ON THE STATE OF MEDICINE AMONG THE BURMESE.

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EVERY one engaged in the practice of medicine, all who have experienced the difficulties which encompass the treatment of the majority of diseases, must have felt a desire to know something of the state of medicine among other nations, and particularly among those who are removed from the influence of European literature and civilisation. We naturally wish to know what is thought of a disease by those who are not learned in our pathology, nor trained in our methods; we wish to note the success of the treatment which has not been dictated by the traditions of our schools, and which may possibly not be in accordance with our theoretical explanations.

And, apart from this natural curiosity, the imagination always conceives that, among the people inhabiting the central regions of the earth, among whom civilisation first arose, there may yet linger some traces of that antique and sublime philosophy, which gave its faith and its religion to Egypt, its poetry and its philosophy to Greece. In this hope, the medical science of the Hindus has of late years been fully studied; and if it has not been found to justify all the expectations which were entertained respecting it, still full justice has not, as I conceive, been done either to its philosophy or to its practical application. Not to its philosophy, because the mind of the European, energetic, practical, rapid in induction, and trained for some centuries in the employment of a rigid and logical method of thought, cannot appreciate the minute, subtle, half-mystical intellect of the Hindu; an intellect, perhaps never grand, colossal, and imposing, but peculiarly pliant, rapid, penetrating, and acute. Not to its practice, because the European has perhaps not sufficiently estimated the influence which climate and locality, peculiarities in living, and modes of existence have upon diseases. And the standard by which the opinions of the Hindu physicians, and, to go down to a later date, of the Arabians, and particularly of Avicenna, have been judged, has been exclusively European:—as if locality and modes of life, which from one primitive type can effect so wonderful an alteration in the man's external traits, which can originate the projecting lower jaw, wide nostrils, dark skin, and woolly hair of the Negro; the long dark hair, the square head, and narrow oblique eye of the Tartar; or the regular oval face, straight nose, and light skin of the Asian variety, would not also exert an immense influence in altering, to a certain extent, the type of a disease, and in appreciably influencing the reaction of the body on a morbid poison.

I do not wish at the present time, however, to enter into this subject. The remarks I am about to make, refer, not to the Hindus, but to a single nation of that great Mongolian race, whose several vast empires lie on the outskirts of British Hindustan, and with whom England is gradually, but surely, coming in contact.

If among these nations we have not the same objects of interest which attach to the Hindu race; if the Mongolians have not been, as far as we know, the first cultivators of science and the teachers of antiquity, still this variety of man has its own importance, and its peculiar interest. It is of high antiquity; it has displayed in its wandering and nomadic life very remarkable forms of civilisation; it is gifted with a bold and determined intellect, which has led its hordes more than once from the deserts of Asia, and the wild steppes of Tartary, into the very heart of Europe. And, at the present time, the mass of the Mongolian or Turanian nations are almost alone in the fact, that as yet they have been comparatively unimpressed by the action of European intellect. Everywhere else in Asia, the traces of Eastern thought and manners, the peculiarities of Eastern civilisation, are slowly but surely disappearing before the overwhelming power of the people from northern Europe. Persia is yielding to the gigantic force of Russia; Egypt and India are virtually the appendages of the British crown; and if, in the recent movement upon Burmah, upon China, and upon Borneo, we see the first attacks of the restless and roving Saxon upon these remote nations, still the impression has hitherto been slight and evanescent; the mind of the people has been as yet unaffected, and the peculiarities of thought are still as distinct as the languages which convey them.

In addition to this, the subject is worthy of being now brought forward, with reference to the Burmese, it has, as far as I know, been absolutely untouched. Opportunity has not yet been afforded to the officers of the East India Company to examine perfectly the medical books of the Burmese, as they have done the Shastras of the Hindus; and I believe the few remarks I have now to make will be all that has ever been made known on the subject. I must, however, apologise both for the imperfection of these remarks, and for the desultory manner in which they are arranged. I have been anxious not to weary the Society by dry details, however curious; and I must also confess that my own knowledge of the subject is so exceedingly slight, that, if it were not for its novelty, I should not have presumed to offer it.

