Antimacassars, Ginseng, and junks

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I was lucky to be invited to the first Guangdong/Hong Kong/Macau conference on diseases of the chest held in Guangzhou—better known as Canton. In the sturdy old rolling stock on the train journey from Hong Kong each seat was like a dentist's chair with antimacassars. There were even lace curtains at the windows and the tables in the dining car were crowded with pot plants. We were not so much travelling by train as by a Victorian parlour on wheels.

Dining car in the Hong Kong to Guangzhou express.

Without any ceremony the train crossed over a rickety bridge and we were in China. A Union Jack fluttered over one end of the bridge and the red flag of the Peoples' Republic at the other. The countryside of southern Guangdong is fertile and beautiful. Every inch seemed to be cultivated, miles and miles of countryside and waterways, with small villages dotting the horizon. Even the humblest of village homes had a television aerial perched on a tall pole above the roof pointing towards Hong Kong. What better after a hard day toiling in the fields than to tune in to *Dynasty* or to the *Benny Hill Show*?

Our hosts in Guangzhou were friendly and hospitable and the conference programme was a complete contrast to similar events at home. Although most of the papers were presentations along Western lines, approaches to chest problems using Chinese traditional medicine were also presented. Papers on conventional treatment of asthma were followed by a dissertation on the diagnosis of carcinoma of the lung by tongue inspection. The observation of purple tongue (80%), thick and greasy coated tongue (71%), and sublingual green tendon appearance (86%) was reported more frequently in patients with carcinoma of the lung compared with 8%, 28%, and 7% respectively in healthy controls. Herbal remedies for advanced lung tumours were described, x ray pictures were shown for a tantalisingly short time of lung tumours vanishing with herbal treatment alone. A presentation on electrocardiogram changes seen in chronic airflow obstruction was followed by a paper describing the addition of Tienchi-Ginseng to conventional treatment for cor pulmonale. The authors measured a decrease in blood viscosity in patients taking the Ginseng which resulted in a greater sense of wellbeing.

The use of traditional medicine to nourish "Yin" when added to antibiotics to treat chest infections seemed to be associated with lower morbidity and mortality. Another author postulated that the main cause of lung cancer was "heat and dryness of the lung and deficiency of the spleen." Could he mean smoking combined with a relative immune deficiency? Even though the presenter spoke faultless English, we were not speaking the same language. Sceptical questions concerning the presentations were answered with frankness and sincerity, but I found it difficult to loosen the manacles of a Western medical education.

A visiting professor from Beijing spoke of the mind boggling morbidity of chronic airflow obstruction in China—approximately 32 million patients being treated, four million with cor pulmonale. Approximately half of the men in China smoke (more than 70% in some factories), compared with only 2% of women. He predicted that the epidemic of smoking related diseases sweeping the country was just beginning. The doctors at the conference were approachable and talkative and answered direct questions directly, even about politics. "Actually, during the cultural revolution I was sent to a rural area away from my home province to grow rice. I spent seven years there and I have been a chest specialist for only five. I suppose I know more about how to grow rice properly than anything else." The meeting was a fascinating and jolly affair and I was sad when it was all over. It was the first conference that I ever really enjoyed.

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Sailing with a monkey

The waterfront of Guangzhou is a multitude of vessels locked into a frenzy of marine activity. There is a splendid array of converted junks, packet boats, innumerable ferries crossing the river, and even passenger liners going in every direction. I took a day off after

the conference to catch up with Wayne Moran, a friend who was working on a film set on a tributary of the Pearl River. His fascination with the history and design of the Chinese sailing junk has put his medical career into abeyance. When I eventually found him he had just returned from a tour of Chinese coastal ports and had managed to hire an extraordinary collection of working sailing junks. They are magnificent vessels, each made entirely of wood and complete with full rigging and canvas sails. Manoeuvring in narrow waters without engines had presented some difficulties. We tried to borrow a 4 m junk to go sailing for the day. The owners agreed, with the curious proviso that we looked after their pet monkey. The sails were hoisted and we were away. As one of the boatmen pushed us off we could hear him mutter, "Ah! Three monkeys in a boat."

