitis		2	
X56—194	Trachoma	3	37	
X56—194.0	Trachoma, chronic	2	31	
X56—820	Lymphoma of conjunctiva	1		
X58—956	Pterygium		1	
Diseases of the External Ear				
X72—100	Infection of auricle		1	
135—100.0	Furunculosis of external auditory canal	2	1	
X75—880	Papilloma of external auditory canal	1		
Diseases of the Middle Ear				
X84—100	Mastoiditis, acute		2	
X84—1027	" , streptococcus haem.	1		
X84—190	" , chronic	4		
X80—190	Otitis media, non-suppurative, acute		14	
X80—100	" " , suppurative, acute	2	5	
X80—1027	" " , streptococcus haem.	1		
X80—123	Tuberculosis of middle ear		1	
X93—YX3	Menier's syndrome	1		
Non-Diagnostic Terms For Hospital Record				
Y00—008	Child nursing	1		
Y02—000	Diet, for adjustment of	1		
Y00—001	Observation, for diet, adjustment of	1		

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Before the outbreak of the North China Incident, the policy of Cheeloo University Hospital was to be as nearly self-supporting as possible. Any minor deficiencies were always made up by the Medical School. This year we have felt it necessary to discontinue this ideal because the appalling financial condition of the people, combined with the widespread failure of crops, have made it impossible for us to raise our charges in keeping with the general increase in the cost of all commodities. If we are to serve the community in any real way at present, we must find some source of income other than patients' fees. Because of the same reasons, our local donations have shrunk to nothing. In order to solicit donations from relief organizations and mission boards, the following short summary of our financial condition and needs has been prepared. We have left much unsaid and unasked for, but we hope that this brief report will stimulate a response from all who receive it, and enable us to carry on the work of the year. In some ways this financial help is sought to enable us to continue our relief work, which has in the past been possible by making small profits on some of the wealthier patients to offset relief for the poor. For reasons given, such profit is now considerably decreased. In other ways we seek financial aidto extend relief work, now made more necessary because of the famine conditions in the Shantung area.

It is to be expected that no one organization will be able to meet all our needs as enumerated under "F", but it is hoped that each organization will make contributions consistent with the funds at its disposal. This summary is being sent to the American Advisory Council; The China Council, Presbyterian Mission of North America; and also to the various Missions supporting the University work in general in Tsinan, as follows:- Society for the propagation of the Gospel; the Methodist Missionary Society; the United Church of Canada; the Baptist Mission; the London Missionary Society; the American Board Mission; the American Methodist Mission; as well as to other missionary bodies in Tsinan who send patients to us and are interested generally in the hospital - the Southern Baptist Mission and the Seventh Day Adventist Mission. Finally ir will be sent to private individuals who have funds at their disposal for relief work.

This summary is sent out in the hope that funds will be forth coming to enable us to continue our work of medical relief to this stricken area. On behalf of the Hospital Administration, I am,

Yours sincerely,

Stanley L.Prescott
Hospital Superintnendent

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CHEELOO UNIVERSITY HOSPITAL

A. STATISTICAL AND FINANCIAL REPORT - JULY, AUGUST, SEPTEMBER, 1st QUARTER, 1939-1940

Total patient days - - - - 11251
Patient days (pay patients) - - - 731
" " (part pay " 3rd) 10023 (@ 1.70, spent 4.00 = 2.3 per cap
" " (free cases) - - - 497 (@4.00 per cap.
Average charge to third class patient per day, $1.70;
" expenditure for " " " " 4.00;
" cost of hospitalization " " 2.30.

10023 part pay days at $2.30 =	$23052.90		
497 free cases at 4.00 -	1988.00		
Charity expenses, - - - - - - - -			$25040.90
INCOME - Inpatients, pay & partpay	$19083.91		
C.P.D. Income,	15596.09		
Miscellaneous,	150.84		
Total Income, - - - - - - -			$34830.84
			$59871.74
GROSS EXPENDITURES - - - - - - - - -			58186.54

Funds in hand, including all available reserves - $ 5000.00
being Brisith Relief Fund contributions rec. in July, '39

Actual deficiency for 1st quarter	$23358.00	
Less donations of	5000.00	
	$18358.00	

Notes:-

Last year (1938-39)
Total expenditures & income - - - - - - $127271.79
Donations made up of this - - - - - - 26976.00
Inpatient and C.P.D. fees collected for rest,
so that hospital was approximately 79% self-supporting.

1st 3 months of 1939-40
Total expenditures - - - - - - - - $ 58186.56
Patients' fees received only - - - - - 36830.86
so that hospital is now only 60% self-supporting.
This change has occurred within three months, and judging from the facts for the year, it will be worse. We are facing already a gross deficiency of $ 23358.00
for the first quarter, when we budgeted for only 30000.00
for the whole year.

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B. ANALYSIS OF THE CAUSES OF THIS UNEXPECTED DEFICIENCY.

1. Increased cost of living - slow general increase since the war began with a rapid increase during August, -

   a. Necessitating a greater expenditure in Chinese salaries for doctors, nurses, clerks, technicians, orderlies and workmen. We have increased all salaries and wages, but are still not paying a "decent living wage" to the workman class. Although in fixing wages we can't consider the matter, yet actually nearly all our workmen are supporting members of their families that have moved to Tsinan because of famine conditions;

   b. Making the part pay patients (3rd class) unable to pay a greater proportion of the cost of hospitalization, and therefore instead of paying the pre-war price - 1.50/2.50 of the cost, can only afford on an average 1.70/4.00. That is, third class patients are now costing atleast double of the pre-war cost, and overhead charges are continually rising.

2. Altered Ratio of Inpatient and Outpatient Incomes.
   Before the war the O.P.D. income could be considered partly as a profit to balance the deficiency incurred in the part pay inpatients. Last year, for example, although running under emergency conditions, and while the income was considerably reduced, yet we were able to balance our budget, simply because as an aftermath of war, our O.P.D. numbers had returned to normal figures by January, while our inpatient numbers were still even to the end of the year 50% of pre-war figures. That is, the recovery lag of six months in our inpatient numbers enabled us to finish the year without a deficiency heavier than could be met by our donations funds. (It should also be noticed here that many of our part pay inpatients were war casualties and expenses were met by British War Relief Funds.) Since June, however, our inpatient numbers have returned to pre-war figures (in fact, we have surpassed pre-war records), and consequently our expenditures have doubled. The O.P.D. income, on the other hand, has been further reduced because the enormous increase in the cost of drugs and dressings has during the last two months cut this slight profit to zero, and because of the many undernourished patients that are seen, we are forced to give more free O.P.D. treatment than ever before.

