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February 1941.

CHENGTU UNIVERSITY HOSPITAL, TSINAN

MEDICAL SCHOOL ACTIVITIES. The Medical School proper has been transferred to Chengtu. In addition to the officially recognized work at Chengtu, which will be reported from that place, the following sketch outlines some of the medical work being carried on in Tsinan.

All but two members of the Chinese teaching staff moved to Chengtu at the outbreak of hostilities and, in 1939, Dr.E.B. Struthers joined the teaching staff there. Dr.Struthers has been cut off from his home and his work since 1938, except for a short visit in the spring and summer of 1939.

A certain amount of teaching work to medical students has been carried on in North China. Six of our medical students went to the P.U.M.C. in 1937 and, of these, three took their interneship in Tsinan, in 1939-40, and graduated here. These three students were fully equal to our best standards of other periods. Two students from the Provincial Medical School, Tsinan, came to us to continue their medical studies. They have been given training as clinical clerks and some special teaching has been provided for them. They are now in their third year of this work and, although not equal to our students in fundamental pre-clinical training, they have shown a high quality of work and will be valuable doctors when qualified.

MEDICAL GRADUATES. Up to and including the class of 1937, there were 364 graduates of the Medical School. Statistics show that at least one third of these were working in Mission hospitals and about one sixth in Government and Public Health services, many in rural districts. It has been impossible in recent years to keep track of all of the medical graduates, now numbering 415, but there are about thirty still working in mission hospitals in occupied territory in the North-east. The majority have gone to the West and we get good accounts of various old graduates from time to time. Whether in mission, Red Cross or Government institutions, they are doing their bit in building up the new China in the West and, incidentally, preparing for the future reconstruction of the whole country.

ASSISTANT RESIDENTS. Several Assistant Residents have been secured with some difficulty. They are paid salaries below those obtainable in ordinary hospitals, but are willing to serve here on account of our higher standards of work and the training they receive.

RESIDENTS. Two Residents, both women, competent to take responsibility, are doing so with distinction on our staff. Dr.H.C.Shih, a graduate of Moukden, with one year's post-graduate work in the P.U.M.C., served one year here with Dr.A.V.Scott and is now taking charge of Pediatrics in Dr.Scott's absence. Dr. H.C.Hui, one of our own graduates, with three years experience here as Assistant Resident, is acting as Resident in the Department of Medicine.

GROUP STUDY AND INSTRUCTION. A number of activities are carried on by which the staff work together in group study and institutional instruction to the junior staff.

(1) Staff Rounds are held once a week, in which medical and surgical services co-operate. Cases are presented, either because of special interest, or as presenting problems for diagnosis, on which the whole staff can co-operate in consultation.

(2) Staff Journal Clubs run regularly, a senior club for the whole staff meets on alternate weeks. The Medical service has a junior Journal Club, under the supervision of Dr. Morgan, in which the junior staff make reports in Chinese.

(3) History Meetings are held regularly on all services.

(4) Autopsies. After a period in which there seemed to be a definite obstruction from some quarter unknown, autopsies have again become possible and permission has been obtained for several of interest and educational value.

SPECIAL GROUPS IN TRAINING:

(1) Pharmacy Course.

Historical Survey. From 1922 to 1929, small classes of one, two or three students were trained in Pharmacy by one foreign teacher. Some of these students were sent to other institutions for further study. Eleven such students were trained in this way and went out to Mission hospitals.

As more hospitals applied for trained pharmacists, the need for a Pharmacy Course became more pressing, so, in 1929 a 2-year course was begun, with three teachers, two Chinese and one foreign. 12 students graduated from this class in June 1931. The Course continued till 1937, students being taken into the class in alternate years. Owing to the "China Incident" in 1937, the course had to be discontinued for three years. It reopened in September 1940 with a class of 16.

Since its inception, 71 graduates have been sent out from this Course. A few are still working in Mission hospitals in N. China, but, since 1937, most have gone to unoccupied China, where they are employed in Mission hospitals, private practice or Government service. Prior to 1937, more than 50% of our Pharmacy graduates were employed in Mission hospitals.

Present Curriculum. Since the re-opening of the course in September 1940, we have been helped by other departments of the University. The present curriculum consists of the following:-

English: conducted by the English Department throughout the 2 years.

General Chemistry and Analytical Chemistry: conducted by the Chemistry Department during the 1st year.

General Biology: conducted by the Biology Department during the 1st year.

Personal Hygiene: a 1-year course, given by a doctor from the hospital.

Pharmaceutical Organic Chemistry: a 2-year course.

Practical Dispensing: a 2-year course.

Materia Medica: a 2-year course.

Pharmacy: given during the 2nd year.

Prescription reading and elementary Latin: given during the 1st year.

Posology and Incompatibility: given in the 2nd year.

11. Physiology (from the Pharmaceutical standpoint): a short course in the 2nd year.
12. Book-keeping.

Courses 5-12 are given by teachers of the Pharmacy Department.

Admission Requirements. Candidates for the course must be graduates of a Senior Middle School. They must take the usual entrance examination to the University. Accepted students become regular students of the University.

Diploma. Graduates of this course receive the Pharmacy Diploma of the University. This formerly enabled them to register as Pharmacists with the Government.

Aim of the Course. The aim of this course is to train men and women to take charge of hospital pharmacies, to engage in private practice or Government service.

When more teachers can be secured for the Pharmacy Department, it is hoped to extend the course to a 3-year course, so that a degree in Pharmacy may be given.

Present Needs. We urgently need three or more teachers for the Pharmacy Department, so that each teacher may be responsible for only one, or, at most, two, of the pure Pharmacy subjects, and in order that the course may be extended to a 3-year course.

Also, owing to the present limited staff, we are still only able to accept students in alternate years. With a larger teaching staff, we hope to be able to accept students each year.

(2) Course in Laboratory Technique

The Hospital Laboratories. The "incident" of 1937 caused a sudden loss of personnel, both of our laboratory technicians, and of our internes, who had been trained to do a large share of the hospital laboratory work. At first, we were reduced to doing only a bare minimum of necessary examinations; now, with the increase in the bed occupancy and the graduation of a class of technicians, the volume of work being done is as large as ever. These years with few or no internes are providing unusual opportunities for the training of young technicians. Our major problem, at present, is how to rise to the demands made on us, with cheerful co-operation, and, at the same time, maintain certain minimum standards of careful examination.

Out-patient Department Laboratory. The O.P.D. laboratory is a small, compact, one-room unit, situated between the Pediatrics and Medicine out-patient clinics, on the second floor of the O.P.D. building, where the ideal is to provide laboratory service at the same as patients are having their physical examinations at the hands of the physicians. This makes it possible to obtain fresh specimens and to have many laboratory reports in hand before the patients leave the clinic, and, in many cases, to institute treatment at once. It also enables the O.P.D. to function as a diagnostic clinic, with facilities for the investigation of ambulatory patients, so that admission for study is largely limited to those patients who need bed care. This saves money for the patient and time for the staff.

Another advantage of this arrangement is the opportunity it gives the physician to step into the laboratory and see an occasional ameba from his dysentery patient or a parasite in the blood of his malaria patient. We are fortunate in

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having several physicians who are specialists in fields closely related to the laboratory sciences, and we owe much of our development to the instruction and friendly pressure exerted by Dr.E.B.Struthers, in kala-azar, Dr.H.J.Smyly, in the dysenteries, and Dr.Julia Morgan, in tuberculosis. We have adopted, for O.P.D., as well as for hospital practice, the strict criteria that no treatment for amebic dysentery, malaria or kala-azar shall be given until the respective organisms have been demonstrated.

Routine urinalysis is done on each patient at the first visit to the medical out-patient department, also at all visits of expectant mothers and of all syphilis patients being treated with toxic drugs. The apparent rarity of diabetes mellitus in China is much reduced where routine urinalyses are in vogue, and many cases can be diagnosed while still in the symptomatic stage. Complete blood counts, examinations of feces, and of sputum for tubercle bacilli and of nasal smears for lepra bacilli, and determination of the Sedimentation Rate of the red cells of the blood can also be done in this laboratory.

Hospital Laboratory. Near enough for co-operation is the Hospital Laboratory, on the adjoining second floor of the new hospital. A two-room laboratory, with the usual equipment, plus an electric incubator, comprises this unit.

Bacteriology, Serology, Pathology & Blood Chemistry Laboratories. These larger laboratories are housed in the Medical School building, close to the teaching units, which, in these days, are used only for student nurses and student technicians. They are removed from the hospital by about a three-minute walk, either via the over-the-street bridge or via the under-the-street tunnel. In sending specimens and reports, much use is made of the willing legs of those servant lads whom the kindly Shantung custom calls, regardless of age, "Big Brother Liu", "Big Brother Wang".

Personnel. Our "dean" of technicians is a mature man of middle age, who himself represents an ideal gentleman and laboratory worker. He began, as a medical student, about 25 years ago, but could not continue because of increasing deafness. He has studied or taught most of the pre-clinical disciplines of the medical course and is in charge of the Bacteriology and Serology laboratories, as well as heading up the University's special teaching course for student technicians.

The senior technician in charge of the O.P.D. laboratory is a graduate of our own course of seven years ago. Still another has come up through the ranks of the servants to a position of skill and trust as head of the blood chemistry laboratory and as a teacher of young technicians. Four junior technicians, all of the 1940 graduating class, complete the group. Here, too, we have folk who have found laboratory work a congenial solution of an earlier frustration of life purpose. Two of them were forced to give up nursing because of health handicaps; one had to abandon the career of medical student because of personal factors and "the situation".

Weekly conferences are held, where the large and small difficulties of our work are faced as they occur. Ideals in scientific work, the technicians' code of ethics and etiquette and the technique of offering and receiving criticism all come up for frank discussion here. Here, both young and old, we are learning that most problems have at least two sides and, almost always, a solution.

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(3) Hospital Social Service Case Work Course. In 1939 we started a 3-year course for Hospital Social Case Workers, as one of the Special Courses Group. Four members of that class are doing good work in their second year and will next year come into hospital for their practice. We hope, in the future, to continue such a course in social work along more general lines, specializing in the last year.

HOSPITAL WORK. The service of the University Hospital has been carried on without a break. Its work was greatly reduced during the winter of 1937-38, but, since then, it has steadily grown in volume, so that, in the months of March and April 1940, there were record numbers of attendances in the Out-patient Clinic. The work of the hospital has been maintained at a high standard. Efficient laboratory facilities are in constant operation, for clinical investigation. Bacteriological tests, blood chemistry and basal metabolic rate are all carried out by technicians under qualified supervision. An electro-cardiograph has just been installed and will be an invaluable adjunct to cardiology.

In-patient Service This is now practically confined to cases who must be treated in bed and to some small groups who require close observation for diagnosis.

The Old Hospital building houses the Surgical wards and Operating Room, with the Obstetrical Service on the top floor. The Medical Service is in the New Hospital building. Plans and money are both ready for the building of a new 200-bed hospital, but, owing to political vicissitudes, it has never been possible to complete this building. The west wing and the Out-patient Department were built and opened in 1935. This is a beautiful building of modern type, with facilities for excellent work.

Cases admitted to hospital include most of the diseases seen in western countries. Of those peculiar to this region, Kala-azar is outstanding. This disease is caused by a small protozoan and is fatal in a great majority of cases. It can be cured in most cases by a course of treatment lasting three weeks and costing $80.00. It is gratifying to be able to give such confident service, but, at the present rate of exchange, this is a heavy cost to poor patients. A man brought his son from the country not long ago, and, when he heard the cost, left without further discussion. Although efforts were made to follow up the case, they were not successful. Many of these patients are helped, after investigation by the Social Service Department, and none are sent away untreated for lack of money. Intestinal infections, typhoid and dysenteries provide a large number of cases. Heart disease is common and interesting neurological conditions are continually coming along.

Pediatric Division. This is operated as a separate division under Dr.Annie V.Scott. The Children's Ward is divided into cubicles, to prevent cross infection. (Particulars with regard to this service will be given by Dr.Scott.)

Mothers' Club Work. Since the beginning of the Pediatric Division, mothers of all types and classes have been bringing their sick children for treatment. Children from the better homes have come, others from middle class homes have sought treatment, while the very poor have come in greater numbers than all others. All have been given the same careful

attention while in the clinic, but all the mothers have been found wanting in the knowledge of the simplest rules in regard to the care and feeding of the pre-school child. The child with a slight illness would be made well; the child with a more severe attack of illness would recover, over a period of several weeks, only to return at a later time with another attack, from which he might have escaped had his mother known the method of prevention or even the simplest rules for giving him the needed care at the beginning of his illness.

For the most part, all the mothers are very ignorant and without training in any line pertaining to home life and the rearing of a family. Indeed, it might be thought a hopeless situation, when those who have known the benefits of some education, as a result of having gone to school, are found to be no more capable of caring for their children than the most ignorant and unschooled ones. To the doctors and those working with these mothers and children there came a time when the situation DID seem hopeless, unless something could be done to help these mothers keep their children well. The great importance of organised work was realised when the doctor at the head of the department said one day: "We are simply going round in circles unless we train these mothers to keep their children well! Why cannot we organise Mothers' Clubs, give the mothers a course in care and feeding of their children, eliminate a lot of sickness, save a lot of time and trouble, and make everyone happier?" This seemed to everyone connected with the department the best of good sense, so the Mothers' Club work was started then and there.

There was outlined a course of twelve simple lessons, each lesson to be supplemented by lecture and demonstration which the most uneducated mother could digest. These lessons were printed in small booklet form and each mother was given one. The clinic was drawn on for mothers to make up the first class. Mothers who came to the hospital for delivery were approached, told the benefits of such study and urged to join a class when possible. There seemed more mothers anxious for the course than we could well handle. Older mothers flocked to us, saying they had the care of their grandchildren, so weren't they eligible? As we were most anxious to reach the young mothers, it took some real juggling to turn the tide in their favor, but, after six years of work with them, we have concluded that the older ones are convinced they have had their day and are willing to give way to the younger ones, for now our classes are made up almost wholly of mothers who are having their first children.

Classes meet each week, and, when grouped, they are met by a Health Nurse who is capable of telling them the things they should know. One of the first lessons is on How to Bathe a Baby. A large rubber doll is used for this demonstration, a simple tub and other utensils which can be locally purchased for a small amount. Throughout the entire course, we hold to the idea of working with them in their own way, when that seems a good way, and always adhere to using the things with which they have to work in their own homes. At another time, they are shown how to put a baby to bed, when and where; being told that fresh air and sunshine are needful to keep a baby well; that a baby cannot be well when allowed to sleep with adults and in a darkened and airless room. Proper, but simple, clothing is stressed and a period is taken to tell them,-always demonstrating,-how to prepare

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the baby's bottle, how to mix the feeding. Every point is carefully gone over, not only once, but again and again, to make sure that all understand.

Spinach and carrots are washed, prepared and cooked in class; put through a sieve which is crude but effective; an egg is poached in a manner safe for the young infant to digest, and cabbage is cooked just the right length of time. These things are taught with one aim constantly in mind, that of keeping the baby well. Great and satisfying results are being attained, for the mothers are learning that a baby is a great joy when kept well, whereas a sick baby is everything to the contrary.

These mothers have long known the value of vaccination for smallpox, but, only since we organised these classes, have they been able to appreciate what preventative measures for other diseases can do for their children. They come now, asking for inoculation against diphtheria, scarlet fever and numerous other diseases, also for tests which will bring relief of mind or put them on their guard. They bring their well babies to Well Baby Clinic every week and, with radiant faces, proclaim the advantages of knowing something about how to keep their babies well. Watching their interest and being assured of its constant growth, one marvels at their patience and determination to learn, for how many western mothers would labor under the handicap of having to learn lessons with a small babe in arms, and perhaps another beside her, fretting for attention?

Throughout these weeks of study, we see dull faces becoming brightened; chatter and moments of whispering giving way to times of concentrated thought and attention; untidy dress and unkempt hair undergoing change; and, best of all, a growing desire to be better and to do better by all in the family.

Workers call in the homes, help with problems which would not come to light unless a call were made. Knowing the mother in class makes the home approach a happier one and a more profitable one. In the home, the mother is taught how to prepare the soy bean milk, which is proving a great blessing to Chinese children at this time. The powder is prepared in our Nutrition Kitchen and taken to the homes for cooking. The ingenuity of the worker, coupled with the help and patience of the mother, brings results which are produced in a modern, electrically equipped western kitchen, and this with a smoky, open fire and a large pot, blackened from years of usage.

At the completion of the twelve weeks of study, an afternoon is given over to a graduation party. The graduates gather, with invited friends, in a large hall for the program, and, later, tea. The class are all dressed in new plain blue garments, some provided at great sacrifice, no doubt, and a small red rose is pinned to the left shoulder, to single them out as being the ones who are to be honored at this time. This is their party and is planned by them, with the help of the workers. One class, the largest of any graduated, filled the large platform as they marched up to take their places. Songs, an address, telling of the work accomplished and covered, demonstrations by members of the class, all help to make a happy afternoon. But the high light of the hour is when each mother who has faithfully covered the course marches up to receive her diploma. No king has received his crown with more satisfaction and no scholar's face

has worn a happier expression upon receiving credit for years of hard study. These simple mothers, whose hearts are filled with a just and rightful pride, have learned to make some contribution to a better and saner way of life and they are glad in this realisation.

They each take their diploma home and hang it on the wall, where it is scrutinized and commented on by many a neighbor, which all goes to make its owner stand out as an unusual person in the neighborhood. She is the means of creating many hours of wholesome conversation, which stimulates great interest in a better life for their children and those methods which help their young people to grow up stronger in body and mind.

OUT-PATIENT WORK. It can safely be said that out-patient work is carried on at a standard not inferior, and in some respects, superior to what has ever before been done. The large numbers of patients who come, and restricted accommodation, with greatly increased cost, in terms of Chinese currency, have made it necessary to do more advanced diagnostic work in the Out-patient Department. Every case has a history record. In the Record Room there is a staff of five clerks handling these histories. The temperature, pulse, weight and height are recorded for all medical patients. Laboratory work is done simultaneously, in a special Out-patient Laboratory. Routine examinations of urine, and, when necessary, blood, sputum and faeces, are made and reported the same morning before the patient leaves. More elaborate tests, such as cultures, blood sedimentation rate, etc., are also made. The large number of return visits is significant of sound work and an appreciative clientele.

Treatment of Tuberculosis. The benefit of this service to patients from a wide area is very great. For those who have not personal experience of hospital work, it may be well to give a typical example.

A man comes with a cough which he has had for a few months. Physical examination shows little or nothing abnormal. He is sent to be fluoroscoped, which costs one-seventh the price of a film. Tuberculosis is found in one lung. His sputum is examined repeatedly for tubercle bacilli, with negative results, until a 3-day specimen is treated by a special method of concentration and tubercle bacilli are found. Other laboratory work is necessary to assess the seriousness of his case. Interviews with a Social Worker enable the patient and the doctor to estimate whether and how he can carry out a long period of rest treatment. All these facts are necessary to decide whether he should have an artificial pneumothorax for two or three years, or if he has equal or better chance of recovery without it, in a shorter time. The decision is made by our tuberculosis specialist, Dr. Morgan, for pneumothorax, and arrangements are made by the Social Service Department. The patient is admitted to hospital for four weeks, for commencement of treatment. He then comes once a week for an injection of air into the chest cavity. This means X-ray fluoroscopy, before and after the injection, and the injection itself, which must be done with perfect asepsis, for a secondary infection will be almost certainly fatal. This service requires two doctors and one house doctor

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under instruction. When one considers the service given to this group of patients, a large number of workers have been involved - doctors, nurses, technicians, social workers, orderlies, not forgetting the coolie who cleaned up at the end of the day.

Diabetes Clinic. Diabetes is not uncommon amongst Chinese, but is usually of a mild grade. A weekly clinic is held for these patients, by Dr.Gault, at which they are instructed in a simple manner on the principles of dietetic management of their disability. Samples of different kinds of food and vegetables are exhibited fresh at each clinic and each patient is shown how much of each kind he should use in his daily diet. They are also taught how to test the urine for sugar, so that they can keep regular control against exceeding their carbohydrate intake.

Other groups of diseases are handled in a similarly organised manner, notably gastro-intestinal complaints, for which gastric analysis and X-ray diagnosis can be carried through on out-patients.

The Syphilis Clinic, in the Division of Dermatology and Syphilis; a reference to our statistics will show that the attendances in this division numbered 4287 first visits and over 15,000 return visits, last year, coming next to the Surgical Department in total attendances. In this clinic, "606" and Bismuth injections are given in courses of three months, for which a single fee is charged, and the patients are encouraged to continue these.

X-Ray Work. The following note is confined to X-ray work in relation to the Department of Medicine. A notable feature is diagnosis by fluoroscopy. This procedure makes a great economy in material and is organised so that great numbers pass through the daily fluoroscopy clinic. It is used in routine examinations of all cases suspected of tuberculosis from clinical evidence, and it is sufficient, in most cases, to confirm or correct the clinical diagnosis. In addition to patients, the following groups are all examined by the fluoroscope: all Cheeloo students, all nurses, all employees. These groups of normal, healthy people total over 800 and about 3 or 4 are found to have tuberculosis not previously suspected. One school has sent its students and two Chinese business firms of high standard have sent their employees, one for routine fluoroscope and one for complete medical examination. Apart from our own employees, all pay a small fee which covers cost of X-ray and technician service.

Private Patient Service. For many years, a private patient service has been carried on by the hospital and, during the year 1940, this has been placed on a more efficient footing, through the continuous attention to it of one physician, Dr.R.J. McCandliss, who has combined this with X-ray work. In this clinic, for which patients pay a reasonable fee, helping our finances, considerable numbers of well-to-do Chinese are treated, apart from the rush and commotion of an out-patient clinic.

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Specially valuable is the service given to missionaries and other foreigners who come from a distance, or with introductions from other doctors, for consultation and investigation.

DEPARTMENT OF SURGERY. The Department of Surgery has had a busy year, keeping fully occupied its constant quota of sixty beds, with an average of five additional beds, in the 1st and 2nd class services, and there have been many occasions when extra beds had to be fitted up for emergencies. One innovation during the year was the provision of ten beds for children under 12, on the Pediatrics floor, in the New Hospital. This improvement was much welcomed by the Surgical and Nursing services and, doubtless, also by the little patients themselves.

Our patients continue to come from a wide area, many being referred by smaller mission hospitals, in communication with us by train or bus services. We have had a regrettably long waiting list and, although we have discharged an average of fifteen patients per week, the number of days in hospital per patient has been high, owing to the number of cases of chronic osteomyelitis requiring prolonged treatment.

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 suprapubic wound is closed without drainage and primary union may be expected in the average case.

Contact has been made during the year with a district in the south of the province where Filariasis is endemic. Some cases of early Elephantiasis of the legs have been much improved by bandaging and physiotherapy and, in a case of elephantiasis of the scrotum, amputation gave an excellent result. These cases, on their return home, are likely to bring to the notice of others the possibilities of surgical treatment.

Cases of chronic osteomyelitis and sinus formation originating from pyogenic infection, tuberculous, with superimposed pyogenic infection, or gun-shot wounds, continue to reach us in large numbers and present us with difficult problems, both surgical and economic. In most cases, these have been treated by a saucerization or debridement of the affected bone, and vaseline gauze pack, with a change of dressing at increasingly long intervals up to two weeks. For various reasons, the full Winnett-Orr treatment has not been used routinely during the past year, but, owing to the number of such cases and the long period of hospitalisation they require, the best method of treatment is constantly under review. Most of them come from long distances, involving difficult travel, so that they cannot be sent home, even in plaster, until the time for supervision has passed. We have wanted to open a hostel for such patients who did not require full hospitalisation, but suitable premises have not yet been available.

The gift to the hospital of 16 milligrammes of Radium and the development of our X-ray unit, so that Radiation therapy up to its capacity of 100 K.V.P. can be carried out, have extended our possibilities of treatment. The Department of Surgery, co-operating with the Department of Radiology, has treated several cases of malignant tumour or hemengiome, in the region of the mouth, during the year. Suitable cases of Tuberculous Cervical

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Adenitis have also been referred for Radiation therapy.

Though no regular teaching programme has been carried during the past year, the department has, as far as possible, maintained the activities of a University Hospital. The records of discharged patients have been reviewed each week at a Staff Meeting, a weekly Staff Ward Round, with discussions on interesting patients, has been maintained and, for most of the year, a weekly Journal Club was held. In addition, papers were read on the following subjects, by Surgical Staff members at the general Staff Journal Club's fortnightly meetings:

(1) The Treatment of Tuberculous Cervical Adenitis.
(2) Closed Intrapleural Pneumolysis.
(3) Nerve Lesions associated with Lesions of the Spinal Intervertebral Discs.
(4) The role of the Intervertebral Veins in the spread of Metastases.

As much Pathological material as possible has been supplied from the Surgical Service, for study in the Department of Pathology, but we regret that the number of autopsies obtained has been small, and improvement in this respect is hoped for during the present year. Biopsies have been done on both In and Out patients, where necessary for diagnosis, or where material of special pathological interest could be obtained by this means.

Special apparatus demonstrated to staff members and adopted for use in the Department has included (1) a simplified form of Suction apparatus, as described by Max Golden Verg, of the Jewish Hospital, St.Louis; (2) a Miller Abbott intestinal tube; (3) Electro-cautery for Intra-pleural Pneumolysis; (4) Baxter Blood Transfusion apparatus.

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 orthopaedic 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.

Division of Otolaryngology.

Equipment in use:

Dark room for Transillumination
Revolving chair for Vestibular tests
Galvanic apparatus " " "
Audiometer for testing hearing loss by bone and air conduction.
New X-ray Viewing box.

1939-40

Out-patient attendances	5,271
In-patients	113
Operations in main theatre	198

Also many minor operations in Out-patient Clinic.

The aim of the department is thorough investigation and high grade of treatment. For example, in a case of suspected Carcinoma of Oesophagus, the following would be the procedure:

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1. X-ray of Oesophagus, with Barium swallow, using first thin and then thick Barium paste.
2. Oesophagoscopy and biopsy.
3. If still in doubt, W.R.

If it is a Carcinoma, two lines of treatment:
1. Placing of metal Soutter's tube into growth.
2. Gastrostomy.

By thorough investigation, we have diagnosed and treated successfully several cases of Cardiospasm.

Co-operation with Social Service Department.

Ch'en Wang Shih took Nitric Acid last July, because of trouble with mother-in-law at home. After about 4 weeks developed Cicatricial Stenosis of Cardiac orifice of Stomach. Gastroenterostomy performed. As soon as recovered, X-ray of Oesophagus done and strictures located. Gradually dilated with gum-elastic bougies, first as in-patient, then as out-patient.

After a month or two, became less regular in attendance. Social Service Department went to home to inquire. Found serious trouble, threatening law suits and no money to pay for treatment. Managed to smooth things out. Kept constant touch with patient, encouraging her and helping her to a better attitude towards life. Now, six months later, she eats well, looks well and is looking forward to final cure before long.

Pastor Chao: referred here from country hospital. Exam. and X-ray showed Chronic Purulent Sinusitis of R.Frontal, Ethmoid and Max.Sinuses, many years. Radical Caldwell-Luc operation done on R.Max.Antrum under Basal Anaesthetic. Ten days later, turbinectomy, removal of nasal polyp and opening of L.Ethmoid cells done under local anaesthetic. Frontal Sinus treated conservatively. Now free from headache, clear air-way, nasal mucosa healthy, no more nasal discharge and patient ready to go home and back to work as Hospital Evangelist in own town.

Division of Ophthalmology. The Out-patient service of the Eye Division has the necessary space and equipment to care for the approximately 10,000 treatments annually given. Only cataracts and the more serious operative cases are admitted as in-patients.

A very large proportion of the cases we see are trachoma or the results of trachoma. We have been experimenting with various treatments for this disease, including Copper Ionization, and Sulphanilamide. There is great hope that the latter is going to prove the most effective remedy so far discovered for trachoma. We also constantly see cases where the cornea has been damaged, if not destroyed, due to lack of Vitamin A in diet.

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DEPARTMENT OF RADIOLOGY. The X-Ray Department, during the past three years, has developed a continually expanding program, since the temporary setback experienced during the local phase of the present warfare. Allusion has been made to the distinctive work of chest fluoroscopy. In addition to this valuable service, considerable work is being done by fluoroscopy of the gastro-intestinal tract. In radiography, although chest films are in the majority, there are many cases of bone and joint disease, gunshot wounds, nasal sinuses, measurements of the obstetrical pelvis and other studies, employing the relatively expensive X-ray films, totalling more than 1100 a year.

Under Dr.McCandliss, a beginning has been made in Radio-therapy, both by X-ray and Radium. The existing apparatus, although quite adequate for practically all needs in diagnostic work, does not carry sufficiently high voltage for deep X-ray therapy. Therefore, only superficial X-ray treatment has been attempted. This has proved invaluable for certain skin conditions, tuberculous glands and superficial malignant growths.

A small quantity of Radium was loaned to the hospital recently by the United Church of Canada, from a hospital in Honan, temporarily closed. An encouraging number of cases of deep cancer have been treated with the radium needles, with beneficial results.

The immediate opportunity for work in this department would take the full time of two men. Regrettably, for the work in Tsinan, Dr.Greene, the head of the department, has already left this hospital, to join the Cheeloo University medical staff at Chengtu.

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EVANGELISTIC WORK.

Staff: Two Chinese men evangelists, graduates of Cheeloo Theological School.

One Chinese woman evangelist.

Three part-time foreign evangelists, one man, two women.

Methods of Work:-

Daily Staff Prayers in hospital chapel, 8.40-9 a.m. These are led by voluntary helpers, members of Medical and Nursing staff and other hospital staff members, as well as friends from outside.

Daily Ward Prayers; 8.40-9 a.m. Simple evangelistic services are held in each ward. These are taken by the evangelistic staff and other voluntary helpers. They consist of a hymn, selected Bible reading, short address and prayer.

Our method is to work through the salient facts of the Life of Jesus, as presented in each of the Gospels, using one Gospel per month.

Hymn books and Bibles are provided for each patient.

Lantern Services are held in each ward once per week. These are taken by the Chinese evangelists. Slides from the Life of Christ are shown and explained.

Personal Work with individuals or small groups of in-patients. This is done by all the evangelistic staff. Methods used:

a) Friendly contacts with patients are first made.

b) Christian literature, from the hospital library, is lent to interested patients.

c) Illiterate patients are taught to read from simple tracts.

d) Use of feltograph. This is a green baize-covered board, to which cut-out figures can be attached, so that scenes can be built up while the story is being told, thus illustrating such scenes as the Nativity, Crucifixion and Resurrection, or some of the parables.

e) Talks on Christianity with individuals - these are probably the most important part of the work.

f) Follow-up cards. Patients interested in the Christian message are introduced to the church nearest their home by means of these cards which are sent to church leaders.

g) Follow-up visits. The evangelists visit ex-patients whose homes are in the city of Tsinan. As a result of these visits, some patients are introduced to local churches, of which they become members.

O.P.D.Work. The Chinese evangelists give Gospel talks to large groups of waiting patients, illustrated by pictures or the feltograph. When clinics begin, they carry on with personal talks with individuals. Tracts are given out and Gospels sold at the O.P.D. The small charge made for a Gospel is to help the patient to value it.

Results. We do not believe in keeping statistics, for these, in our opinion, are somewhat unreliable, but many of our patients do show themselves influenced by the Christian message, and not a few profess themselves believers before they leave the wards.

From the evangelistic point if view, chronic cases who remain in the wards for a long time show the best results. For instance, a young farmer was with us for more than a year, with

knee trouble. He professed himself a Christian before he left hospital and, since his return home, has written to say that he is still keen.

An educated girl who came to hospital with a Tb. hip was, at first, quite uninterested, but later became a whole-hearted Christian. She left the hospital and went to Shanghai, where she has joined a church and she writes us several times a year to let us know that she is still happy in the Christian life.

A young business man in Tsinan was in a private ward for four months during this last summer, and has become a most enthusiastic Christian. He has been visited in his own home, where he is trying to influence his family.

It is by no means only the chronic cases that give good results. Patients who are in the wards for only a short time are often influenced.

As instances of these, we may quote the following:

An elderly country-woman was operated on for cancer. She listened eagerly to the gospel message and told all she heard to her husband who visited her daily, with the result that both of them have become Christians and have been introduced to the churches in their locality.

A young girl paid several visits to the O.P.D. and was so influenced by what she heard that she has recently been baptised and joined the Tsinan church, in spite of the fact of severe family opposition.

A Kiangsu youth working in Tsinan was in the wards for three weeks. He had been at a Christian school during his childhood, but had not been in contact with Christianity since. The ward services revived his interest, he eagerly read the literature provided, with the result that, after leaving hospital, he began to attend our Tsinan church quite regularly. He has now left for his Kiangsu home, where he hopes to join the church nearest his village.

These cases might be multiplied, and who can measure the effect of service of doctors and nurses in the hospital? We know that, in many cases, this has broken down opposition and paved the way for the gospel message.

We are thus sure that hospital evangelism is an important part of Christian work in China. After twenty-five years of such work, we have seen many Chinese patients become interested and we know that not a few have become definite Christians and church members through Christian medical work. Our Chinese hospital evangelists can bear the same testimony.

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HOSPITAL SOCIAL SERVICE. The Medical Social Service Department of the Hospital is made up of three full-time workers. One, a Worker on the Medical Service, is a graduate of Cheeloo Arts College, of 1937, who had half a year's elective course in Speial Sertice, with half a day's work a week in the hospital as field worker. Because of the "Incident", it was not possible for her to come on the job until September 1938, since which time she has been working on the same service, spending much time on the Tuberculosis patients and working up the social end of the Nutrition Clinic from its beginning. The Surgical Worker came to us in September 1940 from Yenching University, where her major was Sociology, for which she had done field case work, but she nas had to get acquainted with the medical problems here. She is now a regular worker, the first full-time one we have had for the Surgical Service, which we hope will continue to progress as has the Medical one. Miss Myers carries the social work for the Pediatrics Department, with the help of two volunteers, one a young Chinese women, with one year of nursing, who gives half of each day, while she is preparing to go on with her education along social lines, and Mrs.Robert McCandliss, who has given several hours a day to the Children's Chest Clinic patients, following each clinic patient with a positive tuberculin into its home and through the weekly clinic.

In addition to these workers, the Hospital has a full-time Employees' Social Worker, who recommends applicants for employment, after investigation, and who works with the employees in groups, for recreation and education, as well as keeping in touch with them, as individuals, where there are health, economic or home problems. Through home visits, instruction in health habits, home-making, child care, etc., are given to families. Practically all of the hospital employees' families are now cared for in our clinics and hospital, whereas, formerly, comparatively few were.

The Department also has a young woman office worker who meets all of our patients, many of whom she cares for, steering them, where necessary, to other parts of the hospital and often seeing that they little kindnesses done which might easily be overlooked.

Attached are some details of both medical and employees' social work.

REPORT OF SOCIAL SERVICE DEPARTMENT 1939-1940.

A. 1617 Services rendered to Hospital, divided into:

1. 753 Addmitting Arrangements, including:-
   a. Investigation of financial status of patient, for free and partial payment, for treatment in O.P.D.,X -ray or admission.
   b. Borrowing beds between departments.
   c. Notifying waiting patients of waiting beds.
   d. Securing guarantors.
   e. Effecting admission without guarantor.
   f. Persuading interesting cases (medically) to be admitted.

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2. 173 Discharge Arrangements, including:-
   a. Persuading patients and their families to complete hospitalization advised.
   b. Arranging transportation with responsible relative or friends.
   c. Seeing that arrangements for leaving hospital and for after-care are completed by family or friends.

3. 318 Special Medical Follow-up on cases not under caresocially.

4. 358 Furnishing physician with supplementary social facts to aid in diagnosis and treatment.

5. 56 transmitting to co-operating institutions or individuals reports on their patients.

6. Other special services requested.

B. 329 Personal Services to patients or patients' families, as:-

1. Arranging meals for waiting out-patients.
2. Mailing medicine to out-of-town patients.
3. Buying things for in-patients.
4. Writing letters for patients.
5. Communicating with relatives or friends to visit in-patients.
6. Lending books to patients on ward.
7. Arranging recreation.

C. 1799 Social Treatments to patients and patients' families.
1. Steering between departments or to other institutions.
2. Referring to other institutions for admission or treatment.
3. Referring to social institutions or individuals for social treatment.
4. Social work through visits or interviews at hospital, at home or at work address.
   a. Medical.
      (1) Interpretation of disease and treatment through talking and writing.
      (2) Instructions in health habits.
      (3) Examination and immunization of contacts.
      (4) Temporary care in inn, Y.W.C.A., elsewhere, during or to complete treatment.
      (5) Lending apparatus.
      (6) Securing for patient treatment outside of routine in special cases.
      (7) Referring to Public Health Nurse.
      (8) Payment of outside medical fees of apparatus.
      (9) Arrangements for buying apparatus.
      (10) Securing blood donor.
   b. Financial.
      (1) Advice in making budget or education in use of money.
      (2) Subsidizing patient or family.
      (3) Supplementing family budget (large sums)
      (4) Relief in small amounts of money, as meals, rickshaw fare, small debts, redeeming pawned articles, capital for self-support enterprises, household equipment, etc.
      (5) Securing relief from interested individuals.

