

CHINA.

IMPERIAL MARITIME CUSTOMS.

II.—SPECIAL SERIES: No. 2.



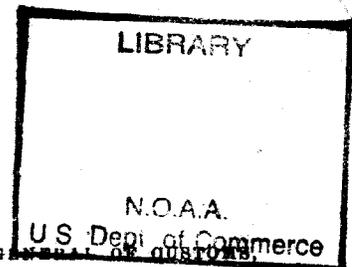
MEDICAL REPORTS,

FOR THE HALF-YEAR ENDED 31st MARCH 1900.

59th Issue.

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**PUBLISHED BY ORDER OF
The Inspector General of Customs.**



SHANGHAI:

PUBLISHED AT THE STATISTICAL DEPARTMENT OF THE INSPECTORATE GENERAL OF CUSTOMS.

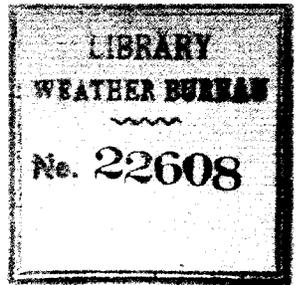
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National Oceanic and Atmospheric Administration

Environmental Data Rescue Program

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December 20, 2000

INSPECTOR GENERAL'S CIRCULAR No. 19 OF 1870.

INSPECTORATE GENERAL OF CUSTOMS,
PEKING, 31st December 1870.

SIR,

1.—It has been suggested to me that it would be well to take advantage of the circumstances in which the Customs Establishment is placed, to procure information with regard to disease amongst foreigners and natives in China; and I have, in consequence, come to the resolution of publishing half-yearly in collected form all that may be obtainable. If carried out to the extent hoped for, the scheme may prove highly useful to the medical profession both in China and at home, and to the public generally. I therefore look with confidence to the co-operation of the Customs Medical Officer at your port, and rely on his assisting me in this matter by framing a half-yearly Report containing the result of his observations at.....upon the local peculiarities of disease, and upon diseases rarely or never encountered out of China. The facts brought forward and the opinions expressed will be arranged and published either with or without the name of the physician responsible for them, just as he may desire.

2.—The suggestions of the Customs Medical Officers at the various ports as to the points which it would be well to have especially elucidated, will be of great value in the framing of a form which will save trouble to those members of the medical profession, whether connected with the Customs or not, who will join in carrying out the plan proposed. Meanwhile I would particularly invite attention to—

a.—The general health of.....during the period reported on; the death rate amongst foreigners; and, as far as possible, a classification of the causes of death.

b.—Diseases prevalent at.....

c.—General type of disease; peculiarities and complications encountered; special treatment demanded.

d.—Relation of disease to { Season.
Alteration in local conditions—such as drainage, etc.
Alteration in climatic conditions.

e.—Peculiar diseases; especially leprosy.

f.—Epidemics { Absence or presence.
Causes.
Course and treatment.
Fatality.

Other points, of a general or special kind, will naturally suggest themselves to medical men; what I have above called attention to will serve to fix the general scope of the undertaking.

* * * * *

3.—Considering the number of places at which the Customs Inspectorate has established offices, the thousands of miles north and south and east and west over which these offices are scattered, the varieties of climate, and the peculiar conditions to which, under such different circumstances, life and health are subjected, I believe the Inspectorate, aided by its Medical Officers, can do good service in the general interest in the direction indicated; and, as already stated, I rely with confidence on the support and assistance of the Medical Officer at each port in the furtherance and perfecting of this scheme. You will hand a copy of this Circular to Dr., and request him, in my name, to hand to you in future, for transmission to myself, half-yearly Reports of the kind required, for the half-years ending 31st March and 30th September—that is, for the Winter and Summer seasons.

4.—

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I am, etc.,

(Signed) ROBERT HART,
Inspector General.

To

THE COMMISSIONERS OF CUSTOMS.

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A. SHARP DEANE, F.R.C.S.	Pakhoi.

DR. OSMAN F. HALL'S REPORT ON THE HEALTH OF CHUNGKING

For the Half-year ended 31st October 1899.

DURING the summer the general climatic conditions were not unusually severe. There has been one birth and no deaths among the foreign community. One case of acute pulmonary tuberculosis made a good recovery, with no present probability of a relapse. During September there were five cases of dysentery, but only one of a severe type. One case of pneumonia, that of a child, made a good recovery.

It is impossible for me to give any accurate information concerning the general health of the native population. I do not know of any severe epidemics during the season. During two weeks in August there was an unusually large death rate among children, owing to the extreme heat.

I have seen three cases of elephantiasis but no cases of leprosy during the four months I have been in Chungking.

Probably the most fatal and obstinate to treatment of all diseases is tuberculosis. In its varied forms it affects more than half the people and is the cause of more deaths than any other disease. The glandular form is the most severe, and is so rapid in progress and diffused in character that operation yields discouraging results. Pulmonary tuberculosis yields readily to treatment, and cod-liver oil is becoming well known and widely used. Tuberculosis of the bones is usually of the smaller joints.

I have seen three cases of carcinoma of the lip, the largest of which is shown in Fig. 1. The patient is 52 years old, and has smoked opium for 15 years. He says that 14 months ago he noticed a small wart on his lip, just within the nasal orifice; this has given some pain and grown steadily until it is now about 2 by 3 inches, with scabby, dirty, bleeding surface and raised indurated irregular border. I found maggots at work in the centre of the wound. As the man was an opium-smoker, he was induced to first break off his opium, and operation has not yet taken place.