3. General Running Expenses.
   Last year only one half of the hospital was running during the winter months, with consequent saving in heating of hospital and dormitories. Even so, we spent about $80.00 per day for coal during the coldest months. This year all the wards are open and full, and hence heating charges will be considerably increased. At the same time the cost of coal has jumped to prohibitive figures. More nurses are employed and the salaries are higher.
   Our high running expenses with consequent high cost of hospitalization at $4.00 per day might be questioned when it is compared with $30.00 per month as the average breadwinner's income. But Tsinan is a city and not a country station. Our hospital is constructed and designed in the most modern style, and any changing of heating system or other features would, even if wise, entail tremendous costs of reconstruction. We have to work with the plant we have, which while expensive, does make the hospital compare with any of the best institutions in America or England. -

Note.
As is mentioned later, this hospital is a training hospital for physicians and nurses (graduate and postgraduate work) and this adds to the expense. Furthermore, owing to the need, we have started a large project of diet education and research. The desperate financial straits of our patients has made it imperative to give guidance in the choice of foods, so that the maximum food value may be obtained for the minimum expense. This involves research and investigation into the Shantung foodstuffs, and then some method of education on the facts learned. The form of education chosen is that of feeding rat experiments, combined with the sale of such foodstuffs to patients in the O.P.D. We have ventured on this project which is costly without adequate financial backing, simply because of the urgency of the need of such a program. When it is remembered that many of our patients lived easily and well before the war, but now are reduced to the borderline of starvation and have no idea of how modify diet to meet such financial needs, it will be seen how important this work is. The Social Service, Employees' Social Service, Child Health Nurse Service, Nutrition Demonstration Cottage (Biochemistry Department), and Special Diet Cafeteria, are all combined in the set-up. If we can get the financial aid to back this project and the staff to run it as it expands, it promises to be one of the greatest contributions of this hospital to meet the dire urgency of the day.

4. Private Inpatient Suite.
During pre-war days our suite of eight private wards was always full, with a long waiting list, and hence a considerable profit income to the hospital was assured. Since the war we have had very few private patients other than foreigners (our own staff and supporting mission members). Here also our income has dropped while general hospital expenses have increased.

5. Defaulting in payments and shop guarantees.
Part pay and pay admission regulations require a shop guarantee that the costs fixed will be forthcoming. During these days of acute financial conditions, suitable shop guarantors are few, and so we are out of charity forced to accept many guarantors who in the end cannot meet the expenses, and we are left with many unpaid bills. Owing to the lack of cordiality in the new regime, we have no way except the tedious law courts of reclaiming our just dues.

6. Other Missions and Churches in the city have always sent patients to us for treatment, particularly the local Chinese churches. In the past the church members have been glad to assist in expenses, while we have made up the rest. Now while church members still send these patients and still wish to support the patients, yet the distressing financial condition of these smaller churches makes it impossible for them to make any contribution, although we still feel we should continue the work, but without additional help we cannot do so.

7. Last year we were grateful to receive large sums ($20,000) from the British and American War Casualty Relief Committee, which assisted us in coping with the surgical casualty cases that came to us. Now we are well through the acute war casualty stage,

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and so such funds are no longer applicable. But we are now meeting what might be termed "Medical and Nutritional Casualty Cases" due to the aftermath of a war-stricken and drought-depleted countryside, with its train of intestinal diseases and acute deficiency diseases. Because of the appalling increase in drug and food prices (vitamin extracts, etc.), such medical care promises to be an even greater financial burden than the operative and surgical care required last year was.

C. PRICE COMPARISONS

1. Drug Prices during 1937-39.

Name of Drug	Jul-Oct. 1937		Jan.-May 1939	Aug.-Oct. 1939	Nov.1939	
Progynon Dragees	$4.20	bot.	$7.00	$ -----	$17.50	x 4
Entero-Vioform	2.10	tube	4.25	-----	11.20	x 5
Phenolsuphonphthal ampoule	5.30	box	3.25	$1.68	-----	x 4
Neostibosan 3.gm.	8.00	tube	11.87	47.50	-----	x 6
Codeine Phos.	1.20	gm.	1.20	4.00	5.00	x 4
Cocaine Hydrochl.	2.00	gm.	2.00	6.10	10.70	x 5
Glycerine Pure	2.60	keg	2.60	4.40	8.00	x 3
Paraffin,Liquid	7.00	gal.	12.70	28.29	-----	x 4
Cod Liver Oil	3.52	gal.	-----	13.00	26.00	x 8
Ext.Ergotae Liq.	7.30	lb.	11.00	56.00	-----	x 5
Trypaflavine Pulv.	.87	gm.	1.41	6.40	-----	x 6

2. Estimate of cost of living increase in last six months.

On flour diet - March , $23.25 September, $29.18

On millet diet- " 23.40 " 32.30

D. CHARITY REQUESTS THE HOSPITAL FEELS IT SHOULD MEET.

1. Medical Charity

a. Free hospitalization for the very poor

b. Either free hospitalization or free treatment for moderately poor.

c. Free medicines - specifics and special foods for inpatients.

d. Free medicines - specifics for out patients.

e. Grants for special supplementary foods for O.P.D. patients where good food is an integral part of the treatment.

2. Extra hospital or social relief charities.

a. Assistance in "hostelization" for country folk attending O.P.D. treatment. Numerous cases where the disease does not demand hospitalization, and where shortage of beds compels us to offer only O.P.D. treatment, but where the

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patients are from the country and are unable to afford reasonable inn charges, and so request financial assistance for food and bed.

b. Assistance in travel for those patients who are well enough to leave hospital and free a bed for another patient, but not to undertake the arduous journey home on foot. If finances would allow, many such cases could be assisted by giving railway or bus fares to their homes.

c. Assistance needed for those many cases, particularly kala-azar, who have sold or mortgaged land to come for treatment at last year's prices, only to find that costs have doubled in less than three months. Some we have assisted, but lack of funds have compelled us to send some home untreated, and with the cost of the journey spent for nothing.

d. Assistance to family of patient. Many cases of bread-winner of a large refugee family, who cannot undertake treatment because of lack of funds, and because to stop work for treatment and convalescence would leave family without income. Financial aid to such a family, not totalling a quarter of the treatment costs, would enable a life to be saved, and the family's income insured for the future. Also cases where operation cannot be considered because of length of convalescence necessary to complete the cure, which cannot be arranged because of family dependents.

e. Request fund for free milk for infants. We send some infants home to certain death when they are sick, have no milk and can't afford any. We now have Social Service and Child Health Nurse Services to enable us to use such a fund wisely.

