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Thesis on General medical practice in the Chinese Capital, with a special reference to The Opium Habit in China.

In writing my Thesis, I have thought that some notes from my first seven years' medical work, undertaken, as it was, in North China, may not prove unacceptable.

In the year 1896 I took charge of The Peking Hospital and Dispensary, with some private work outside.

The Peking Hospital was an old established institution, well known throughout the Capital and some of the districts surrounding it. There was therefore, from the first, a very large attendance of patients residing outside the City walls, as well as those living in the City itself. The great bulk of patients came from the northern province of Chihli, in which...
the Capital is situated, but many
came from other provinces and
more distant parts of the Empire.

The final literary examination,
for example, were held in Peking
alone, and from 16,000 to 18,000
scholars came up from all
parts of China to attend them,
often staying many weeks or
months. Officials of course
swarmed in Peking, either those
that had received appointments
or who were patiently awaiting
them, perhaps for years.

Sometimes we had patients
from neighbouring states, who
came up on business (commercial)
or to bring tribute. Mongols
and Coreans, less commonly
Hindustans, Nepaulites 

Peking is situated in
latitude 39.55 N. and longitude 116.27 E,
on a dusty plain with no
river of any importance near
it contains a population of
nearly a million people.

The climate on the whole is healthy with a wet and a dry season. The extremes of temperature are very great—From zero in the winter to above 100° f in the shade in summer. The wet season begins in July and extends into September. The rest of the year being very dry—Almost uninterrupted sunshine daily for months being the rule. Winds of great violence blow in the spring and winter often lasting 3 days. They sometimes come laden with a fine yellow dust that penetrates everywhere.

The city is laid out in squares, with roads running parallel North and South; East and West. The roads themselves are wide and of soft earth, so that in the dry season they are like dust heaps, and in the wet season veritable quagmires.
The sewers, formerly well built on a grand scale, have long since fallen into decay, and become worse than useless, as they are receptacles for refuse of all kinds.

The solid excreta, collected for agricultural purposes by private enterprise, is taken out of the Talar city daily, and large quantities dried in the Chinese City itself.

The liquid refuse is poured out by the inhabitants into cesspools by the road side. The contents of these cesspools are spread over the roads every afternoon, during which process the stint produced baffles description.

The water supply, for drinking purposes, comes from the deep wells situated on the public highways, the water being delivered at a certain price per bucketful (1/4 of a l). The Chinese do not drink much water direct from the wells. It is
generally boiled in the form of tea or some other beverage.

Medical Cases.

Specific Infectious Diseases.

There are no official records, and no reliable data to go upon in making any statistical or other statements with regard to the prevalence of these diseases.

Chinese fever cases are almost entirely treated in their own homes by their own native physicians.

With the exception of certain fevers such as malaria, they did not bulk largely in our practice. An outbreak, on any extensive scale, could hardly escape our knowledge as we lived so intimately in such close touch with the Chinese.

Speaking generally, the Chinese did not seem to suffer so much from acute affections, whether medical or surgical, as from tuberculosis, or more especially...
chronic affections. I cannot say if this was in any way due to their phlegmatic temperaments, to their vegetable diet, to the absence of nerves, or to their avoidance of anything of the nature of 'hustling' and to all of them, but I think the fact remains.

Amongst the Common Specific Infectious Diseases met with were Small Pox, Malaria, Dysentery, Tuberculosis, Syphilis, Gonorrhoeal Infection, Influenza, Cholera, Typhus (during epidemics).

One was surprised at the comparative absence of acute pneumonia, Acute Rheumatic Fever, Scarlet Fever and Typhoid Fever.

With regard to Scarlet Fever the question was raised in the Chinese Medical Miss' Journal by an English physician, Dr. Hodge of Hankow, as to the existence of Scarlet Fever at all amongst the Chinese. I was able to reply that
I had almost certainly contracted the disease myself from the Chinese that I had watched a small epidemic of undoubted Sepsis fever. One English child who took it at this time dying with a malignant type of the fever. The remarkable thing is, that, without any attempt at isolation or disinfection, the disease does not spread beyond the narrowest limit. The small epidemic, if I may call it so, referred to above, did not involve a dozen cases in all, and this in crowded quarters, with many children around; the locality where it occurred, situated in the middle of a walled city containing nearly a million people.