Opium-smoking is very common, and many women as well as men are enslaved to the habit. Its effects are bad beyond description, yet vary greatly in different cases. The woman standing in the centre of the group (Fig. 2) is 77 years old, and has used opium daily for 47 years; she began for pleasure, and has never been sick in any way; she shows no symptoms of debility from opium poison. She has broken off the habit and remains cured. The other woman of the group began using opium because she suffered from pulmonary tuberculosis, and in a few years showed marked signs of neurosis. The girl, 13 years old, is a slave suffering from rickets, and has greatly improved by treatment. This picture illustrates the five great curses of the women of China—slavery, opium, tuberculosis, rickets, and bound feet.

Much has been said to me about the inability of the Chinese to heal from surgical wounds. I wish to cite three cases in which under complete asepsis most rapid recovery occurred:—

1.—A boy, 16 years old, upon whom I operated for oblique inguinal hernia. The wound was closed with no drain in the scrotum and a small gauze drain in the lower angle of the incision. There was no pus, and the dressing was not changed until the 8th day. On the 9th day the patient was on his feet, and on the 13th day was dismissed without a bandage or belt. Several months have passed, and he is perfectly well and strong.

2.—A man, 31 years old, who had cut his little finger off in the first third of the first phalanx. The bone was protruding from the dirty wound. The patient was a slave, poorly nourished and very anæmic, and appeared to have little power of recovery; yet in eight days from the time I removed the remainder of the phalanx and made a flap, the wound was entirely well, and on the 9th day the patient was dismissed without a bandage.

3.—Woman (*see* Fig. 3), 45 years old, with a degenerated lipomatous tumour hanging down from the shoulder to the waist-line and 16 inches in diameter, with a pedicle $3\frac{1}{2}$ inches in diameter when pressed together. The tumour had been growing for 27 years, and in its degenerated state yielded a most offensive and penetrating odour. It was removed, and the wound closed without a drain. Recovery took place in 12 days.

The last case calling for mention in this Report is one which illustrates the good results obtained by the use of large doses of iodide of potassium in severe tertiary syphilis. The patient was a Chinese man, about 26 years old, with two gummata and an ulcer on the right shin, a papular squamous eruption under the left nipple, a gumma in the left eyelid about the size of an English walnut, an ulcer on the crown of the head, another in the occipital region, a third arching over the right ear, and a fourth that had made a hole through the outer lamella of the centre of the frontal bone about the size of a 20-cent silver piece, suppurating in the cancellous bone tissue, and, further, the cubital gland of the right elbow-joint was very large and soft. I began by giving 60 grains of iodide of potassium a day, divided into three doses after meals, and increased to 180 grains a day. The 3rd day improvement was noticed, and the 15th day he was well, except the healing of the skin over the frontal bone. Disturbance of the stomach was avoided by giving the medicine in a large quantity of water.

Fig. 1.



Fig. 2.



Fig. 3.



DR. J. A. LYNCH'S REPORT ON THE HEALTH OF CHINKIANG

For the Year ended 31st March 1900.

DURING the past twelvemonth the health of the Chinkiang community has been good. The summer of 1899, like that of the previous year, was marked by a complete absence of cholera and kindred seasonal epidemics. Among the foreign population no complaints of a grave character came under treatment. Except for a few trying days in the end of June, there were not even the ordinary discomforts of the hot weather to grumble over, a scarcely interrupted series of typhoons keeping the temperature within very moderate limits. As might naturally be expected after a summer of unusual coolness, the winter set in early, with hard frosts in November, and lasted almost to the end of March. At no time, however, was the cold inordinately severe.

Malarial fevers of the usual types appeared in the early autumn; and February and March brought a small outbreak of influenza, presenting no feature of special note beyond its mildness.

Two deaths occurred during the year. In November a delicate, slightly rachitic child of 2 years was seized with pneumonia of a most insidious character, and on the 4th day died suddenly of cardiac failure. The other death took place in February. A visitor to the port, a man of 38, apparently in vigorous health, was found unconscious in bed when his servant went to call him at the usual time in the morning. When seen by me a short while after, he could be partially roused for a few seconds at a time. The stomach was washed out as a precautionary measure, in view of possible narcotic poisoning, although a careful scrutiny of patient and room revealed nothing that pointed decisively in that direction. The temperature was a little raised; the urine albuminous; no accentuation of the second sound of the heart; no change in the pupils beyond sluggish reaction to light; and no unilateral symptoms whatever. A few hours later rigidity of both legs, with strongly-marked ankle clonus, set in, suggesting the condition which was found at the autopsy—viz., ventricular hæmorrhage. A temporary subsidence of the symptoms, with return of incomplete consciousness for several hours, was succeeded by renewed stupor, deepening rapidly into coma; death ensuing after 40 hours of illness.