Note.
(1) All the cases under 2 might be classified as famine relief or war refugee relief work, but we include them here because they are so definitely connected with our medical work. In most cases, to undertake medical treatment without such relief is a waste of time and money, yet to refuse to heal the sick is hard. It should be mentioned that in other countries there are many local charities which the medical social worker can appeal to for such extra relief. In Tsinan at present there are no such organisations, and we have no extra funds that can be drawn upon for such special work.
(2) All cases mentioned might be classified generally as medical relief, due directly to the post-war situation of the countryside, and the widespread famine condition. Our work at Cheeloo Hospital depends directly upon getting some funds to meet these emergencies.

E. METHODS OF MEETING THE EMERGENCY.
On the field we could
a. Raise our fees, but this would cause too great a hardship on the needy poor unless combined with some form of adjudication of the financial resources of every patient. This would necessitate a much larger social service department, and while such a staff is now being trained, it will be at least two years before they are capable of the highly specialized work

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involved, as such a method does not merely entail asking the patient, "How much can you afford?"

b. Reduce overhead expenses. This we are doing at present by economising in every conceivable way. To economize further would be to reduce the standards of technique and efficiency for which Chaeloo has always stood. Because of our plant and half-completed new hospital, and the nature of our work which compares with anything the West has to offer, our overhead expenses are higher than any smaller less well-equipped or specialised mission hospital. In speaking of the high cost of running the hospital, it should be pointed out that we are a training ground for doctors and nurses (particularly post graduate studies and training) and this considerably adds to the overhead expenses. The cost of hospitalisation is high when compared with the average monthly income of the community even in the most prosperous of times, but even so it compares very favorably with the best colonial government projects in Africa and India. But such projects are heavily subsidised by the government concerned. We have no government behind us; instead we depend upon Christian mission and charitable relief organisations.

F. REQUEST FOR RELIEF COMMITTEE AND MISSION SUPPORT.

General Donations (for the past quarter we need to meet exp. -$18358.00
(for remaining three quarters we need app. - 60000.00
because the more we do, the greater our deficiency will become.

Special projects for which donations are sought and included in the above figure are the following:-

1. Free hospitalisation for 15 beds @ $1460.00 per year -$21900.00
   Free medicines for O.P.D. and Inpatients:-
   100 Kala-azar free treatments at $55.00(drug only) 5500.00
   20 Three months treatment Cod Liver Oil - - - - - - 180.00
   10 Free Anti-diphtheritic treatments at $90.00 - - 900.00
   10 Congenital Syphilitic Treatments at $18.00 - - - 180.00
   Miscellaneous relief - meals, clothes, travel, etc. - - - 2000.00
   Relief for "hospitalisation" (inn fees) 20 x 10 days, 30¢/day 60.00
   Subsidising during illness of breadwinner - - - - - - - 500.00
   (Subsidy to assist with work of Diet Education Clinic and Special Diet Cafeteria to be set up in O.P.D. 1000.00
   Request for free milk funds for infants (whole dry milk) such a fund to be administered jointly by Social Service and Child Health Nurse Service - - - - - - - 100.00
   (This amount should serve for three sick infants for a year, although the rapid rising price of such dry milk makes any estimate a matter of pure chance.)
2. Special appeal for endowed free beds to supporting missions at $1460.00 per bed per year.

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CHEELOO UNIVERSITY HOSPITAL
FINANCIAL REPORT FOR YEAR JULY 1, 1940-JUNE 30, 1941

Hospital	Income Received
Beds, 1st class	$14,294.60
Beds, 2nd class	3,644.00
Beds, 3rd class	32,266.80
Drugs	24,446.55
Operations	14,947.00
Deliveries	3,870.00
Treatments	1,013.10
Professional Services	6,256.40
X-ray	4,781.00
Laboratory	6,559.80
Massage	1,380.25
Food, Foreign	2,150.40
Food, Chinese, 1st class	7,155.50
Food, Chinese, 2nd class	1,687.50
Food, Ward	39,700.00
Food, Special	5,073.45
Dentistry	328.95
Out-patient Department	
Ordinary Registration	26,621.00
Special Registration	1,900.50
Emergency Registration	1,540.00
Drugs	79,735.76
Operations	4,815.25
Dressings	7,589.90
Treatments	1,298.25
Health Examinations	176.00
Refractions	185.00
X-ray	17,455.70
Laboratory	4,958.65
Massage	2,760.38
Dentistry	2,690.95
Private Patient Clinic	5,996.94
Other Sources	
Employees Welfare	193.63
School of Nursing	351.00
Transportation	66.90
Damage	181.60
Barber	268.05
Special Nurses	39.85
Stores	776.09
Samaritan Shop	1,429.84
Hospital Staff Food	21,756.58
*Donations	40,745.49
*Samaritan Fund	5,981.33
*Subsidy Medical School	90,990.71
Total Income for year	$ 491,060.65

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HOSPITAL FINANCIAL REPORT FOR YEAR JULY 1,1940-JUNE 30,1941

	Expenditures
Administration	$13,418.14
Purchase & Issuance	1,982.57
Housekeeping	144.20
Grounds	1,212.20
Orderlies	17,771.48
Part-time Workers	2,485.21
Laundry	10,168.85
Heating	58,149.60
Electricity	6,695.90
Water	1,824.90
Repairs	19,142.70
Dispensary	79,787.38
Surgical Supplies	46,964.03
Medical & Surgical Care	17,967.50
Records	6,054.00
Nurses' Salary & Housing	58,305.64
X-ray	11,849.92
Laboratories	8,665.85
Special Therapy	2,362.10
Kitchen - Wages	9,857.50
Kitchen - Fuel	8,477.00
Kitchen - Other Supplies	1,853.55
Kitchen - Ordinary Food	70,965.82
Kitchen - Special Food	6,890.30
Dentistry	3,228.57
Private Patient Clinic	593.65
Social Service	4,470.95
Employees' Welfare	1,750.19
Evangelism	2,426.41
School of Nursing	5,967.77
Transportation	34.30
Barber	252.45
Special Nurses	33.00
Samaritan Shop	1,438.97
Charity, Samaritan Fund	7,868.05
	$ 491,060.65

