

HONGKONG.

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THE PRINCIPAL CIVIL MEDICAL OFFICER'S REPORT FOR 1897.

Laid before the Legislative Council by Command of His Excellency the Officer Administering the Government.

No. $\frac{5}{319}$.

MEDICAL DEPARTMENT,
GOVERNMENT CIVIL HOSPITAL,
HONGKONG, 27th June, 1898.

SIR,—I have the honour to forward the Annual Report of the Medical Department for 1897, including the report of the work of the Government Civil Hospital during that year, to which is attached a report on the Lunatic Asylums by the Medical Officer in charge, the report of the Medical Officer in charge of the Gaol and the King Wah Hospital. These have been carefully prepared and the tables attached have been as far as possible brought into accord with the nomenclature adopted in the Annual Reports of the Government Civil Hospital. Lastly, there is the report of the Acting Government Analyst.

It will be convenient here to attach a report on the Medical Officers of the Department:—

Name of Officer.	Date of first Appointment under Government.	Rank and Field.	Leave taken in 1897.		Name of Acting Officer.
			Full Pay.	Half Pay.	
Dr. P. B. C. Ayres, C.M.G.,...	14th August, 1873.	Colonial Surgeon.	2 months and 7 days.	.....	Dr. J. M. Atkinson.
„ J. M. Atkinson,.....	6th August, 1887.	Supt. G. C. Hospital, Acting Colonial Surgeon, & Principal Civil Medical Officer.	.....	.....	.....
„ G. P. Jordan,	17th August, 1888.	Health Officer of Port.	.....	.....	.....
„ J. A. Lowson,	1st Nov., 1889.	Assistant Surgeon.	.....	12 months.	Drs. Bell & Swan.
„ F. W. Clark,	14th Sept., 1895.	Assistant Surgeon, (Medical Officer of Health).	.....	.....	.....
„ J. Bell,	1st June, 1896.	Assistant Surgeon.	1 month and 26 days.	.....	Drs. Penny & Swan.
„ J. C. Thomson,	1st January, 1897.	Do.	.....	.....	.....

For the sake of convenience I continue the order hitherto adopted in the Annual Reports of the Colonial Surgeon.

POLICE.

The year has been a more healthy one as regards the Police than 1896.

The total number of admissions to the hospital have been 62 less than in the previous year, the average strength of the Force remaining the same. The deaths occurring in the hospital have been 4 as against 7 in 1896.

On referring to Table II it will be seen that the total sickness was slightly increased amongst the European section of the Force, diminished amongst the Chinese, and less in the Indian section; the rate of mortality being practically the same with the Europeans and Indians, but much less amongst the Chinese members of the Force.

The total number of admissions to hospital during the last ten years is given in the following table:—

Year.	Europeans.	Indians.	Chinese.
1888,.....	147	279	231
1889,.....	166	230	194
1890,.....	149	254	179
1891,.....	169	285	118
1892,.....	152	224	120
1893,.....	134	255	133
1894,.....	127	244	134
1895,.....	96	254	116
1896,.....	94	370	124
1897,.....	99	320	107



CHUNG, with permission to attend the classes and go through the regular curriculum of the College of Medicine for Chinese. This appointment I regarded as satisfactory evidence of a willingness on their part to fall in with the new order of things, since it was perfectly voluntary.

Just at the close of the year the Directors decided to appoint a Chinaman of somewhat better standing than that of the head coolies to act as Steward of the Hospital, to be at the head of the working staff of the institution, and to be responsible for the sanitary maintenance of the buildings, for the cleanliness of the patients and of their clothing and bedding, and for the proper carrying out of the conservancy system. Such an officer is now on a term of probation, and will, I think, prove suitable.

Dr. CHUNG, the Steward, and a head coolie accompany me round the hospital at my morning and afternoon inspections daily, and I am thus able to point out anything not in order at the time and on the spot to the party responsible for it.

An additional barber has been appointed at my suggestion to allow more careful attention to the shaving of the patients, and an additional night-soil coolie to secure a more efficient and continuous attention to the removal of discharges from the wards.

Otherwise the staff of employees is as it has been in previous years.