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(6) Serving as agent for use of donated money.
(7) Banking or keeping savings for patient.
(8) Loans arranged from hospital or other institution.
(9) Arrangements of paying debts.

c. Relief in Kind:- as clothing, quilts, grain, etc.
d. Changing environmental conditions
(1) Rearranging living quarters.
(2) Advice or assistance in moving.
e. Education.
(1) Enrolling patients in free school.
(2) Securing books.
(3) Vocational training through school or apprenticeship.
f. Employment.
(1) Vocational re-education of handicapped; occupational therapy.
(2) Aid in securing employment, i.e., more suitable in terms of patient's medical condition; more remunerative financially or more satisfying in terms of interest and skill.
(3) Interpreting job to patient in terms of his capacities.
(4) Explaining leave of absence to employers.
(5) Arranging advance in wages.
g. Special Child Care.
(1) Referring children for adoption: illegitimate and others.
(2) Supplementing food for undernourished children.
(3) Securing wet nurse.
(4) Arranging meals for patient's baby.
h. Adjusting Personal Relations.
(1) Adjusting quarrels between family members.
(2) Adjusting quarrels between employer and employee.
i. Helping patient to talk out personal problems.
j. Persuading patient to attend special clinic regularly as advised by doctor.

Kind of Problems dealt with by Social Workers in Past Year.

1. Medical follow-up through O.P.D. and in the home	252
2. Bed Pressure; Informing patients when to return for hospitalization or helping to arrange early admission, etc.	50
3. Chronic Disease; Help through long treatment, as in case of heart disease, diabetes, tuberculosis.	293
4. Cripple; Getting into a home, helping to get right apparatus or easier communication.	11
5. Mental Disability	6
6. Faulty Living Habits	58
7. Personality Problem	10
8. Lack of education In general, or ignorance along special lines.	134
9. Financial difficulty; Help with free treatment or living subsidy.	387
10. Unemployment Help in finding job.	24
11. Unfavorable working conditions Change of job, or lightening of present hours and other conditions.	24

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12.	Illegitimacy	14
13.	Orphans and unwanted children	19
14.	Widowhood and marriage troubles	13
15.	Family troubles	15
16.	Out-of-town patient: No place for waiting family to stay without expense or family goes home, leaving patient alone. Can't return after discharge, must keep in touch with, or send medicine.	168
17.	Nutrition questions: Special food necessary, or ignorance of use of ordinary food.	4
18.	Lack of proper home care: Instruction given, visits made, got into classes.	15
19.	Old age	3
20.	No guarantor	15
21.	Political trouble	25
22.	Non-cooperation	8
23.	Deserted wife	3
24.	Miscellaneous	7
	Total	1568

Occupations of In-patients dealt with by Social Service

Liberal Professions	15
Public Officials	21
Communications	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
Beggers	3
Under occupational age	150
Unemployed, no specialty	76
Rickshaw pullers, wheelbarrow men and other day laborers	32
Miscellaneous	15
Total	929

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Employees Social Service.

A. Applicants:

Number interviewed	104
" employed permanently	26
" " temporarily	32
" " elsewhere	11
" " and gone	6
" permanent employees gone	[illegible]
" on waiting list	14

B. Employees:

Number of home visits made	64
" " hospitalizations	45
" " sick leaves	47
" " leaves for business	32
" " registrations	1129

C. Money and Time spent for Employees:

Free hospitalization	$912.20
" medicine	164.50
" treatment	24.40

Times off for leaves, for business	166½ days
" " " " " sickness	369 "

D. Loans arranged for Employees 29

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THE NURSING SERVICES. It is not easy to write a report on the Nursing Services as a department by itself, as its history, past, present and future, is so intimately bound up with the history of the Nursing School and the history of each and all of the hospital departments.

Before the "turnover" in 1937, we did not think of the Nursing Services as apart from the Nursing School, as the nursing care then depended mainly upon student services. The type of nurse accepted depended very largely upon the acute demand for nurses and we could not make our standards of education and ability as high as we should have liked. It also meant that there was a tendency to place the students' class hours outside their eight hour working day in the hospital. This was not good either for their work in the hospital or for their attainments in their class work. It also showed in the rather high illness rate among the student nurses. The wards were staffed with two graduate nurses only to each ward, and this often meant that responsibility for which they were not fitted was placed upon the student nurses. Also, in some departments where skilled help was needed, it was found that the constantly changing student help placed too big a burden upon the doctors, and a tendency developed to use servants of inferior education who could be left indefinitely in one department and thus gain a menual skill which was impossible for a student nurse whose stay was necessarily brief, as she moved around the hospital, getting her necessary all-round experience. This was bad from the patients' point of view, as their treatment was done by persons not usually considered suitable for such work. It also very much lowered the prestige of the nursing profession, as it gave the impression that people of inferior education could carry what is usually considered nurses' work, and the student nurses, when going to these departments for their experience, found themselves in the position of being taught by people of inferior education and general ability to themselves. It was also bad for the discipline as, later, when these students became graduate nurses, they found it impossible to supervise the work of such servants. The foreign nursing staff were not at all happy about the status of the nurse in Cheeloo at that time.

Since 1937, the position has changed in many ways, and we venture to think that events which were tragic have had their beneficial effect upon the Nursing Services in Cheeloo. Owing to the fact that we were not able to take in a class of Nursing students in 1937, and also that, in 1939, our Nursing Course was lengthened to include a year of pre-nursing work in the University Special Courses, which meant that, in that year also, there was no student class entering the hospital, we have had to enlarge our graduate nursing staff. At present, we have four or five graduate nurses on a ward to two student nurses. This has had many advantages. We are able to include the students' classes in their eight-hour day. We have had graduate nurses to carry the responsibility. We have been able to staff those departments needing skilled help, with graduate nurses, thus dispensing with the help, in a nursing capacity, of the person of inferior standing. This latter course has led to a noticeable increase in the prestige of the Nursing Service,

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amongst those outside the profession, and in self-respect, among the nurses themselves. It has also almost solved the disciplinary problems (with the Hospital Superintendent's help) between the nursing staff and the servant staff. Also, owing to the large number of graduate nurses passing through our hands, we have been able to pick out nurses of outstanding ability and to put them into places of responsibility. We now have a Chinese Supervisor of the Medical and Pediatric wards, five wards in all; a Chinese Supervisor of the Surgical and Obstetrical wards, four wards in all; two Chinese Supervisors of the Out-patient Department and a Chinese Instructress working in the Nursing School. These Chinese nurses have proved their ability and have been of outstanding help to us during this past year.

This change-over from student to graduate nursing, while having many advantages, has also had its problems. One of these has been the matter of housing. Our one and only Nurses' Residence was designed for student nurses and, while it is felt that students can be asked to live four in a room, it is generally accepted that graduate nurses should have the privilege of a room to themselves or, at the most, two in a room. We have no suitable accommodation for the number of graduate nurses we are now employing. Another problem is one of training. Many of the graduate nurses we are employing come from much smaller "schools", which means that they have limited experience in the types of diseases met, in the kind of equipment used and often their background education is of a lower standing. To meet this problem, we have started classes in English and Professional Education. These are actually voluntary, but pressure is exerted to encourage attendance. So far, they have been well attended, and the graduate nurses have expressed their appreciation of these opportunities. A member of the Nursing Staff has had to be given time from her hospital duties to organise these classes and the graduate nurses attend in their own time. Another problem has been the increased financial burden to the hospital of a larger graduate nurses' salary sheet.

Plans for the Future. We hope:-

1) That we may never again have to rely to the extent formerly done upon student labour.

2) That we may be able to extend the scope of our Professional Meetings to include subjects of educational value, but which, strictly speaking, are not actually professional.

3) That we may be able to organise proper post-graduate courses in Dietetics; Anaesthetics & Operating Room Management; Housekeeping, from a hospital point of view; Midwifery. We have plenty of material now for such Courses and are already laying the foundations for the Dietetics and Anaesthetist's Courses by training two of our own graduates who, later, will be able to help in the training of a regular post-graduate class. Plans are in hand for a Midwifery Course, of a year's special training, for graduate nurses. There is a great need for trained midwives all over China and in our own city. The greatest difficulty in organising these courses is one of accommodation.

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4) That we may be able to start Public Health Nursing, in connection with our Out-patient Department. We have already one of our own graduate nurses doing work along these lines and she is hoping to go to the P.U.M.C. in October 1941, to take a regular course in Public Health. When she returns, we are hoping to develop our Public Health around her and give our student nurses practical field training along these lines.

5) That the "conditions" will allow for a general expansion of the hospital, especially along the lines of a Tuberculosis Block and an Isolation Block, both of which are badly needed at the present time. This will mean more graduate staff.

Immediate Needs.

1) A Graduate Nurses' Residence, for women nurses and a residence for graduate men nurses. At present, we have 30 women nurses and 11 men nurses living in Medical School residences which will be needed when the Medical School reopens. Also, these present residences, being designed for men students, are not suitable for women graduate nurses. The new residences should be built large enough to allow for expansion of nursing staff, and to give accommodation for our post-graduate students.

With reference to the men graduate nurses: at one time it was thought that the time would come when men nurses might be dispensed with, and no proper provision was ever made for them. The time when we can do without them seems very far distant, and some think there will always be certain spheres of the nursing field better taken care of by men. It seems that this should be recognised and proper accommodation provided for them.

Needs in the Near Future.

1) More extra grants to the hospital funds for increase in the graduate nursing staff, to keep pace with the hospital extension.

2) Extra grants to the hospital funds for graduate nurses' salaries.

3) Money for post-graduate scholarships and expenses of running post-graduate courses.

4) Money for the setting up and the running of the Public Health Nursing scheme in the Out-patient Department.

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THE LEPER HOSPITAL. The Leper Hospital is situated outside the University Campus, a few minutes' walk from the back gate. It has been organised separately from the University Hospital, but the medical service is given by the Cheeloo staff and its Superintendent is Dr.Smyly. It houses fifty men patients, and there is a weekly out-patient clinic, with an average attendance of about twenty patients. The medical service is given by Dr.Smyly and Dr.C.C.Ch'i. The staff consists of a resident manager, a cook and a handyman. One of the lepers who has been there for many years serves as hospital orderly. He is a clever young man, and although he has learnt all he knows in the Leper Hospital, he is a reliable assistant. Two or three others assist him and all the injections are done by them under the direction of a doctor. The patients are treated, one group with Hydnocarpus Oil and one group with Iodised Ethyl Hydnocarpate. There is a constant demand for admission, but most cases have to be refused for want of room. A large proportion of cases improve under treatment, and a few become arrested: that is, no signs remain of active disease and lepra bacilli cannot be found. Some remain stationary and some steadily get worse. As the years pass, the number of stationary and deteriorating cases tends to increase, and these are the ones who do not go home.* The hospital serves several purposes. It provides a home and isolation for 50 patients,- not much, but a beginning. These men are happy: it is wonderful how happy they are. Many are hopeful: all are contented. It provides a valuable clinic for the study of Leprosy in all stages, and for teaching leprosy in the Medical School. Leprosy is a major health problem in Shantung and several other provinces.

It is not easy to provide occupation for this number of patients and to keep them active and using their energies. These are important parts of therapy. They have allotment gardens and grow vegetables and flowers. Their chrysanthemums are quite famous. Weaving is done. They make the cloth for their own clothing and for bandages in the University Hospital. This year a farmyard has been started. We have goats and bee-hives, and expect to keep chickens. These will improve the diet,as well as give occupation.

The number of cases in which the disease was arrested during recent years was as follows:

1934	3	cases
1935	4	"
1936	3	"
1937	2	"
1938	2	"
1939	1	"
1940	0	"

This does not include some which have relapsed; most of these appear to have been cured.

(* Consequently, the number of beds available for treatment of hopeful cases becomes steadily fewer.)

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	44	97
Average daily census	81	121
Percentage of 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	221	218
minor	681	952
Deliveries, spontaneous	172	241
operative	41	43
OUT-PATIENTS		
General O.P.D.		
- New Patients	18807	22897
- Return Visits	57810	71445
Total	76617	94342
Private Patient Clinic		
- Office visits, new	182	337
- " " 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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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..%	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	100.0%	100.0%				121

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%	5.5%
Gynaecology	569	910	1601	2822	2170	3732	2.8%	3.9%
Obstetrics	399	580	868	1251	1267	1831	1.7%	1.9%
*X-Ray		55	142	170	142	225	.2%	.2%
*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	100.0%	100.0%

*First visits registered under other services. Full figures in separate table.

REPORT OF LABORATORY SERVICE

	No. 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	340	592*

*(442 Cheeloo Hospital)
(150 Outside hospitals)

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PERSONNEL

1940-41

Hospital Superintendent

*Stanley L. Prescott M. Sc.
*R. Gordon Struthers M.D.

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.I.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.
Eileen M. Smyly, M.B., B.Ch.
*Isabelle MacTavish, M.D.

General Surgery: Chao Ch'ang Lin, M.D.
~~*Hou Chun Chih, M.D.~~
Clifford Bloom, M.B., B.S., M.R.C.S.(Eng.) L.R.C.P.
Godfrey Gale, M.B., Ch. B.

Obstetrics and Gynecology: Mary P. Gell, M.B., Ch. B.
Sun Teng Ten 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.

Public Health: *Kenneth R. McAll, M.D. ? (M.B., Ch.B.)?
*Frances McAll, M.D. ?

(*Absent during all or part of the year)

1247
4023
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1941

Resident Staff

Medical Department; ~~Li T'ien~~ Hsiang M.D., Res. in Medicine

Hui Hsiu Ch'iung, (Miss) M.D., ~~Asst.~~ Res. in Med.
Shih Hsuen Chun (Miss) M.B., Res. in Ped.-
Chin Lan Cheng (Miss), M.B. Asst. Res. in Ped.

Chao Chih P'u M.B. Asst. Res. in Medicine

Liu Mei Chen (Miss) M.D., Asst. Res. in Medicine

Surgical Department: Li Shih Chen M.D. Asst. Res. in Surgery

Ts'ao Hsien T'ing M.D. Asst. Res. in Surgery

Chao Tze K'e Asst. Res. in Surgery M.B.

Kuo Teh Lin, M.B. Asst Res. in E.N.T.&.Eye

Kao Teh En (Miss) Asst. Res. in Obs. & Gyn. M.B.

Interne Staff

Chao Ch'i Kuang

Meng Ch'ing Lan

Nursing Staff

*Frances R. Willson, B.S., R.N.,

M. Marjorie Alderson, S.R.N., S.C.M. — Director of Nursing Services

Geneva E. Miller, B.A., R.N., M.S. — Director of Nursing School

E. Florence Ewans, B.A., R.N., Supervisor Surgical Supplies Dept.

Rosa Bell, R.N. — Supervisor of Wards and Dietetics

Ruth Danner, R.N. — Supervisor, Public Health

Li Pao Chen, N.A.C. — Instructor

Chao ← Kun, N.A.C. — Supervisor

Kung Chih Sheng, N.A.C. — Supervisor

Chang Li Hsing Chen, N.A.C. — Night Supervisor

Chao Pao Lin N.A.C. — " "

T'an Mei Lan N.A.C. — Operating room Supervisor

Wang Hsueh Tze N.A.C. — ?

Chin Feng Yun, N.A.C. — Private Patients Ped. Public Health nurse

0854

1941

Ch'i Yang Kuei, N.A.C. Head Nurse
Ma Jui Kuei, N.A.C. " "
Chang Ying Hua, N.A.C. " "
Ma Yuan Yew N.A.C. " "
Li Hueh Lan, N.A.C. " "
Kao Hsin Ai, N.A.C. " "
Wang Jui Lung, N.A.C. " "
Lu Fu Chen, N.A.C. " "
Hsiung Wei Hua, N.A.C. " "
Liu Su Chin, N.A.C. Obstetrics Dept.

Pharmacy Staff

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

Physiotherapy Department

Wang Liu Ch'ing Lan, Liu Lien Hsi N.A.C.

Social Service Department

Hazel H.Myers Teng Lo Hua, B.A. Hwang Yen Yu, B.A.
*Chou En Tze, B.A. Chang Yu Ying

Laboratory Services

Arabella S. Gault, M.D. Yu Fu Hsin
Hsu Ching T'ang T'ien Chun Fan
Liu Pao Cheng ← Yen Su Ch'en
Li Mei Lien ← Yang Shu Ch'ing
Wei Kuei Ying

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) Ward Visitors

0855

1941

Business & Administrative Staff

Rev.H.P.Lair,D.D.	Treasurer of University
Rufus H.P.Dart	Acting Business Manager
Wang Chia Shan	General Stores
Mrs.Chou Chun Chen	Linen Supplies
Miss Hou Kuan Hua, B.A.	In charge of Kitchens
Miss Su Jui Ch'in,B.A.	Admitting Officer
Miss Wu Pao Jung,B.A.	Secretary to Hosp.Supt.& Private Patient Clinic
Chang Yu Shu	Custodian of Records, In-patient Dept.
Chao Chi Ch'ang	" " " " "
Chang Chung Hsiao	O.P.D.Cashier
Chang Ching Chu	In-patient Cashier

Voluntary Part-time Assistants

Mrs.H.P.Lair	Pediatrics Department
* Mrs.H.E.Chandler	" "
Mrs.R.T.Shields	O.P.D.Supervisor's Office
Mrs.A.E.Clayton	Office of Director of Nursing Services

*Absent part of year

Rockefeller Archive Center

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Furloughs 1940-41

Dr.Scott on furlough during whole year, & Miss Wilson.
Dr.E.B.Struthers in Chengtu during whole year.
Dr.F.H.Mosse left on sick leave in April 1941.
Mr.S.L.Prescott left on short furlough in May 1941.

Dr.Greene returned from furlough in Sept.1940 and left for Chengtu in Feb.1941.
Miss Bell returned in Sept.1940.
Miss Miller arrived to join Nursing Staff in Sept.1940.

New Arrivals

Dr.& Mrs.R.K.McAll arrived in Feb.1941 ?
Dr.I.MacTavish " " May "
Dr.R.G.Struthers " " " "

Resident Staff

* Dr.Chin Lan Cheng - July 1940
Dr.Chao Chih P'u
* Dr.Kao Teh En
Dr.Li Shih Chen
Dr.Liu Mei Chen
Dr.Ts'ao Hsien T'ing

(* left before end of year)

Social Service
*Miss Chou En Tse

Administration
Miss Su Jui Ch'in

Kitchens
Miss Hou Kuan Hua

ATOMIC BOMB

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KITCHEN NOTE

May, 1941.

Dietary Department,

Cheeloo University Hospital

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1941

I. Types of food served :

A. Chinese private and semi-private patient's food

B. Foreign food

C. Public ward patient's food (including children' food)

D. Hospital staffs' food

E. Kitchen employees' food

F. Night meal and nourishment for night duty nurses and employee

G. Special diets

II. Meal hours :

A. Foreign food : Breakfast - 8:00 A.M.
Lunch - 12:00 noon
Supper - 7:00 P.M.

B. Chinese private and semi-private patient's food :
Breakfast - 7:00 A.M.
Lunch - 12:00 noon
Supper - 6:30 P.M.

C. Public ward patient's food :
Breakfast - 6:00 A.M.
Lunch - 12:00 noon
Supper - 6:00 P.M.

D. Dining Room opens:
Breakfast - 6:15 - 8:15 A.M.
Lunch - 12:15 - 1:30 P.M.
Supper - 6:15 - 7:30 P.M.

E. Night meal : 10:00 - 11:00 P.M.

Night nourishment : 4:00 - 5:00 A.M.

III. General informations of the kitchen:

A. Method of buying food : The menus for different groups are planned by the dietitian and the daily food requisitions of perishable food are given to the shopmen in the afternoon. Food items like oil, soybean sauce, pickled vegetables, sugar, cereals and other condiments are purchased in large quantities by weekly orders or by monthly orders.

B. Method of receiving food : Food items are received weighed and checked every morning. Milk is delivered from two dairies twice a day, morning and afternoon.

C. Storage of food : Rice, millet, sugar, green bean and tou-fen are ordered in large quantities and stored in.

D. Porcelain and china : Inventory of porcelain and china for both patients and the dining-room is taken monthly. Broken pieces are checked and replaced weekly.

B. Kitchen accounts : Daily food records of rice, flour, millet, green bean, milk and eggs are kept. Most of the kitchen accounts are paid monthly, only beef, vegetables, and eggs are paid weekly. Wages for short-time workers or reliefs are also paid by the kitchen, count as 70 cents a day without food. Monthly report of kitchen expenses is done for reference. Census of number of patients as well as of staffs and employees are kept daily.

IV. Employee :

A. Hour : All cooks are expected to report on duty at the time scheduled. Each one works 9 hours daily and has one afternoon off every week.

B. Uniforms: Uniforms are furnished by the hospital and are not to be worn outside of the hospital buildings. These are obtained from the Linen Room. Each cook is responsible for a complete set, a white gown and an apron. Gowns are changed three times a week, aprons are washed dailybby the laundry.

C. Salaries : The present basis of employee's salary is $20.00 a month, $5.00 for the wife

allowance and 50 cents for the child.
The present bonus is $10.00 . Food
is charged as $10.00 for three meals.
Yearly increase is 50 cents.

D. Number of employee: Total 22.

Cooks	2
Helpers	3
Mantou cooks	2
Foreign food cook	1
Dining Room waiters	4
Food boys for wards	5
Night duty cooks	2
Kitchen boys (relief)	3
	22

* The hospital kitchen opens daily from:
6:00 A.M. - 1:30 P.M.
3:00 P.M. - 7:30 P.M.
Night duty : 8:00 P.M. -6:00 A.M.

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Comparative Statistical Report (monthly) 1939-40 1940-41.

Out-patients

	New Patients O.P.D.		Return visits O.P.D.		O.P.D. Total		P.P.C. office visits		P.P.C. Return visits		P.P.C. Outcalls		P.P.C. Total	
	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41
July	2194	2058	6185	6457	8379	8515	15	19	45	15	4	3	64	37
August	1729	1176	5472	6242	7201	8008	13	15	38	5	7	1	58	21
September	1780	1762	5172	6199	6952	7961	40	37	7	28	10	7	57	72
October	1687	1928	5458	6328	7145	8256	69	37	7	28	6	7	82	72
November	1590	1670	5621	6035	7211	7705	55	48	31	25	5	8	71	81
December	1751	1642	6008	6238	7759	7880	32	35	29	58	26	5	87	88
Hanuary	1409	1239	5293	5180	6702	6419	57	35	39	26	6	13	102	74
February	1426	1784	3993	6099	5419	7883	32	104	17	19	4	17	53	140
March	2468	2389	6991	7956	9459	10345	39	13	57	79	18	11	114	93
April	2522	2406	7468	7889	9990	10295	55	13	44	78	7	10	106	88
May	2382	2378	7482	8263	9864	10641	57	22	92	79	17	8	166	109
June	1959	2030	6302	7036	8261	9066	79	8	26	15	9	3	114	26
Total	22897	23052	71445	79922	94342	102974	523	386	432	455	119	93	1074	901

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山東省濟南市
齊魯大學醫院
CHEELOO UNIVERSITY
THE UNIVERSITY HOSPITAL
TSINAN, SHANTUNG, CHINA

Comparative Statistic I Report (monthly) 1939-40 1940-41.

Out-patients

	New Patients O.P.D.		Return Visits O.P.D.		Total O.P.D.		Office Visits P.P.C.		Return Visits P.P.C.		Outcalls P.P.C.		Total P.P.C.	
	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41
Total														
June	1939	2020	2203	2029	1938	9906	67	8	39	12	6	2	114	39
May	2223	2748	2483	2362	4986	10941	72	33	36	67	17	8	199	100
April	2233	2406	2488	2386	6660	10362	55	12	44	78	7	10	109	88
March	2498	2289	2661	2326	6428	10242	62	12	47	67	18	11	114	92
February	1439	1784	2262	2069	5145	7882	23	104	17	16	4	17	22	140
January	1406	1326	2362	2180	5079	9419	27	22	26	39	9	12	103	74
December	1751	1943	2009	2328	6777	7880	23	22	36	28	39	5	84	88
November	1250	1670	2931	2022	7311	7705	22	48	21	32	5	8	17	18
October	1987	1638	2458	2238	7145	8329	69	27	7	38	9	7	38	27
September	1780	1793	2173	2166	3569	7967	40	27	7	38	10	7	27	27
August	1733	1176	2473	2343	7301	8008	12	12	22	5	7	1	23	13
July	2164	2028	2189	2457	6728	8212	12	16	45	12	4	2	6	27

Comparative statistical report

Comparative statistical report (monthly) 1939-40 1940-41

In-patients

	Monthly census at beginning of month		Admissions for Month		New Births		Total Patients Treated each month		Discharges		Deaths		Monthly Census at end of month	
	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41	39-40	40-41
July	117	118	186	181	25	27	328	326	179	207	20	11	129	130
August	129	108	165	190	13	34	307	332	183	186m	13	20	128	130
September	111	126	180	202	15	31	306	359	165	223	12	6	134	150
October	129	130	175	202	24	25	328	357	185	212	15	9	143	162
November	128	136	147	180	23	32	298	348	171	195	8	11	134	154
December	119	142	154	181	17	26	290	349	172	215	15	8	130	146
January	103	126	157	152	30	33	290	311	160	202	12	4	129	131
February	118	105	148	175	23	25	289	305	155	163	12	8	124	140
March	122	134	177	218	21	28	320	380	185	220	12	12	135	154
April	123	148	172	192	22	22	317	362	181	204	11	11	136	157
May	125	147	175	214	13	30	313	391	185	226	10	10	136	158
June	118	155	190	198	24	33	332	386	199	218	15	20	131	157
				2265				4206						

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~~1939040~~

Comparative Analysis of Service (1940-41)

In-patients

Service	No. of patients		Days care		Proportion of Total Hospital days		Average days Hospitalization		Average daily Census	
~~Medicine~~	1939-40	1940-41	1939-40	1940-41	1939-40	1940-41	1939-40	1940-41	1939-40	1940-41
Medicine	708	746	14089	14755	31.71		19.00		39	40
Skin	6	12	97	287	.21		16.1		1	1
Pediatrics	188	217	3385	4005	7.82		18.00		9	11
Surgery	551	657	17695	19410	39.81		32.00		48	56
Eye	56	50	606	648	1.34		18.20		2	1
Gynaecology	73	88	966	1422	2.15		13.20		3	4
Obstetrics	251	430	3709	4314	8.32		11.20		10	11
New born	251	175	2703	3385	6.06		10.70		7	9
E.N.T.	113	85	1159	1285	2.58		12.50		3	3
Total	1768	2631	44409	49509						

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Out-patient Department

1940-1941

Service	First Visits		Return Visits		Total Visits		Proportion of Total O.P.D. Attendance	
	1939-40	1940-41	1939-40	1940-41	1939-40	1940-41	1939-40	1940-41
Medicine	4995	5331	8343	10658	13338	15989	14.13%	
Skin	4287	4270	15396	20314	19683	24584	20.87%	
Pediatrics	1829	1943	5091	5638	6920	7581	7.30%	
Surgery	5303	4935	20015	19162	25318	24097	26.83%	
Eye	2706	2540	7262	7045	9968	9585	10.57%	
E.N.T.	1427	1653	3799	4547	5271	6200	5.59%	
Obstetrics	580	618	1251	1523	1831	2141	3.96%	
Gynecology	910	1127	2822	3925	3732	5052	1.95%	
* X-Ray	55	4	170	135	225	139	.25%	
* Physiotherapy	11	1	5173	4636	5184	4637	5.50%	
Dental Dept.	749	631	2123	2340	2872	2971	3.05%	
Total	22897	23052	71445	79922	94342	102974		

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

247
4023
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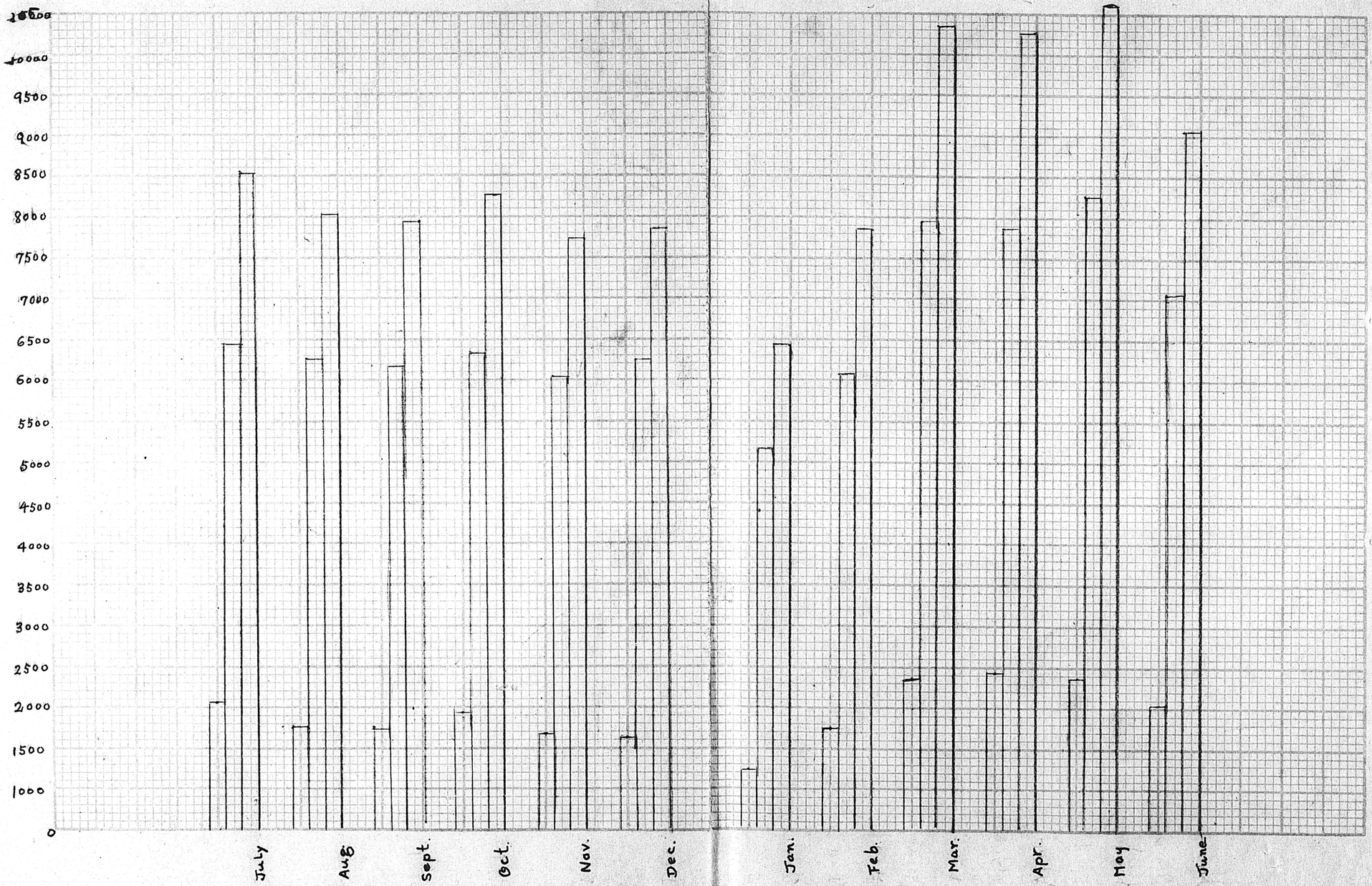
Out-patients – New
– repeat
– total.

by. months – 1940-41.



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THE UNIVERSITY HOSPITAL, TSINAN

濟南齊魯大學醫院

OUT-PATIENT STATISTICS

門診病人數目統計表

Month July 1941. 月

Department 科分	Sex 女男	THIS YEAR 本年 New Cases 新	THIS YEAR 本年 Old Cases 舊	THIS YEAR 本年 TOTAL 總數	LAST YEAR 上年 New Cases 新	LAST YEAR 上年 Old Cases 舊	LAST YEAR 上年 TOTAL 總數
Surgical 外科	Male 男 Fem. 女	426	1728	2154	419	1509	1928
Medical 內科	Male 男 Fem. 女	449	974	1423	580	1053	1633
Ophthalmic 眼科	Male 男 Fem. 女	250	537	787	199	503	702
Ear, Nose and Throat 耳鼻喉科	Male 男 Fem. 女	119	477	596	129	346	475
Gyneco-logical 婦科	Fem. Obs., Gyn. 女	65	189	254	51	137	188
		106	340	446	119	294	413
Dermato-logical 皮膚科	Male 男 Fem. 女	361	1850	2211	378	1564	1942
Pediatric		183	514	697	183	479	662
X-Ray		15	24	39	0	16	16
Massage			492	492	0	556	556
Dental		0	0	0	0	0	0
TOTALS:		1974	7125	9099	2058	6457	8515

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THE UNIVERSITY HOSPITAL, TSINAN

濟南齊魯大學醫院

OUT-PATIENT STATISTICS

表計統目數人病所病診

Month AUGUST 1941. 月

Department 科分	Sex 女男	THIS YEAR 年本			LAST YEAR 年上		
		New Cases 新	Old Cases 舊	TOTAL 數總	New Cases 新	Old Cases 舊	TOTAL 數總
Surgical 科外	Male 男 Fem. 女	338	1324	1662	372	1745	2117
Medical 科內	Male 男 Fem. 女	386	883	1269	442	796	1238
Ophthalmic 科眼	Male 男 Fem. 女	167	435	602	179	538	717
Ear, Nose and Throat 科喉鼻耳	Male 男 Fem. 女	91	322	413	125	341	466
Gyneco-logical 科婦	Fem. 女 Obs.	70	192	262	51	138	189
	Gyn.	90	301	391	98	334	432
Dermato-logical 科膚皮	Male 男 Fem. 女	239	1387	1626	370	1570	1940
Pediatric		160	451	611	125	382	507
X-ray		16	16	32	4	10	14
Massage		0	390	390	0	389	389
Dental		0	0	0	0	0	0
Totals;		1557	5701	7258	1766	6243	8009

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THE UNIVERSITY HOSPITAL, TSINAN

濟南齊魯大學醫院

OUT-PATIENT STATISTICS

表計統目數人病所病診

Month SEPTEMBER 1941. 月

Department 科分	Sex 女男	THIS YEAR 年本			LAST YEAR 年上		
		New Cases 新	Old Cases 舊	TOTAL 數總	New Cases 新	Old Cases 舊	TOTAL 數總
Surgical 科外	Male 男	323	1351	1674	353	1527	1880
	Fem. 女						
Medical 科內	Male 男	375	854	1229	408	796	1204
	Fem. 女						
Ophthalmic 科眼	Male 男	198	617	815	187	544	731
	Fem. 女						
Ear, Nose and Throat 科喉鼻耳	Male 男	84	314	398	117	336	453
	Fem. 女						
Gyneco-logical 科婦	Fem. Obs. 女	65	172	237	42	123	165
	Gyn.	97	302	399	85	378	463
Dermato-logical 科膚皮	Male 男	284	1420	1704	344	1602	1946
	Fem. 女						
Pediatric		145	492	637	152	407	559
X-Ray				0		14	14
Massage &		1	357	358	0	319	319
Dental		60	145	205	74	153	227
Total		1632	6024	7656	1762	6199	7961

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COMPARATIVE MONTHLY STATISTICAL REPORT.

Inpatients. JULY	1940	1941
Patients remaining in hospital June 30th.....	118	148
Patients admitted during the month.....	181	215
New births.....	27	44
Total patients treated during the month.....	326	407
Patients discharged during the month.....	207	251
Deaths.....	11	16
Remaining in hospital July 31st.....	108	140
Total patients' days-care.....	3674	4626
Normal bed capacity.....	167	167
Maximum census during the month.....	130	163
Minimum census during the month.....	106	140
Average daily census	119	149
Percentage of bed occupancy.....	70.98%	89.4%
Average patient's stay in Hosp. (days).....	17.7	18
Number of deaths within 48 hours.....	3	9
Number of deaths (instituitonal).....	8	7
Mortality rate.....	3.7%	2.6%
Operations--major--number.....	11	30
Operations--minor--number.....	73	69
Deliveries--spontaneous.....	27	43
Deliveries--operative.....	2	3

Outpatients.		
Number of new patients.....	2058	1974
Number of return visits.....	6457	7125
Total visits to O.P.D...	8515	9099

Private Patients Clinic:

Office visits.	19
Repeat "	15
First Dental	0
Repeat "	0
Out-calls.....	3
Grand Total:	8552

Superintendent.

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COMPARATIVE MONTHLY STATISTIVAL REPORT.