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Starred (*) Income Items in Detail

Donations

Presbyterian Board of Foreign Missions	U.S.$1,551.35	=F.R.B.	$24,395.02
Mary I.Dibble	54.45	=	1,012.77
Mrs.E.C.Campbell	47.50	=	883.50
Erie Presbyterial	31.00	=	581.55
Anna Flinn	5.00	=	93.00
Oil City Second Church	5.00	=	93.00
Jamestown Goodwill Soc.	100.00	=	1,839.00
Oil City Woman's Miss.Society	85.00	=	1,563.15
British Section of Board of Governors	£144.11.0.	=	10,118.50
Medical Stores			166.00
		Total	$ 40,745.49

Samaritan Fund

Social Service Dept.(through Miss Myers)	$ 1,441.65
Bishop Wellington	2,000.00
Tsinan Union Church	1,019.89
H.E.Chandler	559.00
C.H.Wolfe	72.20
Jo Fuller	55.00
Christmas Club	265.35
J.Smyly	437.07
St.Paul's Easter	49.77
Mr.Gray	52.75
K.R.Johnson	20.00
Miss Rolfe	8.00
Luxon	.65
Total	$ 5,981.33

Medical School Receipts

From U.S.A.:	
Amer.Presbyterian Miss.North & Woman's Foreign Miss.Soc.of Methodist Church	$34,256.93
Associated Boards, Emergency Funds	73,939.63
From Canada:	
Can.United Church Mission'& Womens Society.....	13,199.57
From England:	
Baptist Miss.Soc., Soc.for Propagation of Gospel, Methodist Missionary Soc., & London Missionary Soc)	15,069.19
Laboratory Receipts	1,233.56
Total Receipts	$137,698.88
Less Expenditures of Med.Sch.	46,708.17
Hospital Subsidy	90,990.71

Cheeloo University Hospital

No. Inpatients 1940 July- June 1941.		Average per day Inpatie	
July	181	July	6
August	190	Aug.	6
September	202	Sept.	7
October	202	Oct.	7
November	180	Nov.	6
December	181	Dec.	6
January	152	Jan.	5
February	175	Feb.	6
March	218	Mar.	7
April	192	April	6
May	214	May	7
June	198	June	9
	2285		

No. Out patients July 1940-June1941.		Averate per day out patients	
July	8515	July	8- 315
August	8oo8	Aug.	297
September	7961	Sept.	319
October	8256	Oct.	317
November	7705	Nov.	296
December	788o	Dec.	315
January	6419	Jan.	306
Feburary	7883	Feb.	328
March	10345	Mar.	398
April	10295	April	425
May	10641	May	398
June	9066	June	362
	102974		

No. In-patients July1941-Dec. 1941		Average per day inpatients	
July	215	July	7
August	160	Aug.	5
Sept.	190	Sept.	6
October	176	Oct.	6
November	241	Nov.	8
December	83	Dec. (1st-8th)	10

No. out Patients July 1941- Dec. 1941		Average per day out patients	
July	9099	July	337
August	7258	August	279
September	7656	September	294
October	7623	October	293
November	6988	November	239
December	2143 (only 8 days)	Dec.	268

	Number of Patients				Percentage of Diseases			
	1934	1935	1936	1937	1934	1935	1936	1937
1. Abscess	6	14	8	8	0.20	0.42	0.22	0.20
2. Acne Indurate	5	0	1	0	0.17	0	0.02	0
3. Acne Pustulosum	0	0	0	3	0	0	0	0.08
4. Acne Vulgaris	45	50	68	79	1.53	1.48	1.90	2.00
5. Acnederma titis	2	0	0	0	0.06	0	0	0
6. Adenitis	2	4	1	2	0.06	0.12	0.028	0.06
7. Addison's Disease	0	0	1	1	0	0	0.028	0.028
8. Alcoholic Poisoning	1	0	0	0	0.03	0	0	0
9. Alopecia Areata	11	17	25	27	0.37	0.50	0.70	0.75
10. Alopecia Physiological	0	0	0	1	0	0	0	0.028
11. Alopecia Syphilitica	6	0	7	8	0.20	0	0.19	0.20
12. Angioma	1	4	1	2	0.03	0.12	0.028	0.06
13. Arthritis due to influenza	4	0	0	0	0.12	0	0	0
14. Artificial Dermatitis	1	0	0	0	0.03	0	0	0
15. Atrophied Nail	1	0	0	0	0.03	0	0	0
16. Aortic Regurgitation	0	0	0	1	0	0	0	0.28
17. Balanitis Erosive Circinata	39	49	37	46	1.32	1.49	1.03	1.20
18. Balanitis Vulgaris	16	8	41	35	0.54	0.24	1.14	0.95
19. Beri Beri	2	1	0	0	0.06	0.03	0	0
20. Black Tongue	0	1	1	0	0	0.03	0.03	0
21. Bladder Stone	0	0	1	0	0	0	0.03	0
22. Blastomycosis	0	2	1	0	0	0.06	0.03	0
23. Boils	21	42	29	33	0.62	1.26	0.81	0.92
24. Bromidrosis	0	2	1	1	0	0.06	0.03	0.03
25. Bronchitis	0	0	2	0	0	0	0.06	0
26. Bright's Disease	0	0	3	0	0	0	0.84	0
27. Bubo	10	13	14	9	0.34	0.38	0.39	0.25
28. Burn, First Stage	12	26	1	0	0.40	0.66	0.028	0
Second Stage	59	75	35	22	2.00	2.24	0.98	0.61
Third Stage	1	5	2	0	0.03	0.14	0.056	0
Total	72	103	38	22	2.16	3.04	1.04	0.61
29. Burn due to Sun light	0	0	0	0	0	0	0	0
30. Canitis	4	0	1	2	0.13	0	0.028	0.06
31. Carbuncle	0	1	0	2	0.0	0.03	0	0.06
32. Carcinoma of Kidney	0	0	1	0	0	0	0.03	0
33. Carcinoma of Penis	3	2	4	5	0.10	0.06	0.11	0.14
34. Cellulitis	1	2	0	0	0.03	0.06	0	0
35. Chancre	54	54	38	47	1.80	1.59	1.06	1.20
36. Chancroid	44	47	49	66	1.50	1.29	1.37	1.80
37. Chicken Pox	1	4	26	6	0.03	0.12	0.72	0.16
38. Chilblain	20	10	18	14	0.68	0.30	0.53	0.39
39. Condyloma Acuminata	14	14	6	11	0.47	0.38	0.10	0.30
40. Condyloma Latum	11	13	16	10	0.37	0.39	0.44	0.28
41. Constipation	0	0	1	0	0	0	0.03	0
42. Contusion	6	0	3	2	0.20	0	0.084	0.06
43. Corn	47	58	45	44	1.60	1.71	1.20	1.23
44. Cystitis Chronic	2	1	0	2	0.06	0.03	0	0.06
45. Cystitis Tubercular	1	1	2	2	0.03	0.03	0.06	0.06
46. Dandruff	0	1	3	0	0	0.03	0.09	0
47. Dermatitis Acute	3	4	4	24	0.084	0.11	0.11	0.67
48. Dermatitis Chronic	14	6	0	5	0.47	0.18	0	0.14
49. Dermatitis Cocoid	1	0	0	1	0.03	0	0	0.03
50. Dermatitis Exfoliative Arsenic	1	0	1	3	0.03	0	0.03	0.09

