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MODERN MEDICINE IN CHINA.*

By W. H. Dobson, M. D.,
Washington, D. C.,
Surgeon in Charge of the Forman Memorial Hospital, Yeung Kong City, Kwang Tung Province, China.

When one leaves the progressive little kingdom of Japan and crosses the Yellow Sea to that land of mists and myths, Far Cathay, it is to leave the nineteenth and twentieth centuries to step ashore in the dark ages. In no one department of knowledge is this more true than in medicine. The Chinese have no science or generally practised principles of that art. We have here a country of at least two thousand years growth, with history and mechanical arts progressing from that period, but during the same time there has not been one step in the divine art of healing. However, it is not my intention to give you history which may be found in any good library; I am sure it is your desire to hear of my personal experiences as a physician during the eleven years since the cutting of the cord by our revered Alma Mater.

In the beginning it is but just to state that nearly all the modern medicine practiced today in China is by medical missionaries sent out as representatives of various religious bodies in America and Europe. There are a few hundreds of native graduates of schools opened by these medical missionaries. None of these native physicians undertake surgery beyond minor operations unless they are serving in missionary hospitals. Thus you see the labor of upholding the principles for which we stand devolves upon one or two hundred white men and women.

One word of ancient medicine and the native herb doctor. You have all heard of his formidable prescriptions of tiger's bones, bear's gall, deer's horn, lizards, etc. The more filthy they are the better the medicine. All are given because they are "good for" the disease. In my dealings with patients they disclose the quack's classification of diseases and remedies by inquiring whether the ailment is cold or fever. The native doctor needs no study, no examination or other qualification. He has often failed in other business and has taken up drugs as a last resort. Many of the governmental literary graduates dabble in medicine for pecuniary profit. Should the doctor have had ancestors who followed the same calling he will gain the greater confidence of his countrymen. Alas, this confidence is not due to any belief in heredity, but because the son will probably be in possession of many prescription books of his progenitors. His fees vary from one hundred cash, or five cents, to a chicken or a horse. I have seen herb doctor and parent haggle over a fee while precious moments of life were ebbing from the child. Putting on a solemn and "never made a mistake" air he feels three pulses in each wrist. He thus examines the six regions of the body and no questions or other examinations are necessary. Many apothecaries employ a doctor to sit in the shop and see patients who buy their nauseous compounds before going out.

I have gone to such length to describe these doctors and their ways in order that you may in part imagine the difficulties which we encounter in examining ignorant and superstitious people accustomed to the native quack. Take for instance a woman's hand and wrist presented from behind a curtain for diagnosis of and relief from impacted shoulder at the vaginal outlet.

In our practice of medicine and surgery we must always remain pupils of those who have time for original research. The medical man connected with mission work is overwhelmed with the mass of suffering humanity. Serious cases come thick and fast allowing no time for detailed study of the individual or his disease. To alleviate gross suffering so

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as to permit of but a fair degree of health is in many cases the limit to which treatment is carried. Patients cannot be followed up except where they return to the hospital. The territory of one physician extends to a circle of often two hundred miles diameter, within which there are no brother physicians to share burdens and join in consultation. There are no means of comparison nor educational centers to visit.

Many of the larger hospitals have schools for instruction in Western medicine. The government is now opening some medical colleges with Japanese instructors. There is no opportunity for practical anatomy or post mortem investigation because of superstitious reverence for the dead. Dissections of animals and dissections in the operating room at present supply anatomical knowledge.

Some hospitals are locally supported, but the majority look to American and European benevolence. The missionary physician charges a nominal fee where the patient is not too poor.

Sanitary problems are complicated by omnipresent insects and filth. Green vegetables fertilized with human excrement carry intestinal parasites and bubonic plague. China is innocent of sewerage or water supply systems. Hogs and dogs act as public scavengers, while old women follow the hogs and dogs to pick up their droppings. Filthy surface water finds its way into the public wells. Heavy spring rains providentially remove accumulations of months of filthy deposits. In our southern country mosquito nets are a necessity.

The food supply is one of our greatest questions. The common laboring classes do well to receive one meal of rice a day. When such people come for directions to take their medicine they remind one of the Irishman who when told to take his medicine after meals replied "I can't do that, sor, I haven't got the meals." To prepare a patient with bad chronic cystitis for operation for stone, or a phthisical individual for his fight for life, we order eggs and meats but find that they are only able to obtain sweet potatoes and salt fish drippings.

The Canton Hospital, the largest in China, receives annually 27,000 dispensary visits and there are over two thousand operations performed in that time. Since leaving that hospital I have one under my exclusive charge where we have forty beds and receive 6,000 dispensary visits and perform over three hundred operations yearly. I believe our hospital practice will compare with that in America. Asepsis with careful preparatory and after treatment keep down the mortality. The majority of surgical cases are chronic weakened individuals, and the mortality is less than one per cent. From the immediate relief it affords surgery is the most telling factor in our practice. Many operations are miracles in the eyes of those people. They are prone to applaud the opening of a simple abscess and to pass without notice a nice dissection in the carotid triangle in extirpating diseased lymphatics.

Lack of medical skill and ignorant tampering cause diseases to appear in more extended and chronic forms than here in America. The felon of the distal phalanx becomes a general abscess of the hand; a comminuted fracture is seen after the bones have reunited in deformity; ulcers often cover one half of the leg; spleens enlarge until the entire abdomen presents a hard surface; ringworm runs off into surrounding space with the exception of the points where the ring crosses hand or foot; fifty to seventy pound abdominal tumors are of common occurrence, and fatty tumors weigh down their victims with years of burden. Acute exanthemata, common in America, are seldom seen with the exception of measles and confluent smallpox. In their places we have cholera, plague, beriberi, leprosy, and tetanus neonatorum.

