

THE CHINESE: THEIR PRESENT AND FUTURE

# DISEASES PREVALENT IN CHINA

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**THE CHINESE,**  
**THEIR PRESENT AND FUTURE: MEDICAL,**  
**POLITICAL, AND SOCIAL.**

BY

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**CHAPTER VIII. ---- DISEASES PREVALENT IN CHINA**  
**PAGES --- 131 - 154**

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## CHAPTER VIII.

### DISEASES PREVALENT IN CHINA.

ANY one reading the hospital and dispensary reports from all over China, will be at once struck by the unanimity with which all observers class diseases of alimentation as the most frequently met with. Dyspepsia of various forms takes precedence in all these reports. Why is this so? The people are an active race (that is, the male portion of the community; for, in the North, where foot-binding is universal, the females are unable to take much exercise on their deformed little feet), and we are told digestion depends to considerable extent upon proper exercise. But it also depends upon the ingestion of properly cooked, nutritious food, that is easily assimilated. Now, the diet of the majority in the North is anything else.

The upper class can obtain whatever they desire, and usually live well. The middle class can enjoy a sufficiency of proper food, of a digestible nature, also; but by far the largest class of China is the laboring class, who barely earn enough to secure food of the coarsest description, containing so little aliment that a large quantity has to be ingested to support life. This results in dilatation of the stomach and thinning of its walls, with consequent impairment of its function. Millet and " kao liang " (the berry of the broom-corn) are the two chief articles of food, with cabbage, beans, radishes, and cucumbers to help out. Meat is too expensive and can only be indulged in on rare occasions, and even then very sparingly, for a pound of pork at nine cents

is equivalent to two days' pay of many of the coolies. Then, too, what miserable food they can obtain is hastily cooked, because fuel is so expensive that to properly cook the food would make it too dear; therefore, it is put in the pot, slightly boiled, and then ingested. The infant mortality in China, due to improper feeding, were it known, would astonish the world. This applies to all classes, for the better-off portion of the population lose as many of their offspring from injudicious, improper feeding as the poorer do because of necessity their diet is improper.

Another factor in the production of this class of diseases is the contamination of the water-supply. No attention is paid to hygiene. In a country where the soil is as porous as a sieve, a manure-deposit will be right alongside of a well where the water is but eight or ten feet from the surface, and where the water, on being slightly warmed or stale, emits an odor decidedly faecal. The Chinese know nothing of the germ-theory of disease, but they know by experience that no water but boiling water is safe to drink. They will look with horror at a foreigner drinking a glass of cold water, and, after having several severe illnesses in my own family from drinking what I considered ordinarily pure water, I

have adopted the plan of drinking nothing but boiled water, tea, and coffee.

The climate, too, has its influence. The country, as far as explored, has proved malarious, and malaria is a certain agent to derange the digestive system. Thus, we find that the great prevalence of dyspeptic troubles may be said to be due to three principal causes: improper and badly cooked food, vitiated water, and malarial climate.

[p. 133]

Next in frequency to diseases of the alimentary tract are eye troubles. Conjunctivitis, entropion, cataract, keratitis, pannus, granular lids, and trichiases abound. Ulcers of the cornea, with perforation and staphyloma, are very common; many an eye being lost that, by judicious treatment, could have been saved. Near-sighted people are frequently met with, and the sale of eye-glasses in the future will be a paying business to some enterprising optician.

Pterygium is very frequent, often double, and sometimes triple in both eyes. Glaucoma is very infrequent. Diseases of the kidneys are quite common, but, as postmortem examinations are, so far, impossible, we cannot say the special form of degeneration. Chronic nephritis coming on gradually is what we meet with usually, having albuminuria, tube-casts, and dropsy as the prominent symptoms. As it is impossible, in most cases, owing to poverty, to place patients upon a proper diet, the progress of the case is downward. Diabetes is occasionally seen. Diseases of the lungs vary very much with location. Along the coast in the North they are frequent, especially asthma and chronic bronchitis. Also in low, damp regions in the interior; but in some counties in the interior, especially around Wei Hsien, serious lung troubles are scarcely heard of. I have seen a few cases of rapid pulmonary tuberculosis in which the patients, who had previously been in good health, would have a haemorrhage, usually not severe, followed by high fever, rapid emaciation, and death in from one to two months, before any marled destruction of lung-tissue had taken place. These cases are hopeless from the start. I have tried numerous remedies without the slightest effect in arresting the disease. Men and women seem to be equally

[p. 134]

affected. In women there is a suppression of menstruation previous to appearance of the hemorrhage.

