

Winkle Cook, Knight Commander of the Vats, First Lord of the Treasury, President of the Ancient and Illustrious Order of Prevaricators, Lord Warden of the Vault, and Premier of the Dominion of Aesculapius. Mr. Cook, who was dressed in a grand military outfit for the occasion, responded at considerable length in a poem. Afterward a procession was formed and the devoted attendant was shouldered up and down and around the College grounds.

## Correspondence.

### Medicine in the Far East.

March 30, 1900.

#### A CEYLON HOSPITAL.

*To the Editor:* During my stay at Colombo, on the Island of Ceylon, I frequently visited the civil hospital of that place and saw considerable of the medical work done there. This institution has accommodations for 350 patients. The buildings are situated in a beautifully shaded grove of cocoanut palms, and are disconnected pavilions, flanked on each side by open verandas, on to which large windows, for their perfect ventilation, open. There is a medical school connected with this hospital, where seventy-five young men are being educated. The faculty is composed of English, Dutch half-breed and pure Ceylonese natives, and represent all shades of complexion, from the fair-skinned Anglo-Saxon to the Singalese as black as the Congo negro. The color line seems not to disturb the harmony of this mixed body of teachers in the least, but the Dutchman's hatred of the Englishman, since the outbreak of the South African war, I saw manifested on more than one occasion. The students, however, were all dark-skinned natives of the island, and on the whole impressed me as a set of men superior to those I met studying medicine in India.

Before beginning their studies, these men have to pass a preliminary examination that is equivalent to that required to enter the freshman class at Oxford. They have a five years' graded course, and after completing this many of them go to London or Edinburgh to pursue advanced studies.

#### NO BERI-BERI IN CEYLON.

It is a strange fact that, while the climate here in Colombo is so like that of southern China, I never saw a single case of beri-beri on the island of Ceylon.

#### ANCHYLOSTOMIASIS.

I saw in the above mentioned hospital my first case of anchylostomiasis, a parasitic disease affecting the intestinal tract, especially the duodenum. The patients all had an aspect as if far gone with Bright's disease, added to which there was a decided jaundice appearance to the skin. The drinking of dirty water from marshes and stagnant pools is the source from which the disease originates. The treatment consists of the internal administration of thymol and iron. The mortality is from 40 to 60 per cent.

#### TETANUS IN CEYLON.

During my frequent visits to this hospital, I never failed to find a case of tetanus in its wards. A large percentage of these unfortunate patients were hostlers. Dr. Thomas, one of the surgeons, told me that they had found the soil about the horse barns, in Colombo, full of tetanus germs, and that when a man who attends horses gets an abrasion of the skin on any part of his body infection often follows. They treat from 25 to 50 cases of this disease annually, in this institution, which I believe is a larger number than is treated in any hospital of its size in the world. Patients of the acute class all die, while a few of those in whom the disease assumes a mild form at the outset and runs a chronic course, recover. They treat it here with the bromid of potassium, cannabis Indica and opium. It is, however, on the latter remedy that they place main reliance, and they give it to an extent that keeps the patient in a condition of deep narcosis.

#### NO DIPHTHERIA NOR SCARLET FEVER IN CEYLON.

Professor Sinnetawby tells me that he does not believe that there has ever been a case of either diphtheria or scarlatina on the Island of Ceylon. Here in the Far East I find that where one of these diseases is absent the other never prevails, which

would seem to be an argument in favor of their common origin.

#### DIABETES MELLITUS.

I saw here a large number of cases of diabetes mellitus. The physicians tell me that in some sections of the island among certain classes of the population, one-half of the inhabitants suffer from glycosuria. Even the small land-holders in Ceylon lead a life of perfect idleness. If the proprietor owns a cocoa-nut grove of only four or five acres, and a rice field of the same size, he can live the kind of a life that he does without ever doing a single stroke of manual labor. His dwelling is an unfurnished, mud hut, to which he resorts only when it rains. He spends his days basking in the shade of a tropical grove, and hires, for a pittance, a coolie who runs at his bidding and attends to his every want. This man's diet is composed largely of rice, and to this class belong those who suffer so often from diabetes mellitus. On the contrary, the coolie, who serves this land-holder, and the jinriksha man, who plays the rôle of a horse, under the hot rays of a tropical sun, though they may both live on the same diet as the man who pursues a sedentary course in life, scarcely ever have this disease. The physicians in the hospital tell me that if early in the course of the complaint you can induce the sufferer to take an abundance of active exercise, you can in this way often arrest the disease. They treat the patient by eliminating rice and bread from his diet, but allowing the free use of meat, beans and vegetables that contain little or no starchy elements. As for medication, they rely entirely on nitric acid and opium.