The sanitary state of the Settlement continues satisfactory, the water and milk supplies are good, and the drainage leaves little to be desired. Should we have the misfortune at any time to receive a visit from the plague, it is most unlikely to effect a lodgment anywhere within the Concession limits. The danger will come from the densely inhabited and very dirty native suburb, and the most likely spots will be those close upon our boundaries—namely, the "West Gate Street" and the "Maloo." The condition of this latter thoroughfare, our only way of egress to the country, is a matter of specially serious import. The Maloo has been constructed and kept in repair for over a score of years by the contributions of foreign residents. In the

course of time there has grown up on each side of it a crowd of houses and hovels, many of a most objectionable character; and the whole locality becomes more insanitary and offensive year by year. It has been suggested that an effort should be made to secure some degree of municipal supervision over this region. The power to exercise police and sanitary control is worth a good deal of wrangling for. It may be fairly argued that foreign residents have earned the right to exercise it; that it is a necessity for our protection; and that it would be an unquestionable boon to the Chinese occupants.

To the courtesy of Mr. J. J. C. LORENTZEN I owe the appended meteorological abstract.

METEOROLOGICAL TABLE, March 1899 to March 1900.

MONTH.	THERMOMETER.			BAROMETER.		RAINFALL.
	Maximum.	Minimum.	Mean.	Maximum.	Minimum.	
1899.	° F.	° F.	° F.	Inches.	Inches.	Inches.
March.....	72	35	49.9	30.55	29.84	2.88
April.....	78	38	56.7	30.48	29.80	5.08
May.....	92	49	68.6	30.10	29.78	1.76
June.....	96	66	76.8	29.99	29.55	7.31
July.....	100	71	83.6	29.87	29.51	2.07
August.....	95	63	78.5	30.01	29.52	13.23
September.....	83	59	71.0	30.27	29.90	2.30
October.....	76	44	61.5	30.44	30.00	0.09
November.....	65	28	49.6	30.59	30.03	3.03
December.....	68	30	44.8	30.54	29.97	2.77
1900.						
January.....	46	21	31.0	30.71	30.12	2.35
February.....	65	25	39.2	30.62	30.08	0.56
March.....	73	30	47.0	30.55	29.75	1.92

DR. W. H. PARK'S REPORT ON THE HEALTH OF SOOCHOW

For the Three Years ended 31st March 1900.

No epidemics have occurred during the time under review, and the general health of the community has been as good as could be expected.

Our European population averages about 60, and during the past two years the following diseases among them have been noted:—

Intermittent malarial fever	21	Pharyngitis	2
Remittent " "	3	Dysentery	2
Bronchitis	7	Dengue	2
Constipation	6	Abscess of liver (treated in Shanghai)	1
Diarrhœa	3	Congestion of liver	1
Intestinal indigestion	2	Rheumatic fever	1
Neuralgia	2	Conjunctivitis	1
Pleurodynia	2	Membranous croup (fatal)	1

Several people have had more than a dozen attacks of intermittent fever; so the total 21 merely represents the number of people attacked, not the number of separate exacerbations.

Some of the principal diseases seen among 25,000 consecutive native patients visiting the dispensary of the Soochow Hospital were:—

Malaria.

Intermittent fever, quartan type, afternoon exacerbation	7,735
" " " " forenoon "	170
" " irregular type	544
Remittent fever	239
	8,688

Eye Diseases.

Catarrhal conjunctivitis	602	Pterygium	338
Gonorrhœal conjunctivitis	21	Entropium	260
Granular conjunctivitis (trachoma)	516	Trichiasis	192
Phlyctenular conjunctivitis	99	Ulcer of the cornea	162
Blepharitis marginalis	403	Cataract	57
Keratitis	142	Iritis	47
Interstitial keratitis	26	Glaucoma	41
Phlyctenular keratitis	181		
Opacity of the cornea	391		3,820
Pannus (mostly from trachoma)	342		3,820

General.

Scabies	1,222	Ascites	162
Eczema	938	Dysentery	155
Dyspepsia	723	Fistula in ano	136
Rheumatism	689	Leprosy	108
Bronchitis	608	Tinea circinata	94
Ulcers (mostly on the leg)	504	Elephantiasis	86
Asthma	392	Epilepsy	70
Phthisis	248	Beri-beri	28
Enlarged spleen	234	Abscess of the liver	5
Favus	171		

The people in this part of China seem to have no fear of contagion from leprosy, and lepers are never segregated. I inquire as to origin in nearly every case, and generally get the reply that the patient has no idea of how he contracted the disease, and that there are no other cases in the family or even in the immediate neighbourhood. Last week, however, one patient said he had caught the disease from one of his neighbours, and there were five other cases in his village; it had existed there for a great many years. The eyebrows dropped out about the third year, and death occurred in all cases a few years later.

The following is a list of diseases seen in private practice among the well-to-do classes of Soochow (350 consecutive cases, suicides not included):—

Remittent fever	29	Syphilis	4
Gastralgia	25	Retention of urine	4
Phthisis	20	Croup	4
Apoplexy	15	Necrosis of bone	4
Dyspepsia	14	Infantile convulsions	4
Constipation	10	Rheumatic fever	3
Diarrhoea	10	Pott's disease	3
Typhoid fever	9	Abortion	3
Anæmia	7	Eczema	3
Puerperal eclampsia	7	Sciatica	3
Dysentery	6	Intestinal worms	3
Mitral insufficiency	5	Insomnia	3
Old age	5	Nephritis	3
Bronchitis	5	Carbuncle	3
Hæmoptysis	5	Transverse myelitis	3
Ascites	5	Opium diarrhoea	3
Insanity	5	Small-pox from inoculation	3
Pneumonia	4	Odontalgia	2
Chronic rheumatism	4	Hæmatemesis	2
Hystero-epilepsy	4	Tic douloureux	2
Difficult labour	4	Measles	2