Here I may remark that I have been permitted to address directly all employees of the Hospital on the subject of their work, and my orders and those of Dr. CHUNG have been obeyed without question.

CLOTHING AND BEDDING.

I have arranged that all clothing of patients shall be changed twice a week, on Wednesdays and Saturdays, that all covers of cotton quilts shall be changed every Saturday, and that either clothing or bedding soiled by discharges shall be removed from the wards without delay. I secure the regular carrying out of these regulations by having the clean clothing and quilt cover laid out on each bed for my personal inspection at my morning visit each Wednesday and Saturday, and having the order to change clothing issued to the patients in each ward by the head coolie accompanying me before I leave the ward. In the first months of the year I had a considerable amount of trouble in getting this systematically done, but now it is established as a matter of routine.

The recommendation of the Commission that the cotton quilts in use for bedding should be replaced by blankets has not been carried into effect. After bringing pressure to bear on the Directors on this subject in other ways, I had a formal meeting with them in March for a full discussion of it. At this meeting a majority of them, including the Chairman and the two Vice-Chairmen, were present, and I found them perfectly unanimous in their opposition to the proposal. They urged that the Chinese, rich and poor alike, are so accustomed to this form of bedding that it would materially take away from the comfort of the patients to introduce any other. They professed their willingness to have the covers of the quilts changed regularly, and the quilts themselves replaced as often as might be necessary, and begged that the alteration should not be insisted upon. In these circumstances I desisted from the attempt to enforce the improvement recommended, and gave my attention to the question whether a satisfactory degree of cleanliness can be maintained with the use of the quilts, and have come to the conclusion that while the change to blankets would certainly be an improvement it is not absolutely essential, and may well be allowed to stand over until such time as it may be possible to gradually introduce the use of blankets.

A few days after the meeting just referred to, I caused all the cotton quilts to be uncovered for my inspection, and removed thirty of the worst of them from use. A little later I made a more drastic examination of them, and with the consent of the police made a bonfire of more than one hundred of them on the Tai Ping Shan resumed area. A large number of others, not so completely spoiled as to require destruction by fire, were disinfected by heat at the public disinfector, and then broken up to be made anew, after the outer layer of wool had been picked off to be destroyed, and the remainder re-carded and mixed with a proportion of new cotton-wool.

New quilts having been purchased to replace those destroyed, and the stock of bedding having thus been placed on a satisfactory footing, I have made a weekly inspection since that time of those in use, all quilts being uncovered in preparation for the weekly change of covers before the time of my morning visit on Saturdays.

The quilted clothing supplied to the patients in the cold season is, of course, in the same category as the quilted bedding, and can only be cleansed by being periodically sent to the public disinfector. The change of clothing made twice a week refers to the cotton clothing which alone is necessary during the greater part of the year, and is used as under clothing in the winter.

THE BOARD OF DIRECTORS.

While in the matter of the quilted bed-covers the Directors were not able to fall in with my proposals, and in other matters lack of available funds or the pressure of outside Chinese opinion rendered them unable to carry out certain improvements which they themselves recognised as desirable, I have throughout the year experienced the most marked kindness and courtesy in all my relations both with the former Board and with those who have recently entered on office. The enlightened policy that is consistently guiding their action in their management of the affairs of the Hospital is rapidly producing improvement of the institution on all sides of its work.

At my morning visit I examine all new cases in the Receiving Ward, deal with all dead bodies in the Mortuary, and carefully inspect the whole hospital. At my afternoon visit I give attention chiefly to new admissions and dead bodies, and to any special matters that may have arisen during the interval, occasionally timing my visit so as to be able to inspect the food supplied to the patients at their afternoon meal.

THE RECEIVING WARD AND THE MORTUARY.