In-Patients. AUGUST	1940	1941
Patients remaining in hospital July 31st.....	108	140
Patients admitted during the month.....	190	160
New births.....	34	33
Total patients treated during the month.....	332	333
Patients discharged during the month.....	186	190
Deaths.....	20	16
Remaining in hospital August 31st.....	126	127
Total patients' days-care.....	3661	3866
Normal bed capacity.....	167	167
Maximum census during the month.....	130	141
Minimum census during the month.....	107	107
Average daily census	118	125
Percentage of bed occupancy.....	70.7%	74.7%
Average patient's stay in hospital (days).....	16	20
Number of deaths within 48 hours.....	8	5
Number of deaths (institutional).....	12	11
Mortality rate.....	6%	5.3%
Operations--major--number.....	21	13
Operations--minor--number.....	61	81
Deliveries--spontaneous.....	32	32
Deliveries--operative.....	5	1

Out-patients.		
Number of new patients.....	1766	1557
Number of return visits.....	6242	5701
Total visits to O.P.D.	8008	7258

Private Patient Clinic:

Office visits	15
Repeat "	5
First dental	0
Repeat "	0
Out-calls....	1
Grand Total:	8029

Superintendent.

0873

COMPARATIVE MONTHLY STATISTICAL REPORT.

IN-PATIENTS. SEPTEMBER	1940	1941
Patients remaining in hospital August 31st.....	126	127
Total patients admitted during the month.....	202	190
New births.....	31	38
Total patients treated during the month.....	359	355
Patients discharged during the month.....	223	193
Deaths.....	6	10
Remaining in hospital September 30th.....	130	152
Total patients' days-care.....	4068	4310
Normal bed capacity.....	167	167
Maximum census during the month.....	150	153
Minimum census during the month.....	123	128
Average daily census	139	143
Percentage of bed occupancy.....	76.7%	86%
Average patient's stay in hospital (days).....	17.5	19
Number of deaths within 48 hours.....	2	3
Number of deaths (institutional).....	4	7
Mortality rate.....	1.7%	3½%
Operations--major--number.....	18	24
Operations--minor--number.....	87	84
Deliveries--spontaneous.....	32	38
Deliveries--operative.....	1	2

Out-patients.

Number of new patients.....	1762	1628
Number of return visits.....	6199	6024
Total visits to O.P.D.	7961	7652

Private patient Clinic:

Office visits	21
Repeat "	28
First dental	16
Repeat "	0
Out-calls....	7
Grand Total:	8033

Superintendent.

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REPORT OF PEDIATRIC DIVISION 1940-41

Organized Teaching

During the first three months of the year, July, August and September, a course of two lectures a week on Contagious Diseases was given to Dr. Chin Lan Cheng, before she started her work in the Isolation Out-patient Department. These lectures included all the regular isolation techniques connected with in various diseases.

Beginning in November 1940, a course of 18 lectures in pediatrics was given to the Nursing students.

Mothers' Club meetings were held every Friday by Miss Ch'in Feng Yun and, by the end of the year, three classes were graduated and about 40 mothers received their certificates.

Work in the Clinic.

The morning clinic for sick (and well) children has been held regularly every day. It has been noticed this year that diseases due to nutritional disturbances and inadequate feeding, caused by financial difficulties, show an increase over last year. This means that the constantly rising costs of living are causing people of the lower classes to suffer great hardships. It is very difficult to help these people in any way except financially, although attempts have been made by means of explanation, demonstration and home visits, to deal with these problems.

An Isolation Clinic was held regularly every morning. This year, there was no preponderance of any one special epidemic disease, although more cases of measles came to the clinic than during the previous year. The following table shows the number of cases of infectious diseases attending the Isolation Clinic during the year:

Pertussis	101
Measles	159
Chicken-pox	23
Diphtheria	75
Scarlet fever	6
German measles	5
Roseola infantum	1
Poliomyelitis (infectious stage)	2

These patients made a total of 822 visits to the Isolation Clinic.

Syphilis Clinic was held every Friday morning and 82 cases were treated during the year. During the latter part of the year, it was difficult to obtain Stovarsol, so Spericide was used instead of Stovarsol for the paying patients and Stovarsol was kept for free patients.

Well Baby Clinic was held every Tuesday afternoon, for infants below one year old. Questions relating to feeding problems, immunizations, home conditions, habit training and psychological conditions were dealt with in this clinic. There was an attendance of about 422 well babies during the past year, many of them having been followed from the time they left the Cheeloo Obstetric Nursery until they were 12 months old. All of these are nice babies, adequately fed, with good habits, who had had all the necessary immunizations.

Chest Clinic on Wednesday afternoons, for all children showing positive tuberculin test, continued regularly through out the year. In this clinic, efforts were made to give the near relatives of the children a general idea about tuberculosis and about the therapeutic and prophylactic procedures required for this disease. Home visits are made in certain cases, for special training. Those cases that have been followed up to the age of 15 years have been referred to the adult clinic for further follow-up. We have had about 240 such patients in the past year.

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SHEET NO. 頁數.....

NAME 姓名 WARD 病室 HIST. NO. 病歷號

20000-D-1-B-9-33

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A Smallpox Vaccination Clinic was started in March and was held twice a week. The reasons for holding a special clinic were

1) that healthy, normal children coming for vaccination need not mix with sick ones in the waiting room,

2) that, by removing from the regular out-patient clinic children only needing vaccination, the clinic becomes smaller and the O.P.D. nurse has more leisure to help the doctor and to learn from the doctor.

3) In a special vaccination clinic, the student nurse has a chance to learn the right technique for vaccination.

During the past year, the total number of patients attending Pediatrics Out-patient clinic was:

Old patients	4606
New "	1368
Emergencies	172

Immunizations. We have had no difficulty in obtaining the diphtheria toxoids and typhoid and cholera vaccines, and about 240 patients have received immunizations of diphtheria toxoid, and 146 patients were given inoculations of typhoid and cholera vaccine. Scarlet Fever toxoid has been difficult to obtain and very few patients were given this inoculation during the past year.

Methods for the treatment and care of bacillary dysentery in the home, clinic diet lists and leaflets for prophylaxis of tetanus were used as in past years.

Ward Work. The ward has been full nearly all the time, except during periods of quarantine. All routines and special procedures were carried out as during the previous year.

Unfortunately, we had two outbreaks of measles in the ward during the year, and, as the patients with whom the infection started had been in the ward for months or weeks, visitors must have been the source of infection. On this account, the wearing of gowns and masks by visitors to the children's ward is extremely necessary.

Conclusions. Poverty and ignorance are the causes of many diseases from which many children suffer needlessly and, in this, public health work can help a little, but many of the underlying causes cannot be radically removed until the war is over.

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SHEET NO. 頁數.....

NAME 姓名 WARD 病室 HIST. NO. 病歷號

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Dermatology Service

During the year, the number of patients increased, especially during the spring of 1941. Since October 1940, Mr.Wang Yueh Hsueh has assisted in the giving of injections to patients attending the Skin Clinic.

Patients with Venereal Disease attending the clinic have been about twice as many as during the previous year and five to six times as many as in the years before the war, even with the present high cost of drugs. These patients are almost all from the city of Tsinan; very few come from the country.

Two interesting cases have been seen in the Skin Clinic during the year. One was a case of Cutis Verticis gyrata. The patient had special skin of the whole scalp, with multiple cutaneous eruptions over other surfaces of the body. Blood showed eosinophilic leukemia. The other case was one of Chronic Aerodermatitis. The patient had erosive superficial ulcerated lesions over the palms, fingers, soles and toes. Nails, both of toes and fingers were almost gone. Duration was more than ten years. This is probably the first time that cases of these two diseases have been seen in China, and they will be reported in detail later.

Total Number of Patients

~~July 1st 1940 to June 30th, 1941.~~

1940 - 1941

Patients	New patients	Return Pt. Visits	Referred Pts.	Special Pts	Grand total of patients
Total	3760	19709	1495	330	25137

Total Number of Injections

1940-1941.

Sort of injections	Salvarsan	Neosalvarsan	Acetylarsan	Trypaflavine
Number of injections	2038	1140	10	1205
Drugs in gram	643.65	548.30	27 cc	120.50

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SHEET NO. 頁數.....

NAME 姓名 WARD 病室 HIST. NO. 病歷號

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REPORT OF RADIOLOGY SERVICE,1940-41.

The accompanying statistics, most of which show an increase over the corresponding figures for 1939-40, reveal that the Department of Radiography has had a busy year. The development of a full-time College Health Service, including dependents of employees, with an annual medical examination for all those involved, has greatly increased the number of chest fluoroscopy studies and has proved its value in the number of cases of active tuberculosis thus discovered. We have continued also to do this work for the students of the Cheeloo Middle School.

Various small improvements in the equipment have been made which facilitate its constant use at full capacity. The work is now concentrated into two separated rooms, one for fluoroscopy and one for radiography and X-ray therapy. Each of these has its own power unit, so that they can be in operation simultaneously. In accordance with the general hospital policy of maintaining the standards of a teaching hospital, we continue to keep records of interesting films and to build up a teaching file for future use.

The Department of Radiation Therapy has continued to work steadily on such cases as could be treated with our limited resources. The 20.5 miligrammes of radium loaned to us by Dr.R.McClure, have been well used. We also continue to treat an increasing number of patients by medium and superficial X-ray therapy, using doses up to a maximum strength of 120 kilovolts. Good, and in a few cases, dramatic results have been thus achieved in treating cases of tuberculous cervical adenitis, condylomata acuminata, carbuncles and various superficial epitheliomata and other malignant growths. Adequately to meet the needs of our patients in this field, we could well do with double our supply of radium and a unit for deep radiation therapy, but, in the meantime, we continue to make the best use possible of the resources at our disposal.

Dr.T.C.Greene left for Chengtu early in the year, thus severing his connection with the department which his skill and experience had done so much to raise to its present state of efficiency. For the remainder of the hospital year, Dr.R.J. McCandliss was in charge and it was largely his enthusiasm which gave the Therapy department a good start.

After the end of the year, Dr.McCandliss left for the United States and Dr.Bloom was asked to supervise the work of the department during the coming year. He has enlisted the help of those members of the Medical service who have special experience in diagnostic Radiology and on this co-operative basis it is hoped that, in spite of our serious shortage of staff, the professional standards of the department will be well maintained, and we shall continue to be able to offer to the patients the services outlined in this report.

X-Ray Department Statistics

	1939-40	1940-41
Hospital Patients examined	659	751
Out-patients "	3544	5203
Private Patients "	149	161
Staff, Students, Employees	220	1513
Total number of patients examined	4572	7628
Diagnostic studies, radiographic		
Chest	345	480
Bone and joint	392	440
Skull, sinuses, mastoids etc.	111	131
Esophagus	9	5
Gastro-intestinal tract	33	160
Urinary tract	62	60
Female reproductive system	25	7
Teeth (Partial examination	159	117
(complete "	15	4
Foreign body	6	8
Miscellaneous	12	6
Total number of radiographic cases	1169	1418
Diagnostic studies, fluoroscopy only		
Chest	2979	6138
Esophagus	48	48
Gastro-intestinal tract	62	
After Rubin's test		12
Foreign body		5
Miscellaneous		7
Total number of fluoroscopy	3087	6210
Summary		
Patients studies by radiography with or without fluoroscopy in addition	1204	1418
Patients studies by fluoroscopy only	3368	6210
Total patients examined	4572	7628
Fluoroscopic examination	4421	7197
Patients treated by X-Ray radiation	59	

Radium also was in use throughout the year.
Radium

0882

REPORT OF THE SURGICAL SERVICE

Of the past four years, this has been the busiest year. The number of patients cared for increased greatly. However, it was not found necessary to limit the number of registrations, as was done in some other clinics. Fortunately, the house staff reached its highest number for several years, with four Assistant Residents and two Internes. The Children's Surgical Ward was opened in September 1940, with a capacity of 10 beds. This gave considerable relief to the pressure on the surgical wards and, furthermore, these patients were able to receive more adequate nursing care. This ward was kept busy most of the time.

There has been a tradition in this hospital that every patient who needs immediate or urgent hospital care must be admitted, using an extra bed, if there is not an empty one. We are still following this practice, because there is not yet another well equipped hospital in this city to which patients requiring immediate operation can be referred, in case we have no empty beds. The same is true for the ordinary, non-emergency cases who come to us sooner or later if they need a major operation. We urgently need a larger staff, to enable us to do more efficient work and so help to solve this problem.

In spite of steadily increasing numbers of patients in the Out-patient Department, we have had little difficulty. The number of operations performed every Wednesday and Saturday morning in this department has also increased and necessitates, as a rule, a full morning's work for one surgeon.

The training of graduate nurses to act as anaesthetists started about two years ago. The first one who was trained is now serving in another hospital and we are now training a second one. They give great help to this hospital, as well as to others, when they leave here.

During the past year a few doctors from other hospitals spent some time in the Cheeloo hospital as "observers" and among them were two former Cheeloo graduates, Drs.Li Teh Jen and Yu Nai Chen, both now working in mission hospitals. Their visits gave an opportunity for reunion and pleasant association.

Chao Ch'ang Lin

Report
Date received ..... Diagnosis No. .....
Service of Dr. ..... of ..... X-Ray No. .....
Name of Patient ..... Sex ..... Age ..... Hosp. No. .....
Path. Dept. No. .....
ISHAN
CHEELOO UNIVERSITY
PATHOLOGY DEPARTMENT

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PATHOLOGY DEPARTMENT

CHEELOO UNIVERSITY

TSINAN

Path. Dept. No. .....

Name of Patient. ..... Sex ..... Age ..... Hosp. No. .....

Service of Dr. ..... of ..... X-Ray No. .....

Date received ..... Diagnosis No. .....

Report

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GYNAECOLOGICAL OPERATIONS
July 1,1940-June 30, 1941.

	No.of cases
Dilatation of cervix and curettage	14
" " " " removal of polyps	4
Plastic repair of vagina (after childbirth)	2
Repair of vesico-vaginal fistula	1
Dilatation of vagina	1
Application of radium for carcinoma of cervix	6
Exploratory laparotomy	4
Therapeutic abortion: vaginal hysterotomy	1
Madlener's operation for p.p. sterilisation	4
Removal of pedunculated submucous fibroid of cervix	2
Salpingectomy (ectopic)	2
Partial oophorectomy, bilateral salpingectomy (malignant dermoid)	1
Oophorectomy	5
Salpingo-oophorectomy	3
Supra-vaginal hysterectomy	2
Supra-vaginal hysterectomy plus bilateral salpingo-oophorectomy	5
Total	57

COMPARATIVE STATISTICS
for Department of Obstetrics & Gynaecology

OUT-PATIENTS	1939-40	1940-41
Obstetrics:		
New	618	574
Total	2141	1831
Gynaecology:		
New	1117	910
Total	5052	3732

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OBSTETRICS ~~ABNORMAL CASES~~
July 1,1940-June 30, 1941

	No.of Cases
Antepartum haemorrhage	
Placenta praevia	2 cases
Postpartum haemorrhage	25 "
Toxaemia	
Eclampsia..... (1 died undelivered)	5 "
Pre-eclamptic	10 "
Hypertension	5 "
Mortality	
Septicaemia (infected before admission)..	4
Eclampsia (patient never regained consciousness after admission)	1
Morbidity (i.e. fever after childbirth)	
Dysentery	3
Syphilis	4
Pulmonary tuberculosis	1
Mumps	1

Total Morbidity 60 (i.e.16.26%)
10% among booked cases
50% " emergency cases

247
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CHEELOO UNIVERSITY HOSPITAL

STATISTICS OF OBSTETRICAL CASES, 1940-41.

PRESENTATION	Booked or Emergency	No. of cases	Method of Delivery		Result to Mother			Result to Child				
			Spontaneous	Operative	L.	D.	M.	L.	S.	M*	ND.	
VERTEX Anterior Position	Booked	285	278	7	285	-	26	282	1		4	
	Emergency	37	28	9	34	3	17	27	6	1	4	
VERTEX Posterior Position	Booked	14	10	4	14	-	4	13	-		1	
	Emergency	5	2	3	5		2	2	3		-	
BREECH	Booked	11	10	1	11		1	10	-		1	
	Emergency	6	5	1	5	1	4	3	1	2	-	
TRANSVERSE	Booked	-			-	-	-	-	-	-	-	
	Emergency	9	2	7	8	1	5	-	5	4		
Compound Emergency		1		1	1		1			1		
FACE	Booked	1	1		1			1				1
TOTALS		369	336	33	364	5	60	338	15	8	10	1

L=Living; D=Dead; M =Puerperal Fever; SB=Stillborn, M*=Macerated, ND=Death within first 10 days.

Massage - Electro- Therapy department report for the year 1940-41.

Abscess	17
Acute G.C. arthritis	15
Acute frontal sinusitis	5
Ache in muscles	3
Abdominal abseess	2
Adenitis	3
Anterosderion numbness	1
Acute mastitis	2
Achillodynia	1
Ahyitation	1
Atrophy	3
Boils	41
Back ache	4
Boils in nose	7
Boils in ear	4
Bell's Palsy	5
Bursitis	1
Bruise	1
Bomb Wounds	1
Carbuncle	28
Chronic arthritis	42
Colles fracture	4
Chronic mastitis	7
Chronic pelvic preitonitis	1
Contraction of fingers	4
Chest pain	4
Chronic sinusitis	11
Chronic Lymphangitis	2
Chronic osteomylitis	5
Chronic infection	17
Cervical adenitis	3
Chronic cellulitis	3
Chronic emphyema	2
Contusion	4
Convalescence	3
Chilblain	3
Cold abscess	3
Chronic dust obstruction	1
Chronic laryngitis	2
Chonstipation	5
Discomfort over the knee	3
Dislocation	5
Debility	4
Dry Pleurisy	1
Diabetic weakness	3
Diabetic carbuncle	4
Drop foot	6
Dacryocystitis	1
Empyema	2
Excision of buttock	4
Epididymitis	4
Fracture	23
Fibrositis	19
Flat foot	3
Furunculus	13
Frontal sinusitis	3
Fistula	2
Foot strain	4
Folliculitis	1
Flexion of knee	1
Facial paralysis	4
Fullness of right lower leg	1
G.S. wo und	14
G.C. arthritis	14
Gripe	1
Gangrene	3
Hydropes of knees	1
Healing wound	1
Hemiplegia	16
Hordeolum	21
Hyper tension	3
Hemamorrhage into tissue	1
Hematoma	1
Hyperostosis arthritis	1
Hysteria spasm	1
Infantile paralysis	4
Infection	13
Injury of nerve	2
Joint pain	6
Keratitis	1
Lymphangitis	3
Lymphadenitis	2
Lumbago	5
Lupus vulgaris	2
Lumbar pain	15
Lesion	4
Lymphogranuloma	1
Lever abscess	1
Multiple arthritis	4
Muscles pain	12
Musculus atrophy	3
Myositis	8
Myalgia	4
Mastoiditis	2
Mastitis	10
Myelitis	15
Multiple joints pain	1
Multiple boils	6
Numbness	14
Neuritis	8
Neurasthenia	1
Neuralgia	1
Nephrosis	1
Opium habit	18
Osteo- arthritis	7
Obstruction	1
Otitis media	1
Osteo- myelitis	3
Old fracture	6
Old G.S. Wound	2
Pain	57
Paralysis	6
Postero-lateral spinal cord sclerosis	6

Polymyositis	3
Periositis	1
Periarthritis	4
Peritonitis	2
Postencephalitis	1
Paronychia	2
Pleurodynia	2
Progressive musculos	2
Rheumatoid arthritis	9
Retention urine	3
Return paralysis	2
Simple fracture of radius	3
Stye of eye	15
Scar	5
Stiffness	11
Swelling	5
Sciatica	29
T.B. spine	2
Trigeminal neuralgia	2
T.B. Sinus	4
T.B. Ulcer	3
T.B. Skin	1

Syphilitic Syphilis arthritis	3
Synovitis	4
Supracondylar fracture humerus	2
Suppuration arthritis	1
Subacute arthritis	1
Scratch	1
Subcuticular bursitis	3
Spastic hemiplegia	4
T.B. glands of neck	52
T.B. epididymitis	5
T.B. Largnyitis	9
T.B. Ribs	3
T.B. fistula	3
T.B. peritonitis	5
T.B. Tooth ache	4
Tenosynositis	3
T.B. knee	2
Traumatic arthritis	2
Ulnaris paralysis	1
Ulcer	5
Wound	6
Weakness	3

1940-41 Return Visits

O.P.D.	Hospital	Staff	P.P.C.	Missionary	Total
729	146	72	36	23	1006

1940-41. Treatments

O.P.D.	Hospital	Staff	P.P.C.	Missionary	Total
5471	2195	476	278	121	8540

9546

1940-41 Fee Income

O.P.D.	Hospital	P.P.C.	Total	Free
$2786.40	$744.10	$1143.50	$4674.00	28

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DENTAL REPORT FROM SEPTEMBER FIRST 1940 TO JUNE THIRTIETH 1941.

From September 1st. 1940 to October 1st. 1940.

	P.P.C.	Hospital.	O.P.D.	Total.
Number of Patients:	28.	5.	260.	293.
" " " " Old	21.	3.	158.	182.
" " " " New	6.	-	71.	77.
" " " " Transfered	1.	2.	31.	34.
" " " " Fillings:	13.	-	12.	25.
" " " " Extractions:	-	1.	65.	66.
" " " " Treatments:	9.	2.	133.	144.

From October 1st. 1940 to November 1st. 1940.

Number of Patients:	22.	36.	372.	430.
" " " " " Old:	19.	27.	245.	291.
" " " " " New:	3.	-	82.	85.
" " " " Transfered:	-	9.	45.	54.
" " " " Fillings:	10.	-	17.	27.
" " " " Extractions:	-	16.	93.	109.
" " " " Treatments:	10.	11.	208.	229.

From November 1st. to December 1st. 1940.

Number of Patients:	7.	21.	394.	422.
" " " " " Old:	5.	12.	274.	291.
" " " " " New:	2.	-	52.	54.
" " " " Transfered:	-	9.	68.	77.
" " " " Fillings:	4.	-	10.	14.
" " " " Extractions:	-	15.	82.	97.
" " " " Treatments:	2.	6.	275.	283.

	P.P.C.	Hospital.	O.P.D.	Total.
From December 1st. 1940 to January 1st. 1941.				
Number of Patients:	30.	24.	289.	343.
" " " " " Old:	26.	10.	189.	225.
" " " " " New:	4.	-	43.	47.
" " " " Transfered:	-	14.	57.	71.
" " " " Fillings:	9.	-	8.	17.
" " " " Extractions:	2.	7.	63.	72.
" " " " Treatments:	13.	15.	176.	204.
From January 1st. 1941 to February 1st. 1941.				
Number of Patients:	19.	7.	274.	300.
" " " " " Old:	16.	-	180.	196.
" " " " " New:	3.	-	44.	47.
" " " " Transfered:	-	7.	50.	57.
" " " " Fillings:	6.	-	11.	17.
" " " " Extractions:	-	4.	66.	70.
" " " " Treatments:	11.	1.	157.	169.
From February 1st. 1941 to March 1st. 1941.				
Number of Patients:	9.	23.	325.	357.
" " " " " Old:	5.	18.	205.	228.
" " " " " New:	4.	-	64.	68.
" " " " Transfered:	-	5.	56.	61.
" " " " Fillings:	-	-	16.	16.
" " " " Extractions:	-	3.	81.	84.
" " " " Treatments:	6.	20.	168.	194.

From March 1st. 1941 to April 1st. 1941.

	P.P.C.	Hospital.	O.P.D.	Total.
Number of Patients:	24.	17.	415.	456.
" " " " " Old:	21.	10.	263.	294.
" " " " " New:	3.	-	72.	75.
" " " " Transfered:	-	7.	80.	87.
" " " " Fillings:	6.	-	18.	24.
" " " " Extractions:	4.	2.	96.	102.
" " " " Treatments:	17.	15.	226.	258.
From April 1st. 1941 to May 1st. 1941.				
Number of Patients:	15.	32.	408.	455.
" " " " " Old:	14.	29.	262.	305.
" " " " " New:	1.	-	68.	69.
" " " " Transfered:	-	3.	78.	81.
" " " " Fillings:	6.	1.	13.	20.
" " " " Extractions:	2.	4.	85.	91.
" " " " Treatments:	7.	28.	218.	253.
From May 1st. 1941 to June 1st. 1941.				
Number of Patients:	18.	23.	459.	500.
" " " " " Old:	14.	16.	314.	344.
" " " " " New:	4.	-	75.	79.
" " " " Transfered:	-	7.	70.	77.
" " " " Fillings:	6.	-	12.	18.
" " " " Extractions:	3.	8.	94.	105.
" " " " Treatments:	9.	15.	269.	293.

0892

From June 1st. 1941 to June 30th. 1941.

	P.P.C.	Hospital.	O.P.D.	Total.
Number of Patients:	14.	10.	369.	393.
" " " " " Old:	10.	4.	247.	261.
" " " " " New:	4.	-	51.	55.
" " " " Transfered:	-	6.	71.	77.
" " " " Fillings:	1.	-	22.	23.
" " " " Extractions:	3.	5.	82.	90.
" " " " Treatments:	10.	5.	228.	243.

From September 1st. 1940 to June 30th. 1941.

Total Number of Patients: 3,949.
" " " " " " Old: 2,617.
" " " " " New: 656.
" " " " " Transfered: 676.
" " " " " Fillings: 201.
" " " " " Extractions: 886.
" " " " " Treatments: 2,270.

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Report on Hospital Evangelistic Work. 1940 - 1941.

Throughout the past year the Evangelistic Work of the hospital has been continued along the lines of former years, with a few new developments here and there.

Daily ward services and staff prayers have been held in the usual way, and we would like to take this opportunity of thanking all members of staff and outside friends who have helped in this work by leading such services. During the spring a Worship Service was held on alternate Sunday evenings for all those attached to the hospital. Hymn-singing and gramaphone music were the chief channels for introducing a worshipful atmosphere. There were no addresses, but carefully selected Bible readings ~~xxx~~ directed our thoughts and prayers.

The evening lantern talks in the wards have proved as acceptable to the patients as in former years and have been found to open some hearts not reached by any other method. To our collection of Feltograph pictures we have added two new sets illustrating the Parables of the Prodigal Son and the Good Samaritan. Both of these sets are very attractive and do credit to the Institute workmen who produced them.

The patients' library -- that cupboardful of well-used books-- has had a considerable number of Christian Literature Society publications added during the year. These books are graded to suit the age and standard of literacy of the patient, and they serve ~~two~~ several very useful purposes: many otherwise weary hours are passed pleasantly in reading, and non- Christians are in this way introduced to Christian truths, while those who are already Christians appreciate the extra teaching or spiritual uplift they get from these carefully prepared books.

"There is probably no piece of Christian work in which it is more difficult to quote exact figures than in Hospital Evangelism" -

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so runs a ~~xxxxxxxxx~~from sentence from last year's report and the reason for this remark remains the same: so many, the large majority, of the patients who have been deeply interested in the Gospel message leave us and return to their homes fifty, a hundred, two hundred miles away. Do what we may, in these days of difficult communications, we cannot keep in touch with every part of our ~~xxxxxxx~~wide-spread parish. But this year we can thankfully report that no less than eight people, four man and four women, have been baptized in Tsinan ~~this year~~ as a direct result of hospital evangelistic work.

The following stories may give an idea of how some of our patients react to Christian teaching.

"He's just tremendously keen", said one of the men evangelists, speaking of a young business man, a patient in a private ward. As is so often the case, this tubercular patient, during his long stay in hospital, had ~~xxxxxxx~~responded to the regular teaching he had received. Mr. Chang read the Bible carefully, he drank in the words of other books which threw further light on the Christian way of life and he delighted in singing hymns. When ~~xx~~ he was discharged it was with the fixed idea in his mind that as soon as he was strong enough he would be ~~ba~~baptized. He had to wait some months before that happy day came, but, in the meantime, he was not idle. His wife's younger sister was also showing symptoms of tuberculosis, so she was sent to hospital for treatment and was urged to make the most of her ~~x~~ opportunities for studying Christianity while she was an in-patient. This she proved most willing to do, especially as she had already been very much impressed by what she had heard ~~once~~ during a much earlier visit to the O.P.D. The result was that one Sunday in the summer Mr. Chang, and his sister-in-law were baptized, together with Mr. Chang's younger brother who had been attending a Christian school for some time. The elder members of this family are opposed to Christianity and have

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not made things too easy for these young folk, but they are continuing their witness in the home, and Mr. Chang's wife and her mother are hoping to join the church after a few more months of probation and teaching.

Religion, if it is genuine, should be a family affair. Mrs. Kuo, a young woman of twenty-five, came from a home where the parents were Christian, but had, unfortunately, it seemed, married their son to a non-Christian wife, Mrs. Kuo herself. She would have nothing to do with religion and felt herself very modern and up-to-date by refusing to ~~have anything to do with~~ Listen to "such superstitious ideas". Her husband, his brother and his brother's wife were all influenced by her anti-Christian attitude and refused to take part in any family worship or even to allow their children to go to a Christian school. This made for unhappiness and division in the home, as might well be expected. Then Mrs. Kuo had to come to hospital for surgical treatment. God's spirit worked in her heart ~~as~~ while she listened to the Gospel message as it was told in the ward. One day when her parents-in-law came to see her, she confessed her faults and begged their forgiveness for her lack of filial obedience and opposition to their will. She assured them that she now believed in Christ as they did. The husband was deeply moved by this change of heart on the part of his wife. "If you believe, I'll believe also," he said and together they determined to try to win their brother and sister-in-law to the Master, so that their home may be a truly Christian one.

Li Tzu Chang ~~owns~~ owns a bicycle shop in Tsinan and is a very busy man. While he was recovering from his operation he read the Bible with great interest. Before he left the hospital he bought a copy for himself and now he goes regularly to the Salvation Army hall near his shop.

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Sun Shu T'ien is a well-educated young man who was a teacher for some time and later held an official position before the "incident". In hospital he was deeply touched by the message of Christ's love and was especially fond of singing hymns or reading his hymn-book. As he has now gone into business as a printer, he has promised to present the hospital with five hundred small hymn-books for use among the patients in token of his gratitude for the physical and spiritual help he has received.

Chia Tzu Ts'ai was a young married woman, the wife of a small official in a country town. She was in hospital at Easter time and was greatly influenced by the Feltograph pictures of the Resurrection. She listened eagerly to everything that was sung or said about Christ's death and the new life which He could bring to men and women today. She was an educated woman, so was able to read the Bible for herself. All she learned she passed on to her husband who was also interested. On the day that she was discharged ~~from hospital~~ she begged her husband to give something to the hospital to show her gratitude. "I know we are only poor people", she said, "but in the New Testament I have read how Jesus approved of the woman who had only two mites to give, so I am sure He will understand if we cannot give a large sum of money," With a happy heart she handed a ten dollar note to the Social Service worker, asking that the money might be used to assist some other patient who cound not afford to pay her own hospital expenses.

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REPORT OF THE HOSPITAL RECREATION CLUB

At the suggestion of the Public Health Welfare Committee, in October 1940, the Hospital employees organized an Employees Recreation Club. A committee was elected, consisting of three members representing the employees, a member of the Social Service Department and a member of the Nursing staff. On November 1st, a Recreation Room, was opened, in the nurses' former dining-room, Various kinds of games and a number of Chinese musical instruments were provided and the room has been freely used every evening, between 7 and 9 p.m. A social gathering was held once a fortnight during the spring, at which the programmes were provided by the members of the Club and these meetings proved very popular. Two special meetings were held, at Christmas and at Easter, to which the families of the employees were invited.

Classes for illiterate employees have been held during the year, one studying the "Farmers Religion Reading Book".

A basket-ball team was organized in the spring and made enough progress to play against students from local schools.

The Committee hopes to make further plans for future activities.

L.H.Teng

(Social Service Department)

PATHOLOGY DEPARTMENT
CHEELOO UNIVERSITY
TSINAN

Lab. Dept. No. .....
Name of Patient ..... Sex ..... Age ..... Hosp. No. .....
Service of Dr. ..... of ..... X-Ray No. .....
Date received ..... Diagnosis No. .....

Report

PATHOLOGY DEPARTMENT

CHEELOO UNIVERSITY

TSINAN

Path. Dept. No. .....

Name of Patient. ..... Sex ..... Age ..... Hosp. No. .....

Service of Dr. ..... of ..... X-Ray No. .....

Date received ..... Diagnosis No. .....

Report

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Report of the budget of The Hospital Recreation Club

Income

Membership fee	$ 8.80
From the Public Health Welfare Committee	$125.00
From Hospital for Christmas	$ 30.00
From Dr. Shields for Christmas	$ 10.00
From Miss Evans	$ 2.00
Total	$175.80

Expenses

For special meetings	$ 47.12
For musical instruments	$ 31.33
For refreshments	$ 18.99
Properties for acting plays	$ 18.26
Books and newspapers	$ 14.29
Indoor games	$ 13.81
Outdoor games	$ 8.75
Repairs	$ 4.40
Miscellaneous	$ 2.10
Balance on hand	$ 16.75
Total	$175.80

L. H. Teng
(S.S.D.)
May. 1941.

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REPORT OF THE NURSING DEPARTMENT. June 1940 -1941.

Since the last Hospital Report there have been some changes in the organisation of the Nursing Department. Miss Wilson has been appointed Counsellor to the Nursing Personnel, with special emphasis on Social Work among the nurses, and when conditions allow for her return we are all looking forward to her taking up her work in this sphere where much is waiting to be done. For practical reasons the Nursing Department has now two divisions, the Nursing School and the Nursing Services. The Nursing School has Miss Geneva Miller, B.A.,R.N.,M.S., as its Director, while Miss M.Marjorie Alderson, S.R.N.,S.C.M.,R.C.N., has been appointed Director of the Nursing Services. This year the report on the Nursing Department will be written in these two sections.

THE REPORT OF THE NURSING SERVICES.

This last year has seen considerable growth in the sphere of the Nursing Services. The absence of the Medical School has opened great opportunities and large responsibilities to the Nursing Services. The nurses in wards and O.P.D., have in many cases undertaken work that formerly fell to the junior Medical Staff and Medical Students and they have been very glad to have wider opportunities for experience and service. The increased number of In-patients and Out-patients has meant an increase in nursing staff. In June 1937, before the "Incident" there were 82 nurses, students and graduates working on the Nursing Staff, in June 1941 there are 92 nurses and graduates working on the Nursing Staff. To each of the following Departments a full time graduate nurse has been assigned; the Private Patient's Clinic; the X Ray Department; Special Diet Kitchen; and to the Operating Room, an extra nurse upon the regretted resignation of Miss Thomson, due to her marriage with Dr. Gale of our Medical Staff. Miss Ruth Danner, R.N., has made great progress in the Nursing Field of Public Health and this Autumn will have two of our senior students joining her staff. Our present Public Health Nurse, Miss Chin Feng-yu, is going in October to the P.U.M.C., for further study and after completing her course will return as a fully graduated Public Health Nurse to assist Miss Danner with her rapidly increasing Public Health work. A special feature of this year has been a course given to graduate nurses, fortnightly, in professional subjects, by various members of the Staff and although attendance was voluntary, a very satisfactory number was maintained throughout the entire course. Miss Rosa Bell, R.N., was responsible for arranging this course. Three separate courses in English were held and we are grateful to Miss Bell, Miss M. Morton-Smith and Miss Emmie Johnson for their faithful services in this rather laborious activity.

The gratitude and admiration of the Director of Nursing Services is especially extended to our Chinese Supervisors and Head Nurses for their loyal and efficient co-operation which has made possible a distinct progress in our standard of nursing care.

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CHEELOO UNIVERSITY HOSPITAL SCHOOL OF NURSING

1940-1941 Report

This is the second year since we have required one year college work for entrance to the Cheeloo University Hospital School of Nursing. During this year on the campus the students have an opportunity to become acquainted with us, with students in the nursing school, and to learn something of what nursing is and thus settle any question they might have concerning their choice of career. It also gives the school of nursing personnel an opportunity to become acquainted with the students and to advise them. Students coming into the school of nursing with the additional educational advantages afforded by this year on the campus, especially the sciences which are so important as a basis upon which to build nursing knowledge and skill, demonstrate to our full satisfaction the value of this pre-nursing course on the campus.

During the year we have accepted three transfer students from other nursing schools. Political conditions made it impossible for them to complete their work in their own training schools. Three students successfully passed the examinations of the Nurses Association of China in December and now have their school diploma and N.A.C. certificate. There are thirteen students in our senior class, ten in the junior class and eighteen who have completed their year on the campus and are preparing to enter the sophomore class of the School of Nursing August 15, 1941.

Miss Li Pao Chen, who has completed the P.U.M.C. post-graduate course in nursing education and administration and who has done supervision in Cheeloo Hospital since 1936 is giving full time to nursing instruction and supervision of student practice. Miss Ch'ao Yu Shen, a graduate of 1940, has been in training under Miss Bell in our newly re-opened diet kitchen since last fall and is now a member of the school of nursing faculty. She is in charge of the special diet kitchen and student practice in this department with the help and supervision of Miss Bell who returned to our staff in Sept. ~~July~~ 1940 following her furlough.

Since there are so few specially trained graduate nurses available in Eastern China, we are choosing our best students and graduates and giving them special training for specific responsibilities, such as diet kitchen supervision, anaesthesia administration, nursing education and supervision, public health nursing, etc. This year two girls have completed such training, one of whom is now serving as anaesthetist and the other as supervisor in the special diet kitchen.

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We have this year added a good number of recently published books on nursing education for text and reference use and these are helping us to improve our standard of nursing education at Cheeloo.