Trachoma	2	Cancer of the kidney	I
Glaucoma	2	" " rectum	I
Cellulitis	2	"Soul stolen by an evil spirit"	I
Indigestion	2	Syphilitic laryngitis	I
Deep abscess	2	Tubercular "	I
Stomatitis	2	Dementia	I
Epilepsy	2	Tonsillitis	I
Hysteria	2	Synovitis knee-joint	I
Strangulated hernia	2	Fistula in ano	I
Aortic insufficiency	2	Cerebro-spinal meningitis	I
Gastritis	2	Spermatorrhœa	I
Vomiting of pregnancy	2	Dermatitis	I
Asthma	2	Anthrax	I
Puerperal fever	2	Adenitis	I
Burns	2	Gangrene of prepuce	I
Fracture of the femur	2	Ague	I
Hip-joint disease	2	Vertigo	I
Heart failure (sudden death)	I	Cephalalgia	I
Keratitis	I	Catarrhal conjunctivitis	I
Blepharitis marginalis	I	Phlyctenular conjunctivitis	I
Alveolar abscess	I	Abscess of the breast (mastitis)	I
Angina pectoris	I	Gonorrhœa	I
Peri-urethral abscess	I	Herpes zoster	I
Chronic malarial poison	I	Scurvy	I
Congestion of the brain	I	Colic	I
Chronic hiccough	I	Chorea	I
Paralysis of the seventh nerve	I	Malarial hæmaturia	I
Influenza	I	Cataract	I
Obstruction of the bowel	I	Cold abscess	I
Gonorrhœal epididymitis	I	Deformed thumb	I
Stricture of the œsophagus	I	Impacted water-melon seed hulls	I
Dengue	I	Accidental gunshot wound	I
Cancer of the breast	2	Diphtheria	5

Malarial fever (remittent form) heads the list, but I have been called to only one case of the intermittent form. It must not be gathered from this, however, that ague is rare in the city.

The fashionable disease of Soochow is gastralgia. Men occasionally have it, but it is mostly confined to ladies of the upper classes, due probably to the indolent, aimless lives most of them have to lead. The inciting cause is often a fit of anger, but in many instances the cause is unknown. Some have only one attack a year; others, one every festival occasion—New Year, fifth of fifth moon, middle of eighth moon, etc.; and still others suffer nearly every month.

The attacks last from three to five days. The pains usually, though not always, begin in the stomach, but they soon radiate to the back and limbs, and during the worst of the attack there is no sleep or rest day or night. When called to a case I can generally tell when I am nearing the patient's apartments by hearing the cries and groans that are proceeding therefrom. Every servant on the place, and wealthy families have them by the dozen, can give a full history of the attack, and of previous ones too for that matter; and well do they have reason to be posted, for there is not a moment's peace for them until the worst is over. Some are sent for the doctors, some go for the medicines, some prepare the medicines, some do this, and some do that, and all take turns in pounding, pinching, and rubbing the patient, and in being scolded,—for the mistress is irritable, and if they try to let up on this part of the performance she will give them a piece of her mind. The servants of relatives and friends are all busy, too, for everyone seems to know when an attack is on, and all must send messages of condolence or recommend some efficacious remedy or some famous doctor. I have sometimes thought I could detect symptoms of pride in the servants, that they were serving a mistress who could get up such a disease and cause such a stir in her little world. This disease is largely responsible for opium-smoking among women, and here, as elsewhere, it does more harm than good. If they would be content with smoking only when an attack supervenes it would be one of the finest remedies known; but nine-tenths of them, once they begin, fall victims to the habit, and their last state is worse than the first. By weakening and constipating its victims opium renders them more liable to attacks, and by inuring them to its action it takes away their only means of relief.

Cerebral apoplexy is also very common in Soochow. I was formerly acquainted with a rice merchant who often said he expected to die suddenly some day soon, for his father and four older brothers had all died of apoplexy before reaching the age of 50. I tried to reassure him, but in his 42nd year I was suddenly called to his bedside one night to find him dying of cerebral apoplexy. In another family three brothers, one of them a man of note, have had cerebral apoplexy during the last five years. Two of them died, and the third has had a stroke that has left him as helpless as a child. Their ages ran from 58 to 65.

Our fancied security from diphtheria proves every year to be more and more a myth. There have been no special epidemics, but a certain number of cases occur here every year, just as they do in the large cities of Europe and America. Not long ago I secured a supply of diphtheria antitoxin, and in February of this year used it on a most unpromising case of laryngeal diphtheria with most gratifying results. The father and mother allowed me to inject it, because they counted the child as dead and thought she could not be made any worse. Great, therefore, was their surprise and joy when recovery followed. The father presented me with a valuable jadestone medal, the mother kowtowed, and the grandfather donated a desirable piece of land to our Soochow Anglo-Chinese School.

In this land of opium-smoking we are often called upon to treat constipation and impacted fæces. For the latter condition I used, not long ago, at the suggestion of my colleague, Dr. J. D. TRAWICK, an injection of peroxide of hydrogen, and the effect was all that could be desired.

DR. HERBERT J. HICKIN'S REPORT ON THE
HEALTH OF NINGPO

For the Half-year ended 31st March 1900.

