Neurological Diseases in Late 19th Century Taiwan--Medical Reports of the Chinese Imperial Maritime Customs

Nai-Shin Chu

Abstract- Western medicine was introduced to Taiwan in 1865 when Dr. James L. Maxwell, a missionary doctor of the English Presbyterian Church, established a hospital in nowadays Tainan. The period of the missionary medicine lasted for over 30 years until Japanese took over. During this period, however, official records of diseases in Taiwan that were based on Western medicine were scanty or not available.

Fortunately, port surgeons stationing respectively in Tamsui and Kelung in the north and in Takow and Taiwan-fu in the south reported semi-annually diseases seen in the ports, foreign communities and missionary hospitals that they volunteered to work. The diseases reported by port surgeons were either cases or summary of cases with classification and statistics. Their medical reports covered from 1871 to 1900.

The data show that neurological diseases and/or disorders in the late 19th century Taiwan were uncommon, comprising only 2-3% of total diseases. The data further show that common neurological diseases were leprosy, opium smoking, syphilitic dementia (GPI), paralysis, hysteria, neuralgia, epilepsy, mania, sciatica, meningitis and ataxia. Stroke was uncommon while Parkinson's disease and Alzheimer's disease were not mentioned, indicating that neurological diseases related to old age and neurodegeneration were not yet a threat to health. Similarly, headache, insomnia, anxiety and depression, hallmark of functional disorders of the modern society, were also not mentioned, suggesting that these disorders were indeed rare or did not cause sufficient concern for patients to seek help from doctors of Western medicine.

Key Words: Neurological diseases, Diseases of Taiwan, Medical history of Taiwan, Chinese Imperial Maritime Customs, Medical missionary

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十九世紀後期台灣的腦神經疾病-中國海關醫報的紀錄

朱迺欣

摘要

日治時代以前,台灣缺乏疾病分類和統計的資料。所幸,在清末的教會醫學時代,清廷海 關由洋人管理,亦有洋人港口醫生負責海員和外僑的健康,同時在教會醫館兼職做義工。1871 年起,海關開始出版海關醫報,爲半年刊,內容包括氣候,地理,環境衛生,以及疾病(包括 外國人和在地人)的統計。此項報告維持到台灣割讓于日本。

台灣的海關醫報,由北部的淡水和基隆以及南部的高雄和台南的港口醫生分別報導。資料 顯示,當時的台灣,腦神經系統疾病罕見,約估全部疾病的2-3%;常見的腦神經系統疾病為 痲瘋病,鴉片癮,梅毒引起的癡呆症,癱痪症,歇斯底里,神經疼,癲癇症,狂症,坐骨神經 痛,腦膜炎,平衡失調症,等。現代社會常見的老年期腦病,包括腦中風,癡呆症,巴金森 症,等,以及生活緊張引起的頭痛,失眠,焦慮症,等,則少見或未報導。雖然海關醫報疾病 統計的可靠性和代表性尚有爭議,對台灣醫學史以及腦神經醫學史,這些資料還是彌足珍貴的 史料。

關鍵字:腦神經系統疾病,腦神經醫學史,中國海關醫報,台灣醫學史,教會醫學

Acta Neurol Taiwan 2005;14:222-233



台灣傑出醫學前輩杜聰明,把台灣醫學史分為 五期⁽¹⁾:

1. 原始醫學時代-

指原住民-高山族及平埔族-的原始生 活狀態時期,治病往往以祈禱,巫術,草藥 等方式進行。

2. 瘴氣醫學時代-

17世紀荷蘭据台時期,雖然東印度公司 有派荷蘭醫師來台灣,並在安平設病院,但 對漢人和原住民的醫療無多大影響。當時台 灣水土不善,風土病,瘟疫,和瘧疾相當猖 狂。

林口長庚紀念醫院神經內科 受文日期:2005年9月7日。 修改及接受日期:2005年10月12日。 通訊作者:朱迺欣醫師。林口長庚紀念醫院神經內科, 桃園縣龜山鄉復興街5號。 E-mail: chu060@cgmh.org.tw

Acta Neurologica Taiwanica Vol 14 No 4 December 2005

3. 教會醫學時代 --

西元 1865 年,英國長老教會的醫生馬雅 各(James Laidlaw Maxwell)在台灣府(台南) 宣教行醫,台灣住民開始接觸到西方醫學, 受惠科學化西醫的治療和技術。當時,南部 有打狗(高雄)的旗後醫館(The Takow Chinese Hospital),和台灣府(台南)的舊樓 醫院(The Mansion Memorial Hospital of the English Presbyterian Church in Tainan);中部 有彰化基督教醫院(Changhua Christian Hospital);北部有滬尾(淡水)的馬偕醫館 (Mackay Hospital)⁽²⁴⁾。

4. 日治醫學時代-

日本殖民時期,台灣的西方醫學有明顯 的進步,尤其公共衛生和流行病的控制,成 果卓越。台灣開始有西醫醫學校,培養在地 醫生,起初是總督府醫學校,最後是台北帝 大醫學部。日本政府的公醫制度,對公共衛 生的推動有極大的幫助^{23.5)}。