Each patient is on admission asked by a head coolie whether he prefers Chinese or Western treatment, it being explained that the latter will be carried out by a Chinaman, Dr. CHUNG. Having made his choice, he is temporarily treated in the Receiving Ward by the doctor under whose care he is to be, until the time of my visit. In that ward every case is examined and diagnosed by Dr. CHUNG, whether to be treated by himself or not, and at my own visit I confirm or modify his diagnosis before it is entered on the register. Cases of pronounced Small-pox, Bubonic Plague, etc. Dr. CHUNG sends on without delay to Kennedy Town Hospital. Suspicious cases are isolated by means of screens in a corner of the ward until I see them. After my visit all cases are removed to appropriate wards, such diseases as septicæmia, erysipelas, etc., being isolated in some of the Ko Fong small wards, and not being admitted to the general wards. When an infectious case has been in the Receiving Ward, efficient means are adopted to disinfect the ward after its removal.

In the Mortuary as in the Receiving Ward I reconsider Dr. CHUNG's reports regarding all cases. In the case of persons who die in the Hospital, there is the diagnosis made during life to go upon in arriving at an opinion as to the cause of death. In the case of bodies brought to the Hospital Mortuary already dead, the standing order is that the friends shall be retained until they have been interviewed by Dr. CHUNG, and delivery of a dead body is not taken by those in charge of the Mortuary until this has been done. He examines and cross-examines them as to the symptoms and duration of the illness that preceded death, and reports to myself; and as a general rule one can from such report, together with a consideration of the appearance of the body arrive at a fairly accurate idea as to the cause of death for purposes of the Hon. Registrar-General's statistics. If the case seem obscure, Dr. CHUNG requests the friends of the dead person to return about the usual time of my next visit to be further cross-questioned by myself regarding the circumstances preceding death. On account of the very strong prejudices the Chinese entertain against any interference with the dead body, I have acted on the policy of making as few post-mortem sections as possible, limiting such internal examinations to specially obscure cases, cases accompanied by suspicious circumstances, and cases in which the interests of the public health or the order of the Coroner left no alternative.

The arrangements for the burial of the dead are sufficient and satisfactory, and I have sought to have them carried out with due respect for the dead.

THE HOSPITAL BUILDINGS.

Two new wards have been built on the site of certain of the Ko Fong wards next to the Mortuary, and have been used as Surgical Wards since they were opened in April. This set free the two ground floor wards of the North Block, which, being somewhat shut in by other buildings and dimly lighted, were less suitable for purposes of ordinary treatment, to be used for the accommodation of destitutes and certain chronic and incurable cases that being without relatives or means of support cannot be got rid of. The ventilation of these destitute wards has been improved by the cutting of several openings in a wooden partition on the side next the gateway, and by substituting bamboo blinds for a fixed wooden venetian screen which formerly completely closed in the verandah of these wards on the east side.

The housing of destitutes is a not unimportant part of the work of the Tung Wa Hospital. Ship-wrecked sailors and fishermen picked up at sea, poor Chinese making their way back to their native districts from the Straits Settlements and elsewhere, outcasts found in the streets by the police, find here a shelter and food until the Directors are able to arrange for their being handed to their friends or transferred to their own villages on the mainland.

I have re-measured all the wards in the Hospital, and limited the number of patients in each to allow a minimum of 800 cubic feet per patient, counting only twelve feet of the height. If the whole height to the roof be taken into account, the space allowance per patient is in some of the wards considerably greater. The number of patients permitted is painted on a board at the door of each ward, and is never under any circumstances exceeded, except occasionally in the wards for destitutes when an unusually large number have been sent in.

Formerly no classification of diseases was attempted, excepting the crude Chinese separation of external diseases from internal diseases, but the Directors readily consented to my suggestion that the various wards should be devoted to the accommodation of patients suffering from special classes of disease. The re-arrangement was made in March, and now, while overflow is necessarily permitted from one ward to another when occasion requires it, the general plan of the Hospital is as follows:—

	<i>Name of Ward.</i>	<i>Beds.</i>	<i>Diseases.</i>
West Block:—			
	First Floor, .....Fuk	15	Malarial Fevers.
	.....Shau	15	Lung Diseases.
	Ground Floor, .....Hong	15	Diarrhœa and Dysentery.
	.....Ning	15	General Medical Cases.

	<i>Name of Ward.</i>	<i>Beds.</i>	<i>Diseases.</i>
North Block :—			
First Floor,	P'ing	17	Beri-Beri.
	On	17	General Medical Cases.
Ground Floor,	Tik	8	Destitutes.
	Kat	16	Destitutes and Chronics.
South Wards :—			
	Ch'uen	13	Surgical.
	Hing	11	Surgical.