We cannot specialize. A list of operations for one day may show cataract, perineal lithotomy, internal hæmorrhoids, an enormous ovarian cyst, and a club foot.

A large share of our attention is engaged with eye diseases. Trachoma with its resulting disorders holds the first place. In our operations for entropium I have developed what is to me a new procedure. It consists of a long loop suture catching the upper edge of the tarsal cartilage thus anchoring the palpebral margin high up. I also use the excised strip of skin to fill in the gap covering the tarsal cartilage. Simple cataract extraction is the operation of choice in all uncomplicated cases.

Next in frequency to operations on the eye come those for urinary calculi. We rarely see stones in the pelvis of the kidney. The average weight of calculi is about one ounce, though two or three ounce stones are of common occurrence. Median perineal section with the incision extended laterally around the anus is our operation of choice. I have removed several three ounce stones through the perinæum. Most of the specimens are composed of sodium urates. Occasionally one of calcium urates is seen. About ten per cent. of lithotomies are performed on children of from three to six years of age, while one per cent. are upon females. In the case of a boy of eight years I removed a long stone of one ounce in weight which was firmly attached to the bladder wall posteriorly. The free end was pointed and plugged the urethral opening upon contraction of the bladder. Straining had caused an extrusion of the prostate and rectum outside of the anus.

Tuberculosis is general. Results of treatment similar to those in this country can be had where there is proper food and outdoor life. We have many cases of tuberculous caries. I had one case where the entire head of the femur was found loose underneath the skin over the hip joint. For one case of caries of the seventh cervical I had to make a complete adjustable iron brace to support shoulders and head from the hips. Iron rods, etc., were purchased in native shops.

The alveolar process of the lower jaw is often destroyed as a result of long continued tooth abscesses. In one case I found a sequestrum of the whole alveolar process together with the anterior portion of the ramus and coronoid process entirely separate lying under the mucous membrane on the outer side of the right jaw. The teeth were all imbedded in a new jaw which seemed sound and serviceable. We are called upon to replace a great many dislocations of the lower mandible from excessive gaping.

Speaking of teeth reminds me that the native tooth extractor uses his fingers, which have been educated from childhood to act as forceps. A trial demon-

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stration of my skill as a dentist was sought by an old woman on one occasion. She was so surprised and pleased when a tooth was painlessly removed that she immediately requested me to pull ten more.

In concluding this rambling paper I will briefly refer to some cases which may be out of the common run.

Field laborers present chronic painful enlargement of the posterior portion of the os calcis. The disease while slow has acute exacerbations of pain so severe as to prevent walking. At first I attributed these swellings to chronic inflammation and calcification of the bursa beneath the tendo Achillis. Other cases showed a distinct enlargement of the whole posterior portion of the bone. There are no pathological data from microscopical examination. Maxwell, of Formosa, in *Tropical Medicine,* has written of his experiences with this malady. All systemic remedies together with counter irritations and hot air baths fail. He has suggested the only treatment which is to raise a button of bone forcing a quarter inch trephine through into the spongy portion. This in most cases relieves the pain immediately.

A boy of six years was presented with the history of having fallen out of bed two days before. The only abnormal conditions present were constipation and a tumor about twelve inches in length extending from the left iliac through the hypogastric region up to the vicinity of the gallbladder. The tumor had a fœcal consistency and was painless. The diagnosis was intussception of the small intestine up the ascending colon to the right hepatic region. The fact that there was no inflammation permitted an attempt at reduction by taxis. This was accomplished and the ileocæcal valve returned to its normal position. Now careful palpation disclosed the presence of a ball of ascaris lumbricoides obstructing the valve, and portions of the worms were made out extending along the ileum. After about one half hour of manipulation to disentangle the worms, a gurgle and an almost immediate request to defæcate resulted in the appearance of several ascaris and a large quantity of fœcal matter. No other treatment was necessary. The interesting point of this case was the possibility of distinguishing the presence of the worms by external palpation. I should be interested to hear from any one having a similar case.

Within a few miles of our hospital there is a locality from whence come many cases of Hodgkins disease. We have excised and treated them in many ways, but the only useful treatment is the early removal of adenoids from the nasopharynx and relieving all chrónic conditions in the nose. This seems to stop the symptoms in many cases where I am certain the disease would have developed if not so treated.

I have never seen but one case of appendicitis in a Chinese.

The native household treatment of certain disorders is often pathetic. Hung around the child's neck we find a portion of a goat's horn to cure infantile or "goat's" paralysis. The tender skin of an infant shows many scars of the actual cautery applied to relieve colic. I saw one case where the child had been in convulsions followed by coma. The treatment was to force it to cry. To do this the grandmother bit to the bone on either side of the tendo Achillis on each foot.

At a case of post partum hæmorrhage the following sight met my eyes: A woman squatted over a tub. Her head was covered with red grease and ashes from several lighted candles and sticks of incense stuck in her knotted hair. Behind her and grasping her hair was the brother of her husband with a large knife in his hand. He was making passes with the knife and savagely yelling "Get out, get out." In the background stood an old neighbor with a drawn sword and a musket. They were trying to frighten away the evil spirit causing the flow of blood. After a deal of persuasion they permitted the woman to get on the bed, when a dose of ergot together with a little manipulation contracted the uterus and all was serene.

118 Eleventh Street, Northeast.

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