

## **Medical Missionary Hospital at Swatow, China**

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*J. Lyster Ball*

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REPORT

OF THE

MEDICAL MISSIONARY HOSPITAL

AT

SWATOW,

UNDER THE CARE OF

WILLIAM GAULD, M.D.

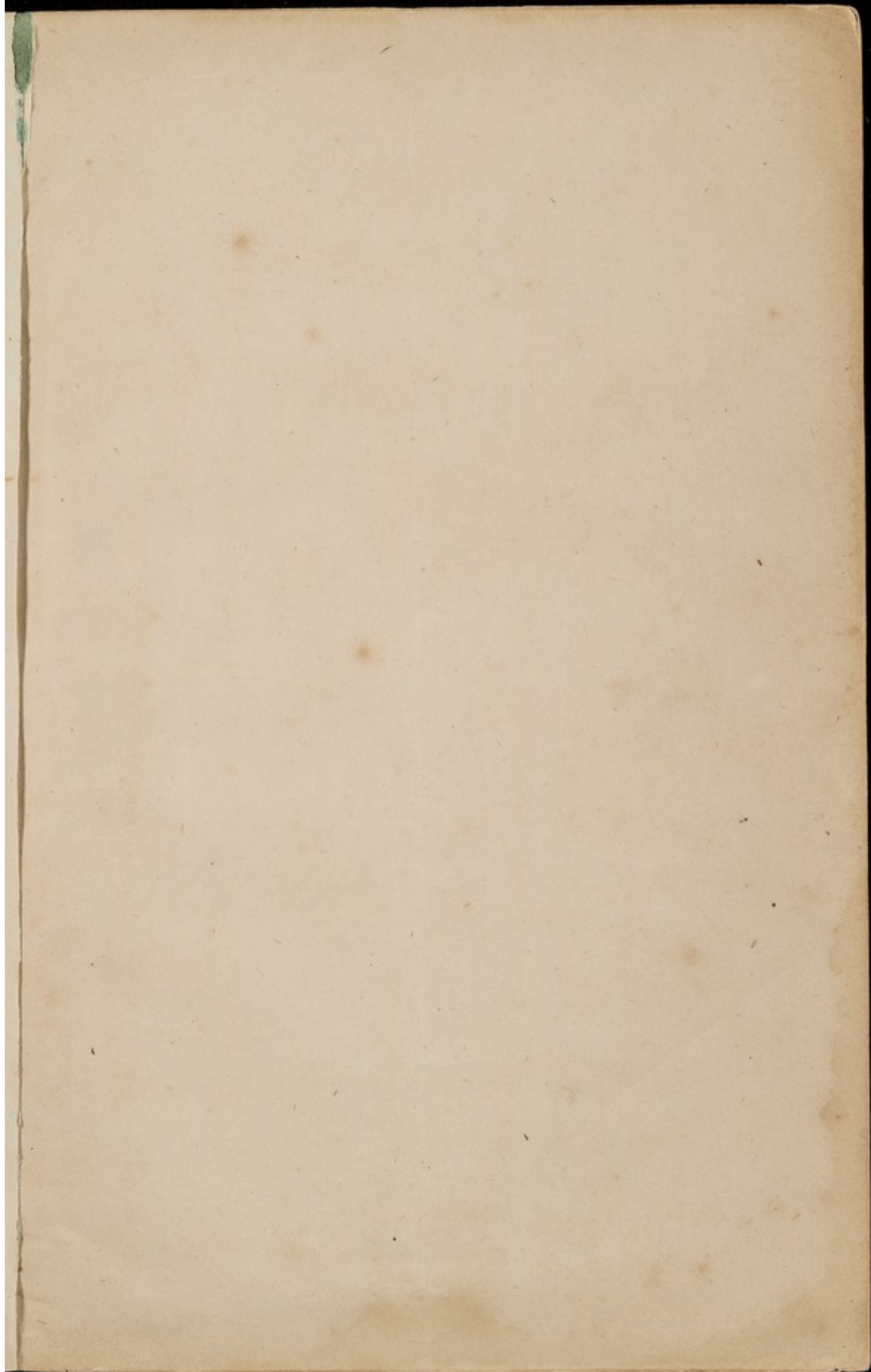
**For 1864-1865.**

PRINTED AT HONGKONG:  
1866.

Orient. Rm. Case 10

SWATOW, Medical Missionary  
Hospital





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## REPORT.