51.	Dermatitis Facta	1	0	0	0	0.03	0	0	0
52.	Dermatitis Herpetifromis	27	36	42	15	0.90	1.07	1.17	0.42
53.	Dermatitis Keratatic	0	0	2	0	0	0	0.06	0
54.	Dermatitis Repens	6	1	1	0	0.20	0.03	0.03	0
55.	Dermatitis Seborrheal	24	44	28	28	0.81	1.18	0.78	0.78
56.	Dermatitis due to Trypoflavine	0	1	0	0	0	0.03	0	0
57.	Dermatitis Subacute	2	2	0	0	0.06	0.06	0	0
58.	Dermatitis Urticatosa	3	5	0	0	0.09	0.15	0	0
59.	Dermatitis Vegentans	1	2	0	1	0.03	0.06	0	0.03
60.	Dermatitis Venenata	73	95	98	79	2.40	2.80	2.74	2.20
61.	Dermatitis Diabetic	0	1	0	0	0	0.03	0	0
62.	Dry Skin	0	1	0	0	0	0.03	0	0
63.	Ecthyma	36	51	82	15	1.20	1.50	2.30	0.42
64.	Eczema Acute	133	130	118	94	4.40	3.86	3.03	2.60
65.	Eczeman Chronic	34	88	50	47	1.10	2.62	1.40	1.20
66.	Eczema Infantile	10	30	25	31	0.34	0.89	0.70	0.86
67.	Eczema Papulosum	0	0	0	11	0	0	0	0.30
68.	Eczema Pustulosum	0	0	0	1	0	0	0	0.03
69.	Eczema Squamosum	0	0	0	1	0	0	0	0.03
70.	Eczema Urticatosa	10	17	21	10	0.34	0.50	0256	0.86
71.	Eczematoid Dermatitis	5	2	0	2	0.17	0.06	0	0.06
72.	Eczematoid Swelling	0	0	0	1	0	0	0	0.03
73.	Elephantiasis	2	0	1	0	0.06	0	0.03	0
74.	Encephalitis	0	0	1	0	0	0	0.03	0
75.	Enlarged Lymphglands	3	0	0	0	0.09	0	0	0
761	Enlarged Sebaceous Glands	1	0	0	0	0.03	0	0	0
77.	Epidermaphytosis	259	216	129	216	8.80	6.40	5.10	6.40
78.	Early Stage	16	89	129	169	0.54	2.65	3.51	4.73
	Intertrigenous Stage	6	47	19	21	0.20	1.40	0.53	0.58
	Chronic Stage	237	80	31	26	8.05	2.38	0.86	0.72
78.	Epididymitis Gonorrheal	11	29	33	33	0.37	0187	0.92	0.92
79.	Epididymitis Traumatic	0	0	0	1	0	0	0	0.03
80.	Epididymitis Tubercular	2	1	1	2	0.06	0.03	0.03	0.06
81.	Erosion	2	0	0	0	0.06	0	0	0
82.	Erysipelas	12	11	33	33	0.40	0.32	0.92	0.92
83.	Erythema Indaratum	3	14	9	5	0.09	0.52	0.25	0.14
84.	Erythema Multiformis	10	13	6	10	0.34	0.39	0.16	0.28
85.	Erythema Nodosum	0	7	6	12	0	0.21	0.16	0.33
86.	Erythema Urticatosa	1	0	0	1	0.03	0	0	0.03
87.	Erythema Simlex	1	0	0	0	0.03	0	0	0
88.	Excoriation	0	0	2	0	0	0	0.06	0
89.	Facial Nerve Papalysis	0	1	0	0	0	0.03	0	0
90.	Fissure of Nipple	0	1	2	0	0	0.03	0.06	0
91.	Fistula in Ano	1	0	0	1	0.03	0	0	0.03
92.	Fistula in Urethra	0	1	1	2	0	0.03	0.03	0.06
93.	Fistula in Heel	0	0	0	1	0	0	0	0.03
94.	Folliculitis	39	43	64	29	1.30	1.28	1.79	0.81
95.	Folliculitis Keratatis	13	7	77	19	0.44	0.21	0.19	0.53
96.	Fordyce Disease	0	0	1	1	0	0	0.03	0.03
97.	Freckle	2	1	3	3	0.06	0.03	0.09	0.09
98.	Friction	1	5	1	3	0.03	0.15	0.03	0.09
99.	Furunculosis	31	29	31	35	1.03	0.87	0.86	0.98
100.	Gonorrhea Acute	106	109	177	227	3.60	3.27	4.95	6.35
101.	Gonorrhea Chronica	76	76	47	63	2.50	2.11	1.30	1.76
102.	Gonorrhea Subacute	14	39	16	24	0.47	1.26	0.44	0.67
103.	Gonorrhea Arthritis Acute	7	7	11	13	0.23	0.23	0.29	0.36
104.	Gonorrhea Arthritis Chronic		0	0	1	0	0	0	0.028