There are still twenty-four of the Ko Fong small wards in existence. Of these eight are built against retaining walls, and are now used only as stores. The other sixteen, each able to accommodate two persons, had been reconstructed before I assumed the duties of inspection of the Tung Wa Hospital, and are used for the housing of women and children, and for the isolation of such patients as for any reason require to be kept apart from others. I have recommended the Directors to pull down all these wards except a single line of them, which should remain for isolation purposes, and on the ground thus cleared to erect two blocks, each two storeys high, making four new wards. The proposal has been favourably entertained, and if the financial question can be satisfactorily settled the matter will probably soon be proceeded with.

A large kitchen to be used exclusively for the infusion of Chinese medicines was erected early in the year, and the old kitchen became entirely available for ordinary cooking purposes.

The whole floor above the Receiving Ward has been re-constructed into roomy suitable quarters for the staff of native practitioners, while the room adjoining the central hall which most of them formerly occupied has been partitioned to form a bed-room and sitting-room for Dr. CHUNG. Quarters previously occupied by one of the doctors beside the Ko Fong wards are now used as private wards, and the former private wards beside the North gateway are now the quarters of Dr. CHUNG's assistant and the Steward, about to be mentioned. The room above the old coolie house, formerly the waiting-room for mourners in connection with the former mortuary, has been added to the coolie quarters, thus doubling the accommodation for servants. The old mortuary itself is used as a store house.

Before leaving the subject of the Hospital buildings, I may mention a number of improvements which have during the year been effected in the wards, and which taken together greatly improve their condition. The sandal-wood burners, the smoke from which used to be so suffocating to Europeans who entered the wards, have been removed. The purpose of the smouldering sandal-wood was to cover foul odours, and when I pointed out that under new circumstances such odours no longer existed, no objection was made to my request that they should be taken away altogether. The sets of lockers attached to the west block have been completed by having the back boards, omitted in their original construction, put in, and now all wardrobes have been removed from the wards in that block. The filthy wicker baskets formerly used for the reception of soiled surgical dressings have been replaced by tin trays. Iron screens have been made to close in all fireplaces in the wards. The fireplaces themselves are to be replaced soon by stoves in the middle of the wards, and this has already been done in three of them. The "epidemic of commodes" spoken of by one of the witnesses before the Commission has long ago disappeared, commodes being only permitted in the wards in the case of such patients as, in my opinion, require to use them, and being emptied as soon as possible after use. For the patients generally, commodes are placed in the bath-rooms attached to the wards of the west block, and behind screens in the verandahs of the north block and the new Surgical Wards, and are frequently cleansed, with the free use of Jeyes' Fluid as a disinfectant.

THE HOSPITAL STAFF.

I am well satisfied with the work of Dr. CHUNG, who carries out my instructions carefully. Besides treating such patients as elect to come under his care, he makes it his endeavour to persuade the most serious cases, especially surgical, where there is hope of cure or relief, to go to hospitals offering better facilities for treatment. He further maintains a general oversight of the sanitary condition of the hospital buildings and drainage, of the cleanliness of patients, wards, bedding and clothing, and of the ventilation of the wards.

He keeps two main records ;—a General Register, showing name, address, age, sex, disease, date and hour of admission, date of discharge, number of days in hospital, occupation, result, with space for remarks ; and a Register of Cases brought into the Mortuary already Dead, showing name, age, sex, occupation, address, date of death, probable cause of death when no post-mortem section has been made, cause of death when ascertained by internal examination, with space for remarks.

He reports all infectious cases, with the addresses from which they have come, without delay by telephone to the Central Police Station and the Medical Officer of Health, later notifying them in the usual way to the Secretary of the Sanitary Board ; and sends a daily Return of Deaths to the Registrar-General's Office.

He was absent from the Hospital for a period of three weeks from 26th April, making enquiries at the request of the Government into the prevalence of Bubonic Plague in the districts of Tung Kun, Shun Tak, and Shiu Hing on the mainland. During his absence Dr. U I KAI acted for him.