MEDICAL practice among the Chinese, in connection with Mission work at Swatow, was commenced in the month of November, 1863. A Chinese house was rented, and fitted up as a dispensary and hospital, and 3 days a week set apart for receiving patients. Ere long, however, on finding that the great majority of the patients came, not from Swatow, but from villages and towns more or less distant, it was deemed advisable to limit the admission days to 2 weekly, the hospital patients being attended to daily. Thus the giving of medicines to the people for use at their own homes could be better regulated, while they were spared the trouble and expense of coming so frequently. This plan has been adhered to up to the present time.

Swatow is the smallest of the Chinese ports at which a medical mission is established. Hence very few of the patients can be supplied from the town itself, while, at certain seasons, the people of the surrounding villages, chiefly engaged in agricultural pursuits, cannot leave their occupations. The attendance of patients, in consequence, fluctuates considerably at different times. Occasion is taken of this to visit other parts of the region, specially the preaching stations connected with the mission. Where practicable, these have been converted into temporary hospitals, and dispensary work carried on as at Swatow.

A foreigner practising among the Chinese meets with much that is trying. Not that the Chinese are in the mass ungrateful for benefits received. Experience proves the contrary. But in the mind of almost every one there is a latent suspicion of foreigners, and a prejudice against them. As a result perhaps of this, very many of the cases are brought in after the native doctors have done their best, or in some instances their *worst*, so that our remedies have not a fair field for their operation. Comparatively seldom is a case of disease seen at its commencement, and often only after the cure is hopeless. This is especially the case with diseases of the eye, and many a time a patient has to be sent home again, after a long journey, with the painful intelligence that nothing can be done to relieve him from life-long blindness, all the more painful that had he come earlier his eyesight might have been preserved. In the prescribing of medicines, also, we often find that the patient has come with certain ideas as to how his case should be treated. So long as our practice tallies with his theory, well! when it crosses it, he is off, with the settled belief that the nature of his disease is not understood. Mistakes occasionally happen, again, in the taking of the medicine. A man gets three or four



purgings to be taken at intervals of one or two days. He goes away and returns on the morrow, complaining of pain in the bowels, &c. On questioning him, it turns out that he swallowed the whole at once. Another receives a mixture sufficient for four days' use, which contains what in a large dose is poisonous. He drinks the whole in one day, and is disagreeably affected in consequence. The impression in their mind is that the greater the quantity of medicine used, the greater is likely to be the benefit. Notwithstanding all these drawbacks, however—by care, and, as far as possible, seeing personally that the directions in every case are complied with—very satisfactory results are attained and much suffering removed or alleviated.

It is of great importance in practising among the Chinese to be acquainted with their language; not only that a correct knowledge of their ailments may be arrived at, and clear instructions be given regarding the medicines prescribed, but the mere fact of the doctor being able to speak to him, inspires the Chinese patient with a certain amount of confidence, which prepares him to follow the advice given. It may be here remarked that in almost no case of real disease has the patient been put off with a single dose of medicine given on the spot, where this was manifestly insufficient. The invariable practice is to give enough for use until the following dispensing day, on which, if the case require it, the patient is advised to return. Thus the patient is honestly dealt by, and if he do not reappear, and suffer in consequence, the responsibility lies with himself.

The statistics are as follows :—

	1864	1865
Total number of patients for year ending 20th September,	1,967	1,777
Number of <i>Female</i> patients included in above, .....	200	312
"    of <i>Hospital</i> patients do., do. ....	250	343
Total attendances, .....	6,288	7,650
<i>Average</i> on stated dispensing days,.....	40	41
Greatest number treated on any one day,.....	92	75

To give an idea of the range of country from which the patients are drawn, it may be stated that they have come from about 500 different towns and villages. This has to be remembered in estimating the influence an agency of this kind may naturally be expected to exert on the Chinese in this department of the province.