5. 中華民國醫學時代-

台灣「光復」初期,百廢待舉,醫學進 展暫時受到影響。醫學教育由德國系統變成 美國系統,美援和世界衛生組織在撲滅傳染 病,居功匪淺。

杜氏的台灣醫學分期,以西醫和政治為主要根 據。因此,瘴氣醫學時代的名稱,可能產生些爭 議。由於當時的主要移民和人口為中國人,醫療以 民俗療法為主,也許用民間醫學比較合理。另外, 中華民國醫學時代,名詞太長,也嫌政治化,用近 代醫學,甚至台灣醫學,也許比較適當。

個人的淺見是,要瞭解台灣初期的疾病,應從 教會醫學時代開始比較適當,因爲當時已有西醫的 病名。問題是,教會醫療,由於重視治病,對疾病 的探討和統計,比較疏忽;因此,疾病的統計資 料,往往殘缺不全或難找4,。

所幸,在教會醫學時代,台灣港口,包括北部 的淡水和基隆以及南部的高雄和台南,已經開放通 商,海關有應聘的外國醫生,負責進出港口船隻海 員,以及港口外僑的健康與醫療^(6.7)。海關醫生叫 port surgeon,正式名稱是 medical officer of the customs service。他們每6月需寫報告,內容包括氣 象、風土和疾病。這是二次鴉片戰爭後,中國門戶 大開,通商港口紛紛開放,海關由洋人主持,防止 中國官吏的腐敗和貪污。

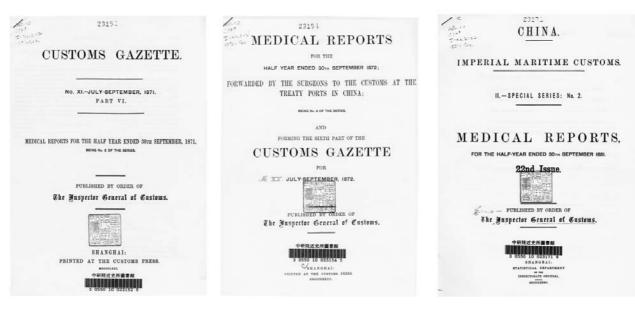
海關醫報

英人赫德(Robert Hart)於 1863 年正式擔任清 廷海關總稅務司(inspector general),任期長達 50 年(1861-1911),不但改革海關行政,也促進中國與 外國的關係,和中國的現代化^(8,9)。他是清廷最舉足 輕重的洋人。

1868 年赫德下令出版海關公報(Customs Gazette),為季報,其中一部份是港口醫生的醫療報 導,稱為海關醫報(Medical Reports)(圖一)。醫報 內容包括:當地的地理特徵,氣候狀況(每月的最 高,最低和平均溫度,以及下雨情形)(圖二),影 響生活與健康的環境衛生,和疾病的種類和統計 (包括外國人和本地人)。

海關醫報為半年刊,每年3月底和9月底出版,從1871年開始,起先附在海關公報¹⁰⁾。1872年起,海關公報改名為海關醫報和海關公報¹¹⁾。1878年起,海關醫報獨立,改名中國海關醫報¹²⁾,至1910年停刊,但從1904年起,出版變成斷斷續續。

海關醫報,每期有各通商港口的報告,但不包括全部港口,一般是 9-12港口(圖三)。報告內容,有的簡單,不到半頁;有的很長,超過 10 頁。 值得注意的是,熱帶醫學之父一萬巴德(Patrick Manson)醫生從廈門的報告。他的報告特別詳細和 特殊,有個別病例的敘述,病例的統計,疾病的探 討,以及血絲蟲病(filariasis)的研究。例如:1877 年9月的報告題目為「Further observations on Filaria Sanguinis Hominis」,長達 35 頁,好像 monograph⁽¹¹⁾。萬巴德的熱帶醫學成名研究是血絲蟲病, 此病的研究報導,大部分登刊海關醫報。所以,海 關醫報在熱帶醫學,曾扮演過很重要的角色。



圖一.海關公報和海關醫報的變遷

TABLE	\mathbf{of}	MAXIMUM,	MINIMUM	and	Mean	TEMPERATURES	in	the	Shade	for	each	Month,	
			and the	Num	ber of	Days on which	Rai	in fe	11.				

Month.	Highest.	Lowest.	MEAN HIGHEST.	Mean Lowest.	DATS OF RAIN.
1871.	o	D	0	o	
October	88	77	\$3	So	3
November	83	64	76	71	17
December	79	50	70	64	
1872.					
January	78	61	71	64	3
February	74	57	68	62	2
March	80	55	74	69	2

The rainfall has been almost nil, these figures only representing very slight showers.

圖_. 1872 年 3 月 David Manson 的氣候報告。

台灣的海關醫報

台灣港口,台灣府(台南),滬尾(淡水)和雞 籠(基隆)在1863年開放,第一任主管為 William Maxwell^(13,14)。安平(Anping)和打狗(高雄)在 1865 年開放,第一任主管為 William Pickering (必麒 麟)^(13,14)。1898 年 Pickering 寫了一本「Pioneering in Formosa – Recollections of Adventures among Mandarins, Wreckers, and Head-hunting Savages」⁽¹⁵⁾, 是非漢人觀點的台灣早期史料。 The Contributors to this Volume are-

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圖三. 1873 年 3 月海關醫報的報告人和港口的目錄。第 5 位報告人為 David Manson,港口為打狗和台灣府。第一位報告人為廈門的 Patrick Manson。

台灣海關醫報,由南北二處分別報導:北部是 淡水(Tamsui)和基隆(Kelung),南部是打狗 (Takow)和台灣府(Taiwan-fu),台灣府即是台南, 應包括安平港,故港口醫生有時會寫 Taiwan-fu (Anping)。