Pleurisy occurs frequently, especially during the spring, along the coast-line, but is uncommon in the interior. There is a disease of the spleen characterized by gradual enlargement and hardening of that organ, attended at first by no symptoms other than the increase in size of the abdomen, but gradually the face becomes pale, then the mucous membranes lose all color, the child (for usually it is children who are affected) emaciates, becomes feverish in the evening, and finally dies, either in convulsions or by heart-failure. The blood, on examination by microscope, shows excessive development of white corpuscles and decrease, amounting in some cases to almost absence, of red corpuscles. These cases sometimes do and sometimes do not reside in malarial districts, or have history of previous malarial fever. But all progressively get worse and die, the duration of a case from commencement to the fatal termination being from six months to two years. In some cases the enlargement of the spleen is enormous, distending the abdomen and making pressure upon its viscera; in other cases, while the

enlargement is marked, the case goes on to its fatal termination without the spleen interfering by its size with the abdominal viscera. Treatment by hypodermatic injections of ergot, inunction of red iodide of mercury, arsenic, iron, mineral and vegetable alteratives, have all proved futile in my hands, and, as far as I know, in the hands of all other observers. I know of no single case of this disease (leucocythemia) being cured; postmortems are impossible.

Stricture of the oesophagus is far from uncommon. Some say it is due to the irritative effects of the wine

[p. 135]

drunk hot, though some of the patients do not drink wine. Others say it is due to syphilis; and this, I think, more likely, as nearly all my cases have improved under dilatation and iodide of potassium administered internally; some under mercury and iodide alone, without dilatation. The native faculty consider this a fatal disease, and call it the starvation disease. One case of this disorder was so advanced when brought to me, and recovered so promptly, that I cannot refrain reporting it. The patient, a man aged forty-two, was brought to the hospital on a stretcher, unable to stand; had not retained food or drink for six days, owing to a stricture of the oesophagus near the cardiac orifice of the stomach; had been troubled over a year with difficulty in swallowing. Upon my giving him a cup of tea he swallowed a mouthful, and it passed down the pharynx, but was immediately after regurgitated into his mouth. I then passed a tolerably firm stomach-pump tube with some difficulty through the constriction and into the stomach; then attached the pump and pumped in a quart of warm condensed milk containing fifteen grains of potassium iodide. Upon withdrawing the tube a great quantity of ropy, tenacious mucus was expectorated. I followed this treatment for ten days three times daily, with the result that at the end of that time he could swallow with some difficulty; stopped using the tube, but continued giving iodide of potassium with a small quantity of bichloride of mercury for twenty days longer, at the end of which time he could swallow even solid food without difficulty, and had gained largely in flesh. Then I dismissed him, with a supply of medicine to last thirty days, and directed him to return if he had any symptoms of a relapse. Two years have passed, and he has not returned; so I think he may be considered cured.

[p. 136]

Skin diseases are frequent, and, doubtless, the prevalent filth has a large place as a causative element. The affections most frequently met with are psoriasis, eczema, and the syphiloderm. Herpes zoster is found all over China, too, although this is a neuritis rather than a true slain disease. These diseases, I have found, yield to treatment much more readily than in the United States. Why, I cannot say, unless it is in the almost entire absence of meat from the diet and the employment of vegetable in place of animal oils in the cookery. I say this because I have noticed, in some rather intractable cases, that the patients were of the better class and used more or less meat and fatty oils in cookery.