Travellers in China have sung the praises of the bicycle and the steam train as the way to see the countryside, but what can be nicer than sailing down a small unknown tributary in glorious sunshine, silently passing villages and farmers in their fields, the wind and tide rushing us on? We had no idea where we were going. We stopped at a village and were greeted by a gaggle of delighted children who followed us everywhere. I soon learnt that one way to make friends quickly with children in a foreign land is to have a monkey with you. All barriers to communication are immediately broken down.

We walked through the village and came across a shed by the river

A Chinese junk on a tributary of the Pearl River.

Village children.

where a dragon boat was being built using old and sturdy wooden utensils. We marvelled at the workmanship and precision of the boatbuilders; the vessel was being built without the use of drawings or plans. Wayne is a good Cantonese speaker but only 30 km from Canton the dialect of the boatbuilders was difficult to understand. Half the village came to see us sail away and wave goodbye to the two tall strangers and their monkey. It was a happy place.

Trying to sail against the wind and tide proved to be difficult; the joy of our downstream journey had overcome any notions of seamanship. Down a creek and no paddle. We flagged down a passing barge that seemed to be loaded to the gunwales with mud. The crew was in fits of laughter. The proud sails of the junk were lowered and the boat was towed home while we sat on the deck of the barge and drank tea with the crew.

Back in Hong Kong I have been staring into a lot of mouths. I have seen a lot of thick and greasy coated tongues and several purple ones, but, alas, I have yet to spot my first sublingual green tendon.

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THE WAY THEY LIVED THEN: "THE DOCTOR"

see picture on page 1601

The subject was a doctor watching over a sick child: it had been in Fildes' mind ever since 1877, when on Christmas morning his eldest boy Paul had died; the bearing of Dr Murray, the family physician, had deeply impressed the artist. Tate approved the sketch. "I fancy he was pleased with the idea and when I told him I should require £3000 he assented and letters have passed to that effect. It is, of course, a very large sum to ask for a picture with so little work in it. Still, it will give me a great deal of trouble. It is a very difficult subject to paint by lamp and dawn effect and quite prevents me from taking up anything else while it is in progress. I should probably make more money by portraits, which I have to entirely give up after making a success, to go on with his commission. So with one thing and another the price, from my point of view, is not excessive."

... Just as the cottage was a composite, based on sketches of several places, so the doctor is not a portrait of an individual. A professional model was used, though Fildes had himself photographed in the correct pose and costume to help the model; the face of the doctor bears a certain resemblance

to the artist. The child was also studied from more than one person, both of them Fildes' own children: the head of his daughter Phyllis and the arm of his son Geoffrey. "One day, I had just finished the picture with the child's hands tucked up close together at the neck, as children sleep, when I noticed my boy's hand fall over the side. I thought it exquisite—so pleading and pitiful. I altered the hands in the picture at once, and painted the left one as you see it now," he told a journalist.

Fildes' idea for the picture was not altogether a new one. ... What was new was to combine the pathos of a sick child in a humbly furnished interior with the unsung heroism of the doctor. This went down well with the medical profession: a doctor lecturing to his students wrote, "What do we not owe to Mr Fildes for showing to the world the typical doctor, as we would all like to be shown—an honest man and a gentleman, doing his best to relieve suffering? A library of books written in our honour would not do what this picture has done and will do for the medical profession in making the hearts of our fellow-men warm to us with confidence and affection." — JULIAN TREUHERZ. In *Hard Times: Social Realism in Victorian Art*. Ed Julian Treuherz. London: Lund Humphries, 1987, companion volume to the exhibition *Hard Times* at Manchester City Art Gallery until 10 January 1988.