THE health of the port has been fair. One birth and two deaths were recorded. The following cases are of interest:—

ERYSIPELAS FOLLOWED BY MILD MANIA.

Patient was a Chinese girl, aged 16, a scholar in a mission school. Her intellect was never very bright—not up to the average standard of the school. The cold weather in the beginning of January gave the girl chilblains on the ears; these ulcerated and formed the starting point of an erysipelas which commenced on the right side of the neck, just below the lobe of the ear. Thence it spread over the whole of the right side of the face, avoiding the scalp; it then crept across the forehead and extended down the left side of the face and neck to the clavicle, where it stopped. There was considerable prostration from the commencement, which increased till the 9th day of the illness, when a climax was reached. The patient now lay in a typhoid state, but by free stimulation and frequent nourishment she rallied, and the temperature began to decline day by day and assumed the normal on the 14th day of the illness. The highest temperature I was able to record was only 103°.6 F., but it seems probable that it was much higher than this, as the mother told me that for three or four nights her daughter's skin was pungently hot and far more hot to the touch than at any time during my daily visits. No abscesses formed, though the forehead was very oedematous and there was evident effusion in the subcutaneous tissue.

The chief interest of the case lay in the fact that after the girl began to rally from her prostration, on the 9th day, she became mildly maniacal and began to chatter incessantly by day and night, but more so during the night than by day. She was restless and tried to get up out of bed. She was sleepless during the night, but would doze a little in the early morning. She had delusions of time and place, but was at no time violent or obscene. She was semi-conscious, and could with difficulty be made to put out her tongue. She was conscious enough, however, to object strongly to the salt taste of the bromide she was given.

Under bromides and trional, which succeeded very well in inducing sleep, this condition slowly passed away, and in a week she was fairly rational, though her brain remained in a more or less feeble state until convalescence was well established some fortnight later. Erysipelas of the face is, in my experience, a rare affection in the Chinese, and when it occurs is attended with much delirium. Some native doctors were called in to the above case and recognised its nature, but gave a gloomy prognosis; and well they might, for their principle is to starve disease, and had this girl been put on low diet I am sure the result would have been fatal.

ABSCESS OF THE LIVER.

In this case, which was in a European, there was a previous history of alcoholism, and of a severe attack of dysentery in the autumn of 1899, followed by a relapse just as the patient was about to leave hospital.

The symptoms were violent rigors, followed by fever and profuse sweats. The morning temperatures were subnormal ($96^{\circ}.4$ F.). There was continual vomiting, with anorexia; absence of local pain and jaundice; no enlargement of spleen or liver; regular bowels, with stools normal in colour and consistence; depression of spirits.

The diagnosis rested mainly on his habits, previous dysentery, sickness, rigors, sweats, and on the absence of malarial periodicity and of organic disease of any other organ.

Feeling pretty confident the mischief was in his liver, patient was sent to the General Hospital at Shanghai, where, I understand, abscesses were found and opened; but the final result was fatal. The rigors came on for the most part, while under my observation, between noon and 5 P.M., but they sometimes occurred twice daily, and in the earlier part of the illness occurred during the night, when the patient was lying warm in bed.

MALARIAL COLIC.

It is well known that malaria will attack almost any organ, but the following case is of interest, firstly, on account of its long duration, and, secondly, because a complete change of air and climate had no influence on the course of the disease. The disease commenced about the middle of September 1899, just when the nights began to get cooler and the mosquitoes ceased to bite, and ended on 31st January 1900.

Symptoms.

(1.) *Lumbar pain*, aching in character, varying in intensity but almost constantly present, the severity of the pain bearing a direct proportion to the abdominal pain. The pain was extremely wearisome.

(2.) *Abdominal pain* situate in the left iliac fossa, and sometimes in the right iliac fossa also, and occasionally extending all over the abdomen. In character it was aching, dragging, or griping, occurring in greatest intensity about three hours after food, and often distinctly relieved by the taking of food.

(3.) *Exaggerated peristalsis* was a symptom frequently present, and gave rise to a feeling as of a distended coil of intestine moving across the abdomen above the umbilicus.

(4.) *Aching pains in one or both testicles* were often felt when the abdominal pains were severe.

(5.) *Articular pains* occurred on the inner sides of the knee-joints, more usually in the left knee, but sometimes in both knees. These pains were only felt when the abdominal and lumbar pains were most severe. They were often replaced by a sensation of muscular weakness

and trembling. The area of these pains corresponded to the area of distribution of the anterior cutaneous nerves at the knee-joint, but they may have been caused by pressure of a distended gut on the obturator nerve at the sigmoid flexure.

(6.) *Excessive sensibility to slight variations of temperature*—manifested by a tendency to sore-throat and nasal catarrh on slight provocation, and by slight chilliness after exposure to a breeze. Any slight chill of this character was invariably followed by exacerbation of the abdominal pains or the lumbar aches.

(7.) *Irritability of the bladder*—a marked symptom. Though the quantity of urine was not in very great excess, yet the “calls” were exceptionally frequent, and were attended by unusual urgency.

(8.) *Peevishness and irritability of temper*, and sometimes depression of spirits. Patient felt great loss of energy, liked to recline in a chair with his legs up; was disinclined to exercise the intellectual faculties, either in reading or in conversation.

(9.) *Appetite* was capricious. Sometimes there was a great craving for food, at other times appetite was poor; but in general a fair amount of food could be taken, though there was little enjoyment of it.