Chronic ulcerations of the legs, sometimes of frightful extent, are often met with, generally in debilitated and run-down subjects living on an insufficient diet. In regard to the fevers of China, I think the paper prepared by me and read by Dr. Hodge before the Shanghai Medical Conference, in 1890, will give all the desired information. It is as follows:

On receiving notice of my appointment to prepare a paper under the above title, to read before the Medical Missionary Association of China, I proceeded to write to all my professional brethren in China, with a view to obtaining their experiences; and the collection of facts which I lay before you has been gathered from their replies, hospital reports, and my own experience. I find the field to be investigated a large one, and that apparently but little personal investigation has so far been made. This is due to several reasons: 1. The comparatively recent advent of foreign physicians in China, for, although since Dr. Parker's time there have been a few physicians scattered about at the sea-ports,

[p. 137]

yet it is only during the past few years that they are penetrating to the interior, and that medical missionaries are beginning to be in a position to make extended observations of the climate and diseases of this land. 2. Want of confidence on the part of the natives to submit for any lengthened period to the treatment of a foreign physician, or, in fact, to any one physician, their rule being to change physicians twice or thrice daily in serious cases if they can afford it. 3. Lack of hospital facilities in many places where fevers might be studied. 4. Impossibility of obtaining post-mortem examinations.

I understood my appointment to mean, what are the fevers of China now, and how they differ, if at all, from fevers of other countries. It is just possible that some of the diseases, to be enumerated, have been introduced from foreign countries; but in the state of the native medical faculty we can get no reliable information, and I fear some of these points, on which information would be desirable and interesting, will never be forthcoming.

I find that variola, or small-pox, is the most common disease of China. By this I mean that nearly every one has it at some period of his or her life, usually in childhood. No region is free from it; it may be called resident everywhere; and epidemics are few, for the reason that the entire adult population have had the disease in childhood. Occasionally you meet with more than usual of it among the children; especially is this so when floods or famines drive people away from their homes and cause them to crowd together, but it is confined to the children. I venture to say that in every Chinese city of size there are always a number of cases of smallpox. Last spring it was worse than usual in Chinanfu, and my wife and three children were all taken ill with

[p. 138]

it; but all recovered, while a native child on my place, treated by native physicians, changed thrice daily, succumbed. Vaccination is practiced, but the virus is in many cases impure from carelessness in obtaining and from ignorance. I do not doubt that syphilis, scrofula, and tuberculosis are often communicated in this way. Until China has a large body of practical, well-educated native medical men, to whom, as Boards of Health, the hygiene of her cities can be trusted, small-pox, as well as all contagious and miasmatic diseases, must continue to annually decimate her population.

Measles exist here, and about Teng Chow Fu appear to be very frequent ; reports from other places also prove their existence in other cities and towns. I have personally seen two well-marked cases

occurring in Chinanfu in foreign children, both of whom were born here and had never been away; so that the infection was doubtless from native source. This disease, as nearly as I can discover, is in no way different from our descriptions of it in Western works on practice of medicine, though apparently milder.

Scarlet fever undoubtedly occurs among the natives. I myself have seen but one case of this disease in China, and that occurred in a child four years of age, the daughter of an English missionary. She had ulcerated throat, rose-rash all over the body, high temperature, desquamative nephritis, purulent otorrhoea, and, finally, pneumonia and death. This child had been residing inland for ten months, and I judge the infection must have come from native source.

But other observers have met the disease in native patients, as dispensary reports from Moukden and Peking show. My correspondents also from Shanghai, Pang

[p. 139]

Chuang, and Tientsin report having treated native patients with this disease. Indeed, one of my Tientsin correspondents reports it epidemic there every winter. Observers in other places report having met cases of nephritis who came with a history of a previous fever much resembling scarlatina; while from Canton, Teng Chow Fu, Ch'ing Chow Fu, Wei Hsien, and Chefoo, my correspondents have reported that, so far, they had never seen a case. My own opinion is that it is more prevalent in North than in South China, and that possibly it has been introduced by foreigners from England or America. I also believe the temperature of a fairly cool climate to be more favorable to its development than a warmer region.

Erysipelas is very rare in China, but has been reported from Foochow and Soochow, as I glean from hospital reports. Unfortunately, I cannot say whether of idiopathic or traumatic origin. I have met with a few cases myself of traumatic origin, which yielded readily to tincture ferri chloridi. More information on this subject would be valuable, and I hope that any of my brethren having surgical cases followed by erysipelas will promptly report them through our journal.