The following is a statement of the different diseases and their *relative* frequency among the patients :—

	1864	1865
Diseases of digestive organs and general debility,.....	304	232
Do.    of respiratory organs, .....	183	149
Rheumatic affections, .....	174	118
Scrofula (enlarged lymphatic glands, &c.) .....	24	17
Ague, .....	27	23
Fever, .....	—	9
Dropsy and Œdema of limbs, .....	—	32
Cholera, .....	—	2
Paralysis, .....	7	15



	1864	1865
Epilepsy, .....	—	4
Mania, .....	1	—
Leprosy,.....	44	73
Opium Smokers, .....	22	25
Diseases of eye,.....	539	512
"  of ear and nose, (polypi, &c.) .....	10	15
"  of bone, .....	24	15
"  of joints, .....	51	55
"  of skin, .....	156	137
"  of genitals, .....	48	46
Wounds, ulcers and abscesses,.....	274	268
Tumours, .....	33	21
Hernia, .....	5	10
Fistula in ano, .....	5	7
Hæmorrhoids, .....	15	7
Harelip, .....	—	1
Angular curvature of spine,.....	—	2
Burns, .....	—	5
Dislocations, .....	—	3
Fractures, .....	3	1
Aneurism, .....	2	—
Dog bites, .....	4	2
Ranula, .....	—	2

Among medical cases, diseases of the *digestive organs* take the first place in point of frequency. This is the general experience in Chinese practice at the various ports. Included under this head are diseases of the mouth and teeth, dyspepsia, affections of the liver, diarrhœa and dysentery. *Chronic rheumatism* is of very common occurrence among the Chinese. This and the prevalence of dyspepsia among the labouring poor may be readily accounted for, the former by the exposure to which they are subjected, the latter by the nature of their food, composed as it is in greater part, of coarse vegetables and sweet potatoes, with more or less of rice. Pains from beatings often become chronic and assume a rheumatic character. In one or two cases where liniments failed, a few drops of a solution of morphia were injected under the skin of the part affected, with encouraging results.

The diseases of the *respiratory organs* have been chiefly chronic bronchitis, phthisis, emphysema, &c.

The cases of *fever* coming under treatment are very few. Not because fever, of all kinds, is uncommon among the Chinese. It is by no means so. Indeed it would be a marvellous thing, considering the habits of the people, their want of cleanliness, and the miserable rooms in which the majority live, if fever were rare. It seldom comes under notice, for several reasons. When attacked with fever, the Chinese remain in their own homes and prefer the attendance of their own physicians. Their treatment is in some respects peculiar. I called at one time to see a young villager, who had typhus fever. On entering, I was almost stifled by the close impure air of the small apartment in which he was lying. It had neither window nor loophole, and the one door was kept closed. It was



enough to generate fever, and a recovery under such circumstances must have spoken well for the *vis medicatrix nature*! A breath of fresh air into a fever patient's room is looked upon as a dangerous thing, to be prevented if possible.

I have seen only one case of *mania* among the Chinese. On visiting his village, I found the patient, a young man, chained hands and feet to a stone block, fixed in the earthen floor of a small outhouse. A little straw on the floor formed his bed. The chains had chafed his bare wrists and ankles considerably, and it was painful to hear the poor fellow lamenting his state, interspersing his Chinese with broken English he had learned at Singapore. I mention this as showing how the Chinese treat the insane.

Although the cases of *leprosy* have been for the most part incurable, it has been my practice hitherto to prescribe for them, unless the disease has so far advanced as to make improvement hopeless. Many have been partially benefited. Iodide of potassium, quinine and iron, and cream of tartar have each been found of use in certain cases. Arsenic, although extensively tried, has not recommended itself as a remedy. Strychnine has been occasionally used where loss of sensation was the principal symptom. I scarcely feel warranted as yet, however, to form a judgment on its merits. The iodide of potassium, as might be expected, is most beneficial in the tubercular variety of leprosy. There are many cases where the leprous symptoms are almost confined to one or more ulcers in the sole of the foot. These ulcers are easily known by their depth, smooth bevelled edges, and round cuplike form. Although difficult to heal, yet with patience and the occasional use of caustics, along with ordinary dressing, they may be cured. Sometimes they heal spontaneously, and are followed by ulcers on other parts of the foot. The disease has been met with at all stages, from that of slight discolouration or numbness of a small part of the skin, to that where the fingers and toes were, one might say, rotting off the hands and feet, the greater part of the arms and legs being all but dead to sensation. There is no separation of the leper from the rest of the community in this region, nor do the people generally seem to consider there is much danger from contagion. Leprosy is generally believed to be hereditary. Of 30 cases in which special inquiries were made, only 6 had a history which seemed to countenance this belief, while the other 24 were isolated cases in the families to which they respectively belonged. But statistics on a more extensive scale are needed to establish the fact one way or the other. The connection of leprosy with elephantiasis, or "Barbadoes leg," is disputed. A case occurred, however, of a patient, treated for cataract, who was the subject of elephantiasis in one leg, while afflicted, at the same time, with the tubercular form of leprosy.

