

THE CAROLINE A. LADD HOSPITAL, PRESBYTERIAN MISSION, PYENGYANG, KOREA.¹

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Medical missionary work ought to be a very appropriate subject for a society specializing in medical sociology, for that, in one way, is exactly what it is. There is an idea, sometimes advanced by those sending out missionaries, that if a man is a good evangelist he will surely make a good medical missionary. There is no doubt that a medical missionary to make an evangelistic success must in the first place be a first-class doctor. If he fails in his medical work he will accomplish very little in his evangelistic work. On the other hand, if his heart and sympathy does not go out to the ignorant and suffering around him, he cannot accomplish what he is sent by church boards to do. It is true in the Medical Missionary Association of China that those who are the most moved by the moral as well as the physical condition of these people are doing the best scientific medical work.

Of my work here in Korea there is nothing different from what is usual with those doing pioneer work in Asia. Arriving here sixteen years ago I found Pyengyang, a city of fifty thousand people, entirely without any scientific surgical aid. All medical assistance was empirical, based on Chinese methods, which like most grandmotherly methods was not entirely without some merits. As fat is used to make one fat, so deer bones were used to make legs stiff with rheumatism, springy and supple like a deer, and tiger bones to make one fierce, etc.

About the first case I had was a bad one of slow gangrene of the hand requiring amputation above the wrist. The case was a pitiful one and came to me the first week I was here. He had been begging through the town for some weeks and so was widely known. The operation was a perfect success, so that his cure made no little stir. Following this case was a man blind from cataract for eight years. Quite a successful operation was performed which immediately made me to be sought by many. A

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few other such cases extended my reputation so that about a thousand patients a month has been my rate ever since. I have done more than two hundred and fifty cataract extractions, yet the disease is not very prevalent here. The work is about the same as in any dispensary at home and the surgical work only limited by the nerve and ability of the surgeon. I have been called to do almost every kind of work, laminectomies, Cesarian section, etc. Restoring useful vision by means of iridectomies have been especially numerous.

The most prevalent chronic diseases are tuberculosis, scrofula, with, and I think without, tubercular bacteria, hereditary syphilis, inflammatory diseases of the eye and digestive troubles, especially intestinal parasites.

I have had several experiences—some fierce—with cholera. I experimented at first with large doses of salol and with splendid results in one epidemic. Tried it in another, but not so successfully. Here I must pay a tribute to the Japanese who handle such epidemic diseases so well. They are so well posted and make their patients obey so thoroughly that their results are fine.

I am glad to say that the pneumonic plague, recently in Manchuria (and not in China) and Russia, did not reach here. What protected us? Simply the magnificent scientific defense made by the Japanese soldiers and officials. They have an army, with doctors of fine ability, camped and watching like in real war, all along the Yalu and abutting territory. They enforce the most rigid rules, as if against a physical enemy, in all the territory they control, with the most splendid results. These Japanese have magnificent results in other things beside quarantine and sanitation, by simply applying the scientific principles we have theoretically worked out, but which in the United States are ignored or ignorantly applied by politically appointed and inefficient officials.

One of the recent points on which I have some good data is hypodermic injection of quinin in acute malaria. I have many facts to prove that malaria which does not respond to quinin by the mouth will yield readily when it is used subcutaneously.

A recent very severe case of puerperal fever in a young Korean woman, of whom I had but little hope, promptly recovered after using forty-five grains of quinin hypodermatically at intervals in one night.

This work, with its over 6,000 new patients every year in the dispensary and some 250 in the hospital, costs only about \$1,500 a year, of which we get less than \$1,000 from America, the rest being from the natives. It certainly is a wonderfully economic work for the number of patients seen and benefitted. The influence of such work accounts largely for the marvelous spread of Christianity in Korea, which is now the center of the largest work of our board.

It is certainly a most interesting and satisfactory work, but our scientific work is limited here, as most everywhere, by lack of money and opportunity to follow up our cases. For instance, I have used Salvarsan only once, but that with good results as far as I could follow the patient, but it, like all else here, is expensive and hard to get.