Typhoid of undoubted type, that is to say, genuine enteric fever, has been reported from Shanghai, Canton, Hainan, Hang Chow, Wei Hsien, Tientsin, and Teng Chow Fu, and I myself have met it in this city. It appears to be rather infrequent, as some observers report not having met it, and no one observer has had any large number of cases. But this is one of the diseases that usually requires eight to twelve days to establish a perfect diagnosis, and, consequently, the foreign physician is not retained long enough to decide positively the nature

[p. 140]

of the case. I believe, when greater confidence is shown in the foreign physician, and more accurate reports are possible, that this disease will be found more common among the natives than is now supposed. Universal testimony to the value of the mineral-acid plan of treatment for this disease lies before me, though in the selection of the acid there is some disagreement, the sulphuric and vitromuriatic each having their friends. I myself have used both acids, but prefer the latter, especially in

those cases complicated by malaria. It is here, perhaps, that I should speak of the so-called typhomalarial fever, and I feel I can do no better than to quote Professor Roberts Bartholow : " By this term is meant typhoid fever complicated with a malarial element. In consequence of the existence of a malarial infection, the symptomatology of typhoid fever is modified, the chief variation from the usual thermal line consisting in the greater excursions of the daily temperature. This modification of the fever has long been known by all well-informed physicians practicing in malarious regions. Dr. Woodward, of the U. S. Army, gave to this combination the name typho-malarial fever, he at first supposing that there was something distinctive in this form of fever, and that its morbid anatomy differed in important particulars from that of typhoid. However, in a paper read before the International Medical Congress at Philadelphia, Dr. Woodward retracted his original observations, and admitted that he had been misled, and that the morbid anatomy of typho-malarial fever is merely that of typhoid. Typho-malarial fever, then, has no reason to be admitted into nomenclature---does not, in fact, exist. All that can be claimed for it is that, when typhoid fever occurs in an individual saturated with

[p. 141]

malaria, the fever is modified somewhat in its course, has more of the remittent type, and is apt to be protracted, owing to the occurrence of intermittence during convalescence."

If the pathological lesions of the so-called typho-malarial fevers are but the lesions of typhoid, then the term, if used at all, should be distinctly understood to mean typhoid fever occurring in an individual previously subjected to the malarial poison.

Typhus fever is frequently met with all over North China, and as far south as Shanghai, after which it is seldom or never seen.

In 1878 an epidemic occurred in Peking, with heavy mortality rate. In 1886 an epidemic occurred in Shansi. In the spring and summer of 1889 an epidemic occurred in Shantung. It is also reported from Moukden, Pelting, Tientsin, Tai Yuen Fu, Shanghai, Chefoo, Teng Chow Fu, and other places. Its existence has been denied in Canton.

Relapsing fever in China, as in other countries, is found constantly associated with typhus. I saw a number of cases last spring during the epidemic of typhus. It is mentioned as the most common variety of fever at Teng Chow Fu.

Dengue is reported as having occurred in foreigners at Canton, but as that is the only place, and there is no evidence that a native has ever had it, it cannot as yet be classed under our title.

Cholera occurs as an epidemic every few years, and is frightfully fatal. The ports seem to be affected most, but in the summer of 1888 a widespread epidemic swept through Shantung and Chihli from east to west, sweeping away thousands of lives. I believe it has existed in

[p. 142]



Chefoo the past five years, as there are perennial outbreaks of it among the natives there. The natives dread this disease very much, and, on being seized with a diarrhoea during a cholera visitation, immediately give themselves up for lost, and doubtless many perish from fright alone. I had one case in which all my persuasion could not induce my patient to believe he had not the cholera. Finally, by joking with him, and telling him if he really had it he would not be willing to admit it, I got him in a more hopeful frame of mind, and he soon recovered from his diarrhoea.

Diphtheria is reported from Tientsin, Peking, Chinanfu, Pang Chuang, and Ch'ing Chow Fu. I have seen a number of cases in foreigners and natives in this city, but I get no reports of its existing south of Shantung. It is severe and frequently fatal in the natives, though apparently less so in foreigners. This may be due to earlier and more energetic treatment on the part of the foreigners.