港口醫生皆為外國人,主要是英國人^(13,14)。 南部的醫生如下: 1871-1873 — Dr. David Manson (萬醫生,或萬大衛醫生) 1873-1881 — Dr. Thomas Rennie (連醫生,或連多馬醫生) 1881-1901 — Dr. Wykeham W. Myers

(梅醫生,或梅爾醫生)

北部的醫生如下:

1874-1884 — Dr. B.S. Ringer (林格醫生)

1884-1886 - Dr. C.H. Johansen (約翰生醫生)

1886-1893 - Dr. Alexander Rennie (雷尼醫生)

萬大衛(David Manson)是萬巴德醫生的弟 弟。1871年萬巴德去廈門赴任時,介紹其弟接任他 的職位,並兼職旗後醫館(The Takow Chinese Hospital),治療在地人(漢人和原住民)的疾病 ^(16,17)。1873年萬大衛轉任福州時,不幸溺水而死。後來,為了紀念他良好的做人和行醫,外國商人集資 在旗後山腳創設台灣慕德醫院(The David Manson Memorial Hospital)。

第二位連醫生也在旗後醫館工作。第三位梅醫 生則在慕德醫院工作。梅醫生熱心教育,進而開辦 在地醫生訓練班或醫學校,命名 David Manson Memorial Hospital Medical School,培養在地人醫 生,為台灣第一家醫學校¹⁷⁾。可惜當時想學醫的在地 人不多,只有一位正式畢業,醫學校也只維持幾 年。1916 年慕德醫院因無法維持而被關閉。

北部的港口醫生 Dr. Ringer,與偕叡理牧師 (Rev. George Leslie Mackay),在淡水醫療互相支 援。他們先開一家醫局(clinic),其實是藥局,免費 提供藥品。1880年偕牧師因有貴人捐款美金三千 元,開辦馬偕醫館(Mackay Hospital),或稱淡水宣 教醫院(Tamsui Mission Hospital)。無獨有偶,這位 貴人是美國底特律的馬偕船長(Captain Mackay)的 寡婦,她是一位熱心的基督徒,聽到偕牧師在台灣 醫療傳道的事跡,並爲思念逝世不久的丈夫,決定 捐款。爲了紀念這位馬偕船長,醫院命名「馬偕醫 館」(4,17)。

早期的林格醫生,1879年解剖因大動脈破裂而 死亡的葡萄牙病人時,在肺氣管內發現一新種寄生 蟲,後被鑑定為人體第一例肺蛭蟲^(1,17)。據說,死者 是萬巴德的病人,有原因不明的咳血症,因病重返 回淡水時,萬巴德拜託林格,如果病人死亡,想辦 法做解剖找出病因⁽¹⁸⁾。此病最初以林格名字取名 Distoma Ringeri,即今日的 Paragonimus Westermani。這是在台港口醫生,對熱帶醫學貢獻的第二 例。第一例是萬巴德醫生,他在打狗呆留5年 (1866-1871),也在旗後醫館兼職。他的血絲蟲研 究,在廈門開始並開花結果⁽¹⁹⁾,並非如台灣醫界所 說,他的熱帶醫學研究在台灣起步。

第二位約翰生醫生,在中法戰爭時,馬偕醫館 收容很多中國傷兵,由他與英艦軍醫 Browne 悉心照 顧治療^{4,17)}。戰爭結束後,劉永福派淡水防衛司令孫 開華提督,親自到醫館致謝並捐款。

海關醫報的疾病報導

由上所述,港口醫生皆兼職當地教會醫館。據 說,他們看病是,不收報酬的義務工作^{4,17)}。在海關 醫報,疾病統計的最大來源是,教會醫館的在地人 (natives)的疾病。

海關醫報的疾病報導,往往因人而異,也因地 區而異。一般而言,南部的報導比較詳細,也比較 有系統;北部的報告比較簡略,尤其是疾病統計, 但在個別病例報導,則略勝一籌(圖四)。另外,每 個醫生亦有個人特別之處,例如:萬醫生和連醫生 的報告,詳細並有系統;梅醫生喜歡高談闊論,對 研究和教育有興趣,他的報告包括:(1)血絲蟲病 的臨床研究和動物實驗(猴子),此項工作與廈門的 萬巴德醫生合作;(2)慕德醫院的醫學校,包括課 程,考試,臨床訓練,台灣醫學教育的理想與感 想;和(3)吸食鴉片的探討;林格醫生的報告簡 短;約翰生醫生的報告比較詳細,有時很長,例 如:他對痲瘋病的病因有冗長的討論,對台灣的密 醫也有嚴厲的批評;雷尼醫生對痲瘋病的病因和治 療也著墨很多。

Α

During the year 1875, 1,489 new patients have attended, and the following list will show he principal diseases from which they suffered -

Diseases of Eye,	Rheumatism,
Diseases of Alimentary canal, 149	Ulcers,
Diseases of Respiratory organs, 149	Abscesses,
Debility, 132	Opium smoking, 23
Diseases of Skin,	Toothache,
Venereal diseases and seminal debility,	Fistula and Piles, 15

В

The following is a list of the diseases of natives treated at the Takow Chinese Hospital during the past six months: --