The difficulty presents itself with Typhoid fever in an altered form. I scarcely ever saw Typhoid fever amongst the Chinese, but the germs are there, and they attack foreigners, more especially the new comers, certainly out of all proportion to the respective numbers of foreigners.
and Chinese exposed to infection, notwithstanding the many ways in which foreigners can protect themselves from contagion, which are not open to the Chinese.

The conditions under which the Chinese live are just those calculated to secure the spread of these diseases. The wadded garments that are worn and so seldom changed, the large beds or Kangs used in common by the sick and healthy, the crowded living quarters, the difficulties in disposing of refuse and the accumulation of filth in and around their houses, the exposure of food to infection both on the streets and at home, the unpurifying sources of the water for drinking and for culinary purposes etc. What is the explanation here of this comparative immunity of the Chinese to such diseases as Scarlet Fever, Typhoid Fever?

My own feeling is that it may
be on the lines suggested by Dr. A. Reid in relation to other matters, namely, that the Chinese are a microbrash selected race, and that they have evolved against these diseases. I take it that the facilities for acquiring these diseases have been so great in the past, that practically all Chinese have been exposed to infection early, the most susceptible having succumbed probably in early life, leaving those to continue the race who have inherited the tendency to vary in the direction of immunity to these diseases, through resistance to invasion or to the effect of the poison when formed. These inherited tendencies would thus be handed on, any reversions to former type forming the cases seen from time to time and gradually eliminated.

One can see the process going on, but in a less advanced stage in the case of Small Pox.
So common is smallpox amongst the Chinese, that they do not expect to avoid contagious altogether, and do encourage the attack at what they think a suitable time for the child, and by choice from a mild case. They do this by actual contact with those suffering, or by snuffing dried smallpox scabs up the nose first. The more susceptible to this disease amongst the children or young people are those being killed off at the present time. I remember one of the first cases of smallpox I saw was of the Confluent variety, and was brought out for me to see into a small schoolroom where children were present. I should say the Chinese without artificial protection by vaccination are becoming already more resistant to the smallpox virus, and unless present conditions are altered will go on becoming increasingly so.
Some of the specific infectious diseases so common in the south, such as Lepercy, Beri-Beri, Tubercle, Plague, Syphilis were hardly seen at all.

Venereal affections were very common, but I was struck with the fact that although Syphilis was so frequent I scarcely ever saw a true Hunterian Chancre in the Chinese. Another somewhat remarkable thing was the notwithstanding the frequency of Gonorrhoea and the absence of treatment, Gonorrhoeal Scleroderma was a rarity in our experience.

Is it possible that the absence of treatment helped to account for it?!

Tuberculosis in adults much about the same as with ourselves.

The impression is left on my mind that tubercular affections, (Glandular & Bones, joints &c) were much less frequent in children.
It would be interesting, if so, as practically Chinese children take no milk, besides that of the mother or of a cool nurse. No reference need be made to animal parasites, except to say that Ascariasis was so common among children especially, that it was a safe rule to begin almost any treatment of children with Santonine or, frequently no other treatment was required.

As to Constitutional diseases. The almost entire absence of Rickets is noteworthy. Small Special Enquiry Concerning this from other physicians in N. China, for a report which was sent home by request. Their experience confirmed by ours as to its rarity in N. China.

Breast-feeding, which is so universal, the absence of the patent foods, partially accounts for it, but climatic conditions especially the perpetual sunshine
and outdoor life greatly assist.

As to Diabetes Mellitus. I agree with a writer in the current number of the Rev. Wm. J. April 1876, who states in reply to a former communication that he has found it in his experience extremely rare.

Myxœdema. Amongst the rarer diseases I was the first as far as I know to put on record a case of Myxœdema in Clavia (about 1850) and I have no note of a second case.

I notice also two cases of enormous dilatation of the gall bladder, one in my own practice and one sent to me by a neighbouring physician.

I have noted only one case of Lymphadenoma and one of Simple Epileptiform Neuralgia (very severe).

Skin diseases are numerous and important. Scabies was
the commonest -- Eczema, specific cases, psoriasis to needing no detailed reference. I will content myself with noting three cases on the borderline of surgery. The first record were Keloids. I refer to the first, because in one of the largest Keloids about 8 or 9 inches in diameter it was seen to be breaking down & ulcerating which I believe a rare condition.

The second Keloid is of interest to me because I was induced against my judgement to excise it. The growth was about 8 inches long, on the back of the forearm & wrist, bifurcating, one spur going down the thumb, the other down the forefinger. The Keloid grew again as might have been and was anticipated.

The third case was a cutaneous horn of some considerable size & hardness growing from the tongue of a man. I removed & preserved the specimen.
Surgical Cases

The Chinese proved good surgical patients and stood operations well. They seemed to escape acute inflammations, the poorer patients especially were immune to all kinds of hardships and privations, they showed an indifference to pain and inconvenience, there was an absence of what we may call "nerves." They had great confidence in the foreign surgeon, so that altogether the good results that sometimes attended our work astonished us at first, and were better than we thought we could reasonably hope for.

The ordinary surgical affections seen in our practice were much the same as those met with at home, allowing for the results of prolonged neglect in the forenoon. I have had a case of carbuncle for instance occupying a large part of the
upper part of the back, as large as a medium sized dinner plate. Certain affections were relatively very frequent in occurrence. Fistulae in ano for instance were exceedingly common in all degrees of severity. One of the worst cases I operated upon was the brother of the present Empress Dowager of China. He made a complete recovery, but unfortunately became a big opium smoker when I last visited his family.

There are a few varieties of surgical cases that we should not be likely to see in England. For example, urethral stricture in China. It was estimated that there were 1,500 hundred eunuchs in the Imperial Palace. There were certainly many hundreds. Our hospital was well known to them and we were frequently called upon to operate on them.
Ceruecles were generally made so when kept about 10 or 12 years of age, although it was done in adult life. The whole of the genitals were removed quietly, & lacerations arrested by pressure & some kind of powder they used freely, probably assisted by the painting of the patient. The urinary passage was kept open by a bougie, about 1½ to 2 inches long, which was subsequently inserted. Notwithstanding this precaution the passage not infrequently closed up except for a minute opening, through which the urine came in droplets only.

The little operation was usually quite simple & easy; I find it easy to find the urethra, to bring it down and stitch to the margins of the fresh wound.

Sometimes, however, when there had been any deeper ulceration or changes in the urethra, the external opening only communicated indirectly with the urethra, which
latter structure was almost closed up, I have known it prove troublesome, especially when much fat had developed about the parts.

One could make a fairly approximate guess at the age when the patients were made emaciated, by the extent of the changes in their appearance, which had taken place. The entire absence of hair about the face, the smoothness of the skin, the roundness of the form and flabbiness, from increase of fat; alteration in tone of voice, emotional nature &c. Although pleased with trifles & having small interest, I never observed the unusual mental deficiency I should have anticipated.

I was beginning to examine their prostates when occasion offered, at the time of the operation under general anaesthesia.
I suppose there is little doubt about their being atrophied, although I am not prepared to say to what extent. I never heard of a eunuch suffering from enlarged prostate or any other prostatic trouble, and some of them became old men.

It is rather remarkable that the Chinese should agree to such mutilation either for themselves, or their children, simply to obtain employment in the palace. Especially as it is opposed to the teachings of Filial Piety, which requires there to preserve intact the bodies given to them by their parents. The better class of eunuchs carefully preserve the parts removed, that they may be buried entire. The poorer eunuchs, who may not have the opportunity of doing this, adopt I understand, a still more disgusting practice in the idea of incorporating in their own bodies the removed organs.
Vesical Calculus. Whatever may be the cause of the presence of stone in the bladder, the difference in the number of cases in North and South China respectively, is very marked. In the North we did not see more than one in 4,000 or 5,000 cases, whereas in the South, Canton for example, they would see sometimes 50 cases for one of ours in the same general attendance of equal numbers.

I only saw one case in a woman, never heard of another in our province. This happened to be a large stone and I saw the patient originally on account of the difficultly in parturition. I delivered the child, but did not receive consent to deliver the stone, although I explored the bladder twice certain it was a stone present. There was no doubt about the origine of the stone in 3 cases upon which I operated. It
bougie of two or three inches in length formed the core. One bougie was of metal, and two of bone, with rounded ends, probably pieces of Chop Sticks.

Dr. Attenbury, of Peking, who saw one or two of the cases with me, says that among some of the Tartar sect there are those who for the purpose of warding off disease, and fortifying the system, pay great attention to Medical Gymnastics, or what is known in China as 'Kung fu.' One of their practices is to introduce into the urethra bougies, with the idea of keeping open the 'path of life,' preventing stricture of the external urethra.

My predecessor, Dr. Duguid, had in the hospital before I arrived, a patient a Manchu, about 30 yrs of age who had joined one of these sects. For 10 years he had inserted a metal bougie into his urethra every night. He first rubbed it with a little mercury, and
If deemed of sufficient interest
I could probably find one of
these bones embedded in a
stone, for a museum specimen.
I would look for it at any
rate if deemed.

D.E.
there let it be carried by its own weight into the perineal region.

In the morning the body is turned to one side the bougie felt gently pressed out.

Occasionally by a little unfortunate jerk, as in the above case, the bougie reverses itself and slips into the bladder.

In addition to the cases mentioned, I had a Tartar priest come to me with stone probably owing to the same cause, but as he would not consent to operation I could not verify my suspicion.

I once took a still longer speculum out of the urethra for a man—I do not know that this was a genuine case of the class I am describing. These patients are all very reticent about themselves. The sect is I understand close to Secrety.

With regard to special surgery, eye cases, as in the East everywhere, were very common and one was called upon to do all the ordinary operations including cataracts of course.
Notes on the Opium Habit in China

The most diverse opinions have been expressed as to the effects produced upon the Constitution by the Opium Habit. I could not understand at first how men with knowledge and experience of undoubted integrity could speak so lightly, before the late Royal Commission on Opium, as to the effects of the Opium Habit, giving it as their considered opinion that it was practically harmless. (See Evidence of Sir George Budwood, Sir Joseph Fayrer, Sir Edward Jephson, Sir William Moore, Sir Monier.)

It soon became obvious to me, however, that its influence upon the inhabitants of India was widely different to its influence upon the Chinese. Among the latter it is proving itself to be one of the greatest curses that could afflict a people.

I am indebted for some of my information to my predecessor, the late Sir J. Dudgeon, who was re
charge of the Peking Hospital for over 20 years, and took a great interest in the subject.

Although the poppy had been known for many centuries in China, Opium smoking seems to have been introduced from Java as late as the beginning of the 18th Century.

The first imperial edict against it was in 1729, but referred only to the island of Formosa. Up to the end of the 18th Century the use of Opium for smoking or for medicine in China was comparatively trifling. The growth of the poppy by the natives for its extract did not begin until the earlier part of the 19th Century, but not on any extensive scale until 1850-1860. S. Edwards, a graduate of this University estimated, some years ago, that in Shansi 80-69% of the men over 20 yrs. of age in that province smoked Opium, and that from 50-60% of the women
and many young people and even children. In the very commencement the pipe may be like a plaything, but there is soon found a sort of fascination about the habit. At first there is a stimulant action produced, physical mental, the smoker is more sociable, ideas flow more freely, a sort of transient brilliance, and a general sense of well-being. Then comes deterioration, the pipe is more a solace with its benumbing influence, and when the habit is confirmed the "yer" or craving is formed, where positive pleasure is no longer aimed at, but the removal of discomfort and the avoidance of pain, until at last the smoker is the object slave of his pipe and will do anything to satisfy the craving. He has become a social, mental and moral wreck.

The material used for smoking is an extract - an aequous extract
made with distilled, or at any
date raw water. The raw material
yields about 50% of extract.

The smoke is initiated in two
ways by deep or shallow inspirations
The former by old smokers, the
latter by the younger belchers.

A large proportion of alkaloidal
strength must be lost in the process
of burning. I have not made any
investigation on the point, but I
have seen it put as high as 9/10.

When a smoker is too poor to
buy opium, he is glad to get the
'first ashes' to resmoke and finally
he is reduced to buy bawm or steal
the poorest ashes & the scrapings
of the pipes, which he stirs up in
water & drinks to get the fullest
effect he can to satisfy his craving.

No doubt there are good smokers
who use opium in moderation, and
are well nourished, when its evil
effects are not very apparent—

The two classes who suffer most
The physical effects observable in opium smokers is their peculiar ashen grey colour which one soon learns to recognize. Emaciation, chiefly amongst the poor no doubt. On a long series of records I kept of the body weight of opium smokers I found them to average 15th 620 lbs. This was what I regarded as the normal standard for men of the same height — again diminished functional activity of the nervous system, arresting and impairing the secretions leading to structural changes in various organs. There is loss of
It certainly leads to impostsure weakness, appetite constipation, distemper, disinclination to exercise and muscular weakness. To increasing power so that the mortality is great amongst them from fever, dependency and all kinds of disease.

The effects on the moral nature are of possible even more pronounced. First a blunting of the finer edge of moral sensibility until finally all self respect is lost and they become liars, thieves, vagabonds. The Chinese themselves do not trust these, and I never remember meeting an opium eater who would not admit the evil nature of the habit, feel ashamed of it where the power to feel shame was still left to him.

With regard to treatment, passing our hygienic, dietetic and psychological methods adopted the more strictly medical treatment, I think that in many cases immediate suppression may be well adopted. Cutting off...
all opiates at once and treating symptoms as they arise. Amongst
the commoner are: loss of appetite,
nausea, vomiting, restlessness,
sleeplessness, delirium, fever,
violent pains in bones and joints,
lethargy, depression and general
feeling of fear, uneasiness.

I think it safer in some
cases, as it is pleasant, to go in
for gradual diminution of opiates,
and I certainly prefer to do this
by hypodermic injection of
morphine, when the reduction of
dose can be carefully regulated,
and the patient need not know
what he is getting. I have
little faith in the various
treatment which appear promising
at least, very few have come to
my knowledge.

As to the results of treatment,
I think some relapse at once
into their former habits. Some
return to their original drinking
with considerably reduced daily allowance, which is probably all they can get, and that through poverty. There are many who are cured temporarily, but under the strain of some special temptation again relapse to their old habits. There doubtless are those who are permanently cured, and never again under any circumstances resort to the pipe. Possibly they are to be found chiefly amongst those brought under Christian influences.

We have seen an old opium smoker, suffering from a protracted illness, which finally proved fatal, successfully resisting all temptations to resort to his former habit, although some of his more distressing symptoms would in all probability have been alleviated by the use of opium, and of which fact he was fully conscious.
Opium Smokers - Notes on cases treated in Peking Hospital 1888-1890 inclusive

Duration of Treatment average 12-14 days

Chinese 295  Manchus 112
Buddhist Priests 4  } Total 411

Sex (381 noted)
Men 365  Women 16

Occupation (393 noted)

Shopkeepers + All Stacks including small Traders 131
Soldiers 49
Non-Selled Occupation 62
Artisans 35
Agriculturalists 33
Small Officials 27
House Servants 20
Carpers 16
Priests 9
Libraries 7
Cookies 5
Eunuchs 5
Copyists 2
Spanky Keepers 2
Play Actors 1
<table>
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<tr>
<th>Age (401 noted)</th>
<th>Under 20 yrs</th>
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<tr>
<td>20 years</td>
<td>30 &quot;</td>
<td>66</td>
</tr>
<tr>
<td>30 &quot; &quot;</td>
<td>40 &quot;</td>
<td>173</td>
</tr>
<tr>
<td>40 &quot; &quot;</td>
<td>50 &quot;</td>
<td>124</td>
</tr>
<tr>
<td>50 &quot; &quot;</td>
<td>60 &quot;</td>
<td>30</td>
</tr>
<tr>
<td>60 &quot; and above</td>
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<th>Duration of Habit (406 noted)</th>
<th>Under 5 years</th>
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<td>5 years and</td>
<td>10 &quot;</td>
<td>150</td>
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<tr>
<td>10 &quot; &quot;</td>
<td>15 &quot;</td>
<td>71</td>
</tr>
<tr>
<td>15 &quot; &quot;</td>
<td>20 &quot;</td>
<td>25</td>
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<tr>
<td>20 &quot; and above</td>
<td></td>
<td>39</td>
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<table>
<thead>
<tr>
<th>Amount of Opium Smoked Daily (405)</th>
<th>Under 1 mace</th>
<th>36</th>
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<tbody>
<tr>
<td>1 mace and</td>
<td>2 &quot;</td>
<td>56</td>
</tr>
<tr>
<td>2 &quot; &quot;</td>
<td>3 &quot;</td>
<td>84</td>
</tr>
<tr>
<td>3 &quot; &quot;</td>
<td>4 &quot;</td>
<td>83</td>
</tr>
<tr>
<td>4 &quot; &quot;</td>
<td>5 &quot;</td>
<td>47</td>
</tr>
<tr>
<td>5 &quot; &quot;</td>
<td>6 &quot;</td>
<td>34</td>
</tr>
<tr>
<td>6 &quot; &quot;</td>
<td>7 &quot;</td>
<td>33</td>
</tr>
<tr>
<td>7 &quot; &quot;</td>
<td>8 &quot;</td>
<td>12</td>
</tr>
<tr>
<td>8 &quot; &quot;</td>
<td>9 &quot;</td>
<td>10</td>
</tr>
<tr>
<td>9 mace and more</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

N.B. 1 Mace is 58.33 grains (English)
Kind of Opium used  (367 noted)

Caudaese 305
Western Province (Native) 37  Mixed 25

Where smoked  (371 noted)

House  175

Opium shop or den 195  At both  1

Number of times for smoking daily (277 noted)

Once only  2
Twice  111
Three  140
More  24

Time of smoking in relation to meal (272 noted)

Before taking food  79
After  191
At night only  2

Condition of Smoker on admission (88 noted)

Encouraged 55  Fair Condition 25  Good Condition 25

For year 1889-90 (281 noted) on admission

1889  Body weight (146 noted) 120 lb average
1890  (135) 128 lb  Height 5ft 6½ in

Effect of Treatment on body weight

1889  gained 5½ lb  remained 168
Lost 11 "  loss 3½  Same 168

1890  gained 4½ "  gain 4½  Remained 167
Lost 10½ 19 "  loss 5½  Same 167
Examination of Blood

Number of Red Blood. C. average 5.000 per c.mm

Lowest Counted 14.000 per c.mm

Haemoglobin 59.2% of normal level

Lowest - 74%.

 Alleged reasons for contracting Habit

On account of

disease or to allay pain 218
For pleasure or Sociability 143
For stimulating effect 5
As cure for drunkenness 5
To subdue passionate temper 3
As soothing agent after trouble 2
Through business transactions 1

Reasons for wishing to break off Habit

Loss of time & character involved 127
On account of poverty or want of money 129
Growing dislike of Habit 53
Health felt to be injuriously affected 43
Result of home influence 17
Original disease cured 5

Direct Christian influence 9
Difficulty of obtaining Employment 1