Cerebro-spinal meningitis I believe to exist in China, as my own child suffered a well-marked case of it three years since. But I have received no reports of any one else having met it. Bartholow says it has never been reported from Asia.

Whooping-cough is reported as occurring occasionally in Tientsin. I have not heard of it elsewhere, and have not personally met a case. I infer that if it exists it is rare.

Rheumatic fever is reported from Foochow as very prevalent. Shanghai, Soochow, Chefoo, Lao Ling, and Hang Ch'ow also report its prevalence. I have seen but one case in four years and a half, and that occurred in a Catholic priest, a native of France. Chronic muscular

[p. 143]

rheumatism is common all over China, but is unattended by fever.

And now we come to malarial fevers, and I find they are reported from everywhere. From Peking in the North to Canton in the South, every one says they are common. It is interesting, however, to note the different forms the poison manifests in different localities. Thus, I find the intermittent of tertian type to be most common in Peking, Chinanfu, and Wei Hsien.

Quartan intermittent in Korea, Soochow, Foochow, Swatow, Shanghai, and Hangchow.

Remittent is reported as the prevailing type at Chefoo and Tientsin, though intermittents are far from rare. Here in Chinanfu I have never seen a case of quartan ague; it is all intermittent of the tertian or quotidian type.

Since the Yellow River has flooded this region there has been a marked increase in the number of fever cases treated at our dispensary.

Shanghai reports a pernicious type of remittent fever, with scarcely any remission, that is largely fatal.

In answer to my question, How do you treat malarial fevers? I have received about the same reply

from all sources. Quinia or some other alkaloids from the cinchona-barb are the specifics. Some prefer quinia sulph., some cinchonidia sulph., others still different alkaloids; but it is universally recognized that Peruvian bark is the specific for malarial poison. Scarcely any have tried the carbolic acid and iodine treatment, which is so popular in Camden, U. S. A., where malaria is especially rife; though from Hangchow we learn that its employment in that vicinity as a prophylactic has been successful. Arsenic is recognized as valuable in the chronic forms.

[p. 144]

It has up to the present time been found impracticable, owing to the ignorance and prejudice of the Chinese, to hold post-mortem examinations, and until that can be done the pathological appearances and morbid anatomy of these and perhaps other unrecognized diseases must remain a secret. But we may fairly conclude that, where the symptoms so nearly coincide with descriptions in our works on practice, the morbid conditions producing them will also coincide, and our treatment, based thereon, give the desired result. I find, in all the diseases I have mentioned, that our English and American descriptions are as perfect for China as for the home lands. To sum up, then, I believe that, with the exception of dengue and yellow fever, you will find in China all the fevers recorded in any American work on practice, and that the fevers are essentially the same in this land as in America.

Diseases of the alimentary canal other than dyspepsia, though often dependent upon it, are all to be found, and none more common than parasites. Nearly every one has worms. Usually it is the long round-worm which gives so much belly-ache, sometimes the thread-worms, and in and around Peking numerous cases of tape-worm are found, though in six years' residence in Shantung I never met with a single case of this latter affection. Santonine lozenges, called " yang tang" and " foreign candy-medicine," are in great demand, and at first were largely successful; but some unscrupulous manufacturers have nearly excluded the active constituent from these lozenges in order to make more profit, and the remedy is falling into bad repute through their dishonesty. Diarrhoeas, both acute and chronic, cause a large mortality, especially amongst the infant population and amongst

[p. 145]

foreign residents who have not learned how to live in China; but no one disease carries off as many foreigners annually as dysentery. The following paper on this disease was written last autumn, and published by the author in the Chinese Medical Missionary Journal:---