105. Gonorrheal Peraurethral Abscess	7	4	5	9	0.23	0.12	0.14	0.25
106. Gonorrheal Periurethral Abscess	0	0	1	0	0	0	0.03	0
107. Gonorrheal Sterility	2	4	2	4	0.06	0.12	0.06	0.12
108. Gonorrheal Prostatitis	10	9	16	8	0.34	0.27	0.44	0.22
109. Gonorrheal Vaginitis	0	1	0	0	0	0.03	0	0
110. Granuloma Pyogenicum	0	0	2	2	0	0	0.06	0.06
111. Granuloma Syphilitica	1	3	0	0	0.03	0.09	0	0
112. Granuloma Tubercular	2	0	0	0	0.06	0	0	0
113. Hemangioma	1	0	4	2	0.03	0	0.11	0.06
114. Hemorrhagic Urethritis	1	2	8	4	0.03	0.06	0.22	0.11
115. Hemorrhoid	1	2	0	2	0.03	0106	0	0.06
116. Hernia	0	0	0	2	0	0	0	0.06
117. Herpes Fibrils	1	3	2	2	0.03	0.09	0.06	0.06
118. Herpes Genitalis	17	16	5	9	0.57	0.48	0.14	0.25
119. Herpes Simplex	6	7	3	4	0.18	0.21	0.084	0.11
120. Herpes Zoster	26	38	35	38	0.88	1.13	0.95	1.13
121. Herpes Gangrenosa	0	0	6	1	0	0	0.18	0.03
122. Hexheimer Reaction	0	0	0	1	0	0	0	0.03
123. Hydrocele	1	0	0	3	0.03	0	0	0.09
124. Hyperidrosis	8	2	0	4	0.24	0.06	0	0.12
125. Hyperkeratosis	2	1	0	0	0.06	0.03	0	0
126. Hypertrophy of Nail	1	0	0	0	0.03	0	0	0
127. Ichthyosis Vulgaris	0	5	2	3	0	0.15	0.06	0.09
128. Ichthyosis Hysterix	0	0	0	2	0	0	0	0.06
129. Impetigo Bullosa	29	40	55	44	0.98	1.19	1.54	1.23
130. Impegigo Cantagiosa	60	86	68	68	2.04	2.50	1.90	1.90
131. Impetigo Follicular	1	0	0	0	0.03	0	0	0
132. Impetigo Simplex	1	1	3	1	0.03	0.03	0.09	0.03
133. Impotence	4	3	1	11	0.12	0.09	0.03	0.30
134. Infantile Genitalia	0	0	1	0	0	0	0.03	0
135. Infected Nipple	1	0	0	0	0.03	0	0	0
136. Infected Sebaceous Glands	3	2	1	1	0.09	0.06	0.03	0.03
137. Infection	13	106	64	47	0.44	2.61	1.79	1.31
138. Infected Wounds	18	1	2	0	0.61	0.03	0.056	0
139. Intoxication	1	0	0	0	0.03	0	0	0
140. Jaundice	0	0	1	0	0	0	0.03	0
141. Kala Azar	0	0	1	0	0	0	0.03	0
142. Keroid	3	1	0	8	0.09	0.03	0	0.22
143. Keratoma	0	3	2	4	0	0.09	0.06	0.12
144. Keroin	0	1	1	9	0	0.03	0.03	0.25
145. Lead Poisoning	0	0	1	0	0	0	0.03	0
146. Leprosy Anesthetic	70	88	82	86	2.38	2.61	2.29	2.40
147. Leprosy Nodular	10	14	0	4	0.34	0.42	0	0.11
148. Leukoderma	12	14	22	17	0.40	0.39	0.61	0.47
149. Leukorrhea	1	1	0	2	0.03	0.03	0	0.06
150. Lichen Ruber Planus	2	0	0	1	0.06	0	0	0.03
151. Lipoma	0	0	0	2	0	0	0	0.06
152. Lang Prepuce	0	0	2	0	0	0	0.06	0
153. Lupus Erythematosis	3	9	3	8	0.09	0.27	0.084	0.22
154. Lupus Erythematosis Disseminated Acute	0	0	1	1	0	0	0.03	0.03
155. Lupus Vulgaris	4	9	4	10	0.28	0.27	0.11	0.28
156. Lymphogranuloma Inguinalis	2	8	14	32	0.06	0.24	0.39	0.89
157. Lymphaggitis	0	0	0	3	0	0	0	0.84

