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LETTER FROM JAPAN.

PORTIONS OF A LETTER DATED KANAGAWA, JAPAN, APRIL 2, 1861, FROM
FRANCIS HALL, ESQ., FORMERLY OF ELMIRA, CHEMUNG CO.,
N. Y., TO WM. C. WEY, M.D., OF THAT VILLAGE.

[Communicated for the Boston Medical and Surgical Journal.]

A two days' storm cleared up at sunset, with a gale from the northwest, which makes our frail house tremble in every timber, and fills the air with the surf-roar of the adjacent beach. It has been a timely rain, after a long series of warm, sunshiny days, and now the country will present all the freshness and beauty of your middle of May. Flowers are blooming everywhere; the fields of colewort are golden with blossoms, and wheat and barley are a foot high: for the season is an early one here, full two weeks earlier than a year ago. For a month past we have had the perfection of climate, in contrast the most absolute with the long, tedious, wintry March of the Northern States. I enjoy my walks even more than I did at Elmira, and add thereto horseback excursions of ten, twenty or thirty miles a day. I was reminded of you to-day while I was re-arranging some dried botanical specimens gathered last summer. I recollected when I left home that you had among your shrubbery a *Weigela rosea*, of which you were hoping much, and which you were nursing with great care, near your front door. Some specimens of its blossoms in my hand to-day, reminded me not only of the little shrub in your yard, but of the masses of it which I saw last summer growing wild on the banks of the streams, full of fragrant blossoms. It is indigenous to this country, and everywhere abundant. Side by side with it was the beautiful honeysuckle that we twine about our doors at home, and which is seen running here by every roadside, and among the bushes and trees. So, too, the Wisteria, or Glycine, is as common as the bramble. It is pleasant to see these old favorites growing in such profusion in their native haunts, but I doubt if we prize them as much as our solitary garden specimens, away from their

native land and reared with so much care. In my rambles last year, I obtained many wild trees, plants and shrubs, which I think are new, and of which I shall hope, this year, to secure specimens or seeds.

Of late, I have been more content than ever to remain in Japan. Its physical attractions, taken altogether, are hardly surpassed, I imagine. The beauty of the scenery, the productions of the soil, the equability of the climate—all render this a delightful country in which to live. I become daily more familiar with the language and customs of the country, and among the great deal which I find to please, I find little that really wearies or disgusts.

Thus far it has proved extraordinarily healthy to foreign residents. My friend, Dr. S., never has a case of fever, ague, or continued illness of any kind. Inflammatory diseases, diarrhœa, dysentery, &c., are almost as rare—and coughs and colds are novelties. I have now passed through a second winter without a cold, an experience wholly new to me. Although the climate is at times damp, even rheumatism fails to get a hold here. Cutaneous disorders are common, of obscure character, and not yielding readily to treatment. These have been a good deal of a puzzle to the physicians as to their source and character. Native practitioners are as abundant in proportion to the population, as in the most favored parts of the world. The generality of them are ignorant creatures, using a few simple remedies, and drawing largely upon the credulity of their patients, while there are others who profess no inconsiderable skill.

The Dutch at Desima, of late years, through their physicians resident there, have given medical instruction to a great many Japanese. I frequently see those who have been either under direct tuition of the Dutch, or who have received instruction from the Japanese thus educated. Dr. Van Siebold has accomplished a good work in this respect, and his pupils are scattered all over the empire. The consequence of this has been that not only foreign medical remedies but medical books have been largely introduced into this country, and the better class of the native physicians are acquainted with the uses and effects of the more important of the former, and the revelations of the latter. The desire which we so often see manifested among the people to make themselves acquainted with foreign affairs and foreign knowledge, is particularly evident among the young physicians. They contrive to learn the Dutch names of medicines and diseases, and then proceed to make all the inquiries they can. While many of them are content with a mere smattering of names, others are as truly desirous of making themselves proficient. They retain our nomenclature of the *Materia Medica*, for the most part, and you will hear them talk of calomel, rhubarb, senna, laudanum, Hoffman's anodyne &c. The last is a favorite medicine among them; calomel, too, they use largely, and it is sold as a common remedy in all native drug

shops. A young man came to our house one evening, and we observed him several times take a white powder from his pocket, and sprinkling it on some cakes, to eat it. We were of course anxious to know what it was, and finally ascertained it to be *calomel*. He was taking enough to salivate a horse, or a team of horses, for that matter. We told him what the positive effect of the medicine would be, and he threw what he had left into the fire. Santonine they buy largely, having abundant use for vermifuges. In fact, there is not a remedial agent in your drawers and bottles, but what they either know something of already, or are prepared to experiment with. They have their favorite remedies, which they employ liberally. The Dutch, in years past, were in the habit of importing a quackish mixture, which was put up in brilliant style and inscribed in Hebrew and other unknown characters. I think it was called the "Golden Mixture," or some equally sounding epithet. This took the fancy of the people, and it was largely consumed, until they learned the fact that there were such things as *quack medicines*, when it was at once scouted. Indeed, they are now very discerning in relation to quackery; they understand fully what it means, and are not to be so easily caught. Their merchants, even, comprehend that adulterations are practised in the regular trade.

We do not yet know enough of the practice and remedies of the Japanese physicians to be able to say that they have anything of value to communicate to us.

My friend, Dr. S., was recently called to a case of parturition, where a Japanese midwife was also in attendance. She was the wife of a doctor. I have seen her, and she certainly bears the impress of an intelligent woman; and so Dr. S. found her. She was skilled in her profession, and appeared to have a thorough knowledge, anatomically and physiologically, of her calling.