September is pre-eminently the month for this disorder throughout the Shantung province. Some cases make their appearance after the middle of August, but they are only the early birds who tell of the coming flock. In 1890 we had a very severe rainy season, which ended about the 22d of August, and immediately thereafter dysenteries became common. I can make out three distinct forms, which, on account of the character of the stools, I shall class as the gelatinous, gelatino-sanguineous, and the sanguineous. These three are all one disease, and may progress from one form to the other in order named, or may be aborted in either of the first two stages. The gelatinous form is usually attended with very little pain, but more or less straining. It is especially characterized by large amount of the jelly-like material in the stools, resembling perfectly boiled sago; beyond this the stool generally contains more or less of partially or entirely undigested food. Little or no fever, but patients emaciate

rapidly and soon have to go to bed. This form is frequently obstinate and hard to deal with, especially prone to attack children and young people under twenty, is always associated with weak stomachic digestion, and often complicated with attacks of vomiting. It may continue as it commenced until cured, or may go on into the second form or stage of the gelatino-sanguineous form. This second form, if it be a continuous process of the first, is characterized by the stools gradually having more or less blood, mixed with them, and the addition

[p. 146]

of pain, griping, and fever to the symptoms already existing. This form, more common and easier treated of the three, will frequently yield to two or three days' treatment; sometimes, however, when severe, and amount of blood in discharges is considerable, it may require some week or ten days to effect a cure. Last form, or sanguineous, is always a continuation of the second form. It is characterized by disappearance entirely or for the most part of the jelly-like material, and the presence of liquid or clotted blood and of well-digested faeces, either fluid or solid. It betokens that the surface degeneration of the mucous membrane of the bowel has largely healed, but that one or more ulcers are in an inflammatory state, and instead of spreading oil the surface of the bowel are corroding into it and opening small or large vessels, as the case may be. Pain is now referred to one or more definite localities, and the case is really one of ulcer of the bowel. The haemorrhage may be severe and exhausting, and clots of size of hen-eggs be passed. These ulcers, if of size, may by their cicatrization so contract the calibre of the bowel as to lead to serious interference with the function of the tube if cured, or they may perforate and produce general peritonitis and death.



Students of the Teng Chow Fu College

The degree of fever in this last form is in definite ratio to the amount of ulcerative process; so that high temperature may be taken as a proof that deep ulcerative action is going on, with perforation as a probable result. As I have treated one hundred and sixty cases of this disease in the past year, and have used a variety of methods, I shall give what I find to be the best plans for each kind as I have

classed them. The first variety do best without any opium, and I find the following prescription usually efficacious :----

[p. 147]

Rx Hydrarg. chlor. corrosiv., . . gr. j.  
Tr. zingiberis, . . . . .gtt. clx.  
Vin. ipecac., . . . . .gtt. lxxiv.  
Vini spts, rect., . . . . .fzj.  
Sacchar. alb., . . . . .zj  
Aqua Aura, . . . . .q. s. ft. Oj.

Dose: Teaspoonful every two hours for a child two or three years old.

Bismuth and pepsin can sometimes be advantageously alternated with this mixture for a few days at a time. If vomiting be an awkward complication it may be usually checked by half-drop doses of carbolic acid in a few drops of glycerin, or by nitrate of silver in doses of onesixteenth to one-fourth grain in pill. Tinct. cardamom. comp. is useful as a stomachic. Enemas are of no use; the disease in this form is always located near the ileo-coecal valve, and too high to reach by enemas. Some few cases have seemed to do well under the vegetable astringents, as catechu, kino, etc., but, for the most part, I have found them very unreliable. No matter what the form, I find the time-honored plan of a dose of oil at the beginning very useful, but prefer, to this, drachm doses of Epsom salt given every hour until purgation commences. Diet to consist of soft-boiled rice, eggs, and raw beef or beef-broth and milk; good beef beaten to a pulp in a mortar or shredded finely is a most valuable nutriment, and usually easily digested and assimilated. Care must be taken to avoid chills at night, and little ones should wear a flannel band around the abdomen, which should be changed every twenty-four hours.

In the second form enemas are very useful, and I have found one ounce of tincture of krameria to eight ounces of starch-emulsion, with or without a little lauda-

[p. 148]

num, give the best results,---given three times daily from a fountain syringe.

A pill of pulv. opii, gr. j ; pulv. plumbi acct., gr. iss, every three or four hours, is, in my experience, the best remedy in most instances for the internal treatment. I find also that nearly every case has been benefited by pulverized cinchona-bark, in five- to ten- grain doses three times daily. It is well-known that dysentery thrives mostly in malarious regions, which probably accounts for the efficacy of the cinchona. Vaseline smeared on the anus relieves to a great extent the burning and smarting of that part, and gives great relief to a distressing symptom. Rest in bed is imperative, and sponging with tepid water from time to time useful.