158. Malaria	0	0	3	3	0	0	0.084	0.084
159. Measles	1	2	0	1	0.03	0.06	0	0.03
160. Melanoma	0	0	1	0	0	0	0.03	0
161. Miliaria	12	40	33	12	0.03	1.03	0.92	0.30
162. Milium	1	0	1	2	0.03	0	0.03	0.06
163. Molluscum Contagiosa	2	3	3	6	0.06	0.09	0.09	0.18
164. Mosiquito Bite	0	3	0	20	0	0.09	0	0.56
165. Mucous Patches	0	0	1	0	0	0	0.03	0
166. Mycosis	2	1	0	0	0.06	0.03	0	0
167. Nevus	1	2	3	3	0.03	0.06	0.09	0.09
168. Nervous	1	0	0	1	0.03	0	0	0.03
169. Neuritis Superficial	2	0	2	1	0.06	0	0.06	0.03
170. Neuritis Trigenium	1	1	0	0	0.03	0.03	0	0
171. Neurodermatitis	31	55	49	69	1.05	2.72	1.41	1.93
172. No Diagnosis	0	23	49	63	0	0.68	1.41	1.76
173. Orchitis Acute	0	0	1	1	0	0	0.03	0.03
174. Ostéomyelitis	0	0	0	4	0	0	0	0.11
175. Paronychia	0	2	0	2	0	0.06	0	0.06
176. Parakeratosis	0	1	0	0	0	0.03	0	0
177. Paraphimosis	10	8	8	16	0.30	0.24	0.22	0.44
178. Parotitis Mumps	1	0	3	1	0.03	0	0.09	0.03
179. Paralysis of Ulnar Nerve	0	0	1	0	0	0	0.03	0
180. Pediculosis Corporis	12	21	36	14	0.40	0.62	1.00	0.39
181. Pediculosis Pubica	0	6	3	3	0	0.18	0.084	0.084
182. Pellique	0	0	0	1	0	0	0	0.028
183. Pemphigus Foliaceus	2	0	0	0	0.06	0	0	0
184. Pemphigus Vulgaris	1	2	0	0	0.03	0.06	0	0
185. Penis Papilloma	1	1	2	0	0.03	0.03	0.56	0
186. Perlech	2	1	1	4	0.056	0.028	0.028	0.11
187. Peripheral Neuritis	5	6	8	1	0.17	0.18	0122	0.03
188. Phimosis	5	6	8	8	0.17	0.18	0.22	0.22
189. Phosphatesalt in Urine	0	0	0	1	0	0	0	0.03
190. Pigmentation	7	14	10	12	0.23	0.42	0.28	0.33
191. Pityriasis Capitis	8	4	3	10	0.27	0.12	0.09	0.28
192. Pityriasis Rosea	3	10	4	3	0.09	0.28	0.11	0.03
193. Pityriasis Simplex	4	16	10	17	0.11	0.48	0.28	0.47
194. Prostate Tumor	0	1	1	1	0	0.03	0.03	0.03
195. Pregnoncy Dermatitis	1	0	0	3	0.03	0	0	0.09
196. Prorigo	13	10	2	0	0.44	0.30	0.06	0
197. Pruritans	6	6	1	2	0.18	0.18	0.028	0.06
198. Pseudogonorrhea	0	5	9	6	0	0.15	0.27	0.18
199. Psoriasis Punctate	2	10	4	6	0.06	0.30	0.11	0.18
200. Psoriasis Tropica	1	0	0	0	0.03	0	0	0
201. Psoriasis Vulgaris	47	36	40	42	1.60	1.07	1.12	1.17
202. Pulmonary Tuberculosis	2	0	0	0	0.06	0	0	0
203. Purpura Hemorrhagic	4	8	6	2	0.12	0.24	0.16	0.06
204. Pyoderma	4	0	4	1	0.12	0.0	0.11	0.03
205. Pyogenic Papilloma	3	2	0	0	0.09	0.06	0	0
206. Pyorrhea	1	0	0	0	0.03	0	0	0
207. Relapsing Fever	0	0	0	2	0	0	0	0.06
208. Retention of Urine	0	0	0	3	0	0	0	0.09
209. Rheumatic Arthritis	1	0	6	0	0.03	0	0.18	0
210. Rosacea	32	30	32	0	1.08	0.89	0.89	0
211. Scabies	195	193	210	135	6.57	5.71	5.88	3.78
212. Scalds: First Stage	0	0	0	1	0	0	0	0.03
Second Stage	0	4	56	89	0	0.11	1.56	2.49
Third Stage	0	0	0	4	0	0	0	0.12
213. Scheroderma	1	0	1	2	0.03	0	0.03	0.06
214. Scars	0	0	0	4	0	0	0	0.11

215. Scurvy	0	0	1	0	0	0	0.03	0
216. Sebaceous Cyst	0	0	1	3	0	0	0.03	0.09
217. Seborrheal Capitis	2	2	1	3	0.06	0.06	0.03	0.09
218. Seborrheal Warts	1	0	0	0	0.03	0	0	0
219. Spermatorrhea	11	6	13	27	0.37	0.18	0.36	0.75
220. Spermatozoa Examination	0	0	0	5	0	0	0	0.15
221. Spirochetosis	2	0	1	1	0.06	0	0.03	0.03
222. Stomatitis	0	3	1	6	0	0.09	0.03	0.16
223. Stricture of Urethra	1	5	7	6	0.03	0.14	0.19	0.16
224. Superenal Gland Tumor	0	0	1	0	0	0	0.03	0
225. Sycosis	0	1	0	1	0	0.03	0	0.03
226. Syphilitic Endoarteritis	0	1	0	0	0	0.03	0	0
227. Synovitis	0	1	0	0	0	0.03	0	0
228. Syphilis Early	36	73	93	0	1.20	1.57	2.60	0
229. Syphilis Late	15	27	17	12	0.51	2.88	0.44	0.33
230. Syphilis Latent	3	10	5	2	0.09	0.30	0.14	0.06
231. Syphilis Congenital	0	0	0	11	0	0	0	0.30
232. Syphilis Malignant	0	0	1	0	0.0	0	0.03	0
233. Syphilis Nervous System	0	0	1	10	0	0	0.03	0.30
234. Syphilitic Arthritis	1	1	1	0	0.03	0.03	0.03	0
235. Syphilitic Periostitis	0	0	0	2	0	0	0	0.06
236. Syphilitic Ulceration	1	0	1	2	0.03	0	0.03	0.06
237. Tabes Dorsalis	3	6	0	0	0.09	0.18	0	0
238. Tinea Capitis	90	82	98	80	3.06	2.43	2.74	2.24
239. Tinea Circinata	20	16	23	9	0.68	0.47	0.64	0.25
240. Tinea Cruris	25	30	30	25	0.85	0.88	0135	0.60
241. Tinea Imbricata	1	1	3	3	0.03	0.03	0.09	0.09
242. Tinea Favosa	0	7	29	13	0	0.21	0.81	0.36
243. Tinea Vescolor	16	9	6	18	0.54	0.27	0.16	0.50
244. Trychophitosis	0	1	1	0	0.06	0.03	0.03	0
245. Toxication	0	0	0	1	0	0	0	0.03
246. Tubercular Joint	1	0	0	0	0.03	0	0	0
247. Tubercular Glands	2	2	1	3	0.06	0.06	0.03	0.09
248. Tuberculid	0	0	0	2	0	0	0	0.06
249. Tubercular Kidney	0	0	1	3	0	0	0.03	0.09
250. Tumor of Rectum	0	0	0	1	0	0	0	0.03
251. Tumor of Sebaceous Glands	2	0	0	0	0.06	0	0	0
252. Tumor of Prostate	0	0	0	1	0	0	0	0.03
253. Tumor of Testicle	0	0	1	0	0	0	0.03	0
254. Ulcer Tubercular	0	0	0	1	0	0	0	0.03
255. Ulcer Chronic	0	12	6	6	0	0.36	0.16	0.16
256. Urethral Spasm	0	0	0	2	0	0	0	0.06
257. Urthral Infection	4	2	2	8	0.12	0.06	0.06	0.22
258. Urticaria	63	41	62	55	2.04	1.20	1.73	1.54
259. Urticaria Pigmentasa	0	0	1	0	0	0	0.03	0
260. Varicose Vein	1	8	2	6	0.03	0.24	0.56	0.16
261. Variola	0	0	0	2	0	0	0	0.06
262. Varrucosa Juvinilis Planus		0	8	12	0	0	0.22	0.33
263. Vicents Angina	0	1	0	0	0	0.03	0	0
264. Vulvitis	0	1	0	0	0	0.03	0	0
265. Warts Vulgaris	82	53	52	54	2.70	1.57	1.45	1.51
266. Warts Planus	2	10	0	0	0.06	0.30	0	0
267. Wassermann's Reaction	327	270	301	340	11.11	7.12	8.42	9.52
Total of New Patinets	2919	3476	3397	3512				

0813

REPORT OF THE NURSING EDUCATION DEPARTMENT

During the year 1939 the School of Nursing of Cheeloo University Hospital rearranged its former course of three and one half years to fit into the plan of the University Short Courses. This lengthened the course by six months, thereby giving an opportunity for a full year of pre-nursing work on the campus.