Few have come to be cured of *Opium smoking*. One reason may be that a supply of pills, made for cases of this kind, is kept at the different mission stations throughout Tiechiew. These pills, sold for 2 cash each, are largely used by the Chinese. (For no other medicine is a charge made.) That in many cases they are used by the persons who buy them merely to tide over a temporary difficulty, and not with the earnest purpose of giving up the baneful habit, cannot I think be denied, but in several instances they have been of important service in aiding those who really wished to reform. Few confirmed Opium smokers, it is to be



feared, are able to break off their vice, while the great mass become old men in their prime, and are carried along, half-waking, half-sleeping, to a premature grave. The following is a somewhat characteristic case. A young man, living in a village some 20 or 30 miles distant, came seeking to be cured, at the urgent desire of his wife, the daughter of a rich man in the village. He had formerly been in Shanghai and kept an opium shop there. He stated that he then smoked \$1 worth of opium daily, but had gradually decreased the quantity to 70 or 80 cash worth. On coming to the hospital, he was supplied with medicines at a daily cost of 20 cash. He appeared to be doing well and to be much interested in the truth he heard preached to the patients. After a few days, however, I found he was deceiving me, and while taking my medicine was still smoking opium. I believe he really wished to get free from his yoke, but had not strength of will to make the necessary effort. He left soon after. It is wonderful how many years a man will continue to smoke opium in considerable quantities without fatally injuring his various bodily organs, just as a drunkard at home lives on, in defiance apparently of all the laws of health and in violation of them. Yet the practice is attended with very serious disorder of the system, as the following case will show :—A man, between 30 and 40 years of age, appeared one day in great distress, stating that his bowels had not moved for 20 days, and that he was unable to take food. He was somewhat feverish and evidently suffering. A large dose of castor oil was given him. It produced no effect, and a powder, containing 7 grains of calomel with 20 grains of jalap, was administered. The result was successful and the patient relieved.

Here, as in all Chinese hospitals, diseases of the *eye* form a large proportion of the cases. Various reasons have been assigned for this, while the conclusion almost invariably drawn is that the Chinese are much more subject to eye disease than Europeans. In the north of China "sand winds" are not uncommon, and these have been given as one great cause. In the South of China the glare of the tropical summer sun is blamed. I am inclined to think, however, that this greater liability of the Chinese to eye disease, is more apparent than real, on several grounds. The native doctors are specially at fault in the treatment of diseases of the eye. Hence almost every person who has had serious inflammation of any of its textures, at any period of life from infancy onwards, bears the mark of it in impaired vision or otherwise, ever afterwards. Amongst Europeans, on the other hand, these diseases are usually attended to at once, by properly qualified practitioners, and permanent bad results prevented. Again, the eye is an organ of such importance and eye-sight so precious, that the Chinaman, hearing of a foreign practitioner, whose superiority in the treatment of eye diseases is specially manifest, is glad to have recourse to his help. Had his disease been of another kind, involving less disastrous issues, he might never have been seen at the hospital. But let us look at London. It has several ophthalmic hospitals, and at one of these the patients are as numerous as at any hospital in China, the attendance at the latter, moreover, being of a general kind. It is to be remembered, too, that the Chinese hospital at any port draws its patients from a large extent of country with probably millions of people.

The following *operations* on the eye have been performed with results



more or less satisfactory, a favourable issue being occasionally prevented by the carelessness of the patients and their disobedience of plain injunctions :—

	1864	1865
For Entropium and Trichiasis, .....	81	50
Tumours removed from eyelids, .....	—	3
Enlarging fissure between lids, .....	—	1
Pterygiums removed, .....	27	21
Small tumours removed from Ocular conjunctiva,.....	3	4
Peritomy (for vascular cornea), .....	—	1
Abscission of Staphyloma, .....	—	1
Tapping Anterior chamber,.....	1	4
Division of Iritic adhesions,.....	3	—
Iridectomy (for artificial pupil),.....	4	20
Artificial pupil by incision, .....	—	1
Cataract (hard) extraction, .....	3	4
Operation for soft cataract,.....	—	1

The operations for *entropium*, or inverted lids, and *trichiasis* or irregular growth of the eye-lashes, both injurious to the eye from the constant friction of the hairs on the delicate eyeball, have been numerous and in many instances satisfactory. In some cases it is well to operate for the relief from pain which is afforded, even if the eye-sight can be but slightly improved. Excision of the lashes has been required in the majority of cases, but the other operation, that of removing a slip of skin from the lid, is preferable, where sufficient. It is practised by the Chinese in a different way. They pinch up a fold of skin between two bamboo slips, and tying them tightly together, leave the whole until the skin, thus deprived of its vitality, sloughs away.

