

a mixture of quinine, arsenic, and nitro-hydrochloric acid. I have frequently treated cases successfully by a few enemata of three to five minim doses of ordinary carbolic acid.

Malaria very often seems to be associated with and to be a factor in the prolongation of many other diseases in Korea, even if it be not their exciting cause, and so we have innumerable cases of diarrhea and dysentery, general malaise, headache and neuralgia, which remain uncured by other forms of treatment, but yield readily when quinine is administered.

What has been said above will lead your readers to the ready conclusion that many of the illnesses of Korea belong to the class of dirt diseases, and such is the fact.

Outside of malaria, the fevers most prevalent are typhus and relapsing, and some of the eruptive fevers. Typhoid is not unknown, but is certainly rare, typhus apparently taking the place occupied by it in this country. This is the old spotted fever, and is one of the most dreaded of all the many sicknesses that Koreans are subject to. In former days, indeed so late as 1896, typhus fever patients were placed in small (very small) tents made of straw matting, erected in isolated places outside the towns, and there they awaited death or recovery, being attended by a relative who felt bound by ties of blood or affection to run the risks of the contact necessitated by waiting upon him. I have often visited these tents and, creeping through the small opening, sat by the side of the patient who lay on a mat on the ground, there being barely room for a second person inside the booth, and, myself almost smothered by the close odors, wondered that any ever recovered under such conditions. But then they would have been as badly off in their own homes, for they are afraid to ventilate the room of a fever patient. The poorer classes often were simply carried to the outside of the city and left lying on the roadside near the city wall, but it may be that these had even a better chance than had those who secured the supposed advantage of a booth; they got more air, at any rate.

One of my summers was chiefly spent in gathering such outcasts into a hospital which had been established for the purpose. The Koreans do not distinguish between typhus, relapsing, and remittent fevers, excepting that they realize that the *spotted* kind is more deadly, so I found that my patients were not all of a kind, but developed along those three types. The better food, the fresher air, and the tonic treatment we gave them greatly decreased the death-rate they were accustomed to. We found that most of the deaths occurred amongst the "spotted cases."

I speak of relapsing fever, but must do so a little guardedly, as I was unfortunately without a microscope when I had the opportunity to examine the blood, and so diagnosed the cases by their