Some Facts Relating to Disease and its Treatment in China.*

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Perhaps what most impresses a visitor to any Chinese city, even more than the Oriental strangeness, though that is impressive to a degree, is the dirt. This is an impression that never fades, at any rate from those like the missionary, and especially the medical missionary, whose work neces-sarily bring him in the closest contact with often the dirtiest of the dirty. Of sanitation and sanitary laws, the un-Westernised Chinese knows nothing. Nightsoil is removed daily in hundreds of open buckets, and used to fertilise the soil. Scabies and body vermin are the order of the day. No effort is made to stop the spread of infectious diseases. The mortality is dreadfully high. People covered with small-pox at the most infectious stage stand at the road side sunning themselves. Scholars from infected houses attend our schools, and even those not yet recovered look in to pass some time away. One child in one boarding school became ill with an infectious disease, and was immedately isolated, to the great amusement of all her friends and of the school girls. I asked the child's mother whether the child had had measles, etc. The reply was prompt and cheerful: "No,. she has them all to have yet.'

With all this lack of care, absence of drainage, and presence of dirt, one would think typhoid would be prevalent. But, no. Amongst the Chinese it is practically, if not altogether, unknown. The only cases of that disease treated in one hospital have been amongst foreigners. One missionary—not a duly qualified medical missionary —saw with pity the state of dirt and ignorance of the people round his station, so decided to do what he could to help them physically as well as spiritually. He therefore divided all who came into three classes—eyes treated with boracic, scabies with sulphur ointment, and the rest with salts. This worked admirably, but judging from our school experience, one could wish he had added santonin to his list.

One other drug of which we use great quantities is that great blessing—quinine. Malaria is our great enemy, and we in our boarding school use great quantities, buying it by the pound. 106 degs. and 107 degs. temperature has been registered, not in isolated cases, and 104 degs. causes us no alarm. Hoping to be freer from it this year, we have mosquito nets to all the beds, but it has so far not made much difference, never more than three days passing with all the girls up, and usually there are several in bed with it.

We have a small lake and numerous rice fields * Reprinted from Kai Tiaki, the New Zealand Nurses' Journal: close to the school, and it is there that the mosquitoes breed.

The native doctors are now treating malaria with quinine, which they sell at a profit of 250 per cent., though formerly they used many queer tricks for driving out the evil spirit which they believe causes the fever. One prescription is roast egg, wrapped in paper; another, garlie and chili reduced to pulp, and placed on radial artery; a third, tying down the spirit in grass—"You stand there awhile, while go on." Ulcers are covered up with terrible plasters, only to break out still more offensively. Indeed, the meddlesomeness of the native doctor is a not infrequent cause of long suffering by patients, who at length come as a last resource to our hospital and foreign doctors.

Tchang is a place situated at the entrance to the gorges of the Upper Yangtse. These gorges have numerous rapids, and travel is dangerous, and so far merchant steamers have found the dangers too great, so cargo is transferred there from the river steamers into Chinese junks, and these are hauled up the river by men who track the boats by hauling on to a long rope attached to the mast of the steamers. The trackers' path frequently goes round the edge of a precipice and not seldom accidents occur and some of the injured men find their way to our hospital.

Shock after operations is practically unknown. A man with a fractured skull, who was trephined in the morning, was in the evening sitting up eating ordinary food. man with a compound fracture of A of \mathbf{the} radius had been neglected, and amputation was judged necessary, but he protested that he would rather die. A promise of six or seven shillings made him consent. He was also sitting up in the evening having ordinary food. The hospital is a two-storey building, with in all, about 50 beds, 12 being for women. This arrangement is not satisfactory, and we hope soon to have a women's hospital and lady doctor in our compound where we have so much other women's work centred, namely, the Orphanage, the Women's School, and the Boarding School.

The women are taught lace work, and do it very well indeed, quantities of torchon and point lace are sold, and help to defray expenses.

The Chinese woman is taught that it is immodest for a man's hand to touch hers. Imagine, then, what it is for a modest woman and much more a girl, to allow herself to be examined by a man. In most cases it is only very bold girls or else Christian girls, who have been long under our influence, who will consent to allow a male doctor to even sound their chests. You can conceive how trying this is, not only to the girl, but to the doctor who has, perhaps, 60 or 80 patients waiting to be seen. Imagine, too, the many many cases there are of women who should see a doctor, but who rather suffer in silence than go through such an ordeal.

Surely, then, China and India are fields to which some of you might devote your attention? The need is so great.

I spent a morning down at one hospital on

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