Medicine is practised in Burmah by two classes—by priests and by laymen. The priests have naturally become physicians, because, as among all Bhoothist nations, science is incorporated with religion, and is included in the sacred books. To become a priest, it is necessary to be a philosopher; the complicated Bhoothism which is professed is founded on a vast and singular system of physics, which would be very interesting, if I could bring it forward on the present occasion.

This system, which, according to Bhoothist belief, did not arise from the discoveries of man, but which was revealed in all its completeness by the last incarnate Bhooth, Gaudama, necessarily comprehends to some extent the science of medicine, modified, however, in some measure, by commentators and expositors, the writings of whom appear to be all of ancient date. The fact of the theory of medical study being thus connected with religion, would have had the effect of throwing the practice of medicine entirely into the hands of the priests, in the same way as in the middle ages it was confined to the monks of Europe, if it had not been for the peculiar constitution of the Bhooth-

hist priesthood. To this constitution I must shortly advert. The Bhoothist priests are singularly like their Roman Catholic brethren; they form an order apart from the laity; they follow no occupation, but are engaged continually in reading the sacred books and in praying; they live in monasteries or *kyomys*; they are vowed to celibacy, and in some places they will not look on the face of a woman; they live upon alms, and will neither till the ground nor cook their own food, for fear of causing death to some living creature; they cannot own any property; they consider all the usual occupations of men as unworthy their regard, and they endeavour to keep their thoughts continually fixed on abstract virtues and on heavenly rewards. There are many curious resemblances between them and the Romish priesthood. They wear a peculiar dress, keep the head shaved, tell their prayers upon beads, perform innumerable penances for faults, and every now and then retire into solitude, and live for months on the scanty fare which the piety of a few enthusiastic devotees may provide for them. They seem to have no ambition, and no desire of propagandism; in fact, their own supremacy and that of their religion is so completely acknowledged, that there is no room for the development of the ordinary passions of man. They do not mix in the affairs of their nation; they give advice only if asked for it; they occasionally cast nativities at the birth of children, or, in moments of national emergency, consult the stars, for they are great astrologers, and prophesy. It might then be conjectured that these extraordinary men, in the world but not of it, elevated, like their houses, which are built round the temples on the hills, above the turmoil of human events, would not be great practisers of an art, which, more than all others, brings man in contact with his fellow man. Moreover, their creed debars them, as was the case also with the Catholic priests, from the practice of many branches of medicine, such as midwifery, the treatment of syphilis, and surgical operations. They practise medicine therefore merely incidentally, and from charitable motives, without view to profit or honour; at the same time, they have a high reputation, and are often consulted in desperate cases.

A class of laymen practising medicine has therefore gradually arisen, and is of considerable importance among the Burmese. Occasionally medicine is combined with some other pursuit; thus the Burmese doctor with whom I was most intimate, and from whom I learnt the greater part of what I know of the subject, was not only a doctor but a schoolmaster. Although the Burmese have not the divisions of caste of the Hindus, the pursuit of medicine seems to be handed down in families, as was the case among the Asclepiadæ in Greece. The doctors are not in any way licensed to practise, but the public seem generally to employ those who have been regularly trained; they are universally the collectors and venders of drugs. A doctor, or *sathammar*, is educated in the following way. At an early age, he is sent to a monastery, or *kyomy*, and is educated by the priests. This is the practice also among all the richer laymen. When he is supposed to be learned in all the wisdom of the Burmese, he returns home to his father, who is most probably a *sathammar*, and commences practice.

His course of study is similar to that common, I should suppose, to all primitive nations. While at the monastery, he has learnt a number

of empirical rules respecting diseases and their symptoms. Of anatomy he has no practical knowledge, although he has some traditional notions, which are generally erroneous; thus he believes that there are three hundred bones, nine hundred muscles, nine hundred veins, etc. Physiology and chemistry are, of course, quite blanks to him. But he knows an immense quantity of drugs, and their usual action upon the body, and he has his formulæ for using them. He has also been carefully taught the differences of constitutions, and the influence of seasons upon them. It is in reality a completely empirical medicine, which looks not to causes, but to effects; not to the philosophical exposition of a disease, but to its prominent symptom and final result. It often appeared to me, that I saw, in the practice of these rude brethren of ours, a faint glimmering of that art which reached its perfection in Hippocrates; an art which arose from a rigid observation and comparison of symptoms, and of the relief afforded by remedies; an art which must always be true for the locality and habits of the place in which it originated, but which becomes false the moment it is transplanted.