Surgery is a science unknown among the Japanese, even in its most minor operations, if I may be allowed the expression. Amputation they never resort to. A case occurred last fall, in which a Japanese official was wounded in the arm by a gun-shot. The arm was nearly severed and the bone completely shattered. Drs. S. and H. were, with great reluctance on the part of the authorities, permitted to see the man. They, of course, pronounced amputation not only the best course, but as absolutely necessary to save the patient's life, and proposed to perform it. They were refused, on the plea that, *first*, it would be necessary to obtain permission to such effect from the District Governor; and *secondly*, of the parents of the man, who lived at Nagasaki, seven hundred miles away. The wounded man lingered, as you may suppose, for days and weeks, in the most critical condition, but I understand that he finally recovered, with his arm totally withered, a clog and an incumbrance to him all his life.

I cannot now recall that I have seen a single *cripple*, in the coun-

try, from the loss of a limb; and the very few of any description that I have seen, were beggars by the wayside, suffering from some malformations; but even these cases are exceedingly rare. It is one of the pleasant things of our life that we are shocked neither by deformity nor disgusting subjects of disease, as in China.

Japan is not overcrowded with population; it has a climate of a happy medium between hot and cold, and of great equability; and the means of living are easily obtained. Dyspepsia is not uncommon, owing to an exclusive, or nearly exclusive vegetable diet. Pulmonary consumption prevails to a limited extent, and so far as I can learn, but little fever, rheumatism or ague; in fact, I have not yet ascertained the diseases of which the people *do die*. I think that bowel disorders are frequent, and perhaps fatal. Cholera has raged fearfully, carrying off in Yedo, a few years since, 130,000 in a single season. Delirium tremens, let me say here, is an unknown disease in Japan, where liquor is so abundant and cheap that it forms a part of the daily beverage of nearly every man. The liquor is strongly intoxicating, but it is the pure spirit of the grain, unmixed with noxious drugs.

Cutaneous diseases, as I have said, are very common; not as appalling as in China, but still severe and obstinate to treat. Children with diseased scalps are very plentiful, yet I should say that scrofula was rare, venereal taints having more to do with them, I suspect. Venereal disorders are rife enough, but not so disgustingly obtrusive as I saw them in China, where the malady seems to wear a more malignant type. Effects, visible to the eye, are there seen at every step in the streets; here, only now and then one in a crowd wears the brand of vice and indulgence. The origin of this disease is universally attributed to the Spanish and Portuguese of three hundred years ago, the early navigators to this country. The Japanese, in the treatment of venereal affections, have their own peculiar remedies, but are now using largely from our supplies.

I see a great many blind men, more than I can readily account for, from the prevalence of any eye disorders. The blind are a very interesting class of population, living on charity as they wander from house to house. They are the shampooers; this is their privileged calling. I meet several of them every day, with long staffs in their hands, feeling their way through the streets; or, at night, I hear them crying their occupation, in a loud voice, as they wander about. They are always well clad and look as if comfortably fed, and never lack a helping hand to lead them in any intricate place. It is said that, at Miaco, they have a general order established, and that all attached to the order receive a yearly amount of alms. This order was founded, as you may have read, by a princely lover who wept his eyes blind for the loss of his mistress; or, as another legend says, by a captive warrior who plucked his eyes out, and gave them to his conqueror, since, whenever he looked at him, he desired to take his life in revenge.

Be that as it may, the blind man in Japan is sure to be well provided for. Many of them are physicians, and are supposed to be particularly skilled in *acupuncture*, which we would suppose would require good eyesight. I happened to call at a house, one day, when a young woman who was ill was undergoing the operation. Acupuncture, like the use of the *moxa*, has a general application for all sorts of diseases. In the case which I witnessed, the patient was complaining of severe headache, pain in the side and loss of appetite, an affection not strange among women who dwell in the house, take no exercise, and who consume indigestible vegetables. The case appeared to be dyspepsia, more than anything else. The girl lay on the mat floor, covered with a silk quilt, and by her side was a blind physician, with his little case of long needles. He was a grave, venerable-looking old man, and I was much interested in the care with which he seemed to manipulate. His hands were under the coverings of the bed and her garments, but it was all the same to the sightless old man; he moved them slowly and carefully, as if feeling for a proper place, and then, at long intervals, would select a needle and make the puncture. There did not appear to be any pain in the operation, though occasionally the girl winced a little; yet she was regardless of the old man's presence, and sustained her part in general conversation. The doctor was as unmindful of us and of our talking, as though he had been deaf as well as blind, and his whole attention was absorbed in his task.

Moxa burning is universal, and upon every part of the body. The arms, legs, and upon either side of the spine, are the favorite places, and it is not an uncommon occurrence to see a naked coolie with scars of the moxa at regular intervals, in double rows, down the back from shoulders to hips. If a man has a headache, the moxa may go on his back, but quite as likely on his shins; or if he has pain in his leg, the application may be on either temple. It is a question for investigation whether there may not be some virtue in these remedies when properly applied.

Few escape smallpox, and every other man's face is more or less pitted. You may meet a half dozen children in a single street, presenting different stages of the disease, for those sick with it are not shut up, only as the necessities of each case call for confinement and care. It is a regulation, however, that children thus affected must wear a red cap to distinguish them. Encountering the malady as much as I did, three months since, I had a mild attack of varioloid, and I assure you I am quite relieved in my feelings.

The distinguishing mark of the Japanese doctor's costume is his head, clean shaven of hair. He feels the pulse and looks at the tongue, like any of the regular fraternity, and not stinting his medicines, gives pills, potions and draughts, with true allopathic liberality, or half hides his victim under plasters. For all this he

exacts no fee; whatever his patient chooses to give him, is his reward. An ichibu, *per diem*, would put him in the highway to fortune.