For years the nursing faculty and nursing administrators in Cheeloo University Hospital and School of Nursing have felt the need of a budget for the school. Only with a separate and adequate budget can a school best attain to its educational objectives. We are pleased to report that the Cheeloo University Hospital School of Nursing has now been granted its own budget.

Smaller hospitals in Shantung frequently ask us to undertake post-graduate courses to prepare their graduates for more specialized duties. This is a most needy field and as a larger teaching institution, it is our responsibility to give this specialized training. At present we are not prepared to do so, but are working toward that end, by improving the type of personnel holding responsibile nursing positions, so that when we do accept post-graduate students for advanced training, every department will be able to share the responsibility.

We wish to express our appreciation for the generous help the nursing education department has received from the many other departments of the hospital and university.

Respectfully submitted,

Geneva E. Miller

Geneva E. Miller B.A., R.N., M.S.
Director of Nursing Education

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Cheeloo University,
Tsinan.
Sept.12, 1941.

Dear Everybody,

The time has come to make my annual report again, and I am afraid I shall make it sound exactly like last year's. So this time I am writing it in the form of a letter, in the hope that you may read it. At the end I will give statistics to make it a real report.

In reading this, you realise that it is only a report of the little bit of work which I am mainly responsible for. Its setting is the China of to-day, more particularly "occupied China", of which the province of Shantung (as large as England and Wales) is a part, and in which there is now only one university, and that is ours - Cheeloo. And, to remind you of recent history, in the summer of 1937, the "China Incident", or war with Japan, started; by the end of Sept.1937, all of our students had left us. The Medical School, i.e., most of the Chinese staff and students, was transferred to West China Union University in Chengtu, Szechuan province; and most of the foreigners (i.e., we missionaries) remained behind to try and keep the hospital going, do what we could for war casualties, and try and hold Cheeloo together.

As these four years have passed by, certain changes have inevitably taken place. By government action of the U.S.A., almost all American married women and children have left, some of the men also, British as well as American, who, especially after the European war started, have had more pressing claims elsewhere. On the other hand, we have had some additions to our staff from several missions ousted from their other places in province. These, besides reinforcing the hospital staff, have already brought

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us new inspiration and given a tremendous stimulus to the somewhat flagging "rural aims" of Cheeloo, by their investigations and practical solutions to some village problems.

Meantime, the hospital has gone on, in spite of anxieties, financial and political, and in spite of a serious shortage of staff. That this has been possible is in itself an amazing fact. We owe much to your prayers and interest, and are often and often conscious of help "over and above that we are able".

In this uncertain and confused world, in this occupied China, and in this capital town of the province of Shantung stands Cheeloo University and its hospital, and in Cheeloo Hospital there is the department of Obstetrics and Gynaecology. Obstetrics occupies the top floor of the old hospital; one ten-bed ward for "clean" or booked cases, and a two-bed ward for toxaemia or eclampsia patients; one labour room proper, with a large bathroom, fitted up for use as a second labour room; one room for newborn babies, and other utility rooms. On the second floor of the old hospital, we share a big women's ward with Surgery, Ears and Eyes; there are nursed our gynaecology cases and also "dirty" or unbooked midwifery. The distinction between dirty and clean does not refer to the colour of the patient's face or clothes. Almost every unbooked case comes to us as a last resort after having been infected by old-style midwives; we have to take it for granted that every such patient is a potential case of puerperal septicaemia, and they are delivered and nursed in rooms quite separate from the clean cases.

The staff consists of one trained nurse-midwife, Miss Liu; two doctors, Dr.Teng and myself; for most of last year we had

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one resident, Dr.Kao, who left us to get married in May. Dr.Teng is an old graduate of Cheeloo and is a most valued and experienced colleague. As the numbers of qualified men and women being trained in occupied China is very small indeed, ~~think Peking Union Medical College is the only place doing so now, and they absorb all their own newly qualified doctors -~~ the number of people qualified to act as residents has virtually come to an end. This, of course, means that all the routine work, normal deliveries, writing of histories and records, has to be done by use, as well as the work requiring more thought and skill. In such circumstances, temper is apt to wear thin, and work to be less well done.

In October we are hoping to train a small class of nurses in midwifery. Nursing in China has mainly followed the American system, in which the nurses are not taught to "born babies" but only to do the actual nursing of mother and child. We, too, have adhered to this system in the past, really because the number of babies born in hospital was not enough to give both

but now, with the increasing number of midwifery patients and the lack of medical students in our hospital, it seems wise to start training some nurses along this line.

this report), we beat all previous records in midwifery, with a total of 369 deliveries, 33 of which were operative and the rest more or less normal. When one considers that ours is the only large hospital functioning now in Tsinan, and almost the only place where operative midwifery can be done, I think it means that less operative midwifery has been necessary. And, as

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I want now to pick out from the statistics at the end a few things worth noting,

In the year July 1940 to June 1941 (the period covered by this report), we beat all previous records in midwifery, with a total of 369 deliveries, 33 of which were operative and the rest more or less normal. When one considers that ours is the only large hospital functioning now in Tsinan, and almost the only place where operative midwifery can be done, I think it means that less operative midwifery has been necessary. And, as

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obstetric difficulties in this part of China are most often due to mishandling, and only seldom to pelvic abnormalities, I hope it also means that better midwifery is being done by better midwives and that public opinion is really beginning to insist on mothers having a fair chance.

At the antenatal clinic, we saw 618 new cases; total ante-natal visits 2141. (Last year 574 new cases; 1831 total visits.)

Gynaecology out-patients are seen at the same time as the ante-natal cases, the rooms being conveniently arranged for that purpose. 1117 new Gynaecology cases were seen; a total of 5052 visits (last year 910 new cases; 3732 total visits.) A large proportion of these are sterility cases; during the year, 100 Rubin tests were done.

It is curious that the number of gynaecology operations done every year fluctuates very little; for years there have only been about 20 major operations a year. The patients who have those operations have usually had tumours for anything from two to twenty years - so why do we not get 800 one year and 80 the next? It is just one of those curious coincidences that medical life is full of.

In the list of operations at the end, it will be seen that six patients were treated with radium for carcinoma. This is <u>not</u> because cancer is rare in Shantung, but because nearly all the patients we see come too late for any treatment at all. Actually, I dread having to suggest radium treatment to a patient almost as much as having to say "No cure"; this because the amount of radium we have (20 milligrams) is so small that it takes 16 days to treat one patient, and, during that time, the patient

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is in such discomfort that she hardly feels the game is worth the candle. Kind benefactor-to-be, if we had another 20 milligrams, we could halve the time of misery!

This report has behind it a good deal of hard work, sleepless nights, some disappointments and some heartsickness at hopes deferred. The hopes are still there.

What relation has all this - obstetrics and gynaecology - to the building of the Kingdom of God in China? One answer is that patients come to hospital and,while in hospital, they hear about God,from hospital evangelists and other Christians. That is true, but it is not the whole answer. Life is a whole, and religion is life. Our faith in God depends much more upon our personal experiences in life than we sometimes realise. If I were a mother who had had nine children and eight of them had died of tetanus in the first week of life (but I didn't know it was tetanus, but thought it was the wind, or bad luck, or because, without knowing it, I had looked the wrong way at the sun); and if, in addition, I was ill-treated by my mother-in-law because the only remaining child was a girl and not a boy; and if, then, someone came and said "God is love" - I think I would say, "But I know He is not!" I believe that the work we are doing is one way of preaching that God is righteous and clean, and that He is a very present help in pain and trouble; indthese ways we may be helping"to make Jesus credible".

MARY P.GELL

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Chart presentation of certain fects of patients Admitted

July, 1940---June, 1941.

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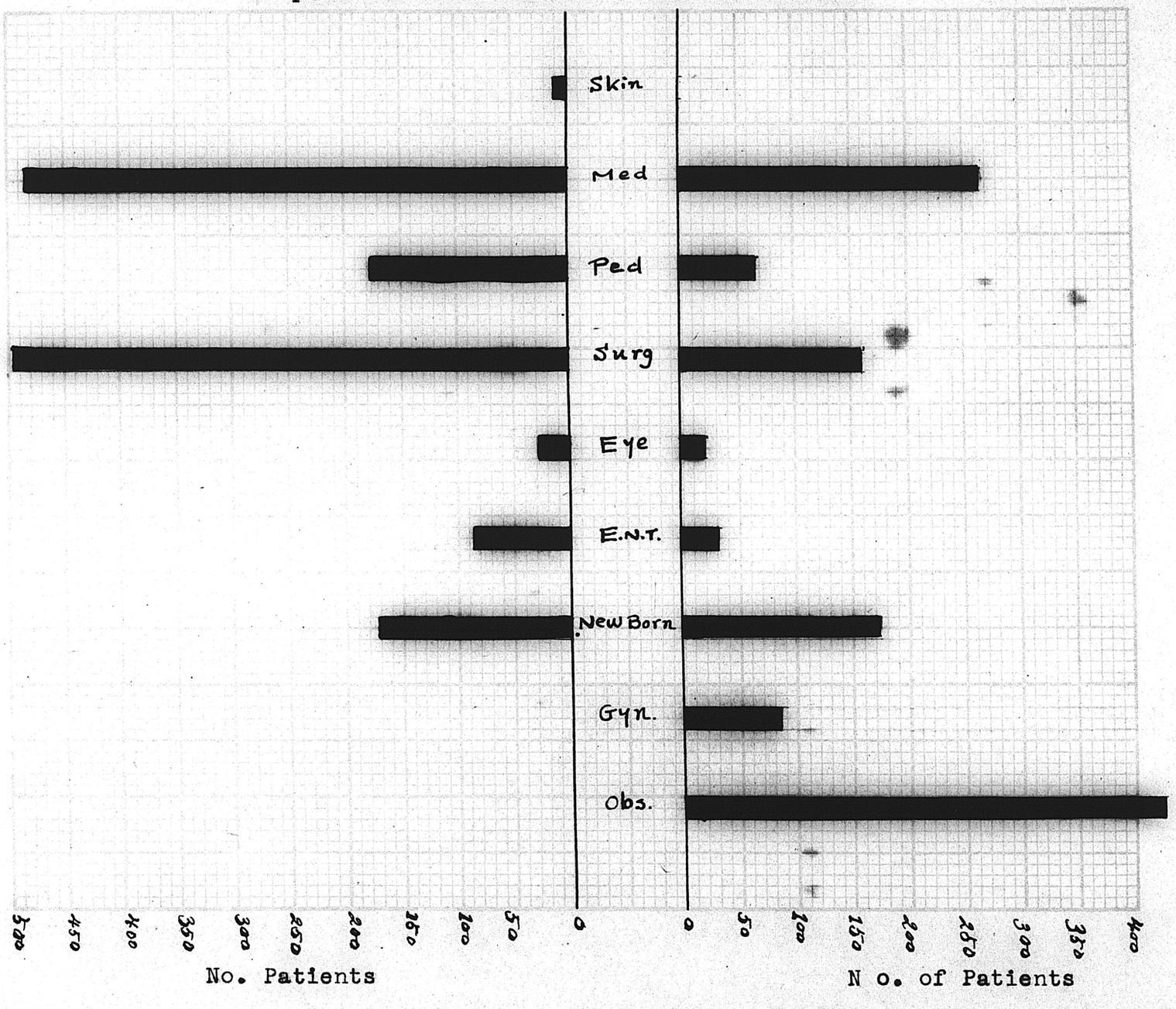
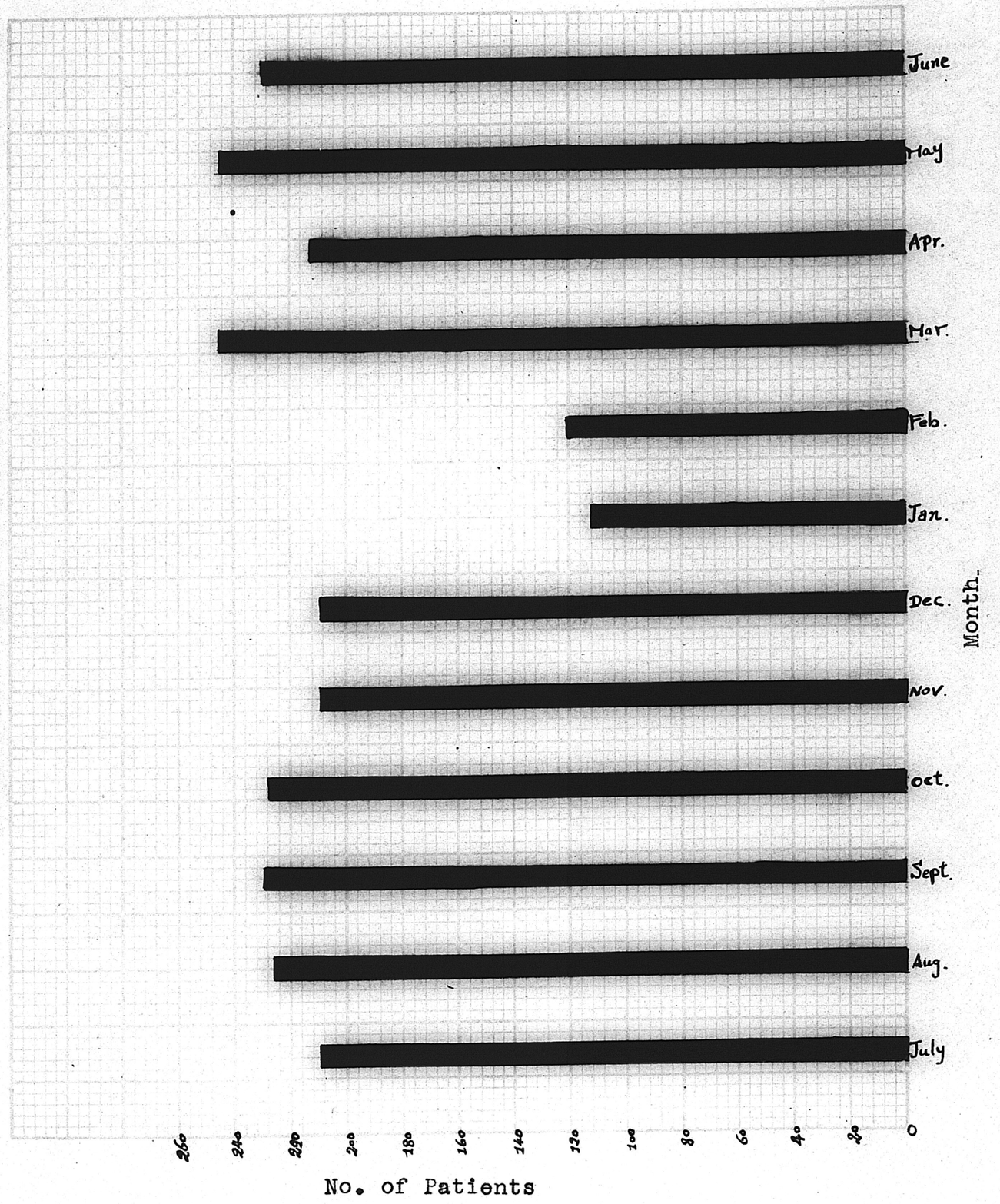
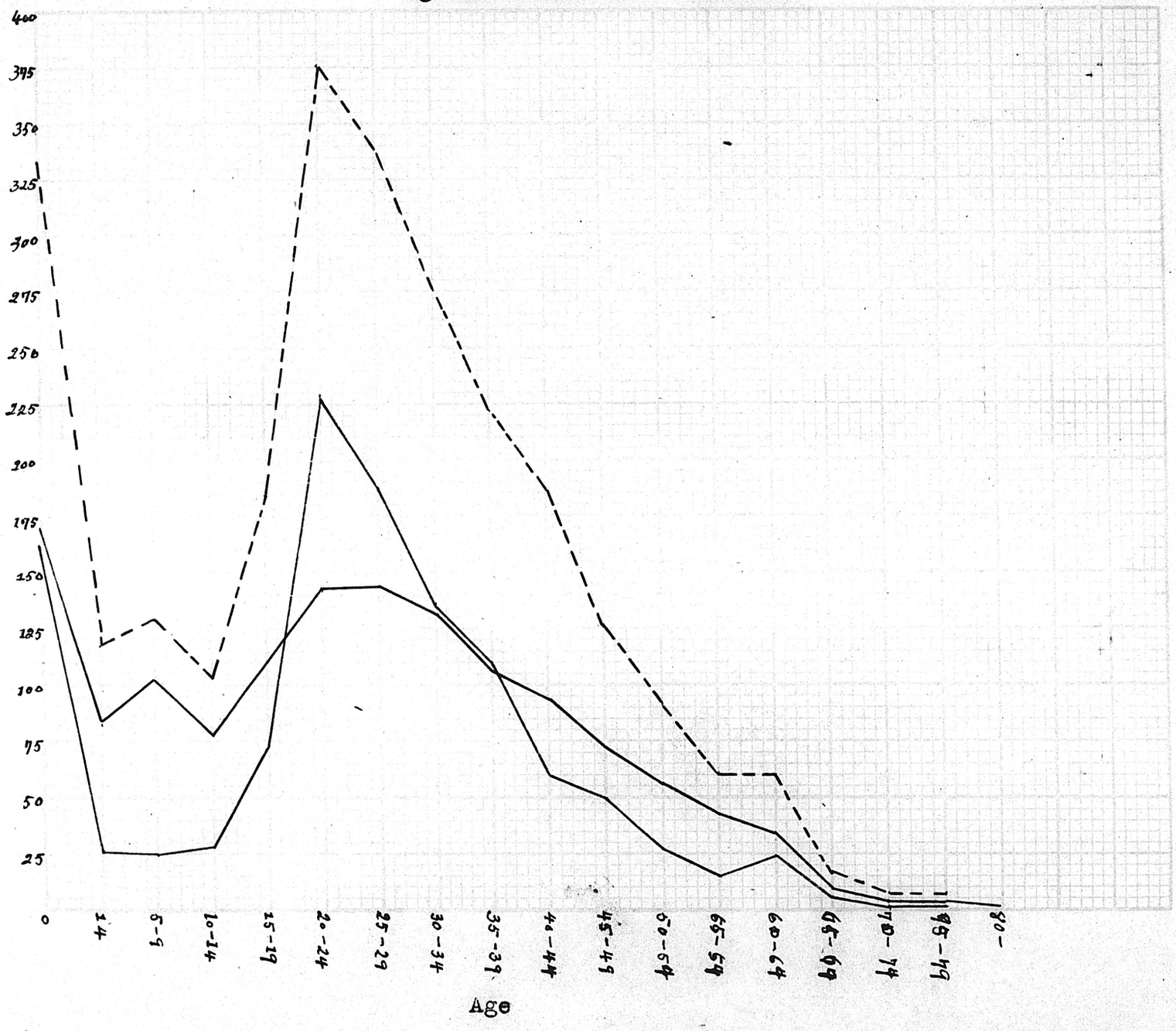
Comperitive Totaleration of Service and Sex



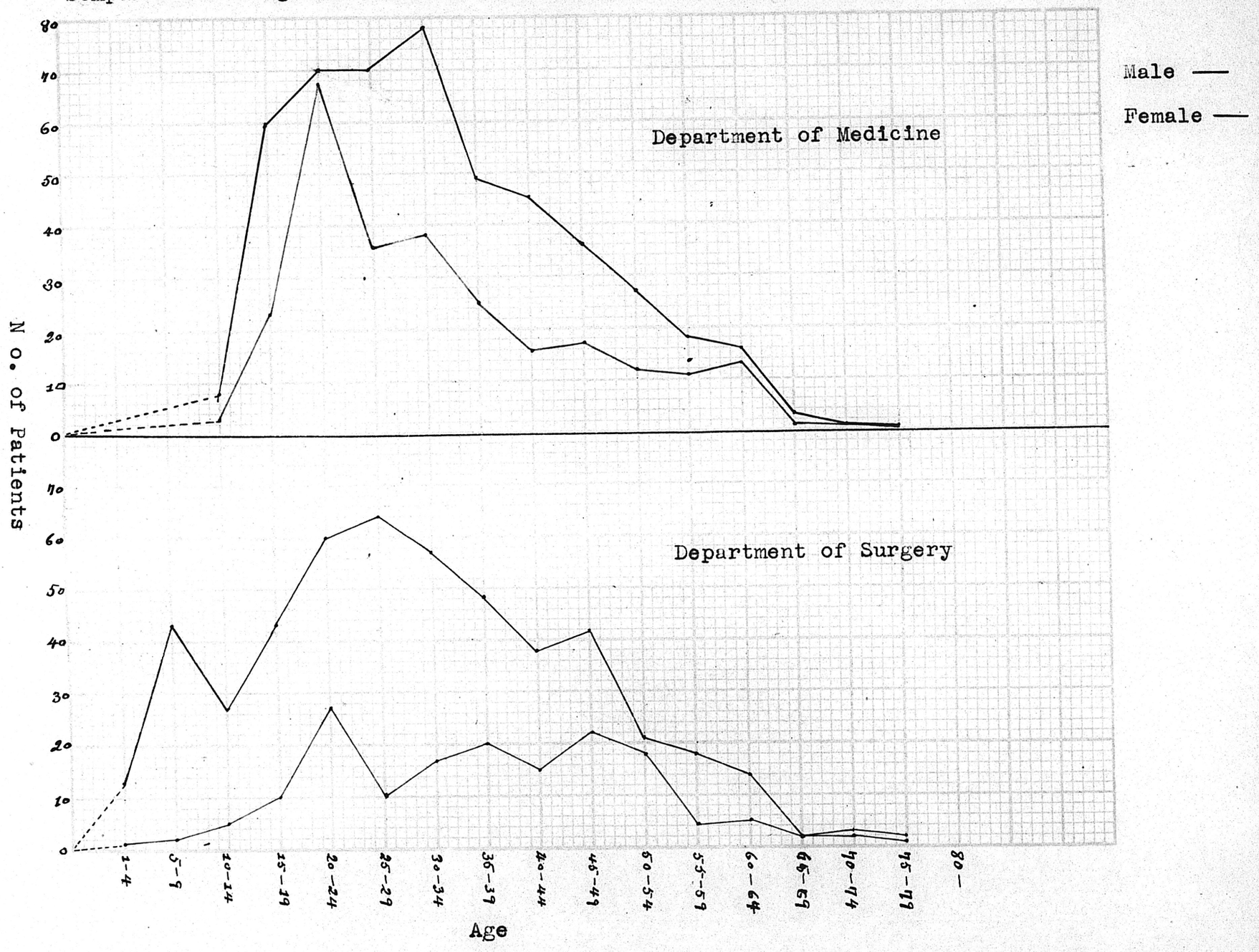
Comparision of Monthly admission



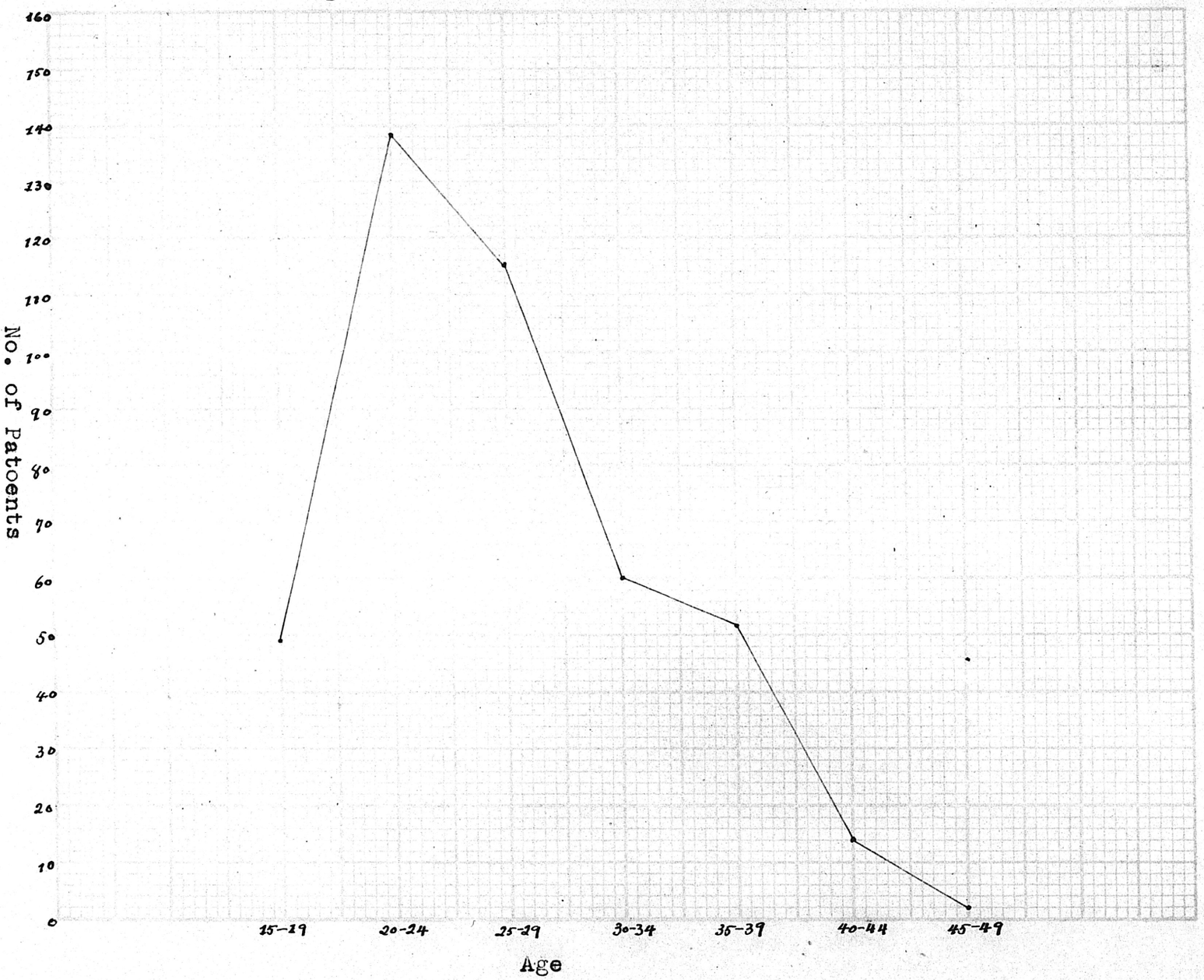
Age Distribution of Patients



Comparision of Age Distribution with Reference to Sex and Service



Age Distribution of Obsterical cases



Age Distribution of Patients Admitted with Reference to Service and Sex

	Male								Female										Total
	Med.	Skin	Ped.	Surg.	Eye	E.N.T	New Born	Total	Med.	Skin	Ped.	Surg.	Eye	E.N.T	Gyn.	Obs	New Born	Total	
1 - 4			63	13		1	171	248			25	1		2			175	203	451
5 - 9		1	52	43	3	5		104			24	2		4				30	134
10 - 14	8		34	27	1	10		80	3		19	5		3				30	110
15 - 19	60			43	1	7		111	23			10	1	2	3	49		88	199
20 - 24	70			60	2	8		140	67			27	2	5	11	138		250	390
25 - 29	70	1		64	4	6		145	36			10	3	2	22	115		188	333
30 - 34	78	1		57	3	6		145	38			27	1	2	16	60		134	279
35 - 39	49	2		48	2	3		104	25			20	1	3	9	52		110	214
40 - 44	45	2		39	2	3		91	26			25	3	2	15	14		65	156
45 - 49	36	2		42	1	1		82	17			22	3	3	4	2		51	133
50 - 54	27	2		21	3	1		54	12			18	5		2			37	91
55 - 59	18			18	2	2		40	11			4		2	5			22	62
60 - 64	16			14	3			33	13			5	1	1	1			21	54
65 - 69	3	1		2	1			7	1			2	1					4	11
70 - 74				3	1			4	2			2						4	8
75 - 79	1			2		1		4	2			1						2	6
80 -																			
Total	481	12	149	496	29	54	171	1392	265		68	161	21	81	88	430	175	1239	2631

Division of Roentgenology; Statistics.

			July 1, 19 ; to June 30, 19 .	July 1, 1940 ; to June 30, 1941 .
1	人數	Number of patients examined in the Division of Roentgenology.		
2	醫院	Hospital		751
3	門診	Outpatient Department		5,203
4	特別	Private Patient Clinic		161
5	職員，學員，工人	Staff, Students, Employees		1,513
6	總數	Total number of patients examined		7,628
7	照像診斷的研究，或用影屏或不用影屏	Diagnostic studies, radiographic, (with or without fluoroscopy in addition).		
8	胸	Chest		460
9	骨	Bone and joint		440
10	頭	Skull, (paranasal sinuses, mastoids, etc.)		131
11	食管	Oesophagus		5
12	腸胃	Gastro-intestinal tract		160
13	尿	Urinary tract		60
14	產婦	Female reproductive system		7
15	牙	Teeth		
16	牙不全	Partial examination		117
17	牙完全	Complete examination		4
18	外物	Foreign body		8
19	零碎	Miscellaneous		6
20	總數	Total		1,418
21	專用影屏診斷的研究	Diagnostic studies, fluoroscopy only used.		
22	胸	Chest		6138
23	食管	Oesophagus		48
24	腸胃	Gastro-intestinal tract		
25	婦	After Rubin's test		12
26	外物	Foreign body		5
27	零碎	Miscellaneous		7
28	總數	Total		6,210
	總論	Summary		
29	病人照像，或者用影屏或者不用影屏	Patients studied by radiography, with or without fluoroscopy in addition.		1,418
30	病人專用影屏	Patients studied by fluoroscopy only.		6,210
31	病人總數	Total patients examined		7,628
32	片子，於牙包	Films and dental packets exposed		
33	比牙片子大	Films larger than dental		
34	牙片子包	Dental packets		
35	總數	Total		
36	多少次用影屏	Fluoroscopic examinations		7,197

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	人 Patients							影及次屏用 Fluoroscopic exams.	錢 Fees	免費 Patients; no charge.				
	院醫 Hosp.	門診 O.P.D.	特別 P. P.C.	學員 Stud.	總數 Total	照像 Radiography c or s fluoro.	專用影屏 Fluoroscopy only			貧 Poor	科學 Scien.	影氣屏胸 Fluoro. Pneumo. Rubin P. E.	影職學屏員 Fluoro. Staff Students	總數 Total
1940 七 July	58	435	3	24	521	100	421	558	$1,523.6	1				
八 Aug.	42	393	6	1	441	74	367	495	$1,231.7	3				
九 Sept.	58	389	18	199	664	112	552	642	$1,834.	1				
十 Oct.	70	442	15	411	938	126	812	928	$1,883.	2				
十一 Nov.	69	381	13	78	541	118	423	547	$1,643.9	3				
十二 Dec.	72	356	12	155	595	116	479	579	$1,574.8	3				
1941 一 Jan.	40	340	17	212	609	82	527	616	$1,239.					
二 Feb.	46	368	21	118	553	106	447	447	$1,592.	5				
三 March	73	531	9	60	673	124	549	641	$2,149.6					
四 April	80	560	15	117	772	149	623	675	$2,425.					
五 May	77	586	22	86	771	157	614	686	$2,705.					
十一個月 11 Months														
六 June	66	422	10	52	550	154	396	383	$2,464.	5				
Total July 1, 19 , to June 30, 19 .	751	5,203	161	1513	7,628	1,418 照照亦像像看	6,210	7,197	$22,265.6	23		Charges made by other Depts.		

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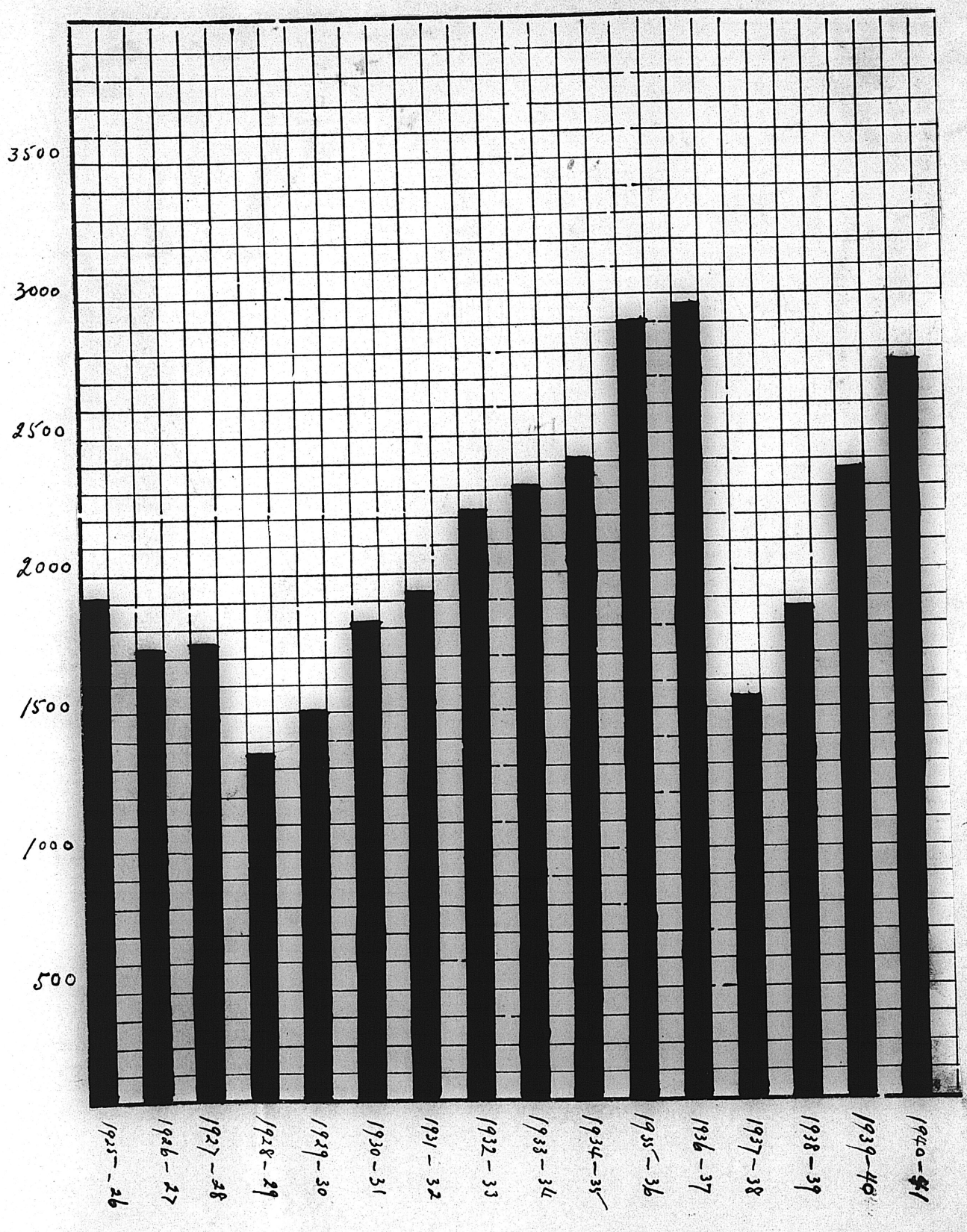
CHART SHOWING COMPARISON OF IN-PATIENTS

From July. 1925 - June. 1941



IN-PATIENT DISEASE

1940 - 1941

	Diagnoses	Primary	Secondary	Deaths
0-	DISEASES OF THE PSYCHOBIOLOGICAL UNIT			
	MENTAL DEFICIENCIES			
000 - 370	Opium(morphine, heroin$) addiction	28	14	
000 - 790	Infantilism	1		
0Y0 - 147	Psychoses with syphilis of the central nervous system	1		
003 - 516	Psychoses with cerebral arteriosclerosis		1	
002 - X00	Anxiety hysteria	2		
002 - X22	Compulsive tics and spasms		1	
002 - X30	Neurasthenia		1	
002 - X31	Hypochondriasis		1	
01-	DISEASES OF THE BODY AS A WHOLE			
010 - 069	Measles		2	
010 - 076	Congenital dwarfism		2	
010 - 1471	" syphilis		1	
012 - 100	Bacteriemia	1	2	
012 - 119	Anthrax	2		2
010 - 152	Kala-azar	66	3	1
010 - 124	Leprosy	1	2	
010 - 157	Malaria	4	5	
010 - 169	Measles	1	4	
010 - 114	Paratyphoid fever	1		
010 - 1411	Relapsing fever, louse-borne	3	1	
010 - 196	Rheumatic fever	7		1
013 - 190	Septicemia unassociated with bacteriemia	2		1
013 - 1026	" streptococcus viridans	1		1
014 - 190	" puerperal	1	9	
010 - 165	Rubella	1		
013 - 105	Staphylococcus septicemia	1	1	
012 - 147	Syphilis, generalized		1	
010 - 11X	Tetanus	3	2	2
010 - 123	Tuberculosis miliary, acute	2	1	1
0Y0 - 123	Tuberculosis, exposure to		1	
010 - 115	Typhoid fever	38	2	4
010 - 184	Typhus fever	5		
010 - 318	Antimony poisoning	1		
010 - 323	Nitric acid poisoning	1		
010 - 330	Unspecified poisoning	2		
010 - 383	Food poisoning	1		1
010 - 360	Vegetable poisoning	1	1	
010 - 312	Lead poisoning	4	1	
010 - 370	Opium poisoning	11		1