	01
4.—GENERAL DISEASES.	Glaucoma, 2 cn
Intermittent Fever, 165 cases.	Hordeolum, 2
Remittent Fever, 147 "	Entropium, 4 Trichiasis, 6
Simple Cholera, 6 "	Trichiasis,
Influenza,	Tarsal Ophthalmia, 6
Erysipelas, 3 "	Diseases of the Ear:-
Acute Rheumatism, 2 "	Otorrhœa,
Gonorrheal Kneumatism, . 0	Otitis externa,
Chronic Rheumatism, . 33 "	Diseases of the Nose :
Synovial Rheumatism, 2 "	
Primary Syphilis, 35 "	Epistaxis,
Secondary Syphilis, 63 "	Polypus, 3 ,
	Diseases of the Circulatory System :-
P. LITT CT	Valvular disease of Heart, 2, Varicose Veins, 4
Encephaloid Fungus of Eye, 1 "	Varicose Veins, 4 ,
Leprosy, 5 "	Diseases of the Absorbent System:-
Scrofula, 2 "	
Deputy, 30 "	Suppuration of Glands, 4 Lymph Scrotum, 2
Anæmia, 50 "	Lympn Scrotum, 2
General Dropsy, 12 "	Diseases of the Ductless Glands:-
	Goitre,
BLOCAL DISEASES.	Diseases of the Respiratory System:-
Diseases of the Nervous System :-	
Apoplexy, 2 "	Chronic Laryngitis, 2
Paralysis,	Chronic Bronchitis, 20
	Asthma, 4 Pneumonia, 1 Phthisis, 20 Plumiers
Epilepsy,	Pneumonia,
Hysteria, 3 »	Phthisis,
Neuralgia, 6 "	Pleurisy,
Diseases of the Eye :	Diseases of the Digestive System:-
Ophthalmia, 60 "	Thrush.
Gonorrheal Ophthalmia, . 5	Carious Teeth 16
Pterygium, 5 "	Thrush, 4 Carious Teeth, 16 Necrosis of Alveolus, 2
Keratitis, 2 "	Gumbail
Illeen of Common	Manunial Inflammatica of)
Opacity of Cornea,	Gumboil, 2 Mercurial Inflammation of Gums, }
Opacity of Cornea, 13 "	Double Here Lin
Arcus Senilis,	
Staphyloma, 6 "	Ulcerated Throat, 4 Quinsy,
Sclerotitis, 2 "	Quinsy, 2
Iritis, 2 "	Dyspepsia,
Amaurosis, 4 "	Dysentery,
Cataract, 4 "	Hernia,
T	11
Lumbrici,	Abscess, 5 ca Caries of Spine, I
Diarrhea	
Constipation, 4 "	Diseases of Cellular Tissue: —
Fistula in ano, 7 "	Abscess, 8
Haumorrhoids, 7 "	Diseases of the Cutaneous System :
Fissure of the Anus, I "	Urticaria,
Congestion of Liver, 15 "	Psoriasis, 2
Icterus, 4 "	Herpes,
Ague-cake,	Eczema,
Ascites,	Eczema,
Diseases of the Urinary System:-	
	Acne, 5
Bright's disease,	Introvensis,
	Ichthyosis, 2 Ulcer,
Calculus of the Bladder, t "	Boils, 8
Gonorrhœa,	Whitlow, 5 Gangrene, 3
Phimosis, 3 "	Gangrene, 3
Urinary Fistula, 1 "	Fatty Tumour, 2
Diseases of the Generative System:	Cheloid, 2
Sloughing of Scrotum, I	Scabies, 48
Sloughing of Scrotum, 1 " Hydrocele, 2 "	Dhobee Itch,
Orchitis,	Local Injuries:
Leucorrhea	
Amenorrheen 2	Contused wounds,
Amenorrhœa, 2 "	Incised wounds, 9
	Gunshot injuries, 4
Orchitis,	
Diseases of the Organs of Locomotion: -	Fractures, 3
Diseases of the Organs of Locomotion: -	Lesions from punishment, . 6
Dysmenorrheea, 2 " Diseases of the Organs of Locomotion: — Periostitis, 2 " Necrosis, 3 " Acute Synovitis, 3 "	Lesions from punishment, . 6 Opium smoking, 11

圖四.南北疾病報告的比較。(A)為北部 B.S. Ringer 的報 導:(B)為南部T. Rennie 的報導。日期為1875。

要從海關醫報調查和統計腦神經系統疾病 (neurological diseases),會遭遇不少困難,包括:(1) 當時腦神經醫學尚未發達,神經科和精神科也未分 家,許多腦神經疾病可能歸類 neuropsychiatric disorders; (2)海關醫生年資淺,剛畢業或畢業不久, 對神經科疾病可能生疏,無法做正確的診斷與分 類; (3)疾病分類未統一,有的報告僅是概括性的 分類和統計,但細部分類時標準又不同,有的以病 因,有的以疾病,有的以疾病部位,等分類;(4) 最初幾年的報告,沒有神經系統疾病,原因可能 是,沒有被診斷出來,或被歸類不值得注意的病例 (the remaining cases of no special interest)(圖五); (5)最大困難是,醫生個別報告的完整性相差很 大,有的報告過於簡略;另外,有些醫生沒有每半 年報告一次,甚至拖了2年才提出報告,且報告內 容不是疾病的分類和統計,而是探討某種疾病,例 如:痲瘋病,吸鴉片。