#### INTESTINAL DISEASES.

Bowel complaints, consisting of diarrheas, dysenteries and the like, I found here as everywhere in the Far East, extremely prevalent. Dysenteric troubles often assume a chronic form and, despite all manner of treatment, run on unchecked for months or years. Here they treat the acute form of this trouble by first giving a free dose of castor-oil, and follow this by the administration of opium and ipecacuanha. The latter drug they give in large doses, often administering as much as 30 grains twice in the twenty-four hours. They claim that patients thus treated are less liable to hepatic abscesses and other sequelæ than those treated without this remedy. The chronic form of the disease they treat by keeping the patient on a milk diet, freely irrigating the lower bowel with a boric acid solution, and following this by a rectal injection of a rather strong solution of nitrate of silver.

The craze for opening the peritoneal cavity does not yet seem to have invaded the Island of Ceylon. I saw a myomectomy done for the removal of a subserous uterine fibroid as large as my fist. From the sensation produced among the hospital staff by this operation I concluded that operations of this kind were very rare here. In fact, the doctor who did the operation told me that there had never been a complete hysterectomy done on the island. Cases that require expert surgery, in this line, are sent to Madras to be operated on.

#### MEDICAL TEACHING IN CALCUTTA.

Calcutta is the medical center for all the vast empire of India. There are, however, medical schools at Madras, Bombay and Lahore; but by far the largest and most important of them all is the one located at the capital of British India. The medical class here numbers about 500 students. Before beginning the study of medicine, they have to pass a preliminary examination and the requirements are the same as at Colombo. I attended several clinics here, where I came in contact with these students, and while a few of them seemed bright and intelligent, the majority were a sorry-looking set out of which to attempt to make doctors. Their course of study is a graded one of five years, and as only about fifty are graduated annually their examination must be a quite rigid one. The teaching is all done in English, which I found many of the students with whom I conversed, did not understand perfectly. A professor told me that they were trying hard to cut the class down as they now had more students than they could properly teach. I asked him what fees these men would be able to command when they had finished their studies and began practice in a purely native community. He said that after furnishing their own drugs they would not get more than ten cents a visit on an average. The whole subject of medical education

in the British possessions in India is under one general law, and is therefore uniform. The professors in the medical colleges, as well as the surgeons to the various hospitals, all over the country, are officers in the English service, and receive no pay from the students they teach, or the hospital patients they attend. These men have, however, the right to carry on private practice when that does not interfere with their official duties, and in this way many of them earn large salaries. In India, though medical teaching and the granting of a diploma are under strict legal surveillance, there is no law preventing any one who chooses from practicing medicine. In fact, there are not qualified men enough in all this great empire to attend to the wants of the sick. Besides, associated with the healing of the sick, among the great mass of Indians there is a certain amount of religious ceremony with which, since the last mutiny, the British government seems little inclined to interfere.

#### CALCUTTA'S MEDICAL COLLEGE HOSPITAL.

To this institution, which contains 300 beds, only natives are admitted, and the sick are freely utilized as material for teaching. Diseases of the skin and gastrointestinal disorders were the prevailing complaints that I saw in the wards. Patients suffering from dysentery and hepatic troubles as sequelæ filled at least one-half of all the beds in this institution. Operations for hepatic abscesses are probably as frequent here in India as those for appendicitis in America. The frequency of this disease very often leads men, I suspect, to a too hasty diagnosis, as well as carelessness in the examination of their patients. I saw a case operated on here for what was diagnosed as a hepatic abscess, but which turned out to be an encapsulated empyema of the right side of the chest. The doctor saw his mistake, which was a pardonable one, but I did not pardon him for trying to make me believe that his first diagnosis had been a correct one.

#### IMMUNITY OF NATIVES TO TYPHOID.

Croupous pneumonia and acute rheumatism are extremely rare diseases in Calcutta, if they ever prevail at all. I saw illustrated the fact that the native Indian is practically immune from the infection of typhoid fever, for in this native hospital, I am told, there has never been a single case of the disease, while at the civil hospital, where foreigners only are treated, I saw at least a dozen patients suffering from this complaint.

#### SURGERY AND ENVIRONMENTS.

How a surgeon—as one in this hospital—in these last days of the nineteenth century, can see no impropriety in making his visits to his wards, dressing filthy wounds, opening abscesses and then going directly to his operating-room and performing operations that require the most scrupulous cleanliness is something that I can not comprehend. The doctor apologized to me for some of his loose habits in his asepsis by saying that the men he taught, when they went out to practice on their own account, would not be able to practice perfectly clean surgery, and therefore he thought it best to teach them only such modes as they would be able to copy in after life.