But I must hurry on to consider the kind of rules and principles, with which the Burmese doctor will have commenced practice. The best way to describe these will be to give an abstract of a book on medicine, which was given me by my Burmese friend, as containing a short account of his principles. I must mention, however, that the books on medicine are very numerous, and this is merely one of the shortest treatises.

I cannot pretend to anything like a correct translation; all the medical books are written in the language in which the sacred books are written, viz., the Pali, a variety of Sanscrit; but, in the case of medical books, the Pali is written in the peculiar round Burmese character (which you will see in the book I have sent round, a common book, made of the leaves of the palmyra), and it is also interspersed with Burmese words. In making my translation, I was therefore compelled to get the Pali translated into colloquial Burmese; but although I employed two men, one of them a sathamar, to assist me in translating, we found it impossible in some parts to make sense of it.

The book opens with a preface, containing a long invocation to Gaudama, the last Bhodd, praising his power and goodness, and desiring to imitate him. The life of Gaudama, his numerous transformations, and the virtue by means of which he became Bhodd, or incarnation of Deity, from man, are detailed at length. Then follows an enumeration of the nine planets, and of the days of the week governed by them. Then the constellations, twenty-seven in number, are enumerated. The days of the week, the planets, and the constellations, are all affirmed to be connected by mysterious ties, and the names of the former are derived from the latter: thus, into *Tanengenuwae*, or Sunday, the names of three constellations enter, viz., *Burnē*, *Pubar-burne-gonā*, and *Pu-par-than*, and the same with the other days. However, it is unnecessary to go into these details.

After this preface, there comes a long description of the different temperaments or dispositions of people. The Pali word which I have translated temperaments, was translated into colloquial Burmese by a word (*dar-dath*) which corresponds exactly with the English word "temper".

There are said to be five temperaments; they exist in different proportions in all bodies, but they vary in their proportions in different persons and seasons. They are not described as being attended with any peculiar physical appearance, but it is curious that one of them is said to be attended by excess of bile, and another by excess of phlegm, and another is said, when in excess, to lead to madness. In these, perhaps, we may see the rudiments of the biliary or choleric, phlegmatic, and nervous temperaments, which have descended to us from the ancients, who were, in all probability, long posterior, in point of date, to the authors of the writings I am discussing.

Excess or deficiency in the temperaments produce disease; and these variations arise either from external conditions, as changes of season, etc., or from the agency of demons and evil spirits. Thus the disturbance of the first temperament (*Ta-so-dah*) produces fever; hence a man has chills and horripilations; he is languid and afraid; has a distaste for food, etc.

The disturbance of the second temperament (*Wy-o-dah*) produces diseases of the chest or the head. If of the chest, there is sneezing, coughing, vomiting, dimness of sight, deafness, languor, restlessness, pains in the limbs, thick sputa. Occasionally there are swellings in the feet, and smarting of the eyes. If the head be more affected, there is pain, or, on the contrary, partial insensibility of the skin; half the body may become insensible; the face is drawn to one side; the tongue is stiff and numb; the fingers are stiff; the hands and feet are crooked; the loins bent.

If *Ar-bo-dah*, the third temperament, be diseased, the skin is affected; hence result venereal cutaneous diseases. The skin becomes copper-coloured, or like red flesh, or of a pale red colour, or like wax; there are spots on the skin and itching; the flesh cracks. Great derangement of this temperament produces small-pox, chicken-pox, and leprosy.

The fourth temperament, or *Put-ta-wye-dah*, produces bowel complaints, diarrhoea, and swelling of the abdomen.

The fifth temperament, (*Ar-can-dhar-dah*), when increased, produces peculiar dryness and scaliness of the skin. At other times, when decreased, it produces great sweating and emaciation; the perspiration is turbid.

The five temperaments are not all equally affected. Before the age of sixteen, phlegm is said to predominate; from sixteen to thirty-two bile predominates; afterwards again phlegm.

Then follows an account of the manner in which these temperaments, or elements of the body, as we might term them, are influenced by seasons. Thus *Ta-so-dah*, whose disturbance gives rise to fevers, is said to prevail in April, August, and December. *Ar-bo-dah* is said to prevail in October and July, etc.; but I need not occupy time with these details.