The case of *staphyloma* operated on was that of a girl, 14 years of age. —One eye was healthy and the sight unimpaired, but the entire cornea of the other was protruding, so as to make the motion of the lids painful. The patient was put under chloroform. A needle and thread were passed through the projecting cornea, and the latter sliced off behind the thread. There was little bleeding and no appearance of the lens, which was, if present, undisturbed. A soft pad and bandage were applied. About a fortnight after, the girl left, with the eye of the same size as its fellow, and no pain. There was a clean dark-coloured surface where the incision had been made.

In *hard cataract* the operation adopted has been that of extraction. An old woman, aged 70 years, presented herself with cataract of both eyes. I operated on one. The cornea, which on the 2nd or 3rd day after the operation looked very cloudy, cleared remarkably soon, and the eye having quite recovered, about a fortnight after, the other eye was operated on. At the time, I did not know the result of the second operation, but about a year afterwards I met the patient. Both eyes then looked well, but she stated she could not see so much with the eye last cut as with the other. She seemed very grateful however for the benefit conferred. Another case of cataract, also of both eyes, came in the person of a man aged 62 years. He had elephantiasis of one leg and his face looked



leprous. I extracted one lens, and three weeks after, removed the other. Both eyes did well and he left with comparatively good sight. Could cataract glasses be procured here among the Chinese, they would be a great boon in such cases.

Between 20 and 30 different kinds of *skin* diseases have been under treatment. *Ulcers* are prevalent and sometimes of great size, the result generally of defective nourishment. In such cases, where the ulcers show no disposition to heal, and specially where at all irritable, the good effects of small doses of Opium are marked.

In the table of diseases, three *dislocations* are noted. Two of these were of the shoulder joint and occurred within a few days of each other. The cause in both was similar, viz., a fall from a height, while the arms were raised above the head. In both instances the dislocation was downwards into the armpit, and reduction was easily accomplished by extension of the arm with the foot in the axilla. One of the patients was an elderly woman, who from that time gave up idolatry and all connection with the sinful customs of her people. She has since been baptized, and there is reason to believe that she is a true follower of Christ.

The *fractures* have been of the arm or forearm. One case was that of a young man who had been in a quarrel, and received a blow which fractured both the bones of his forearm. The skin was unbroken. Splints and a bandage were applied, and a fortnight after, on removing the dressing, the bones were found united. The Chinese apply a large poultice of chopped herbs to the skin around the fracture, and over this tie a number of short, narrow, bamboo slips all round the limb. They are at a loss to understand how, by splints and bandage alone, the injury can be repaired, and fancy there must be some medicinal virtue in the cloth we use!

The following case well illustrates the relief a little manipulation sometimes affords a sufferer. A man came with a fish bone sticking in his throat. It had been there for several days, paining him at every effort of deglutition. In coughing a little blood was brought up. Having introduced a cork between his jaws to prevent his biting me, I passed my finger down his throat, and felt the bone lying horizontally across it. It was too far down and too firmly fixed to hook it with the finger, but was removed without much difficulty by the help of a long curved forceps. The bone, strong and sharp pointed, was about an inch in length. The patient went away, light of heart at his relief from a troublesome companion.

It is somewhat unusual for *erysipelas* to appear in a Chinese hospital. A well-marked case, however, occurred some months ago. One of the crew of a gig had been drinking freely on Sunday evening, and, going too near the open window of an upper storey, he fell over it into the street below. Though his fall was broken by a projection from the wall, he received a severe scalp wound, while his shoulders and the upper part of his back were considerably bruised. The wound bled freely and the Chinese had applied a quantity of "shag" tobacco to it. This was removed and a pad of lint put in its place, the hair over the part being cut away. A few days after his admission, the wound, the whole of the scalp, and the face, were successively attacked by *erysipelas*. The redness and swelling were great, and the features were much distorted. He recovered