This puts me in mind of an occurrence, that, though it may have nothing to do with medicine in the Far East, I feel inclined to relate: Some time back in the eighties, a professor from Chicago, myself, and a recent graduate from Harvard, were seated at a table in a café in Vienna. The former was a man of great natural ability, and was endowed with an energy that enabled him to surmount every difficulty he met in life. He had a commanding appearance, a huge frame, and a heart to match. He had been appointed professor of obstetrics in a new medical college, and had come on to Vienna to post up on the branch he was to teach. Our young companion took him to task for being a party to the organization of a medical school that was not needed and the requirements of which, for the graduation of its students at that time, were not very high. The professor defended himself by an argument something like this: He said that in the agricultural sections of the Far West the life of the doctor was so rough, and his labors so hard, that men who were highly educated, like our companion, would not occupy these fields. Therefore a class of men must be taken with less education and taught the more practical branches of the profession, and sent out to occupy these

territories that would otherwise be occupied by men who had had no medical instruction whatever.

#### HYDROCELE IN INDIA.

Everywhere in India this is extremely prevalent, and I have seen an operation for its relief in nearly every hospital I have visited in the Far East. Dr. Murphy, of Calcutta, operates by opening up the sac freely, cutting away about one-half of its serous surface, then stitching this to the skin, swabbing the remaining portion of the sac with a concentrated solution of carbolic acid, approximating the edges of the wound by a few disconnected sutures, and then packing the whole wound with iodoform gauze. He claims to never fail of a perfect cure after this mode of operating. I saw him remove an elephantiasis of the scrotum that weighed twenty-five pounds. When I expressed my astonishment at the size of the growth, he assured me that this was a small affair, and that he had lately, successfully, removed one that weighed 100 pounds. The civil hospital in Calcutta is devoted to the care of the sick of all nationalities except the native Indian. I saw more patients suffering from gonorrhea in this institution than I ever saw before in a hospital of its size in my life. The treatment used for the relief of these patients is extremely antiquated, consisting of urethral injections without any relation as to what part of the urethra is involved, and the administration of balsam of copaiba. Of this last remedy Nothnagel says: "While it disgusts the palate, nauseates the stomach, and irritates the kidneys, it has no influence upon the course of the gonorrhea for which it is given."

I saw here a number of cases of typhoid fever, and amid the different shades of complexion of the patients was impressed by the fact that the disease has a most decided preference for the man with a white skin. They treat the cases in this institution by the administration of chlorin water and the regulation of the bowels by the use of copious injections of warm water.

W. S. CALDWELL, M.D.

#### Medicine as an Art.

PHILADELPHIA, April 9, 1900.

*To the Editor:* If we take from the medicine of to-day that which is art, we will leave, surely, not more than one-half to the scientists pure and simple—a class that would perhaps be more aptly designated as materialists. When the old-time writers styled their works on physic, "The Art and Science of Medicine," they gave unmistakable evidence of their appreciation of this quality in medicine. With them healing was more than a science to be learned from books. Indeed, it comprehended so much more that was not to be found anywhere in books that great minds in medicine were earnestly sought after as preceptors. The relations between master and pupil were very like those that bound together master and pupil in all the other realms of art. With the passing of the preceptor there has gone out from among us a something that our present-day system seems not yet to have made good. Have we gained or lost? Who shall say?

Every art contains within itself known or unknown elements of one or more sciences. Drawing rests on the laws of perspective; painting on the laws of color harmony and contrast; sculpture on the science of anatomy; music on the laws of sound harmony and contrast; photography on the laws of optics and chemistry; and so on. Even good literature—as Herbert Spencer has shown—must conform in greater or lesser degree to the philosophy (i. e., laws) of style. There seems an indissoluble relation. Medicine has by some been placed among the useful rather than the fine arts; and yet healing has to do with nothing less than living and the life principle itself. Professor Griggs has said that of all the fine arts the art of living is the finest. Viewed from this standpoint healing rises above the level of the purely useful arts. Too, medicine is no mean art in its embrace of the major and minor sciences, most of which pay daily tribute to the thinking men of our guild. Other things being equal, the fullest measure of professional success is most likely to attend him who brings the various 'ologies to wait upon Nature in her allwise healing. At some point in almost every severe illness Nature craves a mo-