The Directors early in the year appointed a young man named TANG KING FAI, at a salary of fifteen dollars a month with food and quarters, to act as surgical dresser and general assistant to Dr.

Table I.—Showing the ADMISSIONS and MORTALITY in the TUNG WA HOSPITAL during the Year 1897.

	ADMISSIONS.			Deaths.		
	European Treatment.	Chinese Treatment.	Total.	European Treatment.	Chinese Treatment.	Total.
GENERAL DISEASES:—						
* Small-pox, ...	...	36	36	...	...	...
* Plague, ...	...	16	16	...	4	4
Influenza, ...	1	3	4	...	...	...
Mumps, ...	1	1	2	...	...	...
Dysentery, ...	20	113	133	7	53	60
Beri-Beri, ...	36	137	173	14	88	102
Malarial Fever:—						
<i>a.</i> Intermittent, ...	33	234	267	4	40	44
<i>b.</i> Remittent, ...	14	290	304	5	142	147
Erysipelas, ...	2	4	6	...	...	...
Septicæmia, Puerperal, ...	2	4	6	1	4	5
Tetanus, ...	...	5	5	...	3	3
Tubercle, ...	1	6	7	1	2	3
Leprosy, Tubercular, ...	...	1	1	...	...	...
Syphilis, Constitutional, ...	21	28	49	3	2	5
Effects of Vegetable Poisons, ...	3	...	3	2	...	2
" Mechanical Injuries, ...	30	160	190	1	4	5
Starvation, ...	...	3	3	...	...	...
Alcoholism, ...	1	1	2	...	...	...
Rheumatism, ...	24	64	88	...	...	...
New Growth, Non-Malignant, ...	2	...	2	2	...	2
" Malignant, ...	8	...	8	5	...	5
Anæmia, ...	3	29	32	1	11	12
Diabetes Mellitus, ...	...	1	1	...	...	...
Debility, ...	4	40	44	1	22	23
LOCAL DISEASES:—						
Diseases of the—						
Nervous System, ...	26	90	116	8	51	59
Eye, ...	...	4	4	...	...	...
Circulatory System, ...	30	101	131	13	66	79
Respiratory, ...	46	416	462	26	264	290
Digestive, ...	40	285	325	15	103	118
Lymphatic, ...	7	2	9	...	...	...
Urinary, ...	1	25	26	...	21	21
Generative, ...	6	7	13	...	...	...
Male Organs, ...	1	3	4	...	...	...
Organs of Locomotion, ...	11	18	29	2	1	3
Connective Tissue, ...	28	137	165	...	2	2
Skin, ...	50	60	110	...	...	...
TOTAL, ...	452	2,324	2,776	111	883	994

* Transferred at once, unless actually dying, to Kennedy Town Hospital.

JOHN C. THOMSON,
Inspecting Medical Officer.

Table II.—Showing GENERAL STATISTICS relating to the TUNG WA HOSPITAL during the Year 1897.

Remaining on 1st January, 1897.			Patients Admitted.			Admitted already moribund.			Patients Discharged.			Deaths.			Destitutes.			Out-Patients.			Dead brought to Mortuary.		
Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
114	18	132	2,450	326	2,776	408	97	505	1,623	170	1,793	830	164	994	661	0	661	84,019	33,528	117,547	315	104	419

JOHN C. THOMSON,
Inspecting Medical Officer.

Table III.—Showing VACCINATIONS at, and in connection with, the TUNG WA HOSPITAL during the Year 1897.

Hongkong.	Yaumati.	Shaukiwan.	Aberdeen.	Stanley.	Hungham.	Total.
1,864	66	6	109	50	47	2,142

JOHN C. THOMSON,
Inspecting Medical Officer.

Table VI.—Showing the number of PRISONERS VACCINATED in VICTORIA GAOL during the Year 1897.

Prisoners Vaccinated.	Number of those showing marks of previous Vaccination.	Successful.	Unsuccessful.	Not inspected, owing to early discharge from Gaol.
2,830	2,410	1,678	1,016	136

JOHN C. THOMSON,
Medical Officer.