The last variety is best treated by sulphate of copper and opium internally, and by injections of nitrate of silver, ten to twenty grains to the ounce of water; injections thrown high up by means of a soft-rubber catheter introduced five or six inches into the rectum, the patient lying on the right side with

the hips raised on a pillow. I have seen this check hemorrhages when other means had failed. Eight ounces or more should be used at a time, the anus first thoroughly greased with vaseline. I have seen cases in which fluid extract of ergot, in half-drachm doses, given every hour, appeared to act favorably in arresting haemorrhage from the bowel. As great weakness of the heart often occurs in this form, digitalis should be given early and continuously, with or without quinine. Bismuth and the vegetable astringents are useless, or next to it. Copper sulphate, in doses of one-sixteenth to one-twelfth grain, has, in my hands, given most satisfaction; but sometimes this remedy, even in small doses, produces vomiting, and lead will be better

[p. 149]

borne. Dysentery as an epidemic has this year been followed by cholera, and I am told it is usually so.

Nervous diseases are not so common as in countries like the United States, England, or France, where the people live under higher pressure; but they exist, especially in the form of melancholia of a suicidal tendency. Indeed, suicide seems to become epidemic in some regions. I remember one summer, in Wei Hsien, we had two or three attempted suicides daily, all from one circle of villages, and, besides those who sought us, many perished who would not seek foreign assistance. Opium, hanging, arsenic, and phosphorous matches were the favorite methods employed. " Rough on hats " has not so far been introduced. As to demoniacal possession, I am no believer in it.

About five years ago I attended a conference in Chefoo, at the house of a missionary resident, and the above topic came in for the major part of the discussion. Being but just arrived in the country, I maintained a discreet silence, but great was my surprise to hear men of good standing arguing for the existence of demoniacal possession, and claiming that it occurred here in the East, because Satan, being so vigorously attacked in Western countries, had given up this form of persecution there, and was bestowing all his attention and energy in this portion of the globe. If I remember rightly, I was the only member of the medical profession present, and, after numerous wonderful cases had been recited by my brethren of the cloth, I was asked my professional opinion. I had a stronger opinion than I was willing to give at that time and place; so I merely said that the cases were very interesting and apparently authentic, but that, not having

[p. 150]

witnessed their peculiar symptoms, I could not pass a final opinion, and that some of them might have been mania, hysteria, etc.

I went home from the meeting with the feeling that the Chinese were not the only people who were superstitious, and that I should like very much to see some such cases as those described. For several years this privilege was denied me, but one day a man, a stupid farmer, came to the dispensary and said his young wife was possessed by a devil, and wanted some medicine. I told him I must see the case, and appointed the next day at 2 P.m. He came promptly at the hour, with his wife, aged about twenty-eight, his mother, and a male friend of the family. This friend was a curious, villainous-looking fellow, a striking contrast to the husband. I was told that when the spirit came up she would

become unconscious, would tremble, sigh, and moan, and that she would remain in this condition for hours; that anger, fear, or any unpleasant emotions would bring the devil on. I asked if they had any way to invite the gentleman now, and they said they had; upon which the mother and husband stepped into the waiting-room, and the friend of the family commenced making a purring noise in his throat; immediately the poor woman cast her eyes around imploringly and became unconscious. The muscles of the throat and neck twitched violently and her head fell on her bosom. I felt her pulse; it was 76 and regular, breathing hurried and rather shallow. Was told by the friend that her attacks frequently came on in this way. On my asking how he knew in the first place that he could bring the devil up, he stuttered and stammered and took refuge in the waiting-room, upon which her mother and husband entered again. Sticking

[p. 151]

needles into her hands and arms being without avail to bring her out of this condition, I held a bottle of ammonia under her nostrils. The effect was magical; she quickly regained consciousness and soon appeared as she had been before the attack, which was simply an incomplete hysterical convulsion. Since that day I have seen several other cases of reputed demoniacal possession, and without exception they have been easily explained as the result of pathological conditions.