in due time, the treatment most agreeable being aperient saline draughts, which gave him so much relief as to make him anxious to have them. After the inflammation had subsided, the scalp wound quickly healed. A disease very much resembling erysipelas sometimes attacks the Chinese, who attribute it to the looking on fresh *lacquer-varnish*. It is more probably caused by contact with or exhalation from it. Where the varnish tree is growing, some persons on approaching the spot, and children in climbing the tree, are attacked by the disease, while to others it is innocuous. Its tendency is to a spontaneous cure after a certain course has been run. A servant in the house, a boy of 16 years, was the subject of this disease. The face and breast become much swelled, and puffy,—the upper part of his arms being affected in the same way. Along with swelling there was redness, and soon the skin assumed a very coarse appearance, with patches of pimples and vesicles. He complained of itching and heat. He was using an inunction of mercury with some cooling salt, supplied by the Chinese, when I gave him a wash of lead, opium, and camphor water. This relieved him. The bowels were constipated, and after using castor oil, colocynth and blue pills, and epsom salts, in vain, I gave him a calomel and jalap powder, which succeeded in bringing away a free stool. Gradually the swelling and eruption spread and the exudation from the vesicles hardened into a thin crust which scaled off. The swelling at the same time fell, and the boy was left much as before the attack. Afterwards he had swelling of the feet, with itchiness of the body, both of which were removed by a diuretic of acetate of potass and nitrous ether, and he became quite well.

The following was a well-marked case of *medullary*, or *soft cancer*, occurring in a young man of sallow, unhealthy complexion. The tumour, which rested on the ribs of the right side, was about the size of a child's head, round and nodulated. At some parts it was of a dark blue colour and fluctuating, as if filled with blood, being at other parts red and inflamed. It had remained small for a considerable time, but a few months ago, showed signs of activity, and since then it has grown rapidly. Soon, it was evident, the skin must give way. After the administration of chloroform, two elliptical incisions were made from near the armpit to beside the umbilicus, embracing the tumour between them, each incision being over 10 inches long. The tumour was then removed without difficulty and the edges of the wound approximated as closely as possible. Much skin had been cut away but the wound granulated quickly, and in a few weeks was almost healed. The patient left in this condition, and I have not again seen him.

A curious case appeared lately of a *fistulous opening in the lower jaw* of a man about 40 years of age. The opening, situated in the middle of the ramus, formed a passage between the inside of the mouth and the outer surface of the jaw, running straight through the bone. It was lined with mucous membrane. The opening had existed for years, and was evidently the result of ulceration, the skin around it being to a considerable extent attached to the bone. The saliva flowed through it, and to prevent this the man had been in the habit of using a plug. The calibre of the opening was about that of a quill. The first operation failed owing to the thinness of the flaps, and a second operation partially failed because of the patient



plugging the inside, and so preventing the escape of matter. The opening was at length, however, completely closed by the assistance of a probe dipped in nitric acid, and a stronger union effected than if the first operation had succeeded.

This record of a few of the many cases coming under treatment from day to day may prove interesting, partly from a professional point of view, and partly from the glimpses afforded of Chinese life. The object of the work is both philanthropic and Christian,—in the first place, as far as possible, to relieve physical suffering and disease, and in the second place; through means of the other, to give many of the Chinese an opportunity, more favourable than could otherwise be secured, of knowing the saving truths of Christianity. The hospital patients accordingly meet for worship morning and evening, when the Scriptures are explained to them. A morning service is also held for the out patients on dispensing days. Tracts and parts of the New Testament, in Chinese, are supplied to all who desire them. The immediate results in many cases do not appear, but some, we believe, have become Christians, who first heard the Gospel when attending the hospital as patients. Of the general effects of the work, in disarming the prejudices of the people and rendering them more friendly, there have been many examples from different quarters.

Hitherto the accommodation has not been at all suitable, but we now have in prospect the building of a new hospital, more fitted to meet the requirements of the place. A liberal grant has been made by the English Presbyterian Missionary Society, with part of which a building site has been purchased at a cost of over \$1,300. Contributions to the amount of \$350 have been received here; but a further sum of at least \$500 will be necessary to defray the cost of building. An appeal is, therefore, made to those who feel interested in the welfare of the Chinese, and in the success of Medical Missions, to aid us in obtaining premises of such a kind as shall enable us to carry on operations with greater efficiency.

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NOTE.—As all the subscriptions have not yet been received, the list of contributors will not appear till next Annual Report.