The aims of this first year course in the University are:--

(1) To give women entering nurses training a more complete background of fundamental sciences so that they may understand the scientific principles upon which nursing procedure is based.

(2) To profitably employ the time between the age of leaving middle school and the age at which women may enter nurses' training.

(3) To give a better cultural foundation.

The 1939 class is now in the School of Nursing. Observers frequently remark that they have noticed this group of students conduct their work in the wards with more poise and assurance than is usual with first year students. We can observe in these first few months they have been with us how much greater is their grasp of the principles of nursing care than has been our experience with students lacking this foundation.

Of the thirteen students who began in the pre-nursing course on the campus the fall of 1939 ten are still with us in the School of Nursing. One has had to drop out on account of illness. There are twenty students in the pre-nursing group this year and the indications are that practically all of these will continue on into the School of Nursing this coming summer.

Miss Miller, Director of Nursing Education, is "at home" each Friday afternoon from three to five to the pre-nursing students. Each student is expected to see her at least once a month. This gives the students an opportunity to ask their innumerable questions concerning nursing and gives Miss Miller an opportunity to know the girls, advise them, and discuss with them their progress. During China New Year Holiday one of the pre-nursing students called on her. The student led the conversation around to a discussion of things of the spirit. She comes of a non-Christian family and has formerly attended non-Christian schools. This first term on the campus has led her to desire the Christian way. She came to ask Miss Miller what she should read and how prepare herself for baptism.

In the book "Essentials of Medicine" by Charles Phillips Emerson, M.D. we read the following paragraph:

> "While research workers may discover the causes of diseases, while doctors may correctly diagnose and treat patients suffering from them, while Departments of Health may promulgate rules and regulations designed to protect the population against them, yet in final analysis the success of the efforts of all these specialists rests with the trained nurse; for it is she who actually cares for patients when ill; and it is she above all others who educates, demonstrates, and finally persuades the general public to put into actual practice measures which alone can protect them against the acute infectious maladies."

If this statement is true, and from experience we know it to be so, then it is important to all departments of health work connected with Cheeloo University and the Tsinan Community that our Nurses Training School and conditions for practical experience for nurses be the best. Only thus can we secure a better type of nurse and a higher degree of success in the departments of research, prevention, diagnosis, cure, and health education of the public.

The School of Nursing of Cheeloo University Hospital has had a somewhat stormy career due to political conditions which have made it necessary for the school to close twice within the last ten or twelve years. At present, in spite of the political situation, the prospects for the Nursing Education Department in Cheeloo are bright. We are, thanks to the pre-nursing course on the campus, getting a better grade of student, we have raised our standards and have added to our teaching personnel. There are several things we still lack which are essential to a first class School of Nursing. To secure these we need the understanding and help of the entire University personnel, Board Members, and friends at home.

The School of Nursing is fortunate in having the departments of Medicine, Pharmacy, Technology, Social Service, etc. so ready and willing to give themselves generously to meet our Curriculum requirements. We appreciate much this hearty cooperation.

Formerly the Superintendent of Nurses was in charge of both the Nursing Education and Nursing Service. Either of these is a full time job and we are glad to announce that these responsibilities are now divided. The Director of Nursing Education is Miss Geneva E. Miller B.A., R.N., M.S. who came to Cheeloo in September, 1940 direct from two years valuable professional experience in Beirut Syria. Prior to that she obtained a Master degree in Nursing Education and Administration from Western Reserve University, Cleveland Ohio during her year at home which followed five years experience in Nursing Education and Hospital Administration in Central China.

MAR 24 1941

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"While research workers may discover the causes of diseases, while doctors may correctly diagnose and treat patients suffering from them, while departments of health may promulgate rules and regulations designed to protect the population against them, if in fact all these specialized efforts to cure or prevent disease are to reach the highest degree of effectiveness, there must be a close general agreement among all: and if it is ever to be approved all offers who participate must fully perform the essential service alone which only a professional practice presents which is concerned with the scope intellectual and cultural."

It puts a premium on the value of medical service and upon the importance of all departments of health work when it is known that Case School and Western Reserve University Hospital and the Cleveland Health Museum have at home which following this very extensive experience in adult education and administration from Western Reserve University, Cleveland Ohio, are now in close cooperation with the Cleveland Health Council.

The School of Medicine, Dentistry, Pharmacy, Nursing and Public Health are co-operating in the Cleveland Health Council. Further, the Schools of Medicine, Dentistry, Pharmacy, Nursing, Social Service, etc. on Lake Erie, are in close relationship with the Cleveland Health Museum.

Formerly the superintendent of Nurses was in charge of both the Western Reserve Nursing Service. Either of these is a full time job and we are glad to announce that these responsibilities are now under the direction of Miss Genevieve E. Miller R.N., B.S. who came to Cleveland in September, 1940 with five years valuable professional experience in Metropolitan Hospitals. Prior to that she obtained a Master degree in Western Reserve University, Cleveland and Columbia University. Miss Miller has had wide experience in Public Health Nursing and is known as a pioneer. She is a member of various professional societies.

The School of Western Reserve University Hospital has had a long and honorable history which have made it necessary for the school to close twice within the last ten or twelve years. At present, in spite of the political situation, the prospects for the Western Reserve University Department in Cleveland are bright. We are, thanks to the pre-Western Reserve centre on the campus, delighted to have a permanent home at last and have started out with a splendid personnel. There are several fulltime and part time members of the faculty of the School of Western Reserve who have been the undergraduate and also of the entire staff. Boards Members, and Trustees as well.

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