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Diagnoses		Primary	Secondary	Deaths
010 - 388	Toxemia of pregnancy	1	3	
015 - 388	Eclampsia	1	3	1
013 - 388	Pernicious vomiting	1		
014 - 388	Pre-eclampsia	5		
010 - 445	Heat prostration	1	1	1
010 - 70X	Obesity due to excess of food		5	
010 - 709	Feeding, improper	2	1	
013 - 709	Feeding problem in infancy	3		
013 - 711	Malnutrition, under two years	1	3	
014 - 711	over two years		4	
010 - 711	Marasmus	1	2	
010 - 7011	Inanition with edema	1	6	
010 - 717	Tetany due to deficient absorption of calcium	1		
010 - 721	Acidosis		2	
010 - 753	Obesity, constitutional		1	
010 - 757	Schüller-Christian's disease	1		1
010 - 761	Deficiency of vitamin A		4	
010 - 764	Rickets	2	4	
010 - 764.9	Tetany associated with rickets		2	
010 - 771	Hyperthyroidism		1	
010 - 7832	Hypoadrenalism severe forms	1		
010 - 785	Diabetes mellitus	12	15	
010 - 7851	Mild	3		
Y00 - Y10	Fever of unknown origin	8		
REGIONAL DISEASE				
086 - 03X	Finger; syndicatylism (syndactylism ?)	1		
081 - 064	Cyst of arm	1		
020 - 100.2	Abscess of Head		1	
027 - 100.2	" " face	1		
031 - 100.2	" " superficial structures of neck	3	1	
032 - 100.2	" " deep structures of neck,		1	
034 - 100.2	" " thoracic wall		1	
045 - 100.2	" " inguinal region	1		
052 - 100.2	" " shoulder		1	
057 - 100.2	" " buttocks and hip	4	1	1
085 - 100.2	" " hand	1		
091 - 100.2	" " thigh	1		
092 - 100.2	" " knee region	1		
028 - 100.3	carbuncle of parotid region		1	
040 - 100.3	Sinus abdominal wall	1		
030 - 100.1	Gangrene of neck	1		1
080 - 100	Infection of upper extremity	1		1
083 - 100	" " forearm		1	
057 - 1027.2	Abscess of iliac region (Haem. strept.)	1		
093 - 1027.2	" " lower leg (Haem. strept.)	1		
042 - 105.2	" " abd. wall (Haem. Strept.)	1		
095 - 1057.2	" " heel " "	2		
082 - 100.4	Cia			

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Diagnoses		Primary	Secondary	Deaths
082 - 100.4	Cicatrix of cheek, post-infectional	1		
039 - 123	Tuberculosis of mediastinum	2		
096 - 123	" " foot	2		
056 - 123.2	Cold abscess, lumbar region		1	
082 - 123.1	Tuberculosis, ulcer of elbow		1	
0X0 - 151	Amebic carier state	1	8	
082 - 266	Cysticercus of elbow	1		
096 - 215	Epidermophytosis of feet		2	
097 - 300.2	Sinus due to chemical burn, toes	1		
052 - 402	Contusion of shoulder		1	
096 - 404	Crushing wound of feet	1		
032 - 411	Stab wound, neck	1		
042 - 411	" " abdominal wall	2		
083 - 411	" " forearm	1		
085 - 411	hand " hand	1		
092 - 4111	Penetrating wound, knee region	1		
026 - 412	Lacerated wound, scalp		1	
047 - 412	" " perineum floor			
069 - 412	" " foot	1		
083 - 412	" " forearm	1		
085 - 412	" " hand	1		
096 - 412	" " foot		1	
020 - 414	G.S.W., of head		1	
027 - 414	" " face	1		1
030 - 414	" " neck		1	
033 - 414	" " thorax	2		
034 - 414	" " thoracic wall	2		
042 - 414	" " abdominal wall	1		
052 - 414	" " shoulder	1		
080 - 414	" " upper extremity		1	
081 - 414	" " upper arm	1		
082 - 414	" " elbow	1		
083 - 414	" " forearm	1		
085 - 414	" " hand	1	2	
090 - 414	" " lower extremity	1		
091 - 414	" " thigh	2	1	1
057 - 4141	" penetrating, of buttocks	1		
096 - 4141	" " " foot	2		
091 - 4141	" " " thigh	1		
034 - 496	foreign body in thoracic wall	1		
026 - 4X0	Infected wound of scalp	1		
096 - 51X.1	Gangrene of foot due to thrombo-angiitis obliterans	3		
097 - 51X.1	" " toes " " " "	1		
040 - 800	Carcinoma in pelvis	1		
081 - 800	Ewing's tumor R. Humerus	1		
056 - 802	Teratoma of sacral region	1		
094 - 820	Fibroma of ankle region	1		
045 - 871	Fibro			

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	Diagnoses	Primary	Secondary	Death
045 - 811	Fibrosarcoma of inguinal region, ankle region	1		
083 - 811	" " forearm region, ankle region	1		
026 - 861	Sarcoma of scalp	1		
085 - 887	Adenocarcinoma of hand		1	
040 - 8892	Carcinomatosis of abdomen generally			
	1- DISEASES OF THE SKIN, SUBCUTANEOUS AREOLAR TISSUE, AND SUPERFICIAL MUCOUS MEMBRANE			
131 - 010	Cutis verticis gyrata	1		
131 - 080	Epithelioma adenoides cysticum	1		
131 - 100	Furuncle of forehead	1	1	
135 - 100	Otitis externa	1		
143 - 100	Cellulitis skin, buttocks	1		
146 - 100	" of thigh		1	
161 - 100.0	Furunculosis		1	
162 - 100.0	Furuncle of occiput	1		
136 - 100.2	Abscess of skin of neck	1		1
180 - 100.2	" " pyemia	1		
131 - 100.3	Carbunculus of scalp	4		
136 - 100.3	" " skin of neck	2		
138 - 100.3	" " skin of trunk	2	2	
166 - 100.3	" " hair follicles of neck	2	1	
168 - 100.3	" " " " " trunk	1	2	
110 - 102	Impetigo contagiosa	4		
182 - 102	Cellulitis of neck	1		
186 - 102	" " arm	5	2	
131 - 1029	Erysipelas of face	1		
131 - 1130	Erysipeloid of face		2	
138 - 167	Herpes zoster, infectional skin of trunk	1	3	
102 - 147	Syphilis generalised	4		
147 - 159	Ulcer of leg		6	
112 - 210	Dermatophytosis		1	
147 - 215	Tinea cruris	1	9	
110 - 281	Scabies		1	
110 - 3001	Dermatitis venenata		1	
110 - 390	Urticaria papulosa		2	
111 - 390	Eczema, allergic		3	
11X - 390	Urticaria	1		
131 - 400.4	Cicatrix of skin, post-traumatic, face	1		
131 - 412	Laceration skin of scalp	1	1	
181 - 412	Cut wound of skin of scalp	1		
148 - 433	Clavus skin of foot		1	
176 - 433	" nail-folds	1		
139 - 441.4	Cicatrix of skin of upper arm due to burn	1		
140 - 441.4	" " " " forearm due to burn	1		
130 - 4412	Burn	1		1
147 - 522.9	Ulcer varicosum of skin of leg		1	
114 - 770	Scleroderma	1		1

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	Diagnoses	Primary	Secondary	Deaths
138 - 812	Lipoma of trunk	1		
182 - 812	" " neck	1		
188 - 812	" " thigh	1		
122 - 824	Hemangioma of gum	1		
136 - 880	Epithelioma of neck	2		
136 - 881	Squamous carcinoma of skin of neck	1		
110 - 910	Acrodermatitis atrophicans chronic	1		
111 - 961	Psoriasis		1	
111 - 966	Lichen simplex chronicus		1	
	19- DISEASES OF THE BREAST			
190 - 100.2	Abscess of breast	2		
190 - 105	" " " staphylococcal	1		
190 - 190	Mastitis, acute	1		
192 - 190	" , interstitial	1		
190 - 810	Fibroma of breast	1		
190 - 887	Adenocarcinoma of breast	2		
190 - 889	Carcinoma of breast	9		
190 - 8891	Medullary	3		
190 - 8892	Scirrhous	3		
190 - 890	Adeno-fibroma of breast	3	1	
190 - 8901	Pericanalicular	1		
190 - 8902	Intracanalicular	2		
	2- DISEASES OF THE MUSCULOSKELETAL SYSTEM			
	DISEASES OF THE BONES			
2202 - 037	Fusion defect of vertebrae	1	1	
229 - 076	Hypoplasis, congenital of ribs		1	
2391 - 100.6	Exostosis, post-infectional of os calcis	2		
282 - 100.6	" " " muscles of lower leg	1		
210 - 100	Osteomyelitis, acute, of bones of cranium	1		
211 - 100.0	" , chronic, of frontal bone	1		
219 - 100.0	" " " mandible	1		
2191 - 100.0	" " " " body	2		
2192 - 100.0	" " " " ramus	5		
230 - 100.0	" " " humerus	1	1	
2301 - 100.0	" " " " upper extremity	1		
23021 - 100.0	" " " " shaft	1		
2347 - 100.0	" " " phalanges of index finger	1		
235 - 100.0	" " " femur	1		
2352 - 100.0	" " " " shaft	5	1	
237 - 100.0	" " " tibia	2	3	
238 - 100.0	" " " fibula	3		
239 - 100.0	" " " tarsal bones		1	
2391 - 100.0	" " " os calcis	3		
2X223 - 100.0	" " " tibia and fibula		1	

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4023
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	Diagnoses	Primary	Secondary	Death
210 - 100.1	Sequestrum formation post-infectional of mandible	1		
230 - 100.1	" " " " humerus		1	
2372 - 100.1	" " " " tibia	1		
2191 - 105	Osteomyelitis of mandible (haem. stapt.)	1		
216 - 123	Tuberculosis of nasal bones	1		
218 - 123	" " superior maxilla	1		
220 - 123	" " vertebrae	1	2	
221 - 123	" " cervical vertebrae	1		
222 - 123	" " dorsal vertebrae	3	1	1
223 - 123	" " lumbar vertebrae	2		
2264 - 123	" " scapula, spine	3		
229 - 123	" " ribs	7	2	
231 - 123	" " radius	3		
236 - 123	" " patella		1	
2371 - 123	" " tibia	1		
239 - 123	" " tarsal bones		2	
254 - 123	" " bursal	1		
2221 - 123.2	" caries of T 9 and T10	1		
273 - 123.2	" psoas abscess bilateral		1	
2391 - 123.3	" os calcis	1		
23523 - 190.3	Chronic osteomyelitis lower and femur	1		
258 - 1X0	" infection bursa over R great trochanter	1		
226 - 416	Fracture of scapula	1		
229 - 416	" " ribs	2		
23014 - 416	" " greater tuberosity		1	
23033 - 416	" " humerus	1		
231 - 416	" " radius		2	
232 - 416	" " ulna	2		
235 - 416	" " femur	1	1	1
237 - 416	" " tibia	1	1	
238 - 416	" " fibula		1	
23X2 - 416	" " second metatarsal		1	
2X13 - 416	" " radius and ulna	1		
2X223 - 416	" " tibia and fibula	1		
23518 - 417	" comminuted, of femur	2		
219 - 418	" compound, of mandible	1		
2312 - 418	" " " radius		2	
2322 - 418	" " " ulna	1		
2352 - 418	" " " femur		1	
237 - 418	" " " tibia		1	
2301 - 419	" " comminuted, of humerus		1	
2353 - 419	" " " " femur	1		
237 - 419	" " " " tibia	1		1
238 - 419	" " " " fibula		1	
2X222 - 419	" " " " tibia and fibula	1		1
23015 - 41X	Fracture, incomplete, of humerus		1	
211 - 414.5	" gun-shot of frontal bone	1		
227 - 414.5	" " " clavicle	1		
230 - 414.5	" " " humerus	1		
2321 - 414.5	" " ulna, upper extremity	1		
23522 - 414.5	" " of femur	1		

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	Diagnoses	Primary	Secondary	Deaths
23514 - 416.5	Fracture non-union following, of femur neck	3		
23722 - 416.5	" " " " tibia	1		
23033 - 416.6	" malunion following, of humerus	1		
235 - 416.6	" " " " femur			
212 - 416.9	Growth, arrest of, of parietal bone following fracture fracture	1		1
229 - 400.2	Osteomyelitis, traumatic, of rib	1		
219 - 414	G.S.W..of mandible	1		
221 - 414	" " cervical vertebrae		1	
2290 - 414	" " costal cartilages		1	
230 - 414	" " humerus	2		
2352 - 414	" " femur	1		
237 - 414	" " tibia	2		
2X23 - 414	" " lower extremity	1		
23721 - 4141	" penetrating tibia	1		
2191 - 87X	Adamantinoma of mandible	1		
225 - 81X	Giant-cell tumor of coccyx	1		
2352 - 819	Sarcoma, osteogenic, of femur shaft	1		
2371 - 819	" " " tibia	1		
23523 - 861	Sarcoma of thigh (osteogenic)	2		
218 - 889	Carcinoma maxilla		2	
223 - 889.9	Secondary carcinoma of lumbar vertebrae	1		1
224 - 8Y0	Neoplasm undiagnosed of sacrum	1		
210 - 8Y1	" of cranium suspected			
	DISEASES OF THE JOINTS			
2493 - 0220	Talipes equinovarus			1
248 - 100.4	Ankylosis, bony, of knee joint	1		
240 - 100	Arthritis, caused by specific ?	1		
242 - 100	Arthritis generalised, acute (infectional organism unknown)			1
244 - 100	Arthritis infection of knee			1
248 - 103	" knee joint due to gonococcus	2		
240 - 1X0	" chronic infectional	5	1	
2468 - 1X0	" " " sacro-iliac joint		1	
248 - 1X0	" " " knee			1
241 - 123	Tuberculosis of vertebral joints	1		
243 - 123	" " elbow joint	3	1	
244 - 123	" " wrist joint	1		
2468 - 123	" " sacro-iliac joint	2		
2469 - 123	" " symphysis pubis		1	
247 - 123	" " hip joint	3		
248 - 123	" " knee joint	10	5	
249 - 123	" " ankle joint	1		
24X1 - 123	" " metatarso-phalangeal joints	1		
242 - 147	Syphilis shoulder joint	1		
249 - 100.9	(Deformity),,post-infectional, of ankle joint			1
247 - 100.5	Dislocation infectional, of hip joint	1		

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	Diagnoses	Primary	Secondary	Pathe
2401 - 406	Dislocation of jaw		1	
241 - 406	" " vertebral joints	1		1
243 - 406	" " elbow joint	2		
2461 - 406	" " sterno-clavicular joint		1	
243 - 407	" compound, of elbow	1		
242 - 408	" of shoulder, incomplete	1		
243 - 400.4	Ankylosis, bony, post traumatic, of elbow joint	1		
242 - 414	G.S.W. of shoulder joint	1		
24X1 - 416	Fracture of metatarso-phalangeal joints		1	
243 - 434	Compression of ulnar nerve of dislocation of continuous joint	1		
248 - 4X0	Arthritis, traumatic, of knee joint	1		
241 - 940	Osteoarthritis of vertebral joints	1		
2468 - 940	" " sacro-iliac joint		1	
24X - 940	" " joints of foot and toes	1		
	DISEASES OF TENDONS, FASCIA, ETC			
200.9 - 600.8	Ganglion of knee region	1		
	3- DISEASES OF THE RESPIRATORY SYSTEM			
302 - 100	Common cold	15	2	
	DISEASES OF THE NOSE			
318 - 100	Naso-pharyngitis	6	2	
310 - 100	Rhinitis, acute	3	1	
318 - 125	Diphtheria, nasopharyngeal		1	
313 - 400.3	Perforation of septum, traumatic	1		
3184 - 402	Contusion nasopharynx	1		
313 - 522.9	Varicose ulcer of septum	1		
313 - 640	Deflection of septum, cause unknown	1		
318 - 821	Lymphosarcoma of nasopharynx	1		
310 - 886	Adenoma of nose	1		
318 - 887	Adenocarcinoma of nasopharynx	2		
310 - 911	Atrophic rhinitis		2	
310 - 940	Hypertrophic rhinitis, cause unknown	1	2	
310 - 944	Mucous polyp of nose	3	2	
310 - X30	Hydrorrhea, cause unknown	1		
	DISEASES OF THE ACCESSORY SINUSES			
320 - 100.0	Granuloma of sinus, infectional	1		
320 - 1027	Sinusitis (Haem. strept.)	1		
322 - 1027	" frontal, (Haem. strept.)			

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	Diagnoses	Primary	Secondary	Death
322 - 100	Sinusitis, frontal, acute		3	
321 - 100.0	" maxillary, chronic	6	2	
323 - 100	" ethmoidal, acute.	2	1	
323 - 100.0	" " chronic	1		
320 - 190	" non-purulent, chronic	1	1	
320 - 130	" purulent, acute		1	
321 - 130	of maxillary sinus	1		
	DISEASES OF THE LARYNX			
332 - 100.8	Edema, obstructive, of glottis, infectional		1	
330 - 100	Laryngitis, acute	2	3	
330 - 1X0	" chronic, infectional	2	2	
330 - 147	Syphilis of larynx	1		
330 - 810	Fibroma of larynx	1		
336 - 881	Squamous carcinoma of vocal cord	1		
330 - 940	Chronic laryngitis, cause unknown		1	
	DISEASES OF THE BRONCHI			
350 - 100.6	Bronchiectasis, post-infectional	2	1	1
350 - 100	Bronchitis, acute	5	12	
350 - 1X0	" chronic	3	11	1
350 - 1027	" " (Haem. strept.)		2	
350 - 390	Asthma	6	2	1
	DISEASES OF THE LUNG			
360 - 100.2	Abscess of lung	6		1
360 - 101.2	due to pneumococcus	1		
361 - 100	Bronchopneumonia	13	8	3
361 - 101	Pneumococcal bronchopneumonia	5		
361 -100.4	Bronchopneumonia, post-operative		1	
368 - 100.3	Emphysema, interstitial, post-infectional		1	
368 - 100.6	Pneumonia, interstitial, chronic	1		
360 - 100	Pneumonia, lobar	24	5	4
360 - 102	Streptococcal lobar pneumonia	1		
360 - 146	Spirochetosis of lung	1		
360 - 147	Syphilis of lung		1	
360 - 123	Tuberculosis of lung	67	35	7
360 - 1231	minimal	2	9	
360 - 1232	moderately advanced	13	6	
360 - 1233	far advanced	4	1	1
361 - 123	Tuberculosis lung, miliary	3		1
3Y6 - 123	" " suspected	2		
360 - 512	Infarction of lung, embolic		1	
360 - Y00.7	Pulmonary hemorrhage, cause undetermined		1	
	DISEASES OF THE PLEURA			

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	Diagnoses	Primary	Secondary	Death
	DISEASES OF THE PLEURA			
370 - 100	Empyema, general		1	
370 - 102	Streptococcal empyema	1	1	
370 - 101	Pneumococcal empyema	3	2	1
377 - 100	Empyema perforating chest wall	1	1	
306 - 100.3	Fistula, broncho-pleural, infectional	1	1	
306 - 123.8	Tuberculous hydropneumothorax	2	1	
370 - 1231	Empyema, tuberculous, simple	2	3	
373 - 100	Interlobar empyema		1	
370 - 123	Simple plastic pleurisy, due to tuberculosis	3	2	
370 - 123.8	Tuberculous pleurisy with effusion	15	12	1
370 - 123.6	" pleuritis, obliterative		3	
370 - 100.4	Plastic pleurisy	2		
370 - 100.8	Serous pleurisy	6	4	
306 - 123.5	Tuberculous spontaneous pneumothorax	1	1	1
306 - 123.2	" pyopneumothorax		1	
370 - 400.7	Hemothorax, traumatic		2	
370 - 414	G.S.W. pleura	1		
377 - 414	" pneumothorax	2		
377 - 415	Artificial pneumothorax		39	
370 - 861.9	Secondary sarcoma of pleura		1	
370 - 800.7	Hemothorax due to neoplasm		1	
	4- DISEASES OF THE CARDIOVASCULAR SYSTEM			
453 - 024	Congenital fusion of pulmonic cusps		1	
400 - 530	Hypertensive cardiovascular disease	6	2	
	DISEASES OF THE HEART			
410 - YX0	Congenital heart disease	2		1
410 - 196	Rheumatic heart disease, active	12	5	3
454 - 196.4	" mitral valve		3	
410 - 196.0	" heart disease, chronic	13	7	2
410 - 147	Syphilitic heart disease	9	2	3
41X - 147	" narrowing of coronary ostia		1	
455 - 147	" Aortic valve	1		1
41X - 100.4	Old thrombosis of coronary artery, infectioanl	1		1
	DISEASES OF THE ARTERIES			
462 - 147.6	Aneurysm of artery due to syphilis		1	
460 - 533	Hypertensive vascular disease		6	
460 - 942	Arteriosclerosis, general		1	
402 - 930	Thromboangiitis obliterans	6		
	DISEASES OF THE AORTA			
461 - 942	Arteriosclerosis of aorta		1	
483 - 952	Banti's disease	1		1

Diagnoses	Primary	Secondary	Autho
SUPPLEMENTARY TERMS			
MANIFESTATIONS OF CARDIAC DISEASE			
A Symptoms and signs			
401 Anginal syndrome		1	
404 Cardiac insufficiency		1	
407 Mitral incompetency		3	
408 Aortic incompetency		8	
B Abnormalities of cardiac mechanism			
423 Paroxysmal auricular flutter		1	
426 Chronic auricular fibrilation		6	
434 Auriculo-ventricular block with prolonged conduction time		1	
437 Bundle-branch block		1	
441 Ventricular premature contractions		1	
C Functional state in relation to requirements			
457 Patient able to carry on ordinary physical activity without discomfort		1	
459 Patient's activity greatly limited		1	
45X Signs of heart failure		27	
D Structural abnormalities			
462 Coronary embolism		1	
471 Dilatation of heart		1	
498 Stenosis of mitral valve		26	
499 Stenosis of aortic valve		1	
5- DISEASES OF THE HEMIC AND LYMPHATIC SYSTEMS			
DISEASES OF THE BLOOD-FORMING ORGANS			
502 - 790 Granulocytopenia	1	1	
503 - 7911 Acute lymphoid leukemia	1		
502 - 791 Leukemia, myeloid chronic	2		
501 - 710 Macrocytic anemia		1	
501 - 900.9 Chronic aplastic anemia, cause unknown	2	3	
DISEASES OF THE BLOOD			
513 - 1X9 Hemolytic anemia, infectional		4	
513 - 4X9 Secondary anemia, post-traumatic		2	
513 - 711 Anemia secondary to malnutrition or cachexia	4	38	
513 - 703 " " " iron starvation	1	1	
516 - 790 Thrombocytopenic purpura	1	1	
513 - Y00.9 Secondary anemia, cause undetermined	3	75	
513 - Y10 Anemia due to acute blood loss		8	
513 - Y12 " " " chronic " "		5	

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Diagnoses		Primary	Secondary	Deaths
DISEASES OF THE SPLEEN				
520 - 414	G.S.W. of spleen	1		1
520 - Y00.6	Splenomegaly of undetermined origin	6	6	
DISEASES OF THE LYMPHATIC CHANNELS				
540 - 257	Filariasis of lymphatic channels	2		
DISEASES OF THE LYMPH-NODES				
550 - 100.2	Abscess of lymph-nodes	1		
553 - 100.2	" " cervical lymph-nodes		2	
558 - 100.2	" " inguinal "		1	
550 - 1026	Lymphadenitis due to Streptococcus viridans	1		
558 - 10X	Bubo, inguinal due to Ducrey's bacillus	1		
550 - 190	Lymphadenitis, infectional		1	
550 - 1X0	" " chronic		1	
553 - 190	Cervical lymphadenitis infectional	1		
550 - 198	Lymphogranuloma, venereal	1		
559 - 198	Pelvic and perirectal venereal lymphogranuloma		2	
553 - 123	Tuberculosis of cervical lymph-nodes	1	10	
556 - 123	" " mesenteric lymph-nodes	1	3	
557 - 123	" " axillary lymph- nodes	1	1	
557 - 887.9	Secondary adenocarcinoma of axillary lymph-nodes		1	
557 - 889.9	Secondaries in glands of axillary		3	
558 - 889.9	Maligant gland in groin		1	
6- DISEASES OF THE DIGESTIVE SYSTEM				
600 - 321	Hydrochloric acid poisoning (alimentary tract)	1		
DISEASES OF THE MOUTH				
6101 - 166	Herpetic stomatitis and pharyngitis	1		1
610 - 190	Stomatitis		1	
610 - 100	" gangrenous	1	2	
610 - 141	Vincent's angina	1		
610 - 617	Indigestible food			
DISEASES OF THE LIPS				
611 - 037	Harelip	8		
611 - 412	Lacerated wound of lip	1		
611 - 882	Basal-cell carcinoma of lip	2		
DESEASES OF THE TONGUE				
612 - 080	Lymphangioma and hemangioma of tongue	1		

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	Diagnoses	Primary	Secondary	Deaths
612 - 883	Lympho-epithelioma of tongue	1		
	DISEASES OF THE TEETH AND GUMS			
613 - 100.0	Periodontal cyst		1	
614 - 100	Pyorrhoea alveolaris	1	49	
614 - 100.2	Alveolar abscess	4	1	
615 - 100	Gingivitis		6	
613 - 792	Impacted tooth		1	
615 - 810	Fibroma of gum	1		
	DISEASES OF THE SALIVARY GLANDS			
621 - 100.2	Abscess of parotitis	1		
620 - 190	Chronic sialadenitis	1		
621 - 170	Epidemic parotitis	1	1	
620 - 400.3	Salivary fistula, post-traumatic	1		
620 - 600.8	Cyst of salivary gland, cause unknown	1	1	
621 - 883	Lympho-epithelioma of parotitis	1		
620 - 8872	Scirrhous adenocarcinoma of salivary gland	1		
620 - 895	Mixed neoplasm of salivary gland	1		
620 - 943	Hypertrophy of salivary glands		1	
	DISEASES OF THE PHARYNX			
631 - 190	Acute pharyngitis	3	2	
631 - 1X0	Chronic pharyngitis, infectional		1	
631 - 1027	Acute pharyngitis, streptococcus haemolyticus	1	1	
631 - 940	Chronic pharyngitis, cause unknown		1	
	DISEASES OF ADENOIDS AND TONSILS			
634 - 100.6	Hypertrophy of tonsil, infectional	2		
632 - 100.6	" " " and adenoids, infectional	2		
634 - 100	Tonsillitis, acute	4	2	
634 - 1X0	" chronic	26	5	
634 - 123	Tuberculosis of tonsil		1	
634 - 102	Tonsillitis, streptococcus	1	1	
634 - 1027	" " haemolyticus	3	2	
634 - 415.7	Hemorrhage after tonsillectomy		1	
632 - 940	Hypertrophy of adenoids and tonsils, cause unknown	5		1

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	Diagnoses	Primary	Secondary	Death
	DISEASES OF THE ESOPHAGUS			
637 - 100	Esophagitis, infectional	1		
637 - 147	Syphilis of esophagus	1		
637 - 300.4	Stricture of esophagus due to poison		1	
637 - 496	Foreign body in esophagus	1		
637 - 400.4	Stricture of esophagus, post-traumatic			
637 - 438	From foreign body in esophagus	1		
637 - 586	Spasm of esophagus	1		
637 - 881	Squamous carcinoma of esophagus	2	1	
637 - 882	Basal-cell carcinoma of esophagus	1		
637 - 8872	Scirrhous adenocarcinoma of esophagus	1		
637 - 889	Carcinoma of esophagus	1		
637 - 893	Carcino-sarcoma of esophagus		1	
	DISEASES OF THE STOMACH			
640 - 017	Hour-glass stomach, congenital	1		
640 - 100.6	Chronic gastritis, infectional	3	1	
640 - 147	Syphilis of stomach	1		
640 - 383	Gastritis, acute, due to food poisoning	3		
640 - 300.6	Gastritis, toxic, chronic, non-alcoholic		2	
640 - 550	Neurosis, gastric	2		
640 - 556	Nervous vomiting	1	1	
640 - 617	Gastritis, dietetic		1	
640 - 889	Carcinoma of stomach	5	1	4
640 - 940	Chronic atrophic gastritis		1	
642 - 940	" " acid-secreting structures	1		
640 - 951	Ulcer of stomach	7	3	1
640 - 951.7	" " " with hemorrhage		1	
640 - 951.3	Perforation of stomach due to ulcer	1	1	
645 - 954	Stenosis of pylorus, acquired	1	8	
642 - X10	Achlorhydria, cause unknown	2	5	
640 - X32	Acute gastric indigestion, cause unknown	4		
640 - Y00.7	Hematemesis, cause undetermined	3		
	COMBINED DISEASES OF STOMACH AND INTESTINE			
601 - 300	Gastro-enteritis due to poison	1		
601 - 385	Gastro-intestinal indigestion due to decomposed food	1	1	

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	Diagnoses	Primary	Secondary	Deaths
601 - 617	Gastro-enteritis, dietetic	7	4	
601 - 714	Fermentative diarrhea	1		
	DISEASES OF THE INTESTINE			
604 - 100	Acute entero-colitis	1	1	
604 - 1X0	Parenteral diarrhea	1		
604 - 123	Tuberculosis of intestine	2	5	
604 - 496	Swallowed foreign body	1		
604 - X11	Constipation	6	7	
604 - Y00.4	Intestinal obstruction, cause undetermined	2	1	
604 - Y00.7	" hemorrhage, cause undetermined		1	
604 - Y00.9	Diarrhea, cause undetermined	9	6	2
	DISEASES OF THE SMALL INTESTINE			
650 - 190	Enteritis, acute.	1		1
650 - 100.4	Obstruction, intestinal, post-infectional	2		1
650 - 123	Tuberculosis of small intestine	1	1	
650 - 243	Ancylostomiasis, intestinal	3	7	
650 - 241	Ascariasis, intestinal	9	60	
650 - 261	Taenia solium, intestinal infestation with	1		
650 - 412	Lacerated wound intestine	1		
650 - 415.4	Intestinal obstruction (due to) post-operative		2	
650 - 514	Strangulation of intestine due to hernia	4	2	1
650 - 510.1	Gangrene of small intestine due to circulatory disturbance	2		
650 - 930	Enteritis, cause unknown	1		
651 - 930	Duodenitis, cause unknown.	2		
651 - 951	Duodenal ulcer	24	2	
651 - 951.7	Duodenal ulcer with hemorrhage	1		
654 - 952	Ileitis, regional		1	
	DISEASES OF THE COLON			
660 - 190	Colitis, acute	8	2	
660 - 151	Colitis, amebic	14	3	
660 - 100.0	" chronic	3	3	
660 - 116	Dysentery, bacillary	50	24	10
660 - 100.4	Obstruction of colon, post-infectional		1	
660 - 123	Tuberculosis of colon		1	
662 - 123	" " cecum	1		
660 - 415	Artificial anus		1	
660 - 915.3	Simple ulcer of colon with perforation	1		1

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Diagnoses		Primary	Secondary	Deaths
DISEASES OF THE APPENDIX				
661 - 190	Acute appendicitis	7		
661 - 190.2	Acute appendicitis with abscess	5		1
661 - 190.1	" " " gangrene	1		
661 - 190.5	" " " perforation	2	1	1
661 - 1X0	Chronic recurrent appendicitis	11	1	
6611 - 190	Periappendicitis	1		
DISEASES OF THE RECTUM				
668 - 123	Tuberculosis of rectum	2		
668 - 198.4	Stricture of rectum due to venereal lymphogranuloma	1		
668 - 631	Prolapse of rectum	3	2	
66X - 641	Internal hemorrhoids	10	1	
668 - 887	Adenocarcinoma of rectum	3		
668 - 951	Ulcer of rectum, cause unknown	1		1
DISEASES OF THE ANUS				
670 - 123	Tuberculosis of anus	1	1	
670 - 1233	Fistula in anus, tuberculous	2	1	
670 - 100.3	" " " infectional	52	1	
677 - 100.2	Perianal abscess	1		
670 - 400.1	Fissure of anus	1	1	
67X - 641	Hemorrhoids, external		2	
60X - 641	Hemorrhoids, internal and external	5	3	
670 - 881	Squamous carcinoma of anus	1		1
DISEASES OF THE LIVER				
680 - 151	Amebic abscess of liver	6		1
680 - 147.0	Syphilitic hepatitis, secondary stage	2		
680 - 300	Diffuse liver degeneration due to poison	1		
680 - 887	Adenocarcinoma of liver	5		2
680 - 88..9	Secondary carcinoma of liver	1		
680 - 956	Laennec's cirrhosis	31	3	3
680 - 952	Coarse nodular cirrhosis	1		
680 - 953	Cirrhosis in progressive lenticular degeneration	1		
680 - 9X6	Hypertrophic cirrhosis		1	
680 - 991	Hereditary disease of liver	1		
680 - YX0	Acute catarrhal jaundice, cause undetermined	2	1	
680 - YX6	Hepatomegaly of undetermined origin	1		

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	Diagnoses	Primary	Secondary	Death.
	DISEASES OF THE BILE PASSAGES			
687 - 100	Cholecystitis, acute	1		
686 - 241..4	Obstruction of bile passages due to ascaris	1		
684 - 615	Calculus, biliary in hepatic duct		1	
	DISEASES OF THE PANCREAS			
691 - 414	G.S.W. of acinar tissue		1	
	DISEASES OF THE ABDOMEN, GENERALLY, AND PERITONEUM			
0661 - 027	Congenital inguinal hernia	4		
042 - 100.2	Abscess of abdominal wall	3		
060 - 100.2	Abscess, peritoneal	3		
060 - 100	Peritonitis, acute	10	6	2
066 - 100	" pelvic	2		
060 - 112	" due to bacillus coli		2	
064 - 112.2	Subhepatic abscess " "	1		
0662 - 100	Pelvic cellulitis	1		
060 - 123	Tuberculosis of omentum	14	15	1
060 - 123.8	Ascites due to tuberculous peritonitis	2	1	
060 - 496	Foreign body in peritoneal cavity, post-traumatic		1	
040 - 414	G.S.W. of abdomen	3		1
0601 - 400.9	Hernia, inguinal, direct	1	1	
060 - 522.8	Ascites due to venous congestion	1	18	
060 - 502	Chylous ascites		1	
0601 - 639	Hernia, inguinal	2	1	
0601 - 6393	Indirect inguinal hernia	22	6	1
0601 - 6392	Interstitial inguinal hernia			
	DISEASES OF THE UROGENITAL SYSTEM			
704 - 400.3	Vesico-vaginal fistula	2		
	DISEASES OF THE KIDNEY			
712 - 100	Glomerulo-nephritis, acute	14	1	1
712 - 190	" " chronic	14	8	
707 - 100.3	Fistula of intestine and bladder	1		
710 - 190	Nephritis, suppurative, chronic		1	
716 - 100.2	Abscess, perirenal	1		
701 - 100	Pyelonephritis		2	
710 - 123	Tuberculosis of kidney	2		
710 - 414	G.S.W. of kidney		1	
710 - 517	Arteriolar nephrosclerosis		2	

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	Diagnoses	Primary	Secondary	Death
701 - 615	Calculus, renal		2	
701 - 600.8	Hydronephrosis		1	
71X - X30	Renal hematuria, cause unknown	1		
	DISEASES OF THE BLADDER			
730 - 100	Cystitis, acute	1	2	
730 - 190	" chronic	1	2	
730 - 123	Tuberculosis of bladder	1	1	
730 - 257	Filariasis of bladder	1		
730 - 416	Rupture of bladder, traumatic	1		
730 - 615	Calculus of bladder	46		2
730 - 615.6	Acute cystitis due to calculus		1	
	DISEASES OF THE URETHRA			
748 - 100.2	Abscess, periurethral		2	
744 - 100.3	Fistula, penile, infectional	1	1	
740 - 103.4	Stricture of urethra, gonococcal	5		1
740 - 103.0	Urethritis, post-gonococcal		4	
740 - 190	" chronic		1	
740 - 400.4	Stricture of urethra, post-traumatic	7	1	
740 - 615	Calculus in urethra	5	4	
740 - 930	Caruncle of urethra	2		
740 - Y00.4	Stricture of urethra, cause undetermined		1	
	DISEASES OF THE GENITAL SYSTEM			
753 - 017	Congenital phimosis			2
751 - 10X	Chancroid of penis	1		
751 - 147	Syphilis of penis	1		
753 - 100	Balanitis, infectional	1		
751 - 257.6	Elephantiasis of penis due to filariasis		1	
753 - 792	Phimosis, cause unknown		1	
751 - 881	Squamous carcinoma of penis	1		
752 - 882	Basal-cell carcinoma of glans penis	1		
751 - 889	Carcinoma of penis	3		
751 - Y00.9	Ulceration of penis, cause undetermined		1	