(10.) *Digestion* normal as a rule, but now and then nausea and distaste for food, with a feeling of weight in the epigastrium, difficulty of digestion, together with tenderness over the abdomen, as if it had been beaten all over, would supervene. At such times there would be intense depression of spirits. These dyspeptic attacks would occur once in every week or 10 days and last for a day or two.

(11.) *Flatulence* was often present to a slight extent, but was never a prominent feature.

Physical Examination.

This revealed no evidence of disease in the other organs. The abdomen was flaccid, the abdominal parietes devoid of fat. Pain on deep pressure could generally be elicited over the sigmoid flexure and sometimes over the cæcum, and there was the feeling as of a distended hard portion of the bowel in these localities. There was no undue tympanicity on percussion. The bowels were regularly moved, the motions soft but formed, natural in colour and quantity; there was no evidence at any time of either blood or mucus or of unchanged food. Occasionally after a slight chill a very mild diarrhoea would occur, in which the motions would be only just unformed, and the number of stools would not exceed three or four in 24 hours. These mild symptoms would subside in a day or two.

Urine.—Specific gravity 1,001 on the average, rarely as high as 1,010; but this low specific gravity had been present almost all through the summer. Reaction was neutral. There was no trace of albumen and no excess of mucus. A cloud of phosphates formed on heating, and were dissolved on the addition of a drop of acetic acid. Decomposition occurred with great rapidity.

Tongue was usually clean and moist, but would now and then get coated with a white fur for a few days.

Treatment.

Strict dieting was tried, but relinquished in favour of an ordinary simple diet of soups, meat, vegetables, milk puddings. Fruits were avoided, oranges in particular seemed to exaggerate the pain. Intestinal antiseptics—salicylate of bismuth and creosote—appeared to alleviate for a time, and latterly a tonic of dilute hydrochloric acid and liquor strychniæ seemed to palliate the symptoms slightly. A change of air to Japan, with hot baths twice daily, was tried for a month and succeeded in improving the general health, but had no effect on the course of the disease. Walking exercise was also tried and seemed to do neither harm nor good, but it was disagreeable, as the jar of the feet on the ground caused marked pain in the iliac regions.

The course of the above symptoms continued uninterruptedly till 28th January, when the patient felt chilly and ill all day with the more acute dyspeptic symptoms. The next day there was marked improvement; but the day following, the symptoms returned, and in the afternoon the patient felt so chilly as to suggest the probability of fever, and the temperature being taken registered 101° F. This distinct periodicity, which had hitherto been sought for in vain, gave the clue to the nature of the malady, and a few doses of quinine speedily banished every trace of pain, and made existence, which at times had been downright burdensome, once more a pleasure. 10-grain doses of quinine once daily were kept up for about six weeks after the disease was cured, and since then there has not been the slightest recurrence of the symptoms.

In the autumn of the previous year (1898) exactly the same train of symptoms troubled the patient for about two months, but were ultimately brought to a climax by the onset of mild dysenteric symptoms, which speedily yielded to complete rest in bed, careful diet, salicylate of bismuth, and large enemata.

DR. H. M. McCANDLISS' REPORT ON THE HEALTH OF HOIHOW AND KIUNGCHOW

For the Half-year ended 31st March 1900.

THE general health of foreigners and natives was good from the end of September to 20th December. Then the small-pox epidemic commenced in Kiungchow, and soon extended to Hoihow. It lasted until about the end of February, and then died down in both places. Although it was a general epidemic and excited the people to the point of being vaccinated, the mortality was much less than in former epidemics. The three cases which I treated all got well with little pitting, although one case was confluent.

Just as the small-pox subsided the plague took its place and worked with great intensity. During the first 23 days of March there were 256 coffins sold, but in the next 20 days about three times that number. About 30 to 40 per cent. were uncoffined, and some few were so fortunate as to have coffins on hand. Up to date the Chinese grave-diggers estimate that they have carried out just about 2,000 bodies. If we place the population of Hoihow and environs at 30,000, the above figures would give a plague mortality approximating 7 per cent. The people were so roused that they deserted their houses, and went to the river banks to live under temporary shelter, while many removed to the villages and village temples. Large quantities of gold and silver paper were burned, together with a great deal of incense. Bands of men with muskets went to the different districts and temples and fired volleys at the retreating devils, driving them with tom-toms out toward the deep water. This all leads up to the observation that in about nine cases out of ten an evil spirit to a Chinese is simply another name for an evil influence, which foreigners with their microscopes discover to be pathogenic bacteria. A foreigner goes to a new place and tries to rent a house, and after much vain effort succeeds in renting a haunted house, which simply means that the former occupants of the house have died in some epidemic or from some contagious or infectious disease, and if other Chinese live afterward in this house the same devils or bacteria will attack them. But the foreigner can live in the haunted house, for the reason that he opens up windows, cleans out, and disinfects. (In a house I occupied for several years a Taotai and nearly 30 of his retinue had died of what answered to the description of enteric fever.) Chinese try to open a mine or excavate for a fort, and the earth devils resident in the place attack the disturbers of their peace, which means that the germs of typhoid, malarial, or of excavation fever, or of dysentery (all of which I have treated in the soldiers who worked at the great fort near here) are liberated or inhaled, drank or inoculated into the workmen. We have here in the island both the fungus-

foot (mycetoma) and a fungous ulceration of the leg occurring in carriers and others who have to penetrate the interior Li country, and who are bitten by the Li devil, or in reality are attacked by the ray fungus, and unless relieved by foreign methods linger on in unhealed lameness for many months. The infection of puerperal fever is due to the "birth devil." Old ulcers are created by the ghosts of departed beggars, and called "beggar devils." Thus the list could be prolonged indefinitely.