萬醫生和連醫生的疾病分類和統計比較詳細 (圖六、七),已有神經系統疾病(diseases of the nervous system),包括歇斯底里(hysteria),癲癇症 (epilepsy),神經疼(neuralgia),坐骨神經疼(sciatica),癱瘓(paralysis),腦中風(apoplexy),狂 症(mania),等。這些病歸類於局部疾病(local disease),但有些疾病應歸類神經系統疾病,卻歸類於 其他疾病:例如:第三期梅毒(tertiary syphilis)和 痲瘋病(leprosy),歸類外因疾病(enthetic disease) 。值得注意的是,精神科疾病,如 hysteria, mania, 歸類神經系統疾病;這些疾病,也許用 neuropsychiatric diseases 比較適當。另一個歸類問題是 opium smoking,雖屬於毒癮問題,因牽涉到腦,似可以歸 類神經系統疾病。相反地,亦有非神經系統疾病, 被歸類神經系統疾病,例如:耳炎(otitis)(圖五) 。從比較詳細的統計(圖五和六),神經系統疾病約 估全部疾病的 2-3%,表示當時的台灣,神經系統疾 病是少見的疾病。

此次腦神經疾病的統計,包括北部和南部的海 關醫報,查閱時間從1871年到1900年。調查結果 顯示(表一),當時常見的神經系統疾病,依發生率 爲 leprosy, opium smoking, GPI, paralysis, hysteria, neuralgia, epilepsy, mania, sciatica, meningitis, ataxia。 其中 paralysis 和 ataxia 是症狀診斷,無法判斷由什 麼病引起。

這種統計結果,只能做參考,無法做比較確定的結論,理由如下:(1)病例主要來自旗後醫館, 慕德醫院,和馬偕醫館的病人資料,無法充分顯示 台灣人口(包括漢人和原住民)的發病情形;(2) 南北二地的疾病診斷和分類,顯然不盡相同,病人 的背景也可能有差異;(3)醫生報導的認眞程度也 不一樣。有時候,醫生只報告幾個病例,或談論疾 病的原因或治療,而沒有提供疾病的統計資料;(4) 當時的醫學還不很發達,許多神經系統疾病可能無 法診斷;例如:癱瘓(paralysis)的診斷是根據症

The principal diseases treated have been in the order of frequency, as follows:----

Diseases of the Eye,	251	cases.
Intermittent & Remittent Fevers,		"
Enlarged Splcen,	107	,,
Chronic Ulcers,	106	,,
Chronic Rheumatism,	81	"
Dyspepsia,	81	**
Syphilis,	53	"
Diseases of the Skin,	51	,,
Phthisis,	40	"
The remaining cases were of no sp	pecial	l interest.

Diarrhœa,	23	cases.
Asthma,	18	,,
Dysentery,	15	,,
Enlarged Liver,	9	,,
Gôitre,	3	,,
Diseases of the Heart,	2	,,
Aortic Aneurism,	I	,,
Urinary Calculus,	I	,,

圖五. 1871 年 9 月 David Manson 的疾病報告。此時疾病尚未做系統分類,當時最常見的疾病為眼疾和發燒病。

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Malarial Fever,	260	cases.		case
Dysentery,	15	**	Phthisis Pulmonalis,	,,
Diarrhœa,	5	"	Serofula, 2	,,
Ophthalmia,	5	"	Hysteria, 3	"
Gonorrhæa,	6	**	Epilepsy, I	,,
Syphilitic Iritis,	I	,,	Sciatica, I	,1
Stricture,	2	,,	Paralysis, 4	,,
Orchitis,	4		Valvular Disease of Heart, 2	,,
Syphilitic Rheumatism,	2		Varicose Veins, I	,,,
Primary Syphilis,	6	,,	Chronic Bronchitis, 22	,,
Secondary Syphilis,	16		Emphysema, 3	,,
Syphilitic Ulcers,	5		Laryngitis, 2	,,
Gonorrhœal Ophthalmia,	13		Enlarged Spleen, 62	,,
Leprosy,	5		Dyspepsia, 26	
Bronchocele,	2		Carics of Teeth,	,,
Lumbrici,	17		Glossitis, I	,,
Scabics,	21		Piles, 5	,,
Ringworm,	8		Fistula in Ano, 3	,,
Rheumatism, (Chronic)	56	,,	Ascites, 10	,,
Anæmia,	34		Constipation, 2	,,
Asthma,	5	"	Hernia, I	,,
Stricture of Œsophagus,	2	cases.	Cataract 4 cas	ses
Bright's Disease,	4		C	,,
Cystitis,	3	"	Comes Control	,,
Spermatorrhœa,	2	"	Onesity of	,,
Caries,	2	23	TTlean of	,, ,,
Necrosis,	2	"	Obunia Conjunctivitia	,,
Synovitis,		"	Adhesions of the Inia	,,
Chronic Ulcer,	3	**	Protection 9	,,
Psoriasis,	29 I	"	Thulablanda	,,
Impetigo,	ī	"	Diamaium 6	,,
Eczema,	4	**	<u>(1)</u>	,,
Carbuncle,	4	"	Chambalama	**
Abscess,	- E -	57	Lucanomhan	**
Whitlow,		33	Duran anglana	
	5	37	Testana from Wielenes	"
Keloid,	1	"	T	**
Amaurosis,	I	**	Lesions from Punishment, 3 ,	**

圖六. David Manson 1873 年 3 月本地人疾病的報告。疾病末做系統性分類,神經系統疾病有 leprosy, hysteria, epilepsy, sciatica, paralysis,估全部疾病的 1.57%。