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Diagnoses		Primary	Secondary	Deaths
DISEASES OF THE TESTICLE				
755 - 123	Tuberculosis of testicle		1	
755 - 861	Sarcoma of testicle	1		
755 - 8891	Carcinoma of testicle of adults	1		
DISEASES OF THE EPIDIDYMIS				
756 - 100	Epididymitis, acute		1	
756 - 103	due to Gonococcus	2	2	
756 - 123	Tuberculosis of epididymis	2	1	
756 - 300.6	Epididymitis due to poison	1		
DISEASES OF THE TUNICA VAGINALIS				
757 - 095	Congenital hydrocele of tunica vaginalis	3		
757 - 190	Chronic hydrocele of tunica vaginalis, infectional	1		
757 - 400.8	Hydrocele of tunica vaginalis, traumatic	1		
DISEASES OF THE SCROTUM				
758 - 103	Erysipelas due to gonococcal ?		1	
758 - 257	Filariasis of scrotum	2		
DISEASES OF THE SPERMATIC CORD				
762 - 123	Tuberculosis of ? os spermatic cord		1	
76X - 6X6	Varicocele	1		
DISEASES OF THE PROSTATE				
764 - 799	Benign hypertrophy of prostate	1	1	
764 - 887	Adenocarcinoma of prostate	1		
*760 - 123	Tuberculosis internal male organs	1		
DISEASES OF THE FEMALE GENITAL SYSTEM				
705 - X10	Sterility, cause unknown		2	
DISEASES OF THE VULVA				
771 - 100.6	Condyloma acuminatum of vulva, infectional		1	
771 - 881	Squamous carcinoma of vulva	1		

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Diagnoses		Primary	Secondary	Deaths
DISEASES OF THE VAGINA				
781 - 018	Atresia of vagina, congenital, complete	1		
781 - 100	Vaginitis	1		
781 - 400.4	Atresia of vagina, post-traumatic	2		
781 - 550	Dyspareunia, psychogenic	1		
781 - 881	Squamous carcinoma of vagina	1		
DISEASES OF THE CERVIX UTERI				
783 - 017	Congenital contracut(ure?)	1		
783 - 103	Gonococcal cervicitis	1	5	
783 - 100.0	Chronic cervicitis	1		
783 - 100.9	Erosion of cervix, infectional	1	3	
783 - 400.6	Erosion of cervix, primarily traumatic		1	
783 - 944	Mucous polyp of cervix	4	1	
DISEASES OF THE UTERUS				
782 - 037	Uterus didelphys		2	
785 - 1X0	Endometritis, chronic	1		
785 - 7861	Endometrial dysfunction due to increase in estrogenic substance	1		
782 - 810	Fibroma of uterus	3	1	
782 - 832	Myoma, fibromyoma, of uterus	2		
783 - 832	" of cervix	1		
783 - 8326	Cervical fibromyoma pedunculated	1		
783 - 881	Squamous carcinoma of cervix	2	1	
783 - 889	Carcinoma of cervix	4	1	
785 - 8326	Pedunculated submucous myoma of uterus	1		
785 - 943	Hyperplasia of endometrium, cause unknown.	3	1	
785 - X20	Primary menorrhagia	2		
782 - X30	" metrorrhagia	2		
DISEASES OF THE FALLOPIAN TUBE				
787 - 103	Salpingitis, gonococcal	1		
DISEASES OF THE OVARY				
788 - 8862	Serous papillary cyst-adenoma of ovary	1		
788 - 8865	Pseudomucinous non-papillary cyst-adenoma of ovary	2		

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	Diagnoses	Primary	Secondary	Deaths
788 - 802	Teratoma of ovary	1		
788 - 804	Dermoid of ovary	1		
7884 - 87X	Parobphoron cyst	1		
788 - Y00.8	Cyst of ovary, type undetermined	13	1	
*780 - 103.2	Tubo-ovarian abscess	1		
	DISEASES OF THE PELVIC SUPPORTING STRUCTURES			
074 - 100.3	Perineal fistula, infectional	1		
	OBSTETRICAL CONDITIONS AND DISEASES			
7X51 - 100	Acute endometritis during pregnancy	1		1
7X9 - 100	Pelvic cellulitis during puerperium	2		
7X4 - 63X	Retroversion of pregnant uterus	1		
7X4 - Y00.7	Hemorrhage, uterine, cause undetermined	1		
	PREGNANCY AND LABOR, FETUS AND BIRTH			
7X4 - Y02	Discharged before delivery	18	6	
7X4 - 000	Pregnancy, delivered	366	3	2
7X4 - 789	Pregnancy, not delivered	2	8	
7X7 - 789.5	Tubal rupture	3		
7X4 - 05X	False labor	22	2	
7X4 - 054	Missed labor	1		
790 - 000	Term birth, living child	341		61
790 - 003	" " neonatal death	1		
790 - 004	Premature birth, living child	2		
790 - 007	Neonatal death, unregistered by misstake	21		
7X4 - 051	Threatened premature delivery	2		
7X4 - 008	Late abortion	3		
7X4 - 0082	Late abortion, complete	1		
7X4 - 056	Threatened late abortion	2		
7X4 - 009	Early abortion	2	2	1
7X4 - 0092	Early abortion, complete	2		
7X4 - 0093	" " incomplete	3		
7X4 - 0094	" " missed	1		
7X4 - 053	Threatened early abortion	5		
790 - 057	Twins	4		2
060 - 789	Abdominal pregnancy	1		1
PRESENTATION	Presentation			
791 - 660	Vertex		7	
791 - 661	L.O.A.		168	
791 - 662	R.O.A.		145	
791 - 663	L.O.P.		3	
791 - 664	R.O.P.		16	
791 - 670	Breech		2	

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Diagnoses		Primary	Secondary	Deaths
791 - 670	Breech		2	
791 - 671	L.S.A.		7	
791 - 672	R.S.A.		1	
791 - 673	L.S.P.		3	
791 - 674	R.S.P.			
791 - 681	Face L.M.A.		1	
791 - 691	Transverse		9	
791 - 692	Compound		1	
PLACENTA				
795 - 614	Retention of secundines	1		
794 - 614	" " placental fragment		1	
794 - 631	Placenta praevia		1	
794 - 6312	Lateral placenta praevia	1		
794 - 6X4	Adherent placenta		1	
795 - X20	Polyhydramnios		1	
UMBILICAL CORD				
799 - 631	Prolapse of cord			1
*797 - 87X	Hydatidiform mole	1		
8- DISEASES OF THE ENDOCRINE SYSTEM				
DISEASES OF THE THYROID GLAND				
810 - 943	Non-toxic diffuse goiter	1		1
810 - 943.6	Toxic diffuse goiter	1		
9- DISEASES OF THE NERVOUS SYSTEM				
DISEASES OF THE NERVOUS SYSTEM GENERALLY				
900 - 147	Syphilis, cerebro-spinal	1		
906 - 147	Tabes dorsalis	4		
DISEASES OF THE MENINGES				
912 - 190	Leptomeningitis, chronic	3		1
912 - 123	Tuberculous leptomeningitis	1		
912 - 168.X	Meningismus due to influenza		1	
910 - 100	Meningitis, acute	6		1
910 - 102	Acute streptococcal meningitis		1	
912 - 104	Meningitis, cerebro-spinal, epidemic	2		
910 - 147	Syphilitic meningitis		1	
912 - 1017	Meningismus due to pneumoniae Type 11	1		
911 - 123	Tuberculosis pachymeningitis	2	1	2
910 - 123	" meningitis	1		1

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	Diagnoses	Primary	Secondary	Deaths
91X - Y00.7	Meningeal hemorrhage of undetermined origin		1	
	DISEASES OF THE BRAIN			
930 - 100	Encephalitis, acute, due	1		
930 - 163.0	" epidemic, chronic	1	1	
934 - 436	Compression of parietal lobe		1	
930 - 428	" " brain	7	1	2
930 - 420	Concussion brain	1		
946.4 - 953	Paralysis agitans	1		
930 - X09	Idiopathic diencephalic autonomic discharge	1		
930 - X00	Idiopathic without clearly defined tangible cause, including such due to heredity	1	1	
930 - X09	Idiopathic diencephalic autonomic discharge	1		
94X - 942	Cerebral arteriosclerosis	1		
94X - 942.6	Arteriosclerotic aneurysm of intrinsic arteries		1	
94X - 942.5	Cerebral hemorrhage	1		
94X - 942.7	" thrombosis	3		
962 - 940	Optic neuritis	2		
965 - 430	Facial paralysis old R.		1	
	DISEASES OF THE SPINAL CORD AND NERVE ROOTS			
909 - 147	Meningo-myelitis, syphilitic	2	1	2
970 - 147	Syphilis of spinal cord		1	
972 - 171	Poliomyelitis, acute		1	
970 - 414	G.S.W. of spinal cord	1		1
970 - 4371	Compression of spinal cord by abscess		1	
970.22 - 434	Compression of spinal cord cervical middle by vertebral dislocation		1	
970 - 8Y1	Suspected neoplasm of spinal cord	2	1	
970 - Y10	Myelitis of spinal cord, cause undetermined	1	1	
	DISEASES OF THE PERIPHERAL NERVES			
983.7 - 409	Avulsion of musculospiral nerve		1	
983.72 - 409	" " radial nerve		1	
983 - 4141	G.S.W. penetrating brachial plexus	1		
983.7 - 414	G.S.W. of Musculospiral nerve		1	
988.1 - 414	G.S.W. of peroneal nerve	1		
983.5 - 850	Neurofibroma of median nerve			

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Diagnoses		Primary	Secondary	Deaths
980 - Y10.X	Neuralgia of peripheral nerves, cause undetermined	1		
986 - Y10.X	" " Thoracic nerves " "	1		
988 - Y10.X	" " sciatic nerve, cause undetermined	1		
X1- DISEASES OF THE EYE				
DISEASES OF THE EYEBALL				
X11 - 017	Hydrophthalmos	1		
X11 - 013	Megalophthalmus		1	
X11 - 100	Panophthalmitis	5	1	
X11 - 100.0	Phthisis bulbi, infectional		1	
X11 - 400.1	Phthisis bulbi, traumatic	1		
X11 - 414	G.S.W. of eyeball	1		
X11 - 771	Exophthalmos due to hyperthyroidism		1	
DISEASES OF THE CORNEA				
X12 - 166	Herpes simplex of cornea		1	
X121 - 1235	Keratitis, phlyctenular		1	
X122 - 130	Keratitis, parenchymatous		1	
X12 - 1X43	Scar of cornea, leukoma	4		
X12 - 147	Syphilitic keratitis	1		
X12 - 100.9	Ulcer, corneal, infectional	3	1	
X12 - 761	Keratomalacia	3	3	
DISEASES OF THE IRIS				
X15 - 100	Iritis	1		
DISEASES OF THE CRYSTALLINE LENS				
X20 - 4X6	Secondary cataract		1	
X20 - 4X0	Traumatic cataract		1	
X20 - 797	Senile cataract	17	1	
DISEASES OF THE RETINA				
X23 - 517	Retinitis nephritica		1	
X231 - 500.7	Hemorrhage, preretinal, cause unspecified	1		
X23 - 761	Hemeralopia? due to xerophthalmia		1	
GLAUCOMA AND HYPOTONY				
X18 - 616.4	Acute primary glaucoma		2	
X18 - 6XX	Chronic non-congestive glaucoma	1		
X18 - 950	Absolute glaucoma	1		

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	Diagnoses	Primary	Secondary	Deaths
	DISEASES OF THE OCULAR NEUROMUSCULAR MECHANISM			
X30 - X15	Heterotropia of unknown cause	1		
	DISEASES OF THE EYELIDS			
X55 - 100.4	Entropion, cicatricial		1	
X52 - 810	Fibroma of lid	1		
X52 - 800	Neoplasm of eyelid	1		
	DISEASES OF THE LACRIMAL GLANDS			
X66 - 190	Dacryocystitis, chronic	9		
X62 - 954	Mikulicz's diseases of lacrimal gland, cause unknown	1		
	DISEASES OF THE CONJUNCTIVA			
X56 - 100	Conjunctivitis, infectious, acute		2	
X56 - 103	Gonococcal conjunctivitis		3	
X56 - 194	Trachoma	3	21	
X56 - 194.0	" chronic		6	
X56 - 1235	Phlyctenulosis of conjunctiva, tuberculous		1	
X58 - 956	Pterygium	2	1	
	DISEASES OF THE MIDDLE EAR			
X80 - 100.2	Abscess of middle ear	1		
X84 - 100.2	" " mastoid		1	
X84 - 100	Mastoiditis, acute	2	2	
X84 - 1027	" streptococcus haem.	1		
X80 - 190	Otitis media, non-suppurative, acute	2	1	
X80 - 100	" " Suppurative, acute	2	5	
X80 - 105	Otitis media due to staphylococcus		1	
X83 - 100.4	Stricture of eustachian tube, post-infectional		2	
X83 - 190	Salpingitis, eustachian, chronic		1	
X84 - 1026	Mastoiditis Streptococcus viridans	2		
	SUPPLEMENTARY TERMS			
330	Pain in thorax	1		
563	Abnormal blood content of calcium and phosphorus	1		
625	Abdominal pain	1		
	NON-DIAGNOSTIC TERMS FOR HOSPITAL RECORD			
Y00 - 001	Observation, for	1	1	
Y00 - 007	Post-partum admission	1		
Y00 - 147	Wassermann reaction, positive	5	59	1

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CHEELOO UNIVERSITY HOSPITAL

The question may be asked, why does Cheeloo Hospital require so large a staff? With no medical school in Tsinan is it not practically on a par with other mission hospitals? The answer to that question is as follows:

(1) During the course of over twenty years, the Medical School built up a faculty of specialists in clinical work, to serve as teachers. It is almost as difficult for a specialist to do general practice as it is for a general practitioner to do specialist work. A physician trained with many years of study and experience finds it difficult to refuse to give a patient the careful investigation he knows will solve his obscure problem, and turn immediately to give rapid diagnosis and treatment to a group of cases which he has had no practice in treating since the years when he was a student.

(2) A clinic has been built up and a public numbering many thousands have become accustomed to careful scientific methods. They are willing to wait their turn patiently and to spend time, and go from one department to another - they ask for X-ray and blood examinations, and will not go until their chests have been listened to. This clientele includes practically the whole missionary body in Shantung, who come at one time or another for medical attention.

(3) We all hope that the Medical School will return to Tsinan in the not too far distant future. Is the standard of service to be maintained pending that return? If it is allowed to fall, rebuilding it will be a long, slow process. Hospitals have their traditions. A new doctor comes from another school or hospital. Before long, he adapts himself to the ways of the place, be they good or bad. Such matters as keeping records, thoroughness in detail, keenness to keep abreast of new knowledge, these are in the spirit of a place; once they are lost, they are harder to restore than they were originally to build up, for the entire staff will have become used to an inferior level and will not readily change. With our present organisation, it is not easy to lower our standards: we slave to maintain them, even when we wish we could do things more easily; but it will be far harder to raise them again if they are allowed to fall. No disparagement is intended or implied of the fine work done in other mission hospitals, with much smaller staffs, where each doctor attends a much larger number and variety of cases. The object of this statement is to point out that the specialist is generally inferior to the general practitioner outside his own line, while a group of specialists can give a superior service to patients, and this is why it is worth maintaining such a service in Cheeloo.

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門診號
O.P.D. No. .....

齊魯大學醫院門診
CHEELOO UNIVERSITY HOSPITAL
O. P. D.

姓名
Name

10,000-G-2-A-8-41.

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Treasurer's Report 1939-40, 1940-41

	From Pts' Fees	Income 1939-40	1940-41	Hosp. Care + Expenditure	Expenditure 1939-40	1940-41	Balance 1939-40	1940-41
	Drugs	66,602.32	104,182.31	Dispensary	70,197.76	79,787.38	-3,595.44	
	X-ray	13,412.10	22,236.70	X-ray	10,476.64	11,849.72	+2,935.46	
	Laboratory	8,548.30	11,518.45	Laboratory	6,328.80	8,665.85	+2,219.50	
	Massage	2,793.20	4,140.63	Special Therapy	1,536.20	2,362.10	+1,257.00	
	Food	27,552.86	55,766.85	Kitchen (580,581)	53,478.61	76,287.59	-25,925.75	
	Private Patients	4,372.48	5,996.94	Private Patients	1,098.25	593.65	+3,274.23	
	Dentistry	1,595.10	3,019.90	Dentistry	2,819.43	3,228.57	-1,225.33	
101-3 201-3	Ward Charges & Reg.	51,942.90	81,266.90	administration (400-500) Maintenance, etc	57,282.34	112,739.06	-5,339.44	
120-30 220-35	Treatments	26,050.79	40,150.90	Patients' Care (521-542)	72,515.38	149,547.86	-46,464.59	
380 393	Other Supplies to Pts.	635.61	957.69				+ 635.61	
	Special Nurses	85.60	39.85	Special Nurses	126.80	33.00	- 41.20	
	Barber	161.05	268.05	Barber	147.45	252.45	+ 13.60	
	Income from Pts' Fees	203,752.31				276,007.66		
	Percentage of Total Income							

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	Income				Expenditure			Balance	
	Income other than Fees	1939-40	1940-41		Expenses other than Hospital Care	1939-40	1940-41	1939-40	1940-41
330 632	Donations	43,874.26	41,611.84		Social Service	7,264.61	4,470.95	+ 47,527.55	
631 331	Samaritan Fund	10,917.90	4,648.58						
	Employees Welfare	171.45	1,626.33		Employees Welfare	613.20	1,750.19	- 441.75	
	Subsidy from Emergency Fund	28,711.78			Evangelism	1,547.75	2,426.41	+ 7,164.03	
	Rents	130.00	-					+ 130.00	
	Nursing School	227.40	882.75		Nursing School	2,229.12	5,967.77	- 2,001.72	
370	Garage	145.72	66.90		Garage (670)	107.52	34.30	+ 38.22	
	Samaritan Shop	757.87	1,429.84		Samaritan Shop	917.85	1,438.97	- 160.98	
	Income other than Fees	84,935.38				12,680.03			
	Percentage of Total Income								
	Grand Total Income								

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Treasurer's Report 1938-39, 1939-40

INCOME			EXPENDITURE				BALANCE	
Income from Patients' Fees	1938-39	1939-40	Hosp. Care & Expenditure		1938-39	1939-40	1938-39	1939-40
110 210 Drugs	28,099.47	66,602.32	Dispensary	510	20,066.14	70,197.76	+ 8,033.33	- 3,595.44
150 250 X-ray	6,585.13	13,412.10	X-ray	550	4,177.57	10,476.64	+ 2,407.56	+ 2,935.46
160 260 Laboratory	5,217.95	8,548.30	Laboratory	560	1,655.28	6,328.80	+ 3,562.67	+ 2,219.50
170 270 Massage	2,138.50	2,793.20	Special Therapy	570	1,297.75	1,536.20	+ 840.75	+ 1,257.00
181 185 Food	12,269.59	27,552.86	Kitchen	581 -585	24,880.10	53,478.61	- 12,610.51	- 25,925.75
300 Private Patients	3,183.25	4,372.48	Private Patients	600	415.38	1,098.25	+ 2,767.87	+ 3,274.23
Branch Clinics	-	-	Branch Clinics		—	—	—	
190 290 Dentistry	960.80	1,595.10	Dentistry	590	2,326.45	2,819.43	- 1,365.65	- 1,224.33
101-3 201-3 Ward Charges & Registration	23,369.97	51,942.90	Administration & Maintenance etc. Exp.	400 492	34,307.98	57,282.34	- 10,938.01	- 5,339.44
120-30 220-35 Treatments	16,055.95	26,050.79	Patients' Care	521 -542	34,428.68	72,515.38	- 18,372.73	- 46,464.59
300 393 Other Supplies to Pts.	255.49	635.61			—	—	+ 255.49	+ 635.61
392 Special Nurses	51.00	85.60	Special Nurses		51.00	126.80	—	- 41.20
391 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 Hosp. Expenses		123,683.88	276,007.66	[illegible]	[illegible]
Percentage of Total Income	77.23	70.58	Deficiency				- 25,384.23	- 72,255.35

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DR. P. B. PRICE
CHEELOO UNIVERSITY
TSINAN, SHANTUNG

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	Income				Expenditure			Balance	
	Income other than Fees	1938-39	1939-40		Expenses other than Hospital Care	1938-39	1939-40	1938-39	1939-40
330	Donations	25,067.97	43,874.26	630	Social Service		7264.61		+47,527.55
	Samaritan Fund		10,917.90						
335	Employees Welfare		171.45	635	Employees Welfare	2,390.45	613.20	+24,203.98	-441.75
340	Subsidy fr. Emergency School	1,526.46	28,711.78	640	Evangelism		1547.75		+27164.03
350	Rents	9.00	130.00	650	Evangelism		1,547.75	+ 9.00	+ 130.00
360	Nursing School	1,909.70	227.40	660	Nursing School	1,092.86	2,229.12	+ 816.84	-2001.72
370	Garage	90.36	145.72	670	Garage	76.50	107.50	+ 13.86	+ 38.22
394	Samaritan Shop	368.65	756.87	694	Samaritan Shop	28.10	917.85	+ 340.55	- 160.98
	Income other than Fees	28,972.14	84,935.38		Expenses other than Hosp. 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			127,271.79	288,687.69		

[illegible] Sam. Fund 1939-40 6617.44

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DR. P. B. PRICE
CHEELOO UNIVERSITY
TSINAN, SHANTUNG

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0953

Pediatric Division, Medical reports.

June 1940-1941

Staff:

Physicians:

Dr. Annie V. Scott.

" Shih Hsueh Chun

" Chin Lan Cheng

" EileenSmyly

" Isabella MacTavish

Child Health Nurses:

Miss Chin Feng Yun

" Chiang Mei Ying

Assistant In clinic:

Mrs Lair

" Chandler.

Organized teaching:

During the first three months of the year, July, August and Sept. a course of 2 lectures a week on contagious diseases ~~has been~~ was given made to Dr. Chin Lan Cheng before she started her work in the isolation O.P.D. This included all the isolation tecniques and various diseases ~~and which was held two hours a week.~~

Beginning in ~~From~~ November 1940, a course of 18 Pediatric lectures was given to the nursing students ~~has been started~~, ~~these included 18 lectures and was held one hour weekly.~~

Mothers club meeting were held every Friday afternoon by Miss Chin Feng Yun and by the end of the year, ~~we have~~ three graduated classes ~~and which included~~ of about 40 mothers. received their certificates

Work in the clinic:

0954

The morning clinic for ~~the care of~~ sick and well children has been held regularly every day. It has been noticed ~~that~~ this year, that diseases due to nutritional disturbances and inadequate feeding, owing to finicial difficulties, show an increased over last year. This means that the constant rising costs of high living are causing people of the lower classes of society to suffer great hardships. It is very difficult to help these people in any way except financially, although by explanation, demonstration and home visit etc, attempts have been made.

An Isolation O.P.D. clinic was held regularly from II o'clock every morning. This year, there was no predominance of any special epidemic disease, although more cases of measles came to the clinic during this year. About the diseases that we have had last year, presented on the previous following table; The following table shows the number of cases of infectious diseases attending the Isolation Clinic during the year:

Pertusis	101
Measles	159
Chicken pox	23
Diphtheria	75
Scarlet fever	6
German measles	5
Roseola infantum	1
Poliomyelitis(infectious stage)	2.

These patients made a total of 822 visits to our isolation O.P.D.

Syphilis Clinic was held every Friday morning, and we have 82 cases were treated during the year. During the latter part of the year, Stovarsol has been difficult to obtain. We used Spericide instead of Stovarsol for all the paying patients and Stovarsol that has been was kept in the department for the free patients.

0955

Well Baby Clinic was held every Tuesday afternoon, for which includes infants below one year old only. Questions relating to All the feeding problems, immunizations home conditions, habit trainings and psychological conditions were has been dealt with resolved in this clinic. We have had an attendance of about 422 well babies during the past year and many of them were followed from the time they left the Obstetric Nursery until they were up to 12 months old. All of them are nice babies who had had fed with adequate feedings, finished all the necessary immunizations, and with good habits.

Chest clinic On Wednesday afternoons for all children showing the positive tuberculin test' schildren opened continued throughout the year regularly. In this clinic, efforts has been were made to train give the near informant relatives of the children to have a general idea about tuberculosis and also about the therapeutic and prophylactic procedures required for about this disease. Special Home visits will be are made in certain special cases, just for special training. Those cases that has have been followed up to the age of 13 years old, we have been refered to the adult clinic for further follow-up. We have had about 240 such kinds of patients in the past one year.

A Small Pox Vaccination clinic was started in March of this year, and was which has been held every Tuesday and Thursday afternoon, because of the following reasons; The reasons for holding a special clinic were

1) that healthy

I, Normal children that coming for vaccinations need not mixed together with the sick ones in the waiting room.

By removing from the regular OPD clinic, children only needing vaccination

2, Without vaccination children, the clinic appears becomes smaller and the O.P.D. nurse has more leisure to go in to help the doctor or to learn something from the doctor.

3, In a special vaccination clinic, the student nurse has a chance to le learn the right tecnique for vaccination (both from the doctor or from Miss Chin.)

0956

During
~~In~~ the past one year, ~~we have a~~ The total number of ~~7016~~ patients ~~that have been~~ attended ~~in our~~ Pediatrics O.P.D. ~~among them~~ was as follows:

Old patients	4606
New patients	1368
Emergencies	172

~~About~~ Immunizations, the diphtheria toxoids and typhoid and cholera vaccines. We have no difficulty ~~to~~ obtaining, ~~we have had~~ about 240 patients ~~that~~ have received diphtheria toxoid and 146 patients ~~got~~ typhoid and cholera vaccine. The Scarlet fever toxoid has been very difficult to obtain and ~~a~~ very few ~~number of our~~ patients were given ~~got~~ this inoculation ~~at the end of~~ this year.

~~Care and~~ Methods for the treatment & care baccillary dysentery in the summer ~~time~~, clinic diet lists and leaflets for prophylaxis of ~~the~~ tetanus ~~has been~~ were used as ~~the~~ in past years.

Work in the ward:

The Ward has been full nearly all the time except the during quarantine period. ~~For~~ All routines and special procedures ~~has been held according to~~ were carried out as during the previous ~~past~~ year, ~~and patients~~

Unfortunately we ~~have~~ had two outbreaks of measles in the ward ~~for~~ during the ~~last~~ year, ~~and~~ as the patients ~~those~~ with whom started the infections, were those who ~~stayed~~ had been in the ward for ~~already~~ months of weeks, ~~so~~ visitors must have been the source of infection, ~~for this~~ On this account the wearing of gowns and masks ~~for~~ by visitors ~~for~~ to the children's ward is extremely necessary.

Impression after one year's work 1940-1941:

Poverty and ignorance ~~made so~~ are the causes of many diseases from which many children suffer ~~at from~~ needlessly ~~diseases that they need not to suffer~~, and in this ~~of course~~, ~~the~~ public health work can help a little, but ~~by the facing the fact directly, this~~ many of the underlying causes cannot be ~~can not be resolved~~ radically ~~except when~~ until the war is over.

removed

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The keen and sincere friendship between the department and the mothers made one perceive how important a doctor's and nurse's work are, and it is for them, that, they have the best chance to show the beautiful aspect of the human nature.

0958

Hospital Report. Hospital Pharmacy.

During the year(July 1940-June 1941) 14252 inpatient and 37,404 outpatient prescriptions were dispensed by the Pharmacy.

Owing to war conditions and restrictions on the purchase of drugs from Shanghai, the supply of necessary medicines has only been maintained with difficulty.

The cost of all drugs has greatly increased but most patients have been willing to pay these enhanced prices. As usual the cost of medicines has been remitted to those unable to pay.

Some of the new drugs used during the year include Sulphapyridine, Sulphathiazole and various Vitamin "B" products.

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Laboratory Service

~~Number of Laboratory Service~~

Number of specimens examined 1940-1941

	1939-40	1940-41
O.P.D. Laboratory	17922	21996
Hospital Laboratory	27384	23468
Blood Chemistary Laboratory	1037	1312
Bacteriology Laboratory	2890	3865
Serology Laboratory	4906	6563 *
Pathology Laboratory	592	540*

*Serology { 6003 Cheeloo Hospital
560 Outside Hospitals

*Pathology(411 Cheeloo Hospital
129 Outside Hospitals

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REPORT OF CHEELOO UNIVERSITY HOSPITAL

July 1, 1941 to January 15, 1942

The spring months of 1941 had been busy ones. The new year opened with out-patient and in-patient numbers well above normal levels. This continued until a few days before the end of the month when "freezing" regulations were suddenly imposed. Police were stationed at the gates, no further travel passes were issued and it became difficult to secure drugs and supplies. In the confusion, clinics became smaller until in a few weeks stability and confidence were re-established, when again the capacity of the institution and the endurance of the staff were taxed to the limit.

At the onset of war on December 8, in obedience to orders from the Japanese military authorities, clinics were discontinued and no new in-patients admitted. Those already admitted were to be cared for as long as necessary to fit them for discharge.

We were, at frequent intervals, encouraged to expect that the hospital would be carried on under other auspices so the staff was disbanded more slowly than would otherwise have been the case. When they were eventually discharged, it was possible to pay them only a small fraction of the money due them, plus a conditional promise of more when and if possible.

The hospital was closed and the keys taken by the Japanese Army Officers on January 16, 1942.

The Provincial and City governments made repeated attempts to secure permission to re-open Cheeloo Hospital. When this was refused the City Administration spent a large sum of money rebuilding, enlarging and equiping one of its institutions and to it invited a staff composed almost exclusively of ex-Cheeloo doctors, nurses and other personnel. With the permission of the military authorities, Drs. Gault, Gell, McTavish and Scott were also invited to assist. They made a valuable contribution to the establishing of this new hospital which is relieving to some degree the distress occasioned by the closing of Cheeloo. (When the first group of Americans and Canadians left for repatriation on June 13th, Drs. Gault and Gell remained and continued their work).

Before leaving, we witnessed a steady depletion, by the Japanese Military and others, of hospital equipment and supplies. A few instruments and a very limited amount of equipment was granted to the new City Hospital, in response to urgent appeals by the staff.

There were several changes in the staff during the half year. Dr. McCandliss left for furlough the end of July, and Miss Florence Evans on November the eighth. Dr. Annie Scott, returning from furlough, reached Tsinan on October 24th. She brought with her special and much-needed drugs from Shanghai - a gift of the International Red Cross.

For the purpose of this preliminary report the following list of staff is partial and simplified:

DOCTORS

R. T. Shields	Dean of Medical College, Pathologist and temporarily in charge of Eye Dept.
R. G. Struthers	Superintendent
C. V. Bloom	Surgery & X-Ray
Chao Ch'ang Lin	Head of Dept. of Surgery
Chao Tsi P'u	Resident

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Chao Chi Kuang	Interne
Ch'i Ch'ang Ch'un	Dermatology
Arabella Gault	Internal Medicine and Laboratory
Mary P. Gell	Head of Dept. of Obstretics and Gynecology
Kenneth McAll	Public Health & Medicine
Frances A. McAll	Public Health and Cardiology
Meng Ch'ing Lien	Interne
R. J. McCandliss	Radiology
Isabelle McTavish	Internal Medicine & Pediatrics
Anna V. Scott	Head of Dept. of Pediatrics
H. J. Smyly	Head of Dept. Internal Medicine
Eileen M. Smyly	Pediatrics & Isolation
Eugenia Sharevitch	Dentist
Sun Lien Ming	Internal Medicine
Teng Jen Teh	Obstetrics & Gynecology

NURSES

Marjorie Alderson	Director of Nursing Service
Geneva E. Miller	Director of Nursing Education
Ruth M. Danner	Public Health
Florence Evans	Charge of Surgical Supplies
Elizabeth Gale	Private Patient Clinic
Chao K'un	Supervisor
Li Pao Chen	Instructor
60 other members of	Graduate Nursing Staff

SOCIAL SERVICE

Hazel H. Myers	Head of Dept.
Huang Yen Yu	
Teng Loa Hua	

PHARMACY

W. P. Failing
Liu Kua Hua

BUSINESS OFFICE

Rufus Dart
Wang Chia Shan

SECRETARY to Associate President, Dean and Superintendent
Maida Morton-Smith

DIETITIAN

Hou Kuan Hua

Total Staff approximately 275.

DEPARTMENTAL REPORTS

It has been possible to secure reports from only a few departments, and due to the conditions which prevailed, these are not in as much detail as is usually the case, though the work was extensive and interesting.

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INTERNAL MEDICINE

Clinics were so large that a limit had to be imposed on both new and return cases. Wards were constantly filled to capacity. Monthly medical staff and bi-monthly Journal Club meetings were held. A reading hour was observed weekly in the library, where literature relating to special cases treated in the wards was brought to the attention of the junior members of the service.

A special tuberculosis clinic was carried on and seventy-two patients were under treatment for pneumo-thorax.

PEDIATRICS

The regular clinics, Well Baby Clinic, Mothers' Club, and Tuberculosis Clinics, were all well attended, and the twenty beds in the Children's Ward were in constant use.

SURGERY

In addition to the "ordinary run of cases", the disturbed state of the country accounted for many with gunshot wounds. These were subject to examination by the Japanese authorities, and before admission patients were warned not to enter if unprepared for this routine.

OBSTETRICS & GYNECOLOGY

This continued to be one of the busiest departments in the institution. The bed accommodation was inadequate and other departments being in a similar condition, problems were created when emergency cases were brought in.

EYE, EAR, NOSE & THROAT

These specialties were continued as usual.

DERMATOLOGY

This continued as our largest clinic.

RADIOLOGY

After Dr. McCandliss left, the end of July, Dr. Bloom added this to his other duties. The doctors in the Medical Depa rtment relieved the situation by fluoroscoping their own patients.

LABORATORIES

These met the exacting needs of the hospital in a competent manner, for which credit is due especially to Mr. Yü Fu Hsin and Dr. Gault.

PHARMACY

Drugs were difficult to secure and prices of many soared to unthought-of heights. Our charges were increased to partially meet this greater cost, and doctors cooperated in restricting the use of drugs most difficult to secure. Up to the last we were able to get what was really needed.

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SOCIAL SERVICE

With unsettled conditions and increasing cost of living, this department was of even more than usual value to both patient and hospital. A good deal was also done in assisting the families of our own staff.

PHYSIO-THERAPY

In this there is nothing new to report.

BUSINESS OFFICE

The ingenuity required to enable an institution of this size to carry on under the varied adverse conditions of this half year would make a story in itself. It is, perhaps, better told than written.

Because of increased costs and the altering value of currency, the entire scheme of charges throughout the hospital was reviewed and changed. This helped to prevent too great an increase in our deficit. Methods of economizing were worked out in various departments, and more and more we learned to cooperate toward this end.

PUBLIC HEALTH

Members of the hospital staff cooperated with the General Public Health Committee, which took within its purview the welfare of University members and their families. In the medical part of this, the facilities of the hospital were made use of. The members of our own hospital staff received careful medical attention, and a beginning was made in extending this service to all members of their families. The Bean Milk Kitchen continued to be greatly appreciated.

EVANGELISM

A short morning service was continued even after the onset of war. Regular services were held in the various wards by the hospital pastors and evangelists, assisted by members of the staff and University. There was a realism and an earnestness induced, no doubt, by the conditions both local and general.

NURSING DEPARTMENT

With the larger graduate nursing staff, it was possible to give more efficient nursing to the patients, and at the same time better ward practice for the student nurses. New isolation technique was demonstrated and introduced into practice. We were heartened by the spirit which the nurses showed in standing by so long as there were patients to be served, and this in spite of the possibility of personal danger.

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Pediatric Division Medical Report

July I I94I-Jan I5 I942

Staff-

Dr Isabel MacTavish, July I-Nov I
Dr Eileen Smyly, July I-Jan I5
Dr Annie V.Scott Nov I- Jan I5
Dr Meng C'hing Lien, September
Dr Chao Chi Kuang, July, Aug. Oct-Jan I5

Child Health Nurse-

Miss C'hin Feng Yun, July I-Sept I
Miss Ching Mei Ying, Sept I-Jan I5

Clinic Assistants

Mrs H.P.Lair, July
Miss Chang Mei Chen, July, Aug.

The pediatric Service wishes to express its thanks to the Department of Medicine for permitting Dr MacTavish to serve in the pediatric clinic and ward while Dr Shih was off duty before Dr Scott returned from furlough.

Organized Teaching-

No organized teaching was planned for the Autumn I94I. The pediatric physicians attended weekly meetings of Dept. of Medicine Journal Club as well as similar meetings of the pediatric group where readinga and discussions were confined to current pediatric literature. Staff physicians directed young members of the group in reference readings and discussed with them the literature related to patients under their care.

Mother's Club Work-

The child health nurse continued the training of mothers in child care and subject related to home life for the child. It was decided that the time had come for Miss C'hin to have the opportunity of postgraduate training. Arrangements were made for her to spend the scholastic year at Peking Union Medical College in the Department of Public Health. Miss Ching Mei Chen one of our Senior student nurses had demonstrated her fitness to carry on the work in Miss C'hin's absence so she was permitted to take over this work until her graduation early in I942. The mother's club constantly received new members and we were incresingly happy in the results of this training as demonstrated in home and clinic. The nurse spent much of her time in home visiting to check up on the practice of mothers under training and to render assistance to mothers who were finding difficultis in preparing food suitable for their children or in giving them the medical care advised.

Out-Patient Clinic-

Daily morning clinics were held for sick and well children. The latter group received prophylactic inoculations and tests for immunity so far as material for such care was available.