Table VII.—Showing the NUMBER and PERCENTAGE of Prisoners ADMITTED to VICTORIA GAOL HOSPITAL at the FIRST MEDICAL EXAMINATION by the Medical Officer during the Year 1897.

Total number of Prisoners Admitted to Gaol.	Sick in Hospital.				Admitted to Hospital on First Medical Examination.				Percentage of Hospital cases on First Medical Examination.		Percentage of Hospital cases on First Medical Examination.	
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.	To Total Gaol Admissions.	To Total Hospital Cases.	Europeans.	Chinese.
											To Total Hospital Cases.	To Total Hospital Cases.
5,076	40	7	295	342	8	1	28	37	0.72	10.81	2.33	8.18

JOHN C. THOMSON,
Medical Officer.

Table VIII.—Showing the RATE of SICKNESS and MORTALITY in VICTORIA GAOL during the Year 1897.

TOTAL NUMBER OF:—				DAILY AVERAGE NUMBER OF:—			RATE PER CENT. OF:—			
Prisoners admitted to Gaol.	Sick admitted to Hospital.	Sick not requiring to be treated in Hospital.	Deaths.	Prisoners in Gaol.	Sick in Hospital.	Sick not in Hospital.	Serious Sickness to Total Admissions to Gaol.	Total Sickness to Total Admissions to Gaol.	Daily Average number of Sick to Daily Average number of Prisoners.	Mortality to Total Admissions to Gaol.
5,076	342	455	6	462	11.80	8.55	6.73	15.70	4.40	0.11

JOHN C. THOMSON,
Medical Officer.

Enclosure IV.

Report of the Inspecting Medical Officer of the Tung Wa Hospital.

TUNG WA HOSPITAL,
HONGKONG, 4th February, 1898.

SIR,—I have the honour to report regarding the Tung Wa Hospital during the year 1897; and as this is the first report under the new conditions that have followed the issue of the Report of the Commission appointed in 1896 by His Excellency Sir WILLIAM ROBINSON, G.C.M.G., to enquire into the working and organization of the Hospital, I propose to describe in greater detail than will be necessary in future reports the arrangements which have been made for its more satisfactory working in the future, in order that these may be placed on record.

I assumed the duties of Inspecting Medical Officer on the 1st January, 1897; and on the same date Dr. CHUNG KING UE, who is a Diplomat of the Viceroy's Medical College, Tientsin, and was Resident Surgeon in the Alice Memorial Hospital during a period of eight years, became the first Resident Surgeon with a training in Western medicine, surgery, and midwifery in the Tung Wa Hospital.

In Enclosure III will be found a report by the Medical Officer of Victoria Gaol.

From this it will be seen : that the admissions to hospital were 158 less than in 1896.

Of those treated in the hospital 27 were suffering from malarial fever and 32 from debility.

Flogging as now inflicted, viz., with the birch produces no contusion of the subcutaneous tissues, the usual result being a superficial redness which soon passes off and does not interfere with the prisoner's labour; formerly when the rattan was used the men invariably had to go to hospital, some for a longer some for a shorter period, the contused wounds occasionally resulting in the production of gluteal abscesses.

The total number of whippings was 141 as compared with 206 floggings in 1896.

There were four deaths from natural causes, two Chinamen committed suicide by hanging themselves in their cells; and there were no executions.

TUNG WAH HOSPITAL.

With regard to this institution a Commission appointed by His Excellency Sir WILLIAM ROBINSON, G.C.M.G., fully inquired into its working and organisation and the report of this Commission, together with the evidence taken before it, was issued from the Government Printing Office in September, 1896.

One result of this was the appointment of Dr. THOMSON as Visiting Surgeon to this Institution.

His report for the year 1897 will be found in Enclosure IV.

In conjunction with Dr. THOMSON Mr. CHUNG KING-UE, who has been trained in Western Medicine at Tientsin and was subsequently House Surgeon for eight years at the Alice Memorial Hospital, was appointed Resident Surgeon to this hospital.

The existence of this hospital in which it appears that more than four-fifths of the inmates are treated by so-called Chinese methods, is somewhat anomalous in a British Colony.

It is not for me to discuss the matter from the point of view of the statesman who, doubtless, has to consider the desirability of humouring to some extent the prejudices of the Chinese population, who in this Colony out-number the Europeans by the proportion of twenty to one.

