

A CHINESE HOSPITAL.

A Visit to the 'Tung Wah' or Native Chinese Hospital at Hong Kong.

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Escorted by a kindly Sikh policeman after a first ineffectual attempt to find the hospital with a jinricksha man, I again climbed the steep narrow street, turned up a cement paved lane and entering in an archway in a smooth stone wall stood in the courtyard of the Tung Wah. Broad stone steps flanked by great pillars of polished wood led up to the open temple-like rotunda with its floor of stone flags and walls of bare brick. On an altar at the farther end tapers were burning before the medicine joss.

Through the courtesy of Dr. Thompson, of the Government Medical Staff, I came furnished with an introduction to the Superintendent, Dr. Chung and found the latter in his office. While waiting I had an opportunity to note the evidences of modern life; the roll top desk, the telephone, the three or four busy clerks, the bright Oriental furniture and polished floor: within the doctor's private consulting room the decorations were still more European in character.

The Tung Wah Hospital is an institution managed by and for the Chinese alone, and offers them the choice of modern, or as it is called foreign treatment under Dr. Chung, or the old Chinese doctors' treatment. Fully two-thirds of the patients admitted prefer the latter and

this number includes many of the wealthiest Chinese and those best acquainted with foreigners.

Dr. Chung is a native Chinaman, educated at Tien Tsin. He spoke English fluently and showed a thorough knowledge of his profession but in conversing with him one does not notice the shaven head and long cue—he sees only a thoughtful earnest man of science.

The hospital wards are large and airy, each holding fifteen or twenty patients on as many hard board stretchers. The utter absence of mattresses and bed covers and the plain brick of the walls certainly give the wards a bare comfortless appearance, but in a climate of such intolerable heat plain matting makes about as comfortable a bed as it is possible to find. There is accommodation for one hundred and eighty patients in the hospital and it is usually crowded. Whole wards are filled with beri-beri, dysentery and malaria; and those under modern and Chinese treatment are indiscriminately in the same wards. There is a ward for incurables, always overcrowded, and another for the destitute, in which several emaciated beings stretched on the floor, a shelter for the night.

The hospital is composed of several low buildings and straggles up the hill after the most approved cottage plan. The Chinese dispensary where native medicines are prepared disclosed a room with walls hidden by drawers of drugs, and a row of small brick stoves for making decoctions, etc. A soft black mass of the size of a crab apple was shown me as a Chinese pill, but I learned that it was dissolved and taken, as they take all medicine, hot. Aromatics and bitters enter largely into their pharmacopoea, but they have no conception of the physiological action of any of the more active drugs or alkaloids. They know nothing of physical diagnosis, have no stethoscope and form their opinion of a patient's condition entirely by the pulse and *facies*. Their surgery can hardly be called more advanced for they never use the knife and know no other treatment for inflammation than plasters. I saw a fracture of both bones of the leg they had put up in a sort of a box-splint hollowed out of a solid block of wood. Some strips of bark, put next the skin for some supposed curative property formed coaptation splints, but immobility was not secured, the leg was not swung and the position was very bad. Dr. Chung tells me that the bones usually unite but only after prolonged periods and deformity is a very common result. There is little scope for clean surgery. Infected wounds, especially plantar abscesses are very common and from neglect frequently entail amputation. It is the dread of the knife that makes so many prefer the old Chinese treatment. Speaking of neglect, I saw one poor wretch with dysentery whose feet were horribly gnawed by rats he was too weak to fight off, before he was discovered and brought in.

Dysentery is very prevalent among all classes here and is frequently attributable to malaria. Want of opium accounts for a good many cases. Ipecac as a remedy he has found to be of no value with Chinese.

Malaria also is very common and the quartan type is not rare. Dr. Chung says, and quoted Dr. Bell of the Government Civil Hospital, that he has been able to find the plasmodium in only 3% of cases diagnosed clinically as malarial, and responding to quinine.

Two wards were filled with beri-beri, and showed this strange disease

in all stages of its various forms. It is almost confined to the poorest classes, particularly coolies, tailors and barbers. Females are practically exempt, although he described a puerperal form coming on seven or eight days after delivery as not uncommon. The mortality under good treatment, which included digitalis and strychnia, and plenty of albuminous food, meat and beans was about 30%. Six months was the average duration but this could be considerably reduced and all danger of relapse avoided if the patient were sent back into the country.

Plague was not supposed to enter the hospital, but that day, as frequently happened three cases had been brought in in a moribund condition and had died in the receiving room. In diagnosing plague he depended most on the extreme prostration with fever, injected conjunctivae, headache and a furred tongue with red edges and raised papillae. Buboes were not constant before the second or third day. Of six cases I myself saw at the mortuary one day, only one had a bubo mass large enough to be visible. The five others had died before the destructive process in the glands had gone past congestion and internal haemorrhage.