狀,不是疾病本身,可能由腦中風引起,也可能由 感染,腦瘤,腦外傷,脫髓疾病,等引起。同樣 地,運動失調(locomotor ataxia)也是症狀診斷,不 少疾病會產生此種症狀。

雖然這些疾病資料並不很理想,它似乎顯示, 清末的台灣,痲瘋病和抽鴉片相當普遍;當時流行 的癡呆症,主要是梅毒引起的GPI;癱瘓症也普遍, 但不清楚由什麼原因,或什麼疾病引起;精神科疾 病,主要是 hysteria 和 mania。湊巧的是,在同一時 期的法國, Charcot 也看到很多 hysteria⁽²⁰⁾, 故社會與 文化對 hysteria 的產生, 關係似乎不那麼密切; 神經 痛也常見, 加上 sciatica, 神經痛更普遍, 但是潛在 原因不清楚; Epilepsy 也不罕見。值得注意的是, 現 代社會常見的腦神經系統疾病, 例如:老年期腦病 和退化性腦病,包括腦中風、失智症、巴金森症, 等,以及生活緊張引起的頭痛、失眠、焦慮症,等 則少見,或者這些病老百姓不喜歡去看西醫, 或者 老年期腦病被認為是老化現象, 不必看醫生。 The following is a list of the diseases of Nativer treated during the past six months :----

I. Miasmatic Diseases :-

Intermittent and Remittent Fever,

	ATREL	Мат.	JTNE.	Jorg.	AUGUST.	SEPTEMBER,	То	TA1.
Intermittent			-		i	<u> </u>	<u> </u>	
Quotidian,	6	28	49	49	30	35		97
Tertian,		\$	#	33		17		94
Quartan,			\$	8	12	14		
	4	3						49
Remittent,	2	10	35	38	14	19		18
Total,	13	49	116	128	67	85	4	58
Dysentery,	:	15 cases.			ihe, .		10	CREO
Diarrhœa,	••••	25 H		Piles, .		• •	9	,
Ophthalmia,.	• •	6 ,,			in Auo,		7	13
II. Enthetic Diseases :							10	17
Gonorrhæa,	:			-	ation, .		4	
Syphilitic Iritis,	• •	I 17				• •	I	÷1
Stricture,	• •	2 ,,				 hagus, .		23
Orchitis,	• •	2 ,,	· · · ·					17
Syphilitic Rheumatis	m, -	7 и	· · ·			y System :-		
Syphilis :						ler,		"
	• • •				Disease,		5	
Secondary,		16 ,,				- •	2	*
Tertiary,		7 "	77		Fistula,		2	23
Bubo,		9 "	· · · · · · · · · · · · · · · · · · ·			tive System		
Generrheal Ophthal						• •	-	13
Syphilitic Ulcers, .		10 #			of Testicle		1	17
Leprosy,	• • •	[4 ,#	¥.			otive System		
111. Dietic Diseases :						- •		.,,
Bronchocele, .		τ.,		Necrosia			5	39
IV. Parantie Diseases:-				Synovit	ia,	· · · · ·	. 5	
Lumbrici,			×.	Character Character	es of Thiegh	umentary S		·/
Scabies,	:	3 "		Developin	Ulcer,	· ·	67	17
Ringworm,		(0 p			в,		3	,,
3.—CONSTITUTIONAL DISEASES.				Impetig	o, .	• •	4	13
I. Diathetic Diseases :					• •		3	*
Rheumatism, (Chron		Sz "		Abscess,		•••	39	73
Anæmia,				Whitlow	-		9	*
Asthma,		13 10					1	73
Cancer,		4 12	14	. Diseases	of the Eye	<u> </u>		
II. Tubercular Diseases :-		100			sis, .		2	71
Phthisis Pulmonalis,		8 .,		Cataraci	• •	• •	7	77
Scrotula, .	• •	8 11		Corneita		•	• 9	,,
-LOCAL DISEASES.					Conical,		2	**
L. Diseases of Nervous Sy.					Opacity of		•	39
Hysteria,		1 17			Ulcer of,		18	**
Epilepsy, .		ż "		Chronic	Conjunctio	vitis, .	96	21
Neuralgia, .		2 ,1		Adhesio	as of the I	гав, -	7	17
	• •	ι,,			., .	• •	16	71
Otitis,				Trichias		• •	27	**
IL Diseases of Circulatory	-	-		Pterygiu		• •	5	11
Valvular Disease of I	-	I ,,		Glaucon	-	• •	6	**
		3 "		Staphyl			6	77
III. Diseases of Respirator	ry System :-	_			TAL DISEAS	323.		
Chronie Bronchitis, .	- 3	i9 "	11.	Of Wome				
Emphysema, .	· ·	Ι"		Amenor		• •	4	77
Pneumonia, .		I "		Dysmen		• •	1	ю
IV. Diseases of the Digesti					VIOLENC	<u>v.</u>		
Enlarged Spleen,.			1.	Accident,	• •	• •	86	.19
Dyapepsia,		58 "						

圖七. David Manson 1872 年 9 月本地 人疾病的報告。他將疾病分為 5 類:(A) 傳染病(zymotic disease),(B) 體質病(constitutional disease),(C) 局部病(local disease),(C) 局部病(developmental disease),(E) 暴力病 (lesions from violence)。神經系 統疾病(C-I) 屬於局部病,估全 部疾病的2.7%。

與專書比較

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馬雅各醫生(James L. Maxwell),或馬醫生, 是台灣第一位宣教醫生,在台南創設舊樓醫院。他 的兒子馬雅各二世(James L. Maxwell, Jr)也繼承父 志,1901 年來台,在台南新樓醫館(Tainan Mission Hospital)工作近 20 年^(4,16,17)。1923 年,他辭職去上 海就任醫博會(China Medical Missionary Association) 的執行幹事,規劃宣教的慈善事業。1910年,馬雅 各二世與 Jefferys 合寫一本經典的中國醫學著作一 「The Diseases of China, including Formosa and Korea」 ⁽²¹⁾。1929 年的第2版,因 Jefferys 已退休回美,由馬 雅各醫生獨當一面⁽²²⁾。

「The Diseases of China」談到中國常見的腦神經 系統疾病⁽²²⁾。此書的第6章是,神經系統和精神錯 亂的疾病(diseases of the nervous system and insanity), 故包括神經科和精神科的疾病,可能用 neuropsychiatric disease 比較適當。第4章是痲瘋病,應該屬 於神經系統疾病,單獨一章的原因,大概是痲瘋病 太多,需專題討論。第5章是營養缺乏症,其中的 腳氣病(beri-beri),也可以歸納在神經系統疾病。 此外,把癲癇症歸類「diseases of the brain」內的功 能性疾病,是不正確的。

表二是作者將此書所列舉的中國常見的腦神經 系統疾病,整理出來的 summary。如前所述,這些 疾病包括神經科和精神科疾病,也包括毒癮。最常 見的疾病,首推 leprosy。書中這樣敘述:「Leprosy is a common disease over a large part of China and also in Korea and Formosa.」和「In Formosa we estimate the incidence among the Chinese at 1 in 450.」

表一與表一比較,有相同也有相異之處。同樣 常見的疾病,包括 leprosy, epilepsy, hysteria, GPI, mania 和 opium smoking。不同的地方是,一些中國 常見的疾病,在海關醫報卻罕見或未提到。這些疾 病是 rabies, beri-beri, facial paralysis, cerebrovascular disease, hypochondria, suicide, dementia praecox (schizophrenia)等。

Table 1. Neurological diseases in late 19th century Taiwan

Disease	No of cases
1. Leprosy	58
2. Opium smoking	34
3. General paralysis of the insane (GPI)	28
4. Paralysis	27
5. Hysteria	21
6. Neuralgia	18
7. Epilepsy	9
8. Mania	4
9. Sciatica	3
10. Meningitis	3
11. Locomotor ataxia	3
12. Concussion of the brain	2
13. Chronic hydrocephalus	2
14. Apoplexy	2
15. Facial paralysis	1
16. Tetanus	1
17. Cerebral malaria	mentioned only
18. Sun stroke	mentioned only

Table 2. Common neurological diseases in late 19th century and early 20th century China⁽²²⁾

1. Infection	
--------------	--

- Rabies 2. Deficiency disease
 - Beri-beri
- 3. Nerves
 - a. Peripheral neuropathy
 Infection-leprosy
 Deficiency-beri-beri
 Toxic form-lead, mercury
 - b. Facial paralysis
 - c. Vagus neuritis-beri-beri
- 4. Brain
 - a. Intracerebral hemorrhage
 - b. Thrombosis of cerebral arteries
 - c. Functional diseases Epilepsy Hysteria
 - Neurasthenia and hypochondria
- 5. Insanity-manic-depressive insanity, dementia praecox,
 - general paralysis of the insane (GPI)
- 6. Suicide
- 7. Opium habit

這些差異的原因,目前還不清楚,可能是觀察 的時代不同。馬雅各二世在1901年來台南,已經是 日治時代,在疾病診斷、生活習慣、環境衛生, 等,與清末宣教醫學時代比較,已經有明顯變化。 另一個很重要的原因是,港口醫生看到的疾病,侷 限在宣教醫館,比較無法代表全人口的疾病情況。

下面是「The Diseases of China」中,對一些常見腦神經疾病的敘述²²⁾:

1. Beri-beri

□ It is quite common in Formosa.

2. Rabies

□ Owing to the large number of half wild and often quite uncared for dogs in most villages, rabies is comparatively common throughout the country. J

3. Facial paralysis (seventh nerve)

□ Facial paralysis is very common and impresses us as being more so than in the west. The causes appear to be the same except that possibly syphilitic lesions of the nerve are more frequent. J

4. Cerebral haemorrhage

Cerebral haemorrhage is very common, and at an earlier age we believe than in other lands. It is especially frequent in the wealthy merchant class. Here everything favours its occurrence- a strenuous life almost without exercise and with excessive consumption of food leading to considerable obesity. J

5. Thrombosis of cerebral arteries

Thrombosis of cerebral arteries leading to hemiplegia is surprisingly frequent in comparatively young people, and is doubtless largely due to untreated or inadequately treated syphilis. J

6. Functional diseases

Functional diseases of the nervous system, especially epilepsy, are very common in China...... Hysteria is expected to be common in a land with a long history such as China has......Neurasthenics and hypochondriacs are also very common. J

7. Suicide

□ Suicide is extremely common, and for the most trivial causes, next to quarrels debt being the commonest. □

值得注意的是,腦血管疾病,包括腦出血和腦 栓塞,似乎沒有我們想像的罕見,但病人比較年 青,在腦栓塞,主要原因是梅毒。

海關醫報的特殊病例

海關醫報,除了疾病的分類和統計,也有比較 特殊的腦神經疾病病例的報導,值得介紹:

1. Tetanus

此病例由萬醫生在 Customs Gazette, No 13, 1872 中報導。萬醫生雖然沒有說出診斷,病狀是 典型的tetanus。

原文如下:

「Among the "accidents" was the case of a man whose hand had been crushed in a sugar mill three weeks before admission to hospital. The hand was in a most filthy conditions. The jaws were firmly clenched. Amputation was performed in the middle of the forearm. Opisthotonus and spasm of the intercostal muscles coming on. The patient died 14 days after operation 」

2. Delirium tremens

此病例由連醫生報導在 Medical Reports and Customs Gazette, 31st March, 1876:

□ Among the foreign community there was one death from traumatic delirium. The subject had resided about fourteen years in warm climates, and had long been addicted to alcoholic excesses. After a period of free drinking alcoholism set in, and while in this state, by a fall, simple oblique fracture of the right thigh bone was produced. Almost immediately after the accident delirium commenced, and in ten days terminated fatally by coma. J

3. Status epilepticus

此病例由林格醫生報導於 Medical Reports, 30th September 1878. Statutes epilepticus 的原因是 CNS infection:

A pale, delicate boy nearly four years old was seized one morning with a sudden convulsion which continued for a short time, leaving the patient perfectly insensible. Breathing soon became difficult from the collection of mucus in the throat. This condition lasted for 2 hours, when another fit, not so violent as the former, occurred. The dyspnaea now increased rapidly and the child expired quietly 3 hours from the commencement of the first attack, never having recovered consciousness sufficient to answer questions, though he seemed once or twice to try to cough when loudly told to do so.

The child had complained of feeling feverish the morning before the attack.The next morning he was in a state of high fever and complained of pain in the head. The temperature in the axilla was 106.6°, and the pulse between 140° and 150°. During the attack the head was cooled with wet clothes, and during the second fit the body was placed in hot water, the head and neck being still kept cool; the bowels were opened twice involuntarily. After the bath the convulsive movements ceased, but the patient though quieter seemed more exhausted and died shortly afterwards. There was no postmortem. J

4. Temporal herniation

此病例由雷尼醫生報導在 Medical Reports, 30th September, 1890. 標題是「Death from fracture of the skull」

[¬]C.A., aged 26, Norwegian sailor. At 3 A.M. on 13th March 1888 arrived by rapid boat from Kelung, where he had been injured on the previous day. It appears that during a scuffle he had fallen down the hold of a ship alighting on his head among iron rails. At 9 A.M. patient almost unconscious, pupils equal and abnormally sensitive to light. Is very restless; when touched he commences to push with his hands and to kick off the bedclothes, then tosses to and fro and keeps aimlessly feeling his genital organs —a most persistent symptom. On the scalp, over the right occipital region, is a contused wound 2 inches long, running from the vertex backwards. Pressure here causes intense pain. Fracture of the skull suspected, but not ascertained.

14th March- Patient drowsy, but easily roused, when great restlessness is manifested- tearing the bedclothes and throwing his arms about.

15th Match- Can reply to simple questions. Complaining of pain in the head and left side of body. Ideas confused.

6 P.M.- Has relapsed into unconsciousness. Breathing slow and stertorous. Pulse irregular. Eyes insensible to light; right pupil dilated. Loss of power in left arm and leg.

16th March- Temperature 101°. Quite unconscious. Right pupil much dilated. When stimulated moves right arm feebly.

6 P.M.- Complete paralysis of limbs. Laboured breathing.

Died at 11 P.M.

Postmortem examinatim- A linear fissure runs transversely across the superior angle of the occipital bone. Much effused blood found between the dura mater and the temporal bone, especially over the petrous portion. The whole right side of the brain on its outer and under aspect is bruised. Left side of brain apparently healthy.

雖然 4 病例中的 2 病例為外國人,由這些報導 顯示,港口醫生的醫學知識和臨床能力有相當水 準。因此,他們的疾病診斷和分類,應值得信賴。

結論

台灣的疾病統計,一直到日治時代,才有正式 報導陸續出現。雖然中國海關醫報的疾病資料,有 美中不足之處,對了解19世紀後期(清末)台灣疾 病的分佈狀況,應可做參考。此項分析結果顯示, 當時的台灣,腦神經系統疾病不多,常見的腦神經 疾病為leprosy, opium smoking, tertiary syphilis (GPI), paralysis, hysteria, neuralgia, epilepsy, mania, sciatica, meningitis, ataxia 等。這些疾病包括神經科疾病、精 神科疾病和毒癮。現代社會常見的腦神經科疾病, 包括老年期的腦中風和退化性疾病(阿茲海默氏 症、巴金森氏症),以及社會文明病,包括頭痛、失 眠、焦慮症等,在19世紀後期的台灣則罕見,顯示 疾病與社會和人口的變化,有密切的關係。

誌 謝

這篇報導能夠完成,我首先要感謝中研院台史 所蔡慧玉博士的專家協助,包括中研院圖書館查閱 海關公報和海關醫報,以及查尋當時在台洋人的資 料。我也感謝長庚醫院的研究支持(CMRPG 33018),以及助理陳玠菱的資料尋找和文書工作。

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