The great pity is that the people cannot be persuaded to discard their antiquated tom-toms, fire-crackers, and tomfoolery, and drive the bacterial devils out with fresh air, sunshine, boiling water, carbolic acid, and fresh burned lime. In the present plague epidemic not over six or seven bottles of carbolic have been sold from the dispensary, and these only to such Chinese as have been with foreigners. Many of the people are amusing themselves by carrying under their noses as prophylactic small balls of tar camphor, which are sold to them at extravagant prices. A few have sprinkled unslaked lime under their beds. Many of the sick have been carried out to the open ground, having a rough thatch hastily erected over them, and have been left there to die or get better. If this method were coupled with a little kind treatment the idea would not be wholly bad. One instance is where a mother and child were carried out and left in the open over night. In the morning the mother was dead, and the child wandering near its mother in search of food, was considered to be so much better that it was taken back home. Although there are just at present three foreign physicians in the place, there have been but few appeals to them for the treatment of plague. The Chinese guilds sent to Canton for a famous plague doctor to come down, and from all accounts he has been faithful in trying to give relief. But, on the whole, the Chinese seem to have settled it in their minds that plague is incurable and attempts at relief will be futile. So far as I can learn, a large number of the rapidly fatal cases have been pneumonic in type. A few days ago a house, in which there had been several deaths from plague, was burned down, and an old blind woman and a half-grown girl belonging to her, and who was ill with plague, were both badly burned and were brought to the hospital, not to be treated for plague but for their burns. The neighbours had expected the old woman to take the plague and die, and so had bought her a coffin. She was very stout and heavy, and in the effort to pull her out of the burning house her shoulder was dislocated and pained her very much. However, she did not grieve over the burns or the dislocated shoulder (which I reduced); but, oh! that coffin which was burned, and where would she get another?

In some of the houses which suffered most the dead rats were numerous, and spasmodic and scattered efforts were made to get rid of the rats. A middle-aged woman found a dead rat alongside her pillow on awaking in the morning, but although over two weeks have passed she continues well.

During these six months three foreign children have been born, all girls, and mothers and children are enjoying good health. In one case impaction of faeces occurred on the 14th day, and nervous excitement was so great that convulsions were feared, and the faecal mass was removed mechanically under chloroform.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS taken at the Custom House, Hoihow (Kiungchow),
October 1899 to March 1900. (Latitude, $20^{\circ} 3' 13''$ N.; longitude, $110^{\circ} 9' 3''$ E.)

MONTH.	WIND.							BAROMETER.		THERMOMETER.		No. of Days Fog.	RAINFALL.	
	No. of Days N. to E.	No. of Days E. to S.	No. of Days S. to W.	No. of Days W. to N.	No. of Days Variable.	No. of Days Calm.	Average Hourly Force.	Highest.	Lowest.	Highest.	Lowest.		No. of Days.	Quantity.
1899.								<i>Inches.</i>	<i>Inches.</i>	$^{\circ}$ <i>F.</i>	$^{\circ}$ <i>F.</i>	<i>D. h.</i>	<i>D. h.</i>	<i>Inches.</i>
October.....	21	8	...	...	2	...	3	30.39	30.04	83	74	...	2 13	4.48
November.....	25	5	...	...	...	...	2	30.53	30.02	80	60	...	0 17	1.27
December.....	15	14	2	...	...	...	2	30.49	30.10	83	63	0 14	0 15	0.66
1900.														
January.....	21	10	...	...	...	...	2	30.46	30.12	78	48	0 3	2 15	0.67
February.....	21	6	1	...	...	...	3	30.58	30.10	79	51	0 4	1 8	1.06
March.....	17	6	3	2	2	1	2	30.48	29.96	85	59	0 5	3 11	1.80

DR. A. SHARP DEANE'S REPORT ON THE HEALTH OF PAKHOI

For the Half-year ended 31st March 1900.

For the first three months of the period the health of the port was exceptionally favourable. From December up to date has been a season of epidemics, the worst of these being small-pox, which affected the native population more severely than in any year since 1894, and is still prevalent among them. Chicken-pox, measles, and influenza were among some of the other epidemic affections present.

The weather for the first three months of this year (1900) was particularly favourable for the spread of the epidemics named. Dense fogs prevailed nearly the whole time, from January until the middle of March, with only a few hours sunshine to brighten the scene. The winter was an exceptionally severe one, damp and gloomy, with at times frost at night. The cold, with a piercing north wind, was sufficiently intense to be the cause of death among some of the indigent poor creatures with scanty clothing and without a roof over them—those who may be seen along the main roads lying in a hollow, sheltered by only an old umbrella or a piece of matting propped up on slips of bamboo. The Cantonese in the town generously came forward, and by opening soup kitchens rendered an inestimable amount of comfort to this class of suffering humanity.