The next part enters into the description of remedies, arranged under the heads of the temperaments. The formulæ are almost innumerable, and consist chiefly of vegetables; arsenic, mercury, and antimony, are the only minerals named. When the temperament is disturbed, which gives rise to fever, emetics are ordered, and afterwards

spices, cloves, ginger, and numerous vegetables, chiefly aromatic stimulants, and a good many derived from large flowering vines.

But I can perhaps give a better account of their practice, by detailing the method of treatment of certain diseases.

I must first mention, that the diseases of these people are, in some respects, different from ours. Bowel complaints, marsh fevers, rheumatism, small-pox, syphilitic diseases, and leprosy are very common. Beriberi is seen sometimes; bronchitis and pneumonia are met with occasionally; phthisis also, but of its relative frequency I have no idea. Many of the diseases which result from our system of civilisation, from our large cities, the luxury of the upper orders, and the deprivations of the lower, are unknown there. Insanity and nervous complaints are not usual; dyspepsia and kidney diseases seem comparatively uncommon. But, of course, on all these points I speak almost at random; there being, in reality, no accurate data to go upon.

To combat these diseases they use an immense quantity of medicines, of many of which I know nothing. Among those best known to Europeans I may enumerate, opium, hemp, catechu, kino, gamboge, camphor, areca, cardamoms, and all kinds of spices; anise, chalk, antimony, arsenic, mercury, castor oil, tobacco. Their formulæ are very complex; sometimes as many as sixty substances enter into one preparation. They give chiefly pills and decoctions. One remarkable medicine I must not forget to mention, viz., the "Tabasheer", or inspissated juice of the bamboo; it contains a large quantity of silica.

It is a curious circumstance, that among the sathamars a split or difference has of late years taken place; one class giving medicines in enormous quantity, the other limiting the quantity of medicine, and trusting chiefly to dietetics. In the following account I shall endeavour to describe the practice of the most rational among these two parties.

The most common class of diseases, after fevers, are probably bowel complaints. The food of the Burmese consists chiefly of fish, rice of different kinds, milk, and of various vegetables, particularly capsicum, and spices. They eat no meat, because they will not kill the domestic animals, although they will eat them when killed. In order to correct the acidity of their food, they are accustomed to take, once or twice in the course of the day, a small quantity of chalk and catechu. A few grains of chalk, carefully prepared and coloured with cochineal, are wrapped up in the leaf of a trailing plant belonging to the family of piperacæ. A little bit of beetel nut is put into the mouth at the same time; and, after the whole mass has been sufficiently chewed, the teeth are rubbed with a tobacco leaf. Their diet almost requires the use of a dietetic antacid and astringent of this kind; it is a necessary luxury, which the poorest Burman indulges in.

When dysentery has once commenced, they endeavour to restrain it by the most powerful astringents, and their practice is very successful. Treat an Englishman in this way and he would be killed; the diarrhœa would not be restrained, or rather it would be aggravated by astringents; but, in the case of the Burman, one has to deal with a different system, and consequently with a modified disease. Dysentery is still inflammatory among them; but it is inflammation of a more passive

kind, running a course somewhat similar, giving rise to the same products, and yet not obedient to the same remedies.

Small-pox is treated admirably. The stages of the disease are well known, and the course of the disease determined. Low diet, the freest ventilation, and cold water, with perhaps a little antimony, form the only measures. The skin is sometimes bathed freely with cold water throughout the whole course of the disease, and this is said to be very useful.

Rheumatism assumes chiefly the form of chronic migratory pains. It is exceedingly common. Rheumatic fever is not, I think, known there. I never heard of it among the Burmese, and I never saw a case among the European soldiers, who would have been, I should think, subject to it. The chronic pains are chiefly treated by baths, shampooing,¹ and counter-irritation, particularly with the juice of certain euphorbia, which blister the skin in a very short time.

Syphilis is a most severe disease, and is, I think, aggravated by the method of treatment. Salivation is produced by fumigation with the fumes of heated mercury, and is kept up for some time. Secondary symptoms are notoriously frequent, particularly phagedenic ulcers of the skin. Accompanying these is a peculiar cachectic state of the constitution, which, when it has once originated, is seldom cured. The Burmans say, that a man so affected is ever afterwards unