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## DISEASE IN KOREA.

THE following notes are based on observations made at the Government Hospital in Seoul during an attendance of three and a half years.

Comparing the general run of diseases with what I have seen in Canada, there is not much difference to be noted in the varieties; the main being in their relative frequency. There is, as might be expected, a preponderance of cases which result from filthy habits and want of cleanliness, and also of those that are influenced by poor food and small, densely inhabited houses.

For instance, venereal diseases are about as common as they used to be in England, when it was so fashionable to have syphilis that it is said that even ladies considered it necessary, in case they were so unfortunate as not to be so afflicted, to wear bits of plaster on the face to imitate its spots. The doctor gets into the habit of examining all his cases for signs of that disease.

One peculiarity I have observed in these cases is that very few come to the hospital for treatment until the third stage has been reached, so that I have seen very few instances of primary syphilis and only two or three of secondary, and yet, of course, all the cases pass thro these stages, except such as are congenital. The explanation of this lies in the fact that they have a system of treatment of their own for this disease, and it is not until that has failed and the trouble is already far advanced that they give in and try the foreign doctor. Their method of treatment consists of inhaling the fumes of a mixture, the chief ingredient of which is mercury and it is doubtless successful in many cases, but is very apt to be overdone, resulting in severe salivation, ulceration of gums, loss of the teeth, and so forth. Many cases come to us afflicted in that way. It is just as it was with some of our doctors in the good old days; they used mercury up to and past the point of salivation and did a lot of harm, bringing a good thing into disrepute and emphasizing the truth that *Sin is transgression or going beyond.*

Another filth disease, very, very common in our clinics, is the old fashioned *itch*, a disease so easily prevented and so easily cured that it is rightly considered a mark of filthiness to have it. The

on-lookers express surprise and much concern for my welfare when they see me handle itch patients with such comparative freedom, but its close connection with dirt is shown by the fact that simply washing my hands with soap and water after doing so has kept me from taking it during all this time.

Various other skin diseases, the result of dirt, are very common, such as scalp eruptions, from the presence of lice and several forms of suppurating sores on other parts of the body.

A very important class of cases, more or less the result of want of cleanliness, comes in the form of severe eye disease. Cases of purulent conjunctivitis, ulceration of the cornea, and complete destruction of the eyeball come in with great frequency. Many of these started as simple conjunctivitis, often following measles or small pox, but after being rubbed a few times with dirty fingers, or more dirty handkerchiefs, they developed into uncontrollable inflammation, which, in too many cases has already done its destructive work ere the foreign doctor is consulted. Many, many eyes are lost in Korea that could have been saved by observing ordinary rules of cleanliness, as is well shown by the fact that a large number who do come at an earlier stage, recover quickly by the use of a simple boracic acid wash.

Under the class of filth diseases, I suppose we may mention the great prevalence of intestinal worms. It is astonishing what a demand there is for worm medicine, and as the efficacy of the simple little worm powder, or pill of the foreigner, becomes more widely known, the demand increases. While the little pin or threadworm is not unknown, it is comparatively uncommon, but the ordinary round worms and the tapeworm of thirty or forty feet long find a comfortable host in probably every Korean. One need not wonder at this after observing some of their methods of preparing vegetables. These they wash in drains running thro fields manured by human excrement and along the sides of the streets, so arranged as to receive the matter from their waterclosets, which contain not only large numbers of the worms, but are surcharged with the ova of the same. Besides this the wells are situated so as to receive the soakage from the same fields and drains so that the drinking water is probably thoroughly contaminated. A great many different conditions are attributed to the presence of these pests, but as we do not have the privilege of making autopsies to correct our diagnoses in case of death, many of our suppositions on this line may not be correct.

In the homeland, some of the most dreaded diseases, that are believed to depend upon bad drains, cesspools and densely populated districts for their existence, are diphtheria, ulcerative

tonsillitis, scarlet fever, typhoid fever, and typhus fever, concerning which in Korea some observations will be in order.

Strange to say diphtheria is apparently rare, so much so that some physicians have declared that it does not exist. However I have seen four cases that in my judgment were undoubtedly diphtheritic, altho the evidence was clinical and not bacteriological. The first was a Korean child about three years old, living just inside the little West Gate of Seoul. When I first saw it, its throat was filled with membrane and it presented all the signs of diphtheria of a severe type. Under treatment it improved a little in some respects for twenty-four hours, but again grew worse and died the next day.

The second case was that of a Japanese girl about ten years of age who had laryngeal trouble, known as membranous croup. She coughed up a complete membranous cast of the larynx which is still in my possession. In spite of the relief obtained in this way, she succumbed two or three days after to the poison with which her system was already saturated.

A third case was that of a Korean woman of about thirty years of age who was brought to the hospital. I removed from her throat by forceps a piece of membrane the size of a penny, which had become loosened. She returned home and I did not hear what occurred afterward.

The fourth case, and the most doubtful, was that of a child living in the town of Chang-yun, that was suffering from severe croup. I watched it more or less for two days during which time there was no relief, such as might have been expected were there no membrane obstructing the passage. There was no exudation in the fauces and, as I left the town before further symptoms developed, I can give no further statement than that I believed at the time that it was a case of diphtheritic laryngitis.

On the other hand ulcerative tonsillitis is comparatively common, and, as at home, it generally yields to treatment without great difficulty. The Koreans speak of occasional epidemics of sore throat in which death is very common, but I have not seen any such epidemic here.

Scarlet fever has not come within the range of my experience since coming here, but, from descriptions given me by the Koreans, I believe it exists.

In a country where all the conditions supposed to be necessary for its development are so emphatically present as here, I have been greatly surprised to miss typhoid fever, but I cannot recall an undoubted case of that disease. In its place, perhaps, is a peculiar fever, which I do not care to classify as yet,

or place under a foreign name, which is known to the people as *Yimpyung*. Unfortunately the Koreans do not differentiate very carefully and so we find several varieties of fever bearing this name, amongst which I have recognized typhus fever, *malarial remittent fever*, and this special variety to which the above name properly belongs.

This fever deserves further study by the foreign doctor, both clinically and scientifically. While it is nearly always to be found, at all seasons, there are times when it is especially prevalent, in fact epidemic.

During the last epidemic I saw many cases, but unfortunately had not the means of studying it carefully, and, since obtaining the means, the cases have been so scattered that I have not been able to study them with such exactness as would give definite value to my observations. However, I am inclined to the view that the real *Yimpyung* is either the disease known to the medical profession as relapsing fever, or, if not identical with it, is very closely allied to it.

It is characterized by sudden effervescence of fever, the temperature rising at once to 104° F. or even to 106°, the patient suffering from severe headache, backache, and pain in the limbs, very similar indeed to those experienced by victims of *La grippe*. As the disease progresses, the discomfort increases until about the sixth day, when the patient tosses about, pants for breath, and declares he is about to die, and indeed he looks very wretched. Unlike typhoid fever, the abdomen is not affected, and usually the bowel functions are not interfered with unless it be that they become constipated by the presence of the high fever. Some observers say that there is a definite rash to be seen, especially on the arms, but I have been unable to observe such with any degree of regularity, that is, in the form I am describing. Of course in those cases which belong to the typhus class, there is the definite typhus rash not only on the arms but on the body also. About the 7th day, if no complication sets in, just in the midst of the agony and while the patient is declaring himself about to depart, perspiration breaks out, which is often so abundant as to saturate his clothing and sometimes often the bed clothing also (if there is any) and, during the continuance of this, free bleeding from the nose nearly always occurs. Perspiration continues several hours, the temperature drops to normal, the pains cease, the pulse settles down and when you see the patient a short time afterward, he declares with joy, "I live again." During the next few days, he eats heartily, picks up his strength and departs.

Sometimes, however, complications set in, the chief of

which is pneumonia, others being inflammation of the kidneys, heart weakness, and paralysis, and when death takes place it is nearly always from one of these, the frequency being in the order named. These may occur during the acute stage and interfere with the regular development of the symptoms, but I have generally seen them begin after the crisis in the original illness has occurred.

A peculiarity in the sequence is that in many cases there is a relapse which is apt to occur on the 14th day from the beginning of the first sickness, or even on the 21st day, and in a few cases, the relapse is repeated one or more times, tho this is not the rule. One attack of this fever does not confer future immunity. Foreigners living here, while not very liable to the disease, are not wholly exempt. I am told Mrs. Hardie of Wonsan suffered from the relapsing form of it four years ago, having, I believe, three attacks following one another. The only case I have seen in a foreigner was that of Dr. Irvin of Fusan, who also relapsed on the 14th day and afterwards suffered for a considerable time from its after effects.

It is mainly the victims of this and typhus fever that are cast out from their homes and left to die on the plains outside the city, altho I am free to say this is usually done only in the case of dependents. I think it is not often that the patient is deserted by the members of his own family.

Typhus fever is fairly prevalent amongst the poor classes at certain times. As I said, it is not distinguished from the ordinary Yimpyung by the people, except that they notice it as a more virulent type and are more afraid of it. It does not differ from the same disease as observed elsewhere, and is probably responsible for many of the deaths from so-called Yimpyung. In this connection I may mention a minor disease very common here called by people Momsal, which has many of the symptoms we are apt to attribute to taking cold, viz. headache, sore bones, and fever. It may last from one to several days and possibly accounts for a great deal of the lost time of our Korean servants.

O. R. AVISON.

(To be continued.)

## DISEASE IN KOREA.

## II.

**M**ALARIA is after all perhaps the most common disease in Korea. It is found in all parts of the country, but seems to be especially prevalent in sections where there are numerous rice fields. This is doubtless owing to the presence of *stagnant water and rich alluvial deposits, which constitute a suitable home for the development of the malarial poison.* I presume all the varieties of this disease that are found in other countries occur here, but we chiefly seen quotidian, tertian, and quartan intermittent forms and often remittent with paroxysms occurring once or twice a day. Of all these by far the greatest number of cases belong to the quartan type, that is, the patient has two days of rest between the paroxysms.

A peculiarity I have noticed is that for a few weeks there will be a majority of cases of, say, tertian ague, and then these will nearly cease and nearly all the cases will be quartan.

A peculiarity in form of speech is that when the ague is quartan the patient nearly always distinguishes it by the proper terms, but otherwise he is apt to give it the general term malaria; another is that a patient often says he has quartan ague and when asked on what days he has the chills, he surprises you by saying he has them every day, but when he sees you are puzzled he explains that originally he had quartan ague but now the chills come every day. I have observed that in by far the greater number, the chills occur in the evening rather than at other times in the day.

The people have learned the value of quinine as a remedy for this disease and the demand for it is very great, especially during the fall and winter months. It is a pity to have to say that a great deal of stuff resembling quinine in appearance and taste, but without its efficacy, is imported and sold to the people in the interior.

Smallpox is nearly always present to a greater or less extent, altho every few years it breaks out in epidemic form. Nearly all adults and children over eight or ten years old show its scars—indeed so sure are the children to have it that the mothers scarcely think it worth while to count as a member of the family a child who has not yet had smallpox, lest it should

prove in vain to have counted it in. The prevalent idea concerning smallpox is that it is caused by the presence of an evil spirit known as *mama* which enters into the child and produces the symptoms; hence no medicines are given, but instead, sacrifices are offered and great homage is paid to the subject of the disease, by frequent prostrations, the use of honorific language and the offering of food, flowers, and money, in the hope of pleasing the spirit and prevailing upon it not to destroy the child. After a certain number of days the spirit, if pleased with the homage done, takes its departure and the child recovers, otherwise death takes place. This spirit's home is not in Korea but in China and it only leaves home and comes here when it wants a change in its food and this accounts for the coming of the disease in epidemic form. The general belief in this spirit is the cause of their not consulting the foreign doctor for this sickness. In nearly four years I have been summoned to see smallpox only twice and that was just when death was about to take place. A short time ago I was examining a candidate for admission to our Girls' School, who altho twelve years old stated she had not had smallpox. When I expressed my surprise her mother said she was vaccinated when an infant and the wonder was thus accounted for. The use of vaccination is becoming much more common and it is to be expected the result will be as it has been elsewhere, a great diminution of scarred faces and an increased number of children in the families of the people.

Leprosy, altho not *very* common in Korea, is still fairly prevalent in the southern provinces. During a stay of six weeks in Fusan I saw a goodly number of these unfortunates, who came to the hospital looking for help. Here in Seoul the number is not so great, as there are practically none except those that wander up from the south. To say there are none would be too much as I have seen one from Song-do who has always lived there and who belongs to a well-to-do family. I also saw one man who lives within ten miles of Seoul who says he never lived anywhere else. This disease occurs here in all the forms described in the text-books. It makes very slow progress as a rule and I believe many of its victims are carried off by other intercurrent diseases rather than as a direct result of its presence. The fact that it spreads so slowly, if indeed, it be at all on the increase, is fairly strong evidence of the very slightly contagious character of the disease.

As in other countries, so here, the great enemy of health is the tubercle bacillus whose victims, as might be expected from the smallness of the houses, the want of ventilation, and the absence of sanitation, are indeed very numerous. All parts of the

body are invaded by this little germ, producing many forms of disease. Our clinics are full of cases due to its ravages, amongst which are enlarged and suppurating glands, chiefly of the neck and axilla, bone and joint diseases, and consumption. This latter is even more difficult to treat here than at home, for we can secure none of the helps that are available there, and so I always regard them as hopeless, unless they come very early and have *the means of getting good food and good attention*. Tubercular and joint diseases are very common and give us a good deal of trouble and in not a few cases prove too stubborn for our methods of treatment; but, on the whole, we get fair results when the patients yield themselves freely to the use of knife and scraper. I might instance the case of a man whose knee from previous inflammation had become flexed and ankylosed. We excised the whole knee, treated as a compound fracture, and secured union of the cut ends of the bones; he obtained a stiff but straight leg which enabled him, having come in on his haunches, to go out in an upright position. This one case, however, cost us *an entire year of treatment, including the free use of nourishing food* in order to overcome the tubercular infection. He returned some months afterwards to see us, having walked thirteen miles in one day without the use of even a walking-stick. A very good result, but obtained at great cost, seeing it had all to be done by hospital funds. Another case was that of a young lad who was unable to stand, because the ankle bones of both feet were softened by tubercular disease. Removal of nearly all these bones by two or three different operations resulted, in the course of months, in his walking first with crutches and now for more than a year, without the help of these. I mention these cases not in the way of trumpet blowing, but merely to let the home friends see why it takes so much money to run a hospital, if indeed a little over \$1000.00 gold for a year's supply of medicines, dressings, food, and fuel, for an outdoor clinic of from 7,000 to 10,000 patients and an indoor clinic of say 150 patients can be described as "much."

A great many of the cases require surgical treatment, but only a portion of those who need serious operations consent to undergo them. The list of our operations under an anæsthetic includes excision of ankle, excision of knee, excision of shoulder, excision of wrist, amputation of fingers, of arm, and of legs, excision of cancers from various places, excision of various kinds of tumors, dissection of scrofulous glands, enucleation of eyeball, &c., &c. Minor surgical cases occur every day, but these are done either without anæsthesia or with the use of cocaine. One of the commonest of these is fistula. I have sometimes wondered

why these are so frequent, but as I become better acquainted with the conditions of life here, I am inclined to the view that there are two principal causes; first, the people instead of sitting on elevated chairs sit on the floor which is sometimes warm and sometimes quite cold—the position favors congestion of the tissues of those parts with venous blood, and this is increased by the warmth of the floors or in the case of cold floors the vitality of the tissues is interfered with; the second cause is want of cleanliness of those parts by which irritation of the already congested tissues is set up and an abscess develops which, being neglected, terminates in a fistula. There are sometimes from two to four or five fistulae in one person. We discharged from the hospital, a few days ago, a man who had had seven fistulae running in all directions over the nates.\* We operated on him several times, each time cutting thro fistulae the combined length of which was from six to eight feet. The total length of the fistulae cut open in this case aggregated over fifty feet.

Harelip is another condition frequently seen, and most of these submit to operation. These differ in no respects from cases of harelip in other countries, and nearly always do well.

As stated above eye diseases are amongst the most frequent and the foreign doctor here secures many of his most famous trophies. The most common surgical operations on the eye are for cataract and pterygium and it is certainly a satisfaction to the doctor and patient that so many of the cases of cataract do well, enabling one completely blind to see well enough to go about easily and in some cases to read good clear print. In the homeland cases of cataract are apt to come under the observation of the eye surgeon at an early date and he operates when it has come to maturity, but here we are very apt to get them either too soon for operation or a long time after they have matured. In the first case they are sent away with instructions to return in one or more months, and they, not understanding how it will be possible to cure a man after he becomes quite blind, when you cannot cure him before then, are apt not to come back. In the second case, the more than mature cataract breaks up during the process of removal and causes a great deal of trouble before it is completely evacuated. Another difficulty may be illustrated by the case of a woman from whom I had successfully removed one cataract, and who after operation on the second eye, took off the dressing, wiped the eye with one of those green handkerchiefs which she had already used as a nasal cleanser for an indefinite time, and thus set up an inflammation which speedily destroyed this eye and then spread to the other which also was completely lost. Only a small proportion of the

eye cases suitable for operation, submit to it, as the mere mention of cutting into the eyeball generally sends them off in fear—altho nearly always with the statement they will return on a given day for operation.

Ear diseases are very numerous being in the great majority of cases the result of smallpox in childhood. The most common is suppuration of the middle ear with more or less destruction of the drum and in some cases the growth of polypi.

Nasal polypi are sufficiently numerous to warrant mention. Many of the cases have existed for years and it is amusing to see their surprise when you remove masses of flesh amounting to several ounces and then to hear their exclamations of joy as they find themselves able once more to breathe thro their nostrils. I think none of the minor operations produce more amazement to the by-standers than to see the doctor insert his forceps three or four inches into the nostril, and without being able to see what he is doing, seize something, give his instrument a few twists and withdraw a great mass of flesh.

I have been surprised that in a country, where there is so little of hurry and bustle, hysteria should appear as often as it does, but even here this peculiar disease imitator is fairly common and is just as hard to vanquish as it is in other lands. Other nervous diseases are also often seen such as epilepsy, paralysis, &c.

It will not do to conclude without a reference to the great bugbear of the foreign doctor—indigestion. A very common story is that about fifteen years ago, on the fourth day of the third moon, early in the morning, the patient ate a piece of dog meat which did not go down and after being ill for a while he got a little better but on the fifth day of the tenth moon of last year the pain returned and he would now like some medicine to make that dog meat go down. The habit of eating very rapidly such large quantities of boiled rice is responsible for much suffering along this line.

Tooth extracting is not such an important part of the doctor's work here as it seems to be in some countries, the majority of the people, excepting those who suffer from congenital syphilis, having very good teeth. We extract on an average one to three each day. I might continue much longer enumerating varieties of sickness but I have already written too much and can only say that we meet with all the usual disease of organs not mentioned above, such as heart disease, Bright's disease, bronchitis, asthma, skin diseases, hernia, diarrhœa, dysentery, whooping-cough and others of the same class.

O. R. AVISON.