I think there are a good many causes for this delusion in China which do not exist in the same proportion in some other countries.

The people are mostly ignorant and superstitious, and are naturally susceptible,---fine subjects for experiments in hypnotism and suggestion. Many of these cases of possession are, doubtless, due to suggestion. Persons of susceptible temperament, seeing or hearing of others so afflicted, are tempted to worry or annoy their friends, and are carried away and frightened by their own emotions into an hysterical state bordering on actual mania.

Then, too, syphilis is no doubt responsible for some of these manifestations. Syphilis is very common among the Chinese, and, having seen a number of cases of cerebral syphilis, I cannot but believe that in many of these cases, in which erratic movements follow the natural result of the pathological condition, they are attributed to demoniacal possession.

Mania, dementia, and hysteria are sufficient of themselves to account for the cases I have either seen or heard described, and I consider any who believe in demoniacal possession as superstitious and too credible.

[p. 152]

Epilepsy is far from infrequent, and all cases I have seen have been benefited and some apparently cured by the bromides.

Hemiplegia and paraplegia and also local paralyzes are seen as a result of apoplexy or gummata making pressure on nerve-trunks. Neuralgias are very common, due to malarial and syphilitic infection in many cases, and to faulty assimilation and anemia in others. Anemia is very common.

There is one peculiar affection, called by some observers "loss of sensation," by others "anaesthesiae cubae," to be met with all over the North. It frequently occurs in well-nourished persons having no apparent disease. The skin on the forearm, hand, or perhaps thighs or legs, loses sensation in part or entirely. In the milder cases there is a numbness in the affected region only, but in severer cases sensation in the skin is absolutely abolished, and pins may be made to penetrate the cutis vera without exciting any pain or the patient knowing he has been pricked. The area of the affection varies greatly. Sometimes it is only the skin of a single finger or a limb, usually over one group of muscles only, as the extensors of the forearm. Stimulating liniments relieve it; whether or not they effect a cure I am unable to say definitely. Electricity is useful and, I believe, curative, in this affection, the interrupted current giving the best results. Cardiac affections are rare.

Goitre, in the neighborhood of Ch'ing Chow Fu is remarkably common, and is seen occasionally in other districts. La grippe has visited the country the past two years as an epidemic, but seemed milder than it is reported to have been in Europe.

In a country where so many dogs are maintained we would naturally expect to find rabies very frequent, but,

[p. 153]

on the contrary, it is quite rare. I met with but one case in six years.

Otorrhoeaa and deafness are very common. Of the cases requiring surgical treatment, none, perhaps, are more frequent than fistula in ano. Anthrax, furuncle, and abscesses are daily treated, in dispensaries, all over the empire. Tumors (benign and malignant), adenomas, fibromas, osteomas, sarcomas, epitheliomas, and carcinomas have all been diagnosed and treated by foreign surgeons, and exist here in about the same proportion as in civilized lands. Elephantiasis is quite common. Fractures and wounds, owing to the absence of railroads and machinery, are seldom seen.

The Chinese bear surgical operations exceedingly well, and it is rare for high inflammation to follow operative interference. Urinary calculus is very frequent in and around Canton, and is met with occasionally all over the empire. Owing to the Chinese being unable to treat this affection, these stones sometimes attain enormous size before they are removed by the foreign surgeon. In February, 1889, I removed, by the lateral perineal operation, a stone larger than a turkey's egg, weighing nearly three ounces when dry, and considerable, in the shape of powder, was lost in washing out the bladder. The patient, a farmer aged twenty-five, was entirely well in three weeks.

There are no skilled obstetricians among the Chinese. Male physicians would lose their reputation if they attended a woman in confinement, and so the obstetrical work is left entirely to old women, who act as midwives, receiving the child at birth and severing the cord. The infant is then wrapped in a cloth, or roll of cotton, and remains unwashed for a week. Should a shoulder-

[p. 154]

presentation or impaction of the head occur, turning or instrumental assistance is not forthcoming, and

the patient always dies, worn-out, with the infant unborn. According to etiquette, a woman must not leave her own premises within a month after confinement.