It is my duty to look at the matter from a medical point of view and there can be very little doubt from that point of view that the so-called Chinese medical methods are really nothing but empiricism or quackery; as DYER BALL states in his work on "Things Chinese":—

"Medical works claim attention from the numerous writers on this branch. The oldest work was written several centuries before the Christian era.

"It has been supposed from their minute account of the human body that the Chinese, at one time, practised dissection. If so, however, the remembrance of it has long been forgotten, and their medical works are characterised by groundless theories."

Dr. WILSON, Inspector of Naval Hospitals and Fleets in his work "Medical Notes on China" states—

"The healing art among the Chinese, with much pretension to learning and practical power, is in a very rude and insufficient state; it is, in fact, a chaos of unfounded conceits, contradictory notions, and pompous phrases.

"They appear to have fallen into a petrified fixedness which nothing but the most powerful external agents can move.

"They affect to understand temperaments by the pulse. When one of the medical sages was requested to declare that of the writer, he laid his fingers along the wrist, appeared to think deeply while he interrogated the impulse, and, after a little, said, gravely, that the element of metal predominated.

"Surgery, in any proper sense of the word, has no existence among the Chinese; as might have been concluded, without observation, from their total ignorance of anatomy. They set and support fractures of the extremities, after the fashion of an ordinary farrier; and they are moderately successful in the reduction of simple dislocations; but anything requiring knowledge of structure, or the nice application of mechanical power, is beyond their reach.

"Together with the bone-setting and puncturing noticed above, Chinese operative surgery consists almost entirely in the application of moxas, which, although it was not witnessed by the writer, is said to be practised extensively. Of scientific principles, it is needless to say, that it is destitute."

Dr. THOMSON goes very fully into the arrangements in force at this institution.

The patients who apply for admission are mostly poor people of the artisan class: coolies, etc., and nearly all have an ingrained dread of the foreigner and his so-called Western methods.

The doctors are not trained at all as we understand training, and are really nothing but quacks; they do not pretend to have any knowledge of surgical treatment, indeed, there is no such thing in the hospital as a surgical instrument; their panacea for all surgical injuries and diseases being the inevitable pitch-plaster; they never administer chloroform.

A. B.

HONGKONG

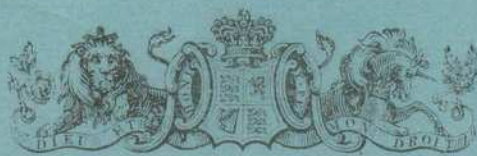
REPORTS

OF THE

PRINCIPAL CIVIL MEDICAL
OFFICER

FOR THE YEAR

1902



HONGKONG:

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1903



REPORT OF THE MEDICAL OFFICER TO THE TUNG WAH HOSPITAL.

TUNG WAH HOSPITAL,
HONGKONG, 14th February, 1903.

SIR,—I have the honour to submit, for the information of His Excellency the Governor, the Annual Report of the Tung Wah Hospital for the year 1902.

The number of patients in the wards at the beginning of the year was 144; 2,576 were admitted during 1902, making a total of 2,720 cases; 1,422 were discharged; 1,169 died; leaving 129 patients in the Hospital at the close of the year.

The admissions during the past ten years have been as follows:—

1893,	2,255
1894,	2,354
1895,	2,732
1896,	2,041
1897,	2,776
1898,	2,898
1899,	2,542
1900,	2,981
1901,	2,989
1902,	2,576

Of the 2,576 admissions, 95 were transferred for treatment to other institutions, as follows:—20 to Government Civil Hospital, 3 to the Lunatic Asylum, 71 to Kennedy Town Infectious Diseases Hospital, and 1 to the Italian Convent.

Of the fatal cases, 364 were in a dying condition at the time of admission.

There remains a net total of 2,117 actually treated in the Tung Wah Hospital, of whom 675, *i.e.*, 31.9 per cent., were under treatment by European methods, and 1,442, *i.e.*, 68.1 per cent., under Chinese treatment.