Well Baby Clinic held one afternoon each week was still the day when we went home with highest hope for the future of China. It was a joy to see Mothers Club grduates rejoicing in the care of their infants as they developed according to schedule..

Wednesday afternoon clinic for children with active tuberculous process or with positive tuberculin test only was faithfully pursuing it's objective of the prevention of tuberculosis is children. The number of children referred from families with tuberculosis seen in Medicine was increasing. The Pediatric Service had received a special grant from Eli Lilly Co for the study of children who are forced to remain in homes with open tuberculosis. It was hoped that such a study would be of value to China in planning for the care of her tuberculous citizens. Figures are not now available but from inves-

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tigation had learned that recent war years had not increased the number of active tuberculosis among the children we were seeing.
There has been an increase since I937 in the number of childrenwith congenital syphilis and the frequency of gonorrheal infection in children in our clinic.

Contagious Diseases-
During the Fall of I94I we saw a large number of diphtheria patients.In many cases the patients were brought too late to be benefited by treatment. it was these patients who made us realize again the urgent need for openimg Isolation for in-patients and definite plans were under way for Dr Eileen Smyly to have charge of this work when it opened in December.Occassional patients were seen suffering from Measles or from Scarlet Fever but there was no prevailing epidemic up to Dec.8.

In-Patients-
The twenty beds in Children's Ward were in constant use.During the Summer Typhoid Fever was prevalent in Tsinan and we had several children in the ward with the disease during Aug,Sept and Oct.Sulfathiazole was tried as a therapeutic measure for the patients but without evidence of any beneficial results.Bacillary Dysentery was prevalent during the Summer and we were convinced of the value of Sulfathiazole in treating the early cases.In the early Fall we admitted several children suffering from Encephalitis which proved to be the Japanese type.Children suffering from Kala Azar were brought in f from the country as parents felt they could arrange to pay for the treatment. All parents coming from the surrounding country felt it was a major effort to get money through the sections under Chinese guerilla forces or the Japanese "protective cordon" surrounding Tsinan.The former group was out to prevent circulation of F.R.B.while the latter made possession of C.N.C.a capital offense.
A boy of I2 years was seen suffering from muscular dystrophy of the familial type.He had a brother of I6 years who had been bedfast witht he disease for six years.The patient had shown signs of the disease for one year.The patient was given O Chao a Chinese preparation with high glycine content and the child was XXXXXXX receiving a more adequate diet.This child,together with other patients suffering from muccular dystrophy,was being followed carefully and we hope to report in the future results from this method of treating a disease which has proven very difficult to treat satisfactorily.

School Health Work-
During the previous year our campus Public Health Service had taken over school health work in Chung Teh School.

Records of attendance for clinics and hospital patients during the period covered in this repost are not available.December 8 I94I was the last day we were permitted to admit patients to clinic and hospital.All patienta in Children's ward were discharged by Jan I3 I942.By order,clinic and ward equipment was listed and the keys turned over by our hospital superintendent on Jan XXXXX I5 I942.

I am sure the most difficult duty a physician has to perform is the closing of a clinic and hospital service when he knows this act means the denial of adequate medical care for many who have looked to him for such help.When war necessitates such an act it is doubly hard for it makes him feel that the forces of destruction are prevailing over the forces of construction.

Publications-
Care and Feeding of Infants and Chikdren,published by Translation Bureau of Chinese Medical Association,I932.
Revised I934,I942.

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Special Gifts-

Eli Lilly Company,for the study of children who have to live in the home with patients suffering from open tuberculosis.....$500.00Gold

Haliveroil 50ccX I2bottles from International Red Cross

Neostam 300 Gm from International Red Cross

Diphtheria Antitoxin 600,000 units from International Red Cross

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Following the closure of Cheeloo Hospital Dr MacTavish and Dr Scott were happy to have the opportunity of assisting with the opening of a pediatric service in Tsinan Municipal Hospital.This service was opened April 2oth.Dr Meng Ching Lien,pediatric ward nurses Miss Ho Wen Ling and Miss Chang together with Mr Chang Hung Yao our pediatric clinic orderly for I5 years formed that new staff. The Japanese military authorities permitted a small amount of Cheeloo Hospital pediatric equipment to be moved to the new clinic.It was very difficult and expensive to purchase the necessary equipment and drugs to keep this clinic going satisfactorily.Two thirds of the patients attending this daily clinic were patients we had previously seen in Cheeloo Clinic.We are pleased to see our faithful Chinese colleagues taking up this difficult work as an opportunity to render service to the community which felt acutely the lack of adequate medical care following the closure of Cheeloo University Hospital.

Annie V. Scott

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Special Gifts-

Eli Lilly Company, for the study of children who have to live in the home with patients suffering from open tuberculosis.....$500.00Gold

Haliveroil 50ccX 12bottles from International Red Cross

Neostam 300 Gm from International Red Cross

Diphtheria Antitoxin 600,000 units from International Red Cross

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Following the closure of Cheeloo Hospital Dr MacTavish and Dr Scott were happy to have the opportunity of assisting with the opening of a pediatric service in Tsinan Municipal Hospital. This service was opened April 20th. Dr Meng Ching Lien, pediatric ward nurses Miss Ho Wen Ling and Miss Chang together with Mr Chang Hung Yao our pediatric clinic orderly for 15 years formed the new staff. The Japanese military authorities permitted a small amount of Cheeloo Hospital pediatric equipment to be moved to the new clinic. It was very difficult and expensive to purchase the necessary equipment and drugs to keep this clinic going satisfactorily. Two thirds of the patients attending this daily clinic were patients we had previously seen in Cheeloo Clinic. We are pleased to see our faithful Chinese colleagues taking up this difficult work as an opportunity to render service to the community which felt acutely the lack of adequate medical care following the closure of Cheeloo University Hospital.

Annie V. Scott

Dr Stuttlers

Medical Dept. Cheeloo University Hospital.

Tuberculosis Clinic.

Tuberculosis work was carried on as usual throughout the last half of 1941. An incouraging feature of the work has been that cases picked up in the ordinary clinic have been found to be increasingly of the early and hopeful stage. Those considered suitable for pneumothorax treatment were selected with care, and regular refills given Pneumothorax clinics were held twice weekly, fleuroscopic work being xone in conjunction with the refills.

Cases for phrenic crushing were looked after through co-operation with the Surgical staff.

Patients to the number of seventy two were treated, being at all stages, from the completion of three years pneumothorax treatment, to those in the early stages of collapse, six were receiving bilateral treatment.

Regular records were kept of diet, weight, sedimentation rate, and sputum examination, and as hospital care was not possible, except in a very few cases o ver a short period of time, special emphasis was placed on educating the patients in self care, and in safeguarding the home by sequestration from family. An increasing and gratifying respon-se was being found on the part of the patients to co-operate with the staff, both in regard to their own treatment, and in having members of the family come for regular check-up.

On closing the hospital on Jan 15th 1942, provision was made for about half the cases, through the opening of a private clinic by Dr Chao. An ~~s~~w went to Peking, where doctors in private practice were known to have facilities for treating such cases. It is hoped that the new Municipal Hospital, largely staffed by a Cheeloo group, will soon be equipped to carry on this needy work.

Staff:- Dr Julia Morgan -on furlough.
Dr Sun Lien Ming
Dr Chao Chih Pu
Dr Isabelle Mac Tavish.

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Medical Dept. Cheeloo University Hospital. Tsinan. Shantung.

Staff. Dr H.J.Smyly.
Dr Sun Lien Ming.
Dr Arabella Gault
Dr Isabelle MacTavish
Dr Chao Chih Pu
Dr Kenneth McAll
Dr Frances McAll
Dr Meng Ching Mien - House man
Dr Chao Chi Kwang Houseman.

Out Patients Clinic .

Daily Outpatient clinics were held as usual until Dec.8th,1941, the attendance whichwas somewhat sharply reduced when "freezing" occurred the end of July,soon returned and averagedo a higher than normal attendancethroughout the fall months.The numbers increased to a point where the staff were unabl e to cope with them,so a limit was put on both new and return cases registering .
The wards were constantly filled to capacity with the usual type of diseases Unfortunately statistica and records are not available,but one or two cases recalled as of special interest were, Meniere diease, A case of Typhoid with prolonged delirium stage lasting 90 days, Shell shock and War Neurosis.

The new chemotherappatic agents were used in appropriate cases, and proved effective ,the value of sulphothiazole in dysentery being especially worty of comment.

New Isolation technique was demonstrated to the medical and nursing staff and put into effect in the wards.

Monthly medical staff meetings were held,and bi-monthly Journal Club meetings were held. A reading hour was observed weekly in the library ,where literature relating to special cases being treated in the wards,was brought to the attention of the Junior members on the service.

Isabelle MacTavish.

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Cheeloo University Hospital

Social Service Department.
July 1941--- Jan. 1942.

What with one worker resigned to go to Free China, the Chief of the Department off duty for an extra months vacation for health reasons, and the Student Workers away on University holiday, the Department was mor handicapped than usual last summer. With the political uncertainties and consequent problem of finances the Chief of the Department agreed to double u p on work , getting on with one less worker in the Fall. The summer was more or less sucessfully covered by one of the students in the Special Course for Social Case Workers of the University being asked to act as Office Secretary thus freeing her for medical case work. This gave the latter a chance to practice what she already knew much about by constant observation in the receiving office and the student an opportunity to gain a great deal of confidence in meeting people as all the patients referred to the department were interviewed by him before going to the regular worker. A former volunteer worker, who had gone to YenChing to take examinations for entering the Course in Social Work returned to give valuable assistance for one month so that co-workers on the medical staff were able to report that they received good help from our department.

When September came the one new worker whom we thought we had secured decided it was not wise to come to our city because of what her friends and family considered a worsening political situation. This was discouraging but with the return of the students to the campus we had the help of those of the Special Course in Social Case Work of which the Chief of the Hospital Social Service Department was Director. They gave half time each day for practice work and although they took a great deal of time of the three regular workers for supervision soon came to be very useful.

Besides the Chief of the Department, the two other regular workers were the one on the Medical Services and The Employees' Worker. By the middle of November the former had inside information on coming events though a friend in the Tientsin local Government and so was persuaded to return to her home in that city torn tho she was between loyalty to her own univer-sity, for she was a graduate of Cheeloo, and to her family. All Fall she had been receiving unsubscribed for newspapers as propaganda and was probably justified in her decesion. December 7th events would seem to prove that she had been wise to get out while the going was good. The other worker stuck to the very day the hospital was closed in January and in her position as adviser and friend to the employees and their famlies was a real help to them and to the hospital as well during those last hectic days. Her work did not stop with the closing of the hospital as for weeks after she was acting in unofficial capacity as employment agent in getting jobs for workers who needed them so much. Later she herself found a job in a church school where she lived and worked for full time on thirty dollars a month.

One of the biggest jobs of the department these few months was to keep in contact with families and friends and find sponsors for those who knew no one in the city so that they could continue treatment in uncertain times. Another was to connect patients with other doctors and hospitals for continued treatment when we could no longer do this. This was especial ly impotant for tuberculosis patients and very necessary for the seventy some under pneumothorax treatment. Though our own department has not functioned since January 15th when the hospital was officially closed it is some comfort to know that our workers are able to fit in to other places and other similar kinds of work in their own country.

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THE FUTURE OF CHEELOO UNIVERSITY

Resolution of the Foreign Members of the University Council in Tsinan, June 1942

Before we foreign members of the former University community move elsewhere in accordance with repatriation plans, we desire to record our conviction of the value of Cheeloo University's work in Tsinan in past years and to express our earnest hope that its resumption in post-war years will be possible.

In the event of such resumption being possible we desire that it should be marked by increasing cooperation with central and local government authorities, with the leaders and organizations of the Christian Church, with other Christian universities in China, and with Government educational institutions.

Should resumption of full work of the University in Tsinan be feasible after the war we consider that the following courses should be offered:

(a) College work up to graduation in Arts (4 years), Science (4 years), Medicine (5 years in addition to pre-medicine), Theology (4 years), Rural Service (5 years including final year of supervised field work).

(b) The following special courses in continuance and development of the work of 1939-41 and earlier: Pre-medical Sciences, Nursing, Pharmacy, Rural Service, Medical Social Service, Laboratory Technique -- the five colleges to be responsible for these courses.

NOTE: While it is hoped that in the future the special contributions of the University will be in the field of Rural Service, we are strongly of the opinion that the Arts and Science Colleges should both continue full Graduate courses (four years) for only in this way can the quality of students and faculty of both of these colleges and also of the Rural Service, Medical and Theological Colleges, which in part depend upon them, be maintained and thus the standard of work, quality and size of student enrollment, and the finances of the whole University be put upon a sound Foundation.

We are of the opinion that the Rural Service College should offer post-graduate courses leading to a higher degree. Graduates from other colleges wishing to pursue post-graduate studies should, as a rule, avail themselves of opportunities provided at other universities.

In this connection, we record our conviction gained through the recent years' experiment of the Rural Service Special Course, that the development of this line of work in the future will be of real value to China provided we obtain (a) a first class teaching staff and (b) government cooperation in opening fields of service for graduates.

We recommend for careful consideration the paper prepared by Dr. D. K. Faris and Dr. G. F. Winfield, entitled "Musings on a Rural College in Cheeloo."

We are glad to realize that other groups will be thinking and hoping for a possible future of the work in Tsinan after the war. The above opinions are offered as a contribution to the cooperative thinking which would seem to be a necessary prelude to future success.

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Resolution of the Foreign Members of the Medical Faculty in Tsinan, June 1942

Members of the Cheeloo Medical Faculty in Tsinan, in informal conference, feel that while no definite program can be planned in the complete obscurity which hides the future from our vision, it is right to envisage a period of reconstruction after the war and to prepare for it.

The field which has been served by our several missions lies in Shantung and the neighboring provinces of North China. Service to the Church in this area and the evangelization of its population are our first responsibility. How that is to be done will depend on the outcome of the war. We must be prepared for any eventuality. Should opportunity develop for great development of reconstruction, it will demand all the resources we can bring to it: physical, personal and spiritual. One of the great needs will be for a Christian college for training medical workers -- doctors, nurses, public health workers, pharmacists, laboratory technicians, medical case workers and others.

Our physical plant is now largely, though not entirely, disintegrated. Equipment has been lost. Re-equipment and assured financial income will be necessary.

As to personnel -- young doctors will be needed from America, Canada and Great Britain. They must be qualified to become teachers. It is, however, from West China that most of our Chinese staff for a medical school must be looked for. The first claim upon Cheeloo supporters at the present time, it seems to us, is to give support to our colleagues and graduates there in their work and preparation for the future until the time when we reunite in another location. Medical education of a Class A standard should be maintained in a strong medical school in that region, amongst whose graduates year by year should be a number from North China who will return when peace is established.

In our judgment, the principle still holds good that, in spite of the urgent calls for larger numbers of doctors, a thorough training of a high standard is essential for those who are to carry great responsibility. The National Government will undoubtedly look to the Christian Church for assistance in this branch of public service where it has been given and valued in the past.

Even should opportunity be much more restricted and no such large development be possible doctors will still be needed and they may have opportunities now unforeseen.

It is necessary to prepare ahead of time. For this we are looking to our University group in West China. We would, therefore, use our influence and persuasion with the Boards concerned and their supporters to sustain and if necessary strengthen that work.

Now more than ever we realize that our resources are spiritual. Only as we are divinely guided can we prepare in time for an unknown future. Only as we give ourselves up to the Divine purpose can the humanly insuperable difficulties of the present and future be overcome.

(Excerpts from the Report of Cheeloo University Work in Tsinan 1941-42)

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THE CHEELOO UNIVERSITY SCHOOL OF NURSING

In spite of the fact that political upheavals in Shantung have made it necessary for the School of Nursing to be closed and the students sent to their homes twice even previous to the present war, still the need for nurses in China, the desire upon the part of fine young Chinese women to so serve, and the vision and determination of nursing educators has made a quick reorganization of the school and a fine eager student body a possibility.

Even in the face of much interference and difficulties, the Cheeloo University School of Nursing has made its greatest advance since its reopening following the Japanese occupation in January 1938. Plans for better professional training and experience for the students have been constantly in the making and being realized thanks to the splendid vision and efforts of Miss Frances Wilson, R.N., and with the cooperation of the nursing, medical and other university personnel.

In 1939 a new four-year plan was inaugurated whereby the student spent one year on the Cheeloo University campus in cultural and pre-nursing subjects. During this year she had opportunity to visit the hospital, become acquainted with nursing personnel and students, and to have conferences with nursing educators. In fact, a monthly conference with the Director of Nursing Education for each student was found to be of much value to both. This helped her to determine whether nursing might really be her choice and also an opportunity for the Director to determine her fitness for this profession. The students entering the course in nursing with the advantage of this year of pre-nursing background proved more mature and better able to grasp the content of nursing in its broader aspects.

In 1940 Miss Wilson returned home on furlough and Miss Geneva Miller, R.N., and with a Masters degree in nursing education and administration from Western Reserve University in Cleveland joined the staff. The former position of Superintendent of Nurses was divided into two positions, one that of Director of Nursing Service and the other Director of Nursing Education. As her assistant in the Department of Nursing Education, Miss Miller had Miss Li Pao Chen, a well-trained, professionally alert young woman with post-graduate training in nursing education from Peking Union Medical College and years of experience in nursing education and administration. Miss Li gave full time to nursing instruction and supervision of student practice wards. As graduate nurses of suitable training and ability were found two more Chinese young women were added to the Nursing Education Department, one in charge of the Diet Kitchen where each student must spend at least six weeks of her training in preparation of food for patients on special diet, and the other in classroom instruction and supervision of student practice on the wards.

During recent years letters were constantly being received from other hospitals and schools asking us to make provision for post-graduate instruction and experience for nurses in such subjects as midwifery, anaesthesia, dietotherapy, ward management and hospital housekeeping, supervision, nursing instruction, and of course public health nursing. Plans were being formulated to meet this need. One student had taken and completed work in anaesthesia and several were studying midwifery when our work was closed down in December 1941. At that time there were 65 students in the school of nursing.

What of the future? There is and will be great need in North China for a school of nursing such as we dream of developing. The future school must provide a basic training course that will eventually demand two years' college work as entrance requirement and give a superior type of training in order that our graduates may fit into places demanding unusual training, experience and abilities of leadership. In addition, as a large teaching institution, it is imperative that we meet these requests

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coming from smaller hospitals and schools of nursing and rural and urban centers needing graduate nurses with further specialized training and who will thus be able to accept positions of responsibility and leadership.

We must plan in the New Cheeloo University School of Nursing for a Public Health Nursing center where graduate nurses may receive a one or two year course in public health nursing and practice and which will serve all of Tsinan and environs and send out public health nurses into all the needy areas of North China to assist doctors in setting up public health stations for meeting the health needs of the country.

We must give midwifery training to graduate nurses in order that this most needy field may have skilled women to replace those who in their ignorance cause such harm and loss of life.

We are faced with a great need, a tremendous challenge. We must not wait until the field is open before thinking and preparing for it.

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COPY CHEELOO UNIVERSITY HOSPITAL Tsinan, May 9, 1946

Dear Mr. Evans,

Communications are sometimes so poor between here and Shanghai that it may take several weeks to get funds transmitted. As I had waited over two weeks for funds to come from Shanghai and as I was practically out of local currency I thought it might be possible to get funds quicker directly from you from New York. I therefore sent you a cable to transmit $1,000 US meaning that or its equivalent. I did not know that you could buy our local currency in New York. I received your reply on May 6th. that you could not transmit US currency. A few days later I received enough money from Sh'ai to keep us going for a month or 6 weeks. I have on hand 18 million.

As I should like to know if I can get funds as cheaply directly from NY instead of going through Sh'ai and then having to make a request that they be sent up without charge, as they are for rehabilitation, and so would suggest that you send a trial amount of say $200 or more and I can then compare what it amounts to here and what we would get if sent through Shanghai. (Of the $5,000 which you sent me the end of Jan, I had it charged what I left in US currency in Sh'ai, that is $3,592.75, and got on Apr. 26th a rate of 2290, about 2.7 million more than if I had charged it all at that time. If direct transmission should prove satisfactory then I would suggest that you send out regularly each month an amount just enough to meet our needs. To begin with I would suggest $7,000 US or its equivalent per month. If that is not enough I shall let you know. It is likely to prove advantageous to keep all our reserves in gold.

A few days ago we made an estimate of probable repair and rehabilitation costs and find that for the whole University including the hospital, but not necessarily including all benches, chairs etc. that may be needed, that the amount would come to 500 million NC. I prepared a telegram to send you asking for authorisation to spend, or prepare to spend this amount on rehabilitation but found on sending it to the telegraph office that the rates have gone up and the cost now would be $37,000 which seems a lot to pay when I asked you virtually the same question in my letter of Apr. 15th. and the reply may soon be in hand. We need to know the total amount which may be authorised before we can tell how adequately to rehabilitate. There have been a good many structural alterations made in the buildings and if we have no money available we may have to wait a year or so to make things as they were. Also it is possible to get paint which has been on hand since before the war. I doubt if prices for exterior painting are much higher than they would if we imported paint as the cost is one largely of labor. A painter is getting over $2,000 a day.

If the question as to how much money we can spend on the total rehabilitation is not answered in your answer to my letter of Apr. 15th, will you please cable the amount authorized. We will judge how much we can do accordingly.

Some time ago I applied to UNRRA for 110 million NC for the hospital and medical school. This is for repairs only and would not cover all the equipment such as tables, chairs and supboards that are required. This request has been forwarded to the Executive Yuan for an appropriation as part of the whole hospital rehabilitation program. We need new steam pipes for our boiler as those now in place are ruined. The condition of the floors in the "Old" hospital is such that the halls and middle of the wards should be covered with linoleum if it is procurable. We have revarnished the floors at a cost of $1,290,000 NC.

Did Dr. Lair bring out the green orders? Should I pay those who hold green orders?

The British Red Cross gave us $5 million NC, and I have asked for an additional grant. They also sent us over 150 boxes of supplies, and several boxes of instruments. We have a good supply of instruments en route from Shanghai via Tsingtao from the Canadian Red Cross and have made an application to the same organization for hospital sheets, etc. The British Red Cross has also sent us a further shipment of about 20 tons of supplies. Most of this is for us and the remainder for the hospitals at Choutsun and Chingchow.

Much of what the Japanese left here has been turned over to military hospitals in the city. There were tons of supplies on hand including gauze, cotton, bandages, etc. Also a certain amount of Cheeloo equipment and furniture has been turned over at the same time to these outside organizations. I have had to spend a good deal of my time getting things which I saw on trucks that belonged to Cheeloo taken off and left on the campus. One day I saw 3 trucks loaded with many Cheeloo iron beds.

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I protested against these being taken away and then requested that they be returned. As they were not returned nor 3 ward dressing waggons that had been taken away a week previously, we decided to lock the gate preventing trucks from taking further loads away. We then telephoned to General Wang who is in charge of all military forces in Tsinan. We had called on him before regarding a similar matter and he was helpful. The head of the hospital that was receiving the beds soon appeared and found that the general's secretary was already here. He soon promised to return the beds but only sent 10 and 8 of these were inferior Japanese beds. After further persuasion he returned 18 Cheeloo beds and I don't know how many more he still has. We were not given any opportunity to see our property before it was turned over to another hospital. This is a trick and the story is too long to tell. On May 2 I learned that one of our hospital sewing machines was on the campus. I asked that it be returned to us and today I find that it was, since that date, taken away by the 106 Station hospital in the city. The military consider that they have a right to take away everything that we cannot prove by some distinguishing mark that it is Cheeloo property. Yesterday they tried, without success, to take away our telephone exchange. The Minister of War in reply to our telegram stated that all Cheeloo property would be given to us before the end of April. I insisted that the Temporary hospital sign be removed from the main gate on May 1st. This was done. I expect everything will be turned over to us before the end of this month. How much we will get of the supplies that still remain I am unable to conjecture.

The beds of Canadian iris that are on the campus have made a wonderful show this past month. The roses on the campus and in all the gardens are now in bloom. The trees have been trimmed and the gardens on the campus are being put into shape.

Since writing the above I have had the floors in the "Old" hospital measured. We would need 300 meters one meter wide, or a yard wide, of Linoleum.

We have had fine rains the last two days and there is a prospect of good crops. However as war in the province seems imminent the price of millet has gone up this morning from 150 to over 200 dollars per chin (lb.) This means that the cost of labor and almost all our costs will rise proportionately.

Tell Miss Florence Evans that I have received her letter and the copy sent Apr. 19th. We <u>do need</u> more Western nurses. There are <u>none</u> here at present and Miss Danner is in Peiping and unable to bring enough by plane to come here to stay. Miss Bell is said to be on the way and we have a new appointee from the MBM now in Sian learning the language. I shall write to the President to request the Associated Board to write the missions to fill their quotas. I would think the nurses would want to have something to say as to whom was appointed Director of Nursing and it could not very well be a new appointee. I know of only one nurse at present who could fill the bill; that is Miss Clara Preston of the United Church of Canada whom our Mission might persuade to take Miss Brodie's plave on our nursing staff. Miss Preston however expects to return to Honan. The Board may know of others also well qualified.

I shall enclose a more detailed estimate for the various buildings which will give a better idea of how the estimate of $5 million NC was arrived at.

I'm trying to get the data for Miss Evans which she requests. It is still a little difficult to do this as we do not as yet know how much we are going to get from the First Temporary Hospital which took over from the Japanese. There is still quite a little on hand if they feel like turning it over to us.

We received Jerry Winfield's letter and read it at our Rehabilitation Committee meeting yesterday. We will be glad to try to answer any specific questions that you may wish to send us. Sorry we have no typist or office help but we will do the best we can.

With kind regards to all the friends in the office,

Sincerely yours,

Ernest B. Struthers

P.S. We need stationery of all kinds, especially paper and envelopes for air mail. Buying rate American notes here today is $1,700 per $1.00 U.S.

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COPY

CHEELOO UNIVERSITY
TSINAN

April 26, 1946

AN ESTIMATE OF THE COST OF REHABILITATION OF UNIVERSITY BUILDINGS

This does not include Apparatus, Replacement of Lost Library Books, Furniture for the now empty staff houses.

	CNC$
Administration Bldg.	1,000,000.-
Chemistry Bldg.	26,140,000.-
Physics Bldg.	15,070,000.-
Augustine Library	17,090,000.-
Theology School	7,580,000.-
Kumler Chapel	12,100,000.-
Power Plant	12,000,000.-
Gas Plant	3,096,000.-
Telephone System	12,000,000.-
Workshop & equipment	40,000,000.-
Printing Press equipment	46,000,000.-
University Farm	40,000,000.-
Student Dormitories, Men	29,200,000.-
" " , Women	15,460,000.-
Staff Residences, East Village, 19	9,000,000.-
" " Main Campus, 26	10,400,000.-
" " West Village, 8	4,000,000.-
Anglican Hostel & Chapel	3,000,000.-
Staff Children Chinese Schools	5,000,000.-
" " Foreign School	800,000.-
	308,936,000.-
Medical College & Hospital	110,000,000.-
	418,936,000.-
University Farms & Equipment	99,756,000.-
	518,692,000.-

The main fabric of many of the buildings has suffered no direct war damage; serious alterations were made in several however by the Japanese military, and all have lacked ordinary maintenance work for several years. Certain buildings have suffered considerable structural damage and all have suffered almost one hundred per cent damage and loss to furniture. Classroom, laboratory and other furniture take a large share in the above estimate.

Most of the work covered by the above estimate should be completed by the coming autumn if the University is to be accommodated satisfactorily then. The remainder will be required before the winter.

Prices are still rising. Costs of certain types of repair work have increased by one third during the past month. An additional 25 per cent is a moderate estimate of the likely increase in the above figures before the work can be completed.

Costs of exterior painting of campus premises have not been included as good quality paint is not at present available here.

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Dr. Penfield

The following letter was received by Dr. Annie V. Scott a day or two ago.

Cheeloo University - Tsinan
January 29, 1946

Dear Dr. Scott:

It was nice to see Ch'un Fu Shan again and I have had a very good time seeing our Cheeloo Staff. Today I went to the Leper Hospital which has continued without interruption and now has forty-two patients. Other leper homes in Shantung have not fared as well. The new wall which is of red brick encloses all the land owned by Cheeloo. The south wall has taken in a part of the leper hospital land to the north of the hospital.

Dr. H'wang one of the oldest living medical graduates is Superintendent. He would like to make plans for an extension of the care of lepers in Shantung. He and Dr. Yen invited us (Drake, Phillips and myself) to supper tonight and as it came so near New Years they had it prepared in our kitchen. (We are in the Whiteright house). We discussed possibilities both for the Leper Hospital and our own.

There are still 1500 Japanese wounded or sick in the various buildings. We propose to have the "new" hospital evacuated first and I hope it will be possible to begin work in the O.P.D. by March 1st. The cost of repairs owing to an inflated currency will be considerable but we must make a start somewhere. I would have come sooner but Dr. Fenn reported it would be March before the Japanese could be sent elsewhere. In any case at present we have no way to fill the buildings, and owing to the political situation it is going to be difficult to get our staff back. Also unless communications improve it may be impossible to move the school back this year. Although the situation is uncertain, we must plan in the hope that things will improve. At present this seems like a vain hope as the Communists continue to fight.

The conditions of the buildings is better than I had anticipated. I have been in nearly all the rooms of the New Hospital, Old Hospital and Medical School. The steam boilers and dynamo in the heating plant seem not to have been touched. The taps and plumbing have been taken away in many places and there are many bath tubs that have been put outside the building for use in case of fire.

I went through our house Saturday and it was comparatively clear--stripped of everything of value but walls everywhere were intact.

Dr. Chu who was put in charge of the protection of the property by Dr. Lim has made a list of about 3000 volumes of the medical library that have been found. About 80% of the books of the Augustine Library are also safe. The recent books on medicine and surgery are missing from this list. I must make you a list of the journals (which include the Cumulative Index Medicus) that have been found.

Dr. P. Z. King says he will let us have Dr. Wang Fu-I after March of next year. He is using him for a job in CNRRA I believe and Dr. Wang is in Nanking.

Hope you will see Phillips letter which was sent to the New York office.

Hope to see you out here soon. There are some changes to make and it is not easy to make decisions without having more to consult of those concerned. Those here, our Chinese colleagues have pretty good judgment in many matters.

Sincerely yours,

/S/ Ernest B. Struthers

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Cheeloo file Dr. Winfield

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Mr. C. A. Evans
150 Fifth Avenue
New York

Dear Mr. Evans:

I am sending on to you the inclosed letter which has been written by Dr. Annie Scott, but which has my full approval and carries my signature. I also inclose copy of a letter to Mrs. Russell Wright.

I should add a note regarding shipping instructions. We are still marooned on an inland island so far as direct transportation from the port cities are concerned. However the present judgment of the chief engineer of the railway to Tsingtao is that through transportation can be resumed by the end of October. We have air transportation now of course but the cost is prohibitive except for emergencies and for absolute necessities.

There is no prophecy about when transportation can be resumed on the Tientsin-Pukow railway but my own guess is that it will be a long time hence.

Therefore the best port to which to ship is Tsingtao. If you can ship direct to Tsingtao please do so, sending the shipping papers to Rev. K. W. Wilson. Smith, C/o Presby Mission

If impossible to ship direct to Tsingtao then ship to Shanghai, to Mr. R. A. Lanning, Associated Mission Treasurers, 169 Yuen Ming Yuen Road, Shanghai.

Dr. McMullen was here for a couple of days to weeks ago. We enjoyed his visit and am sure he will have a better understanding of Cheeloo problems as a result of it.

I hope you haven't suffered too much from the heat and overwork this summer. The heat has been considerable here but one can dress a little more comfortably than Fifth Avenue practice seems to dictate.

Very cordially yours,

H. P. LAIR

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Tsinan Aug 19 1946
Cheeloo University

Mr. C. A. Evans
New York

Dear Mr. Evans:

Before leaving for Tsingtao recently Dr. E. B. Struthers requested that we send you a cable or air letter requesting the early purchase and shipment of the following orders. If purchase and shipment has already been made that is all to the good as the articles are urgently needed for the hospital and medical school.

1. Child beds 38 as specified by Frank Hall & Sons Feb. 14, 1946. Dr. Winfield has the specifications. I am enclosing a copy of the specification for the child beds and matteresses for same. We wish the mattresses also.

2. Equipment for Biochemistry Department as specified by Dr. Li Tsan-wen under date of September 22, 1945. This list was filed with Dr. Winfield. We hope Dr. Li made the purchases before leaving the States but if they have not been shipped we are requesting their purchases and shipment at an early date. We have not heard that Dr. Li has arrived in China and he may still be able to assist you in the purchase and shipment of this equipment.

3. Fenwal Solutions Outfit as selected by Miss Florence Evans. We have no specifications for this equipment but have word from Miss Evans that she has made the selection. We have no equipment for preparation of solutions for intravenous use and are urgently in need of this equipment. If Miss Evans made selection of Blood Bank equipment we wish this equipment shipped with the solutions equipment. We have no Blood Bank equipment and no such equipment is available through any of the organizations contributing to our reconstruction equipment, the same is true for equipment requested in (1) and (2) above.

4. 10 bedside tables specified by Frank A. Hall & Sons Feb. 14, 1946.
These tables and all child beds are to be Ivory color.
The bedside tables are #3128 in Hall specifications.

Will you please ask Dr. Winfield to let us know if articles can be ordered through you by specifying letter and number as in the list prepared by Dr. Annie Scott Feb 1946.

Reconstruction is going ahead very satisfactorily in all parts of our plant. Prices are such as to limit what we are able to do. Many kinds of materials are not to be obtained or are of poor quality. We are patching as far as old materials are available. We plan to use every little paint before we can purchase from the west. Many of the buildings are in such a state that we shall find it necessary to purchase large amounts of good paint as soon as possible. Our present plan is to have the paint out by warm weather next spring and paint the university from cellar to tower next summer. Would it be in order to request contributions from U.S. paint companies for this work? We are collecting an estimate of kind and quantity of paint needed and will have it mailed to you soon.

For several days Administration Building has been alive with students registering for entrance examinations to be held 21st. Arts and Science will open Sept. 20 and all years of Medical School will open Oct. 1. We are hoping to have a staff capable of carrying all this work. We have definite word from members on their way out from West China and are looking to you to get through the members scheduled from the States.

Very sincerely,

(Signed) H. P. Lair

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COPY OF LETTER FROM DR. E.B. STRUTHERS TO DR. ANNIE SCOTT

December 7, 1945.

Dear Dr. Scott:

I wrote you in October, retyped the letter in November, and now it is December. I had hoped to have more information to send to you before mailing. Thanks for your letter of October 22nd to hand. We are making out lists of requirements for medical school. Dr. Han Lih-wu, Vice-minister of Education, is here at present. He says the Ministry will make a request to CNRRA for us. I'll try to find out as soon as possible what CNRRA will be willing to supply and then send you 2/3 of the balance of the requests, the other third I'll send to England.

Dr. Williamson has been here this past week. We expect the B.M.S. will give as much, or even more, support than in the past.

Re Bill Cochran: I sent him an official invitation in the spring. Dr. Ruland refers to him in his letter of October 28th and says "The Board feels that he would be a valuable addition to the Medical School and would consider an invitation from you for his assignment to Cheeloo most sympathetically." We have done all that is required, it only remains for the Board to make the assignment.

If we can get Mrs. Jacot in our quota I'm sure we would like to have her. I'll take the matter up with the faculty on Monday. I would not be surprised if the Arts faculty ask for her.

Yours sincerely,

E.B.S.

P.S. CNRRA have agreed to accept requests for rehabilitation of Medical Schools and I am assured by the Vice Minister of Education that this will take care of our needs for equipment. How soon we will know what they can supply and when we can get it is, as you can imagine, very difficult to guess.

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COPY OF LETTER FROM DR. P.J. LAUBE TO DR. ANNIE SCOTT.

106 Hua Hsi Pa
Dec. 20, 1945.

Dear Dr. Scott:

Your letter of November 26th arrived two days ago, which is rather good time. There has been considerable improvement in communications since censorship has been lifted, and also since the Pacific routes are open. We have had one letter arrive by air mail in 15 days, the best to date.

I was very happy to hear from you and to learn the good news contained in your letter. We had heard that Dr. Wang Fu I had sailed, and were a bit regretful that our letter to him in which we urged him to continue on did not reach him in time. However, we are glad to know that he is planning on work with us. Dr. Balfour advised us that the matter of his assignment rests with Dr. P.Z. King, and Dr. Struthers is taking up that question with Dr. King. Quite naturally, since Dr. Struthers returned he has resumed his various activities as Dean, and these matters are no longer up to me. The faculty has also officially invited Dr. Li Tsan Wen, whom we hope will re-join us.

As regards equipment, Dr. D.S. Howard of UNRRA was here this past week and thinks we have about a 100% chance of getting the complete 250 bed hospital equipment, beds and all. We have to put in an additional request for medicines, and also a third request for medical school equipment. These latter two requests are in process of being formulated now. Our chances of getting medical school equipment are, in Dr. Howard's words, "about 60-40", that is, a little better than 50-50. CNRRA is the only obstacle, for reasons which you may well imagine. We also plan, as I understand it, to prepare duplicate lists for New York, in the event that UNRRA materials do not materialize. Dr. Struthers is handling this matter. However, it would appear to me that you folks in N.Y. could pretty much go ahead. After all, you all know what's needed, and as you said, we have to start from scratch.