Plague has not made its appearance here since the finish of the epidemic in July last year, nor is it likely to occur as an epidemic during the present season. The earth is still moist and close after the winter rains, and the tendency of the weather being for periodical showers, the town will be kept in a fairly sanitary state until the heavy rains of June and July reach us, after which it may be pronounced with almost absolute certainty that we shall be free from the occurrence of plague until January or February 1901.

Heretofore cholera and dysentery, of more or less severe types, during July and August have followed seasons where continuously damp weather prevailed during the first few months of the year. Let it be hoped that the present occasion may prove an exception to previous years.

As to the sanitary condition of Pakhoi, the Cantonese residents, who are the prime movers in any improvement or philanthropic work, are endeavouring, of their own accord, to collect money for the purpose of repairing the streets inside and outside the town. This, certainly, is a step in the right direction, and one which will meet with success if supplemented by a continuous system of flushing the streets.

The most cleanly towns in China are those which, by circumstances seldom attainable, have a natural water supply running along the side channels of the streets from year's end to year's end. Pakhoi lends itself admirably to such a condition, were the natural supply of water forthcoming. The town is situated close down to the sea, and consists of three or

four streets running parallel to the shore, with a few cross connecting streets, and is built on an incline of about 1 in 20, falling towards the sea, with a slight trend from east to west, so that water admitted at the eastern end of the streets would flow westward and also from south to north into the sea. Now, if the people could be induced to engage the services of a hydraulic engineer to supply a continuous flow of water along the streets, and a staff of scavengers to keep the ways clean, then we might hear less about the spread of plague from Pakhoi.

I have found from contact with the Chinese here that there are some among them who keep themselves in touch with what is written and action taken regarding the extermination of plague in other parts of the world where that disease has taken root, and from what I can learn there are not a few who will influence the masses to adopt measures for the extermination of this disease so soon as Western science has proved that the method recommended will without doubt produce the result aimed at, and be a recompense for the initial outlay necessary on the adoption of such measures. But they are very reluctant to spend money on any scheme proved in practice to be a failure elsewhere.

They still hold to their old opinion that plague is a telluric disease (originating from the earth), and they say that now certain places have lately, through causes unknown, become favourable to the growth of the disease. Otherwise, they ask, why did plague wait until 1894 to leave its home when under exactly similar circumstances existing for many years prior to that date it showed no tendency to migrate? This and many other questions difficult to answer originate in the minds of Chinese who have spent the best part of their lives abroad—who may be considered more in the light of birds of passage than domiciles of their native land.

There is, however, no excuse for not adopting measures to keep the town in a decently clean condition, and the merchants, recognising the inconvenience they would be put to were quarantine regulations enforced here, are bestirring themselves to improve the streets, and will eventually institute some means of keeping them clean. For the present they cannot be expected to do more.

METEOROLOGICAL TABLE, October 1899 to March 1900. (Latitude, 21° 29' N.; longitude, 109° 6' E.)

MONTH.	THERMOMETER.			RAINFALL.	MONTH.	THERMOMETER.			RAINFALL.
	Highest.	Lowest.	Mean.			Highest.	Lowest.	Mean.	
1899.	° F.	° F.	° F.	Inches.	1900.	° F.	° F.	° F.	Inches.
October	90	60	77.46	0.17	January.....	79	37	54.19	0.69
November.....	83	50	67.57	0.43	February.....	76	40	53.50	2.76
December.....	82	49	68.79	0.10	March.....	80	46	62.50	3.93

II.—SPECIAL SERIES.

No.	Title	Published	Year
No. 1.	NATIVE OPIUM.....	Published	1864.
" 2.	MEDICAL REPORTS: 59th Issue (First Issue, 1871).....	"	1900.
" 3.	SILK.....	"	1881.
" 4.	OPIUM.....	"	1881.
" 5.	NOTICES TO MARINERS: Eighteenth Issue (First Issue, 1883).....	"	1900.
" 6.	CHINESE MUSIC.....	"	1884.
" 7.	INSTRUCTIONS FOR MAKING METEOROLOGICAL OBSERVATIONS, AND THE LAW OF STORMS IN THE EASTERN SEAS.....	"	1887.
" 8.	MEDICINES, ETC., EXPORTED FROM HANKOW AND THE OTHER YANGTZE PORTS, WITH TARIFF OF APPROXIMATE VALUES.....	"	1888.
" 9.	NATIVE OPIUM, 1887.....	"	1888.
" 10.	OPIUM: CRUDE AND PREPARED.....	"	1888.
" 11.	TEA, 1888.....	"	1889.
" 12.	SILK: STATISTICS, 1879-88.....	"	1889.
" 13.	OPIUM: HISTORICAL NOTE; OR THE POPPY IN CHINA.....	"	1889.
" 14.	OPIUM TRADE: MARCH QUARTER, 1889.....	"	1889.
" 15.	WOOSUNG BAR: DREDGING OPERATIONS.....	"	1890.
" 16.	CHINESE JUTE.....	"	1891.
" 17.	ICHANG TO CHUNGKING, 1890.....	"	1892.
" 18.	CHINESE LIFE-BOATS, ETC.....	"	1893.
" 19.	REPORT ON SOUND TRIALS OF SIRENS.....	"	1895.
" 20.	CHUNGKING: BUSINESS QUARTER AND MOORING GROUNDS, 1896.....	"	1896.
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" 24.	INTERNATIONAL MARINE CONFERENCE, WASHINGTON, 1889.....	"	1898.