The diminution in the number of admissions is due to the smaller number of plague cases; the number of those actually treated is practically the same as last year's figure (2,146); and the proportion under European treatment is slightly larger, 31.9 per cent., as compared with 30.4 per cent. in 1901.

There is, moreover, a marked tendency to improvement in the work of the Tung Wah Hospital which cannot be expressed in figures. All cases diagnosed malaria are required to take quinine, whether under European or Chinese treatment. By a recent resolution of the Directors, all cases of infectious disease go under European methods of treatment, and are hence more under the control of the Inspecting Medical Officer; the violent jealousy that previously existed against the introduction of European methods, especially among the native doctors, has to a large extent subsided, and they are frequently ready to be advised by the European-trained house-surgeon, who thus influences the treatment of many cases of fracture, dislocation, abscess, &c., which remain nominally under Chinese treatment; and many matters pertaining to the regular changing of bedding, clothing, &c., formerly secured only by continuous effort and watchfulness, have now become routine practice.

302 dead bodies were brought to the Hospital mortuary to await burial. 126 of these, and also 120 bodies of persons who died within the Hospital itself, were sent to the Government Public Mortuary for internal examination.

Free burial was provided by the Hospital for 2,703 poor persons.

The number of visits to the Out-Patient Department was 88,842.

456 destitute persons were provided with food and shelter for short periods.

1,706 persons were vaccinated at, and in connection with, the Hospital.

The Tung Wah Hospital was again used during the plague epidemic as a convenient centre for the diagnosis and observation of cases of the disease. It was not found necessary to open a plague branch of the Hospital during 1902.

During the cholera epidemic, two large airy wards were set apart for the treatment of this disease. Several cases originated within the Hospital, but the Assistant Medical Officer of Health, after careful enquiry, came to the conclusion that the cause was contamination of the water supply outside the Hospital.

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return to Hongkong

Dr. CHUNG K
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House-Surgeon, and
Dr. JEU HAWK, who
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- II. Showing
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- III. Showing
- IV. Showing
Hospital

Dr. J. M. ATKINSON
Principal Civil
&c.,

The new buildings, to form an extension of the Hospital on the opposite side of Po Yan Street, are now finished, except that water and gas have not yet been laid on; and the Infectious Diseases Branch seems nearing completion.

During my absence from the Colony at the beginning of the year, Dr. R. LAMORT acted for me as Inspecting Medical Officer, and I resumed duty on my return to Hongkong on 5th February.

Dr. CHUNG KING UE, after repeated absences due to ill-health, was invalided on 17th September, and his illness proved fatal a few weeks later. During his absences Dr. Ho Ko TSUN acted for him, doing in all some six months' service as House-Surgeon, and his work was very satisfactory. On Dr. CHUNG's retirement, Dr. JEU HAWK, who holds the degree M. D. of the University of Oregon, U. S. A., was appointed to succeed him.

I desire to place on record my high appreciation of the large service rendered by the late Dr. CHUNG to the Tung Wah Hospital. His kindness, courtesy, tact, and professional skill combined to enable him to effect the very great improvements that were made during his tenure of office, and for which the credit is practically entirely due to him.

I attach the following Tables:—

- I. A Return of Diseases and Deaths during the year 1902.
- II. Showing the proportion of cases treated by European and Chinese methods respectively.
- III. Showing General Statistics relating to the Hospital during 1902.
- IV. Showing Vaccinations at, and in connection with, the Tung Wah Hospital during 1902.

I have the honour to be,

Sir,

Your obedient Servant,

J. C. THOMSON, M.D., M.A.,
Inspecting Medical Officer.

Dr. J. M. ATKINSON,
Principal Civil Medical Officer,
 &c., &c., &c.

THE TUNG WAH HOSPITAL
 TUNG WAH HOSPITAL
 HONGKONG, 14th February
 Information of His Excellency
 Hospital for the year
 beginning of the year
 total of 2,720 cases
 Hospital at the
 been as follows:—
2,255
2,354
2,732
2,041
2,776
2,898
2,542
2,981
2,989
2,576
 treatment to other
 to the Lunatic Asylum
 to the Italian Convent
 at the time of admission
 in the Tung Wah Hospital
 by European methods
 to the smaller number
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