The news of the library is good, that is, your news. I hope you get the Index Medicus, which is of course indispensable. We hear that Mrs. Jacot may return, and have written the Board an official invitation and request. We hope she does. If she is interested, she might brush up on the latest record room methods, for it appears to me that in many ways the record librarian is even more important than the regular librarian. I am thinking of the official Standard Nomenclature system, plus the most up to date punch card systems, etc. I hope she will be interested in this type of work too, and get all the latest developments. I have put in a request for one to three books by air, which I need badly. The main one is the 1945 edition of Homans' Textbook of Surgery. I sent the request to Dr. E.M. Dodd, and hope he can get it out to me. I need it for preparing next year's surgery lectures. I have made a beginning already, and have a fair amount of material mimeographed for the benefit of the students here. This includes just those subjects for which I was responsible here. Presumably our surgical staff will be somewhat shorthanded next year in T'sinan and so I'm trying to get as much prepared here, while I have the chance, as I can.

Speaking of bacteriologists, we surely have a glaring deficiency in this field. You may know Dr. F.F. T'ang of the National Epidemic Prevention Bureau, now located in Kunming. He is a well trained, excellent, man, probably the best of his type in China. He is almost surely tied up with the government medical system, but there is a slight chance of prying him loose. So we have sent him a very warm invitation to join us. He is highly qualified. If you do not know him, ask Dr. E.H. Hume about him. I think he is tops. However, even if he is, we

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will be lucky to get him, and if we get him, will still be in need of additional help in that department, so if there are any bacteriologists floating around at home try to hook one.

This reminds me of a point I may have mentioned before, and that is that the Boards must begin to emphasize basic science men as well as clinicians. They should start way down the line in the medical school or premedical school years, letting likely, bright, candidates know that they do not have to become clinicians unless they want to, and that openings in any field, basic or clinical, exist. A man would then be encouraged to follow his greatest interest, rather than preparing in some field merely because he feels he must.

Your suggestion that we try to get Dr. William Adolph is excellent, and I think we should by all means make every effort to do so. I would be strongly in favor of it, and am sure Dr. Struthers and the rest will agree. I hope we can get off a letter to him promptly.

The best news in your letter is that Miss Evans is really going to guarantee us a good solution room. I know of no more single important department in a modern hospital. I hope she gets all the details well in hand, and that we get really first class equipment, and don't have to make-shift. In our UNRRA request we asked for a complete Fenwall set-up or the equivalent, including stills, filters, glassware, connections, everything we might possibly need. We have no idea if we will get it, for it is an extra item not included in their lists. I know Dr. Scudder and am greatly pleased that she is working with him. Some time if she has a chance she might drop up to the New Haven Hospital and see how they do things there. I always thought their set-up did remarkably good work. Especially their solution room where all sets were cleaned, inspected, and repacked. It was a pleasure to use their needles - every one just like new due to the good care it received. I surely hope we can have something like it, and I see no reason why we can not. Tell her for me that I'm delighted.

As for the blood bank, I hope she can include that in her purvue and get all the necessary experience and data. We should definitely have a blood bank, and again, I see no reason why not. With a large staff and lots of students, we can make our initial deposits and fill in the occasional rare groups where shortages may exist, while after we are started and get the cooperation we need, we should be able to keep up the supply by using the relatives of patients. I appreciate the fact that we will have some trouble getting blood from Chinese, but we'll never get it unless we put on the pressure, and I'm all for it. You can bank on my complete cooperation. These two points, solutions and blood, have been my chief headache out here this past year and a half, and I confess I've made practically no progress, largely because of the fact that I have no authority and can merely advise, and also because of the all pervading lethargy existing here. So I am very glad of the hopeful outlook for us.

Personally, I feel the same about a competent engineer, and think he should come from the States. I understand that Mr. Dean is very good, but will have to return because of ill health. It may not be possible to get one competent man for each institution, but it might be possible to get one for the associated universities. Dr. Fenn is returning to the States early in February and should be of great assistance to you and the rest in coming to conclusions. I regard his opinion most highly and hope his ideas are more widely adopted by the Boards.

I wonder if you have seen Dr. Jean A. Curran of the Long Island Medical College? The faculty has heard of the probability that the American Board will give us three men, and Dr. Curran was formerly in China under that Board. He has since had considerable experience in medical administration and has been on AMA Medical Education committees. We thought he might be persuaded to return to China as our

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Dean and have approached him officially in this regard. We should be very glad if you have any chance to see him and help us in our campaign.

We personally are looking forward to having you in our midst after we all get to T'sinan, not only on general principles, but for professional reasons. We have been having quite a little trouble with Douglas, our #2 son, who has had recurrent bouts of fever for the past 7 months. Four of us including Dr. Struthers have looked him over at various times, with no diagnoses or treatment forthcoming. His mother is particularly distressed by this, and I am too, and I know the presence of yourself will be very reasurring.

If you have occasion to see Dr. Phil Price and put pressure on him to return, I will appreciate it. Also Dr. James Young, Dr. Ran Shields, Jr., and Dr. William Cochrane. We are counting heavily on all of these, and have sent official requests to all. A recent letter about Dr. Cochrane says no requests have been received. I can't understand this. He was written to several times, including last June 24th by me. We have had no answers. I hope you can contact all of these folks and bring your weight to bear toward getting them to us. I realize all these are surgical people, but one strong department encourages others, so we want the best we can get in every department. There is nothing more stimulating and rewarding than a group of alert colleagues. And getting them will help us get others.

With very best wishes. We look forward to seeing you in T'sinan.

Sincerely,

Paul J. Laube.

P.S. Thank you for your Christmas card. It is now on the main bulletin board of the hospital. Later will put it on the Cheeloo bulletin board. P.L.

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Personnel

Hospital Superintendent: Dr. Ronald J. Still.

Attending Professional Staff:

General Medicine:	Dr. E.B.Struthers
	Dr. L.C.Lin
	Dr. M.M.Liu
	Dr. MacTavish
General Surgery	Dr. P.J.Laube
Pediatrics	Dr. A.V.Scott
Dermatology:	Dr. L.M.Yeh
Ophthalmology and Otorrhinolaryngology	Dr. H.C.Sun
Obstetrics and Gynaecology	Dr. Ronald J. Still

Resident Staff:

Senior Residents in Surgery:	Dr. S.C.Chao x
	Dr. F.L.Liu
Assistant Resident in Surgery:	Dr. C.L.Cheng x
Senior Resident in Medicine:	Dr. H.F.Yang
Assistant Residents in Medicine	Dr. E.T.Kao
	Dr. S.Fan
Assistant Residents in Pediat.	Dr. P.A.Lee
	Dr. W.L.Yu
Senior Resident in Oph. & Oto.	Dr. C.Tien x
Assistant Resident in Op. & Ot.	Dr. M.Sung

Nursing Staff:

Miss E.S.A.Wheal, Director of Nursing Service
Miss Rosa Bell
Miss Martha Wylie x
Miss Winifred Sanderson x
Miss E. Florence Evans x
Miss Helen Turner
Miss R. Danner
Miss M.P.Moline x

Chinese Graduate Nurses:

Miss Liu Su Chin	Mr. Sun Yao Tung
Miss Chi Hsiu Jung	Mr. Kao Tsung Chien
Miss Weng Ai Jung	Mr. Han P'eng Shih
Miss Chang Wen Lu	Mr. Tien Hsiu Chai
Miss Ch'u Hsin Ch'i	Mr. Ku Chung Hsing
Miss Liu Mei Li	Mr. Lu An Yi
Miss Nieh Yu Yao	Mr. Chu Wu Yuan
Miss Pan Hsiu Yun	
Miss Yang Yu O	

Miss Ma Yu Ying
Miss Chang Mei Hwa
Miss Fu Lien Hsiu
Miss Ho Hsiu Ch'ing
Miss Li Yueh Liang

Hospital Diplome but not N.A.C.

Superintendent's Secretary: Mrs. A.E.Clayton

Pharmacy Staff: Mr. Shih Ch'ing-yuan
Mr. Wang Pao-kuang

Social Service: Miss Hazel H. Myers x

Laboratory Service: Mr. Yu Fu Hsin

Evangelist: Mrs. Li Pei-chiang

X-Ray Technician: Mr. Li Hung-en

Business and Administration Staff:

Business Manager:	Mr. Chang Jen Shen
Kitchen Manager	Mr. Li Hsiang Fu
Admitting Officer:	Miss Chang Yu Ying
Registration and Rec.	Mr. Chao Hsi Ching
Cashier	Miss Chin

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REPORT OF THE SUPERINTENDENT.
July 1st - December 31st, 1947.

Personnel

Hospital Superintendent: Dr. Ronald J. Still.

Attending Professional Staff:

General Medicine:	Dr. E.B.Struthers
	Dr. L.C.Lin
	Dr. M.M.Liu
	Dr. MacTavish
General Surgery	Dr. P.J.Laube
Pediatrics	Dr. A.V.Scott
Dermatology:	Dr. L.M.Yeh
Ophthalmology and Otorrhinolaryngology	Dr. H.C.Sun
Obstetrics and Gynaecology	Dr. Ronald J. Still

Resdient Staff:

Senior Residents in Surgery:	Dr. S.C.Chao x
	Dr. F.L.Liu
Assistant Resident in Surgery:	Dr. C.L.Chang x
Senior Resident in Medicine:	Dr. H.F.Yang
Assistant Residents in Medicine	Dr. E.T.Kao
	Dr. S.Fan
Assistant Residents in Pediat.	Dr. P.A.Lee
	Dr. W.L.Yu
Senior Resident in Oph. & Oto.	Dr. C.Tien x
Assistant Resident in Op. & Ot.	Dr. M.Sung

Nursing Staff:

Miss E.S.A.Wheal, Director of Nursing Service
Miss Rosa Bell
Miss Martha Wylie x
Miss Winifred Sanderson x
Miss E. Florence Evans x
Miss Helen Turner
Miss R. Danner
Miss M.P.Moline x

Chinese Graduate Nurses:

Miss Liu Su Chin	Mr. Sun Yao Tung
Miss Chi Hsiu Jung	Mr. Kao Tsung Chien
Miss Wang Ai Jung	Mr. Han P'eng Shih
Miss Chang Wen Lu	Mr. Tien Hsiu Chai
Miss Ch'u Hsin Ch'i	Mr. Ku Chung Hsing
Miss Liu Mei Li	Mr. Lu An Yi
Miss Nieh Yu Yao	Mr. Chu Wu Yuan
Miss Pan Hsiu Yun	
Miss Yang Yu O	

Miss Ma Yu Ying
Miss Chang Mei Hwa
Miss Fu Lien Hsiu
Miss Ho Hsiu Ch'ing
Miss Li Yueh Liang
} Hospital Diplome but not N.A.C.

Superintendent's Secretary: Mrs. A.E.Clayton

Pharmacy Staff: Mr. Shih Ch'ing-yuan
Mr. Wang Pao-kuang

Social Service: Miss Hazel H. Myers x

Laboratory Service: Mr. Yu Fu Hsin

Evangelist: Mrs. Li Pei-chiang

X-Ray Technician: Mr. Li Hung-en

Business and Administration Staff:

Business Manager:	Mr. Chang Jen Shen
Kitchen Manager	Mr. Li Hsiang Fu
Admitting Officer:	Miss Chang Yu Ying
Registration and Rec.	Mr. Chao Hsi Ching
Cashier	Miss Chin

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Voluntary Part-time Assistants:

Evangelism: Mrs. T.W.Allen
Pediatrics: Mrs. H.P.Lair

x Absent during part of the period under review.

There have been several welcome additions to our Staff during the last six months. Dr. MacTavish is welcomed back to the Medical Department, where she has worked with much energy and enthusiasm in the Student Health Clinic and in charge of the Fluoroscopy unit. We also welcome Dr. M.C.Liu, who is giving valuable part-time service in the newly formed Neurological Clinic. The valuable services that Miss Wylie, Miss Sanderson, Miss Turner and Miss Evans are giving are referred to in the report of the Director of Nursing Services. We are much indebted to them all for a very great contribution to the work of the hospital. We are grateful to Miss Moline, of the S.P.G., for the help she gave in the Surgical Out-Patient Department in a very conscientious and unobstrusive way, during the months in which she worked here while unable to return to her own hospital in Pingyin. We regret that the Surgical Resident, Dr. Chao, the Assistant Resident in Surgery, Dr. Chang, and the Resident in Otorrhinolaryngology, Dr. Tien, have found it necessary to leave.

We are glad also to welcome back Mrs. Lee as Woman evangelist. She and Mrs. Allen have given much time to work among patients in the Women's Wards. and sh we hope that it will be possible to extend the scope of their work during the coming year

In the short time since her return, Miss Myers has already made a very useful contribution by re-establishing the Social Service Department. In the difficult period following the winding-up of CNRRA relief, Miss Myers' understanding and help have been appreciated by both patient and hospital.

Mrs. Clayton has generously given her time as Superintendent's Secretary, and in the checking and listing of supplies. With the continued arrival of considerable quantities of much valuable equipment and expendables from CNRRA and the U.B.C.C.C., and other sources, this has been an important and time-consuming task. We are indebted to Dr. Struthers' tireless efforts and peristent advocacy of our Hospital's claims, as well as to the valued co-operation of Cheeloo alumni in Shanghai and Tsingtao, in seeing that the Hospital received its due share in the allocation of CNRRA supplies.

BUILDINGS:

In the previous report, the expectation was expressed that the five wards in the old Hospital building which still remained un-used on June 30th would soon be available for use. This expectation has only partly been fulfilled, only one of these wars so far having been re-occupied. The Obstetrics servuce has returned to its old home on the top floor of the old building. and the third floor East ward thus vacated has been re-opened for Gynaecological patients.

The following wards are now open:-

	2nd floor South:	Men's Surgical
	2nd floor East:	Men's Medical
	2nd floor North:	Second class private rooms
	3rd floor South:	Women's Medical and Surgical
	3rd floor East:	Gynaecological
	3rd floor West:	1st Class private rooms
	4th floor South:	Pediatric
	4th floor East:	Children's Surgical
	4th floor North:	Second class private rooms
Old Hospital	3rd floor	Obstetrics

123 beds are available for use at the time of writing.

It has been a source of disappointment that it has not been possible so far to open additional wards. The reason for this failure has been, not lack of supplies or equipment, but shortage

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of trained personnel, and the impossibility of giving adequate nursing care to seriously ill patients with insufficiently trained nursing Aides

The Pediatric Out-Patient Clinic now occupies the North-West pavilion on the upper floor of the Out-Patient building and the Ear, Nose and Throat Department has moved to the space so vacated.

The social Service Department has now been re-opened and has been allocated space next to the Admission Office, on the ground floor corridor, opposite the Clinical Demonstration room.

The Blood Bank, Solutions Room, Sterilisation room and Central Surgical Supply have now been correlated under the supervision of Miss Evans and occupy a five-room suite on the ground floor, beneath the Operating room.

The increase in Hospital Departments, exemplified by the Blood Bank and Radiotherapy Departments, equipment for which has just been received, makes corresponding demands on our space, and the hospital develppment is now rapidly approaching a state when further expansion will not be possible unless further building available.

REPORT OF MEDICAL SERVICE.

Both In-patients and Out-patients have been constantly increasing in number especially from June 1947 on. We have had a Men's Ward consisting of 11 beds and a Women's Ward consisting of about 7 beds. Besides, there are 10 special wards which have been used by other Departments with us in common. The beds were always full and there were always 4 to 7 patients waiting for beds. Until December 1947, near the New Year, patients decreased in number and there are now 1 or 2 empty beds. Althgether there have been 156 In-patients admitted. Average length of patients stay in Hospital 29 days.

There have been 13 deaths. The diseases of patients are as follows:

Disease	Mitral Stenosis	Pulm T.B.	Diabetis Mellitus	Cancer of Esophagus	Tuberculous Peritonitis	Cirrhosis of Liver
No. of Patients	8	22	4	3	4	7

Disease	Nuerosis	Taenia Saginata	Chronic Cholecy-stitis	Peptic Ulcer	Septicemia	Chronic Colitis
No. of Patients	9	2	1	7	2	3

Disease	Latent Syphilis	Abscess Lung	Scabies	A.P.T.	Aortic Regurgitation	Angina Pectoris
No. of Patients	6	1	4	5	2	2

Disease	Intestinal Ascaris	Cancer of Stomach	Heart Failure	Syphilitic Meningitis	Kala Azar
No. of Patients	3	2	8	1	5

Disease	Chronic Bronchitis	Hypertension	Toxic Jaundice with purpura	Tertian Malaria
No. of Patients	1	2	1	5

Disease	Anuria	Tuberculous Adenitis	Hemiplegia	Subacute Bacterial Endocarditis
No. of Patients	1	1	1	3

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Disease	Relapsing Fever	Amebic Dysentery	Stricture of Rectum	Tuberculosis Meningitis
No. of Patients Patients	1	3	1	2

Disease	T.B. Intestine	Atypical Pneumonia	Opium Addiction	Pyelitis	Hookworm
No. of Patients	2	1	2	1	1

Disease	Mitral Regurgitation	Epidemic Meningitis	Typhoid Fever	Bacillary Dysentery	U. R. I.
No. of P Patients	1	4	5	7	4

Disease	Gastro-Enteritis	Nutritional Edema	Cancer of Liver	Suicide (Swallowing Gold Ring)	Pleural Effusion
No. of Patients	5	2	1	1	6

of these % of death 8 plus % % of cure - 30% %of much improved 50%
% of no improvement 10 plus % % of slight improvement 2 plus %

Out-Patients:

Usually there are 4 doctors attending the Out-patient Department daily from 9 a.m. - 12 noon or 1 p.m. and sometimes even to 2 p.m. On account of limited number of beds and poor financial conditions of patients, most of the diseases were treated in the O.P.D., such as Kala Azar, Peptic Ulcer, Amebic and Bacillary dysentery, Amebic hepatitis, heart failure, Arthritis, gastro enteritis and tuberculous, so our O.P.D., really has been running a very active service.

New Out-Patients from June - December 1947 ---- 2997
Return Visit Patient June - December 1947 ---- 5112
This total number is 24.9% of the Total O.P.D. (32438)

Besides, the Medical Department assisted in the Physical Examination: last Winter for about 200 Students of the University and also this Spring (1947) for about 100 Students and more than 100 of the Faculty. This Autumn we also did Physical Examinations for about 200 University Students.

In addition to the above, we have an Anti-syphlitic Clinic which consists of 20 - 30 patients coming regularly; Artificial Pneumothorax Clinic every week; because there was no electricity available for fluoroscopy or film to check up the results of A.P.T., our A.P.T. patients were limited to those already under treatment. Since November, electricity has been available for fluoroscopies. Starting from September, 1947, Dr. M.C.Liu has come to our Neuropsychiatric Clinic every Monday afternoon. The patients have been gradually increasing in number.

New Clinics which we propose to establish this Spring are T.B., Clinic; Diabetic Clinic; and Cardiac Clinic.

DEPARTMENT OF SURGERY.

Semi-annual Report - July 1 to December 31, 1947

EQUIPMENT On first re-opening the department in October 1946 we were fortunate in having presented to us by the Canadian Red Cross Society an invaluable "Operating Theatre Unit" which included operating table, cabinets, instruments, linen ware, enamel ware, lights etc. This was a basic set of highest quality and complete for routine purposes. Added to this we had a goodly number of items left over from pre-war days and kindly saved for us by the Municipal Hospital staff. Thees These were again placed in use. During the past 6 months additional basic supplies have arrived from several sources including the Presbyterian and Methodist War Surplus Supplies Depot in Shanghai, and UNRRA-CNRRA. Instruments are now present in adequate

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quantities except for certain special requirements in E.N.T. Gynaecology, Eye, and a few General Surgery needs. Linen goods, surgical needles and surgical silk remain as urgent needs.

Beds - The service grew slightly from 24 bed capacity to 36 bed capacity. These beds are insufficient to meet the demands. The total Hospital surgical of approximately 80 should be (bed capacity) reached as soon as possible. The reason for being unable to do so will appear shortly.

RESIDENT STAFF - In October 1946 we started with a resident staff of 7. This was admittedly too large a group for a small general surgical service, although it would no have been too large had we had orthopedics and urology services functioning. Neither would it have been too large if we had had a pathology department and a bacteriology department, all of which were and still are defunct. Of those 7. one dropped out due to illness, one finished his five year surgical residency and left July 1, 1947, and one is still on the staff carring on. The other 4 all departed not to return. Why? There may be several reasons, including dissatisfation with the quantity and quality of surgical opportunities here, impatience with a prolonged type of training, but paramount in the considerations as put forth by the departed were dissatisfaction with the small salary and the general atomosphere of the hospital. A senior resident surgeon, in his fifth year of training after his internship, received as of November 1947 between US$5 and $10, depending on how one calculates the exchange rate, plus board, room and laundry. This is of course grossly inadequate and makes it difficult to retain the services of these men. It likewise robs the medical profession of fully qualified surgeons by driving them out into more remunerative positions before they have completed their training. It seriously interferes also with undergraduate instruction, for the senior staff must assume an increased number of petty responsibilities at the sacrifice of the teaching function, because of the shortage of skilled help on the service.

NURSING SERVICE - This is the crux of the question as regards limited bed capacity. It is probably correct to say that the entire hospital could be re-opened its full 248 bed capacity if sufficient nurses were available. It might appear on paper that with 8 well qualified Western nurses here we should be able to solve the nursing problem. This does not seem to be the case for a variety of reasons. The surgical service has been greatly helped by the arrival during the past 6 months of Miss Helen Turner of the United Church of Canada Mission who is Operating Room Nurse; Miss Sanderson of the English Methodist Mission who supervises Children's Surgery nursing; and Miss Martha Wylie of the American Presbyterian Mission North sho supervises the private patient's unit.

PATIENTS - The O.P.D., sees about 40 to 100 patients daily. In the absence of special urology and orthopedics O.P.D's., the latter types of patients are included. While the majority of patients are return patients coming for various type of dressings, many are new and interesting patients. A tendency for unusual conditions to occur in groups has been noted. While patients who survive a strangulated inguinal hernia which has been untreated are supposedly few, we saw two in one week, and subsequently operated on them to correct the fistulae which had developed. While no traumatic aneurysms were seen for many months, two came in one day recently. The O.P.D., attempts to serve two functions: (1) to see and treat the many patients; and (2) to serve as a teaching focus for students and junior staff members.

The In-patient service is kept as active as possible by avoiding admitting of chronic cases; and by practicing early ambulation on suitable cases. Most of our patients get out of bed the day after operation - whether it be gastrectomy or radical mastectomy - and begin walking. We are thoroughly convinced of the benefits of this regimen.

OPERATIONS - The usual run of appendectomies, herniorrhaphies, debridements, amputations, etc., are present, plus thyroidectomies, gastrectomies for prevalent peptic ulcer with pyloric obstruction, radical mastectomies, an occasional sympathectomy for post-traumatic

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dystrophy; an occasional abdominal-perineal resection etc. This six-month period marked the first attempted resection of esophageal carcinoma with esophago-gastrostomy. This was done by the thoraco-abdominal approach, with home-made endotracheal anesthesia, and was successful in that the patient made an uneventful convalescene. Distant metastases existed, however. This diseases is very prevalent and serious efforts must be made to attack it surgically. A trained anesthesiologist would be an asset. Every effort is made to turn over the bulk of the operating to the house staff.

BLOOD BANK AND SOLUTION ROOM - Modern fenwal equipment fortunately was purchased by the United Board for Christian Colleges in China, and arrived during the past 6 months. It is currently being set-up by Miss E. Florence Evans. Everyone is looking forward to the day when this will solve our transfusion problem and will put an end to the occasional avoidable death we now experience due to delayed treatment of shock.

PROGRAM - Dr. Chao Ch'ang-lin, head of the department of surgery, is currently at the New York Orthopedic Hospital taking advanced work in his specialty orthopedics. We expect him back during this current year. Dr. Arthur Bryson of the London Mission Society is also an orthopedic surgeon and is due in China in February, 1948. Dr. Y.Y.Liu urologist, is taking advanced work in Boston and we expect him back within a year. Dr. James L.R.Young of the American Presbyterian Mission North is due to take charge of the Tumour Clinic and tumour management in general, being both a surgeon and therapeutic roentgenologist. Dr. Boardman Wang is with Dr. E.A.Rovenstine in the department of anesthesiology, Bellevue Hospital, New York, and we hope he will return to head this work within a year or so. It would thus appear that the department will be well staffed and should be able to expend indefinitely. A highly qualified surgeon is a desirable addition to this (thoracic) roster, but none is in sight. The definite assignment of Dr. Lelle Iverson, Certified by the American Board of Pathology, of the Prebyterian Mission South, will add materially to the quality of our surgical work. Dr. Iverson is due in March, 1948.

The only impediment to progress remains the inadequate nursing service, Until the nursing staff received adequate re-inforcements, the above personnel can not hope to render their full quota of service to the Hospital, the University, the Community and Christian Missions.

When such re-inforcements are at hand, the present available facilities in terms of buildings can rapidly be utilized to full capacity. It will then become apparent that much more hospital space is required. With two highly qualified orthopedic surgeons, for example, a special orthopedic hospital or wing will be needed. A tuberculosis sanitorium of 200 beds, with accommodations for the care of pulmonary tuberculosis patients requiring adjuvant surgical therapy, will then be an essential too. A respectable surgical research laboratory with adequate housing, staff, equipment is another addition which should be planned for and labored for at this stage. Only when these things become realities may we begin to hope that we are adequately representing Christian higher education and the mission spirit. At present, it must be regretfully admitted that we are falling far short of the goal of our high calling.

(Signed) Paul J. Laube, M.D.

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PEDIATRICS.

We returned to find our Children's Ward and Clinic an empty shell. Clinic was reconstructed first and we were able to start seeing patients on 1st September 1946. Our efficient Clinic Clerk returned when we opened and tool up where he left off, in January 1942. As former mothers and children returned, he was often heard to remark "This patient belonged to our Tuberculosis Clinic." "That little boy was in hospital with pneumonia." All our previous records had been destroyed by the Japanese, and it was good to have this living record of our old friends. Three months later, we admitted our first patients to the children's wards. Our professional staff gradually assembled. It was a year after opening the wards before we had fully staffed nursing care for the Pediatric wards. It has been a long, tedious job to organise a nursing unit from graduates from many schools, together with nurse aides.

Malnutrition, lack of proper clothing and diseases resulting from poor hygiene were evident in the majority of our former friends returning to clinic. Muscles were small and subcutaneous fat scanty. As Winter came on, we seldom saw the warm wool garments of pre-war days. Few children had enough clothing to allow for changes necessary for cleanliness. Scabies is very prevalent where, before 1937, we saw only a few cases each year. Since returning, we s have seen many cases of Vitamin A deficiency, resulting in total blindness, and signs of Vitamin B deficiency are frequently seen in our patients thses days. Before 1937, pork was the meat which almost everyone ate daily. Today, its cost is beyond the reach of the man of average means in Tsinan. When parents are unable to feed and clothe their well children, they find it even more difficult to care for them when sick. Even millet cereal is beyond the reach of many of our clinic families. Many parents feel unable to afford an egg daily and only the rare patient is given milk after being weaned from his mother's breast. At present we have plans for resuming Mothers Club training in child care. We expect this training to be helpful in assisting mothers to use to the best advantage what they can afford.

Very little has been done since 1941 to inoculate Tsinan children against diphtheria. When clinic opened, we found parents eager to avail themselves of the opportunity to have their children inoculated against diphtheria, pertussis, smallpox, typhoid and typhus. These prophylactic measures are offered daily in our clinic. Last Winter meningococcic meningitis was prevalent and pertussis was the prevailing contagious disease among children seen in our clinic.

Well Baby Clinic sees infants each week. We feel it is here that we are doing most to train mothers and medical students in the care of children. Tuberculin test is done routinely in clinic and those positive are referred to our weekly Children's Clinic which follows these patients, to investigate the child's home and attempts to secure for the child an environment free of tuberculosis spreaders and with food and hygiene which will enable children to overcome their tuberculous infection. We are told that there is much active pulmonary tuberculosis in Tsinan homes and we are seeing advanced active tuberculosis in our patients more frequently than during the five years preceding 1937. As our clinic tuberculin tests are compiled, we shall know if the incidence of tuberculous infection is increasing.

(Signed) A.V. Scott.

SOCIAL SERVICE DEPARTMENT. - In November 1947, on the return of the American Social Worker the Department began to function in a small way after being closed since January 1942. During that time, however, two former members of the Department have given valuable service in the re-opening of the hospital, one as the present admitting officer and the other as assistant to the Superintendent in the re-organization.

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In the past two months the worker has given her time almost entirely to relief work, there having been patients whose treatment was started under CNRRA, who were left without any financial resources when that Agency closed. Our resources for that work are scant, being mostly "The Hospital Samaritan Fund" built chiefly from Church service collections. A next step is to make this a more regular and permanent fund of the Community.

As in most situations to-day it is natural that economic problems loom large and we shall have to continue on with them in connection with patients as we do with other people because they are especially difficult in illness. However, it is our plan to find another worker for the Department that we may deal with the patients in all their social relationships, whether to hospital, family or community in their process of becoming well.

(Signed) Hazel H. Myers.

REPORT OF OBSTETRICS AND GYNAECOLOGICAL SERVICE.

In the Obstretics Department there have been 125 deliveries. 76% of the mothers delivered in hospital have been "booked" cases who have preciously attended our Ante-natal Clinic, the remainder being admitted in labour without previous examination. In this series there were 2 maternal deaths, 1 from post-Partum haemorrhage, and 1 from eclamptic convulsions, both occuring in emergency cases.

There has been a suffifient proportion of abnormal cases to provide adequate clinical experience for medical students, including examples of Breach Presentations, Twin pregnancies, Transverse presentations, Impacted Shoulder presentations, Face presentations, Contracted Pelvis, Caesarean section, Retroverted gravid uterus, Puerperal peritonitis, Hydramnion and toxaemia of Pregnancy.

In the Gynaecological Department, a large proportion of the Out-Patient attendances has been made up of cases of Sterility and Chronic Cervicitis and a special clinic has been opened to deal with these cases. A Rubin's Test apparatus has been constructed and put into use. Friedman's test has been employed in the diagnosis of pregnancy. The majority of our cases of cancer of the cervix are already inoperable at the time of the patient's first visit, but one case has been treated by Wertheim's hysterectomy. Other cases have included Fibroid tumours of the uterus, cervical myomas, ovarian and parovarian cysts, Torsion of the pedicle of ovarian cysts, and pelvic abscess and pelvic peritonitis. There have been no deaths in this service during the period under review.

REPORT OF DIRECTOR OF NURSING SERVICE - There have been many problems and difficulties to overcome in the effort to rebuild the Nursing Service of the Hospital. One of the greatest of these problems has been leek the lack of qualified afficient nurses, and the useful classes of probationers able to take varying grades of responsibility treatments and nursing care. Owing to conditions during the war years, many nurses have been unable to complete their training, or obtain good experience, such as would fit them for organizing or administrative positions. There have been no nursing school to give the necessary nursing education to probationers. Of our former Shantung graduates, most have either married or have gone to more settled localities, hence the difficulty in securing sufficient for our needs. Few are willing to come into and an area which is so menaced by the Communists and where the future seems so insecure and gloomy. To meet the difficulty caused by lack of probationers, a group of nurse aides was taken on and a short course of instruction was given. Their duties and abilities were very limited and their number insufficient to cope with increasing needs, so a further class was taken on, and a more general nursing course was undertaken, with the aim of making them mor useful to the hospital in its present situation, and of eventually transferring them to registered training schools when the opportunity comes. There are now 44 of these girls and the calibre of morale of past student nurses and much wisdom, patience and determination is needed in dealing with them.

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Nursing in the hospital departments had improved somewhat though it is still far from satisfactory. Two new 10 bed wards have been opened during the year, and some departments developed and expanded. It is hoped that in the not too distant future, work can be further extended, but a great deal depends on the securing of adequate nursing staff. The lack of running water and the condition in which the Japanese left the sanitary and plumbing systems have made it difficult to keep the hospital even clean. But cleaning work has been improved somewhat during the months, and smells are less unpleasant. Work people are beginning to shew a little more interest and enthusiasm in their tasks and we hope that eventually this part of our work will be improved.

We have been gladdened and cheered by the addition of several Western Nurses to the Nursing staff, eventhough some are only loaned until they can return to their former work. Miss Wylie has very efficiently taken charge of the newly opened Gynaecological Ward and of the Private Rooms. Miss Sanderson has supplied a great need by taking charge of the Pediatric Wards and Miss Turner has endeared herself to all in the Operating Room, which shews marked improvement since her arrival.

These all are a very welcome addition to our staff and their value is seen in the improvements in the departments in which they work.

Miss Bell has had a terrific task with the Surgical Supplies and Linen Room, which together with the receiving, sorting and giving out of supplies from UNRRA; CNRRA etc. has been a big strain. But has somehow managed to supply the needs of hospital departments.

Miss Evans is in the process of preparing to take over the Surgical Supplies, and to set up her Blood Bank and Solutions department. This should eventually be a help to the surgical side of our work and make for greater dfficiency. The Nursing Service of the Hospital still leaves much to be desired, but with patience and perserverance and hard work, we hope to accomplish much during the coming year, though this will depend on the securing of efficient trained personnel.

There is a great need for competent and able administraters or supervisors. We still have no night supervisor and no one at present to take this important position. Yet this is essential if we are to give satisfactory care to our patients during the night.

The College Nursing Course, has not yet been able to supply us with any help in ordinary ward work, and it is still indefinite as to when and in what measure this help will be available.

What the prospects really are for a satisfactory Nursing Service it is difficult to say. There has been a general lowering of morale during the war years and there is to a great extent a lack of ambition, and a sense of futility among both nurses and student nurses.

One is tempted at times to feel hopeless too, but we must still go on trying to inspire in them a sense of vocation and Christian service, remembering that though the future looks threatening and gloomy, yet we remember the motto of the N.A.C. "With God nothing is impossible."

(signed) A. Wheal.

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REPORT OF X-RAY DEPARTMENT:
July - December 1947.

No. of film examinations	522
No. of fluoroscopic examinations	511
Total :-	1033

REPORT OF DISPENSARY:
July - December 1947.

Out-Patient Prescriptions dispensed:	16,264
In-Patient Prescriptions dispensed:	5,214
Total;-	21,478

Out-Patient Attendances 1947

Service		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Med.	First	262	402	423	632	882	563	572	545	382	393	267	275	5298
	Return	362	535	681	859	927	688	822	827	699	715	662	599	8376
Skin	First				186	217	185	247	273	187	152	143	133	1723
	Return				78	202	246	270	310	268	253	211	191	2029
Ped.	First	115	156	272	265	182	167	227	286	269	270	150	100	2657
	Return	215	271	346	564	440	389	482	476	584	514	330	277	4852
Surg.	First	317	420	510	401	394	289	343	381	281	276	252	253	4117
	Return	675	989	1396	1238	1500	1237	1722	1729	1472	1396	1214	986	15553
Eye	First	68	103	162	171	175	126	164	162	114	118	104	93	1560
	Return	68	111	139	159	134	112	105	170	89	137	134	96	1454
ENT.	First	58	99	118	125	128	101	125	129	103	106	97	71	1260
	Return	46	55	102	121	105	85	94	138	128	148	132	108	1262
Gyn.	First	12	25	58	58	29	63	79	76	58	70	42	43	613
	Return	17	25	80	119	34	42	87	87	78	69	67	59	764
Obs.	First	13	18	44	48	45	53	53	71	44	70	35	46	540
	Return	7	17	42	54	51	44	68	69	54	88	58	92	634
TOTAL		2233	3226	4372	5278	5145	4390	5480	5722	4774	4765	3898	3422	52692

In-Patient Admissions.

Month	Patients Admitted
January 1947	27
February	47
March	81
April	107
May	110
June	110
July	144
August	132
September	126
October	119
November	112
December	120
Total:-	1336

Respectfully submitted

16th January, 1948.

(Signed) Ronald J. Still
Superintendent.

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Eye First	68	103	162	171	175	126	164	162	114	118	104	93	1560
Return	68	111	139	159	134	112	105	170	89	137	134	96	1454
ENT. First	58	99	118	125	128	101	125	129	103	106	97	71	1260
Return	46	55	102	121	105	85	94	138	128	148	132	108	1262
Gyn. First	12	25	58	58	29	63	79	76	58	70	42	43	613
Return	17	25	80	119	34	42	87	87	78	69	67	59	764
Obs. First	13	18	44	48	45	53	53	71	44	70	35	46	540
Return	7	17	42	54	51	44	68	69	54	88	58	92	634
TOTAL	2233	3226	4372	5278	5145	4390	5480	5722	4774	4765	3898	3422	52692

In-Patient Admissions.

Month	Patients Admitted
January 1947	27
February	47
March	81
April	107
May	110
June	110
July	144
August	132
September	126
October	119
November	112
December	120
Total:-	1235

Respectfully submitted

16th January, 1948.

(Signed) Ronald J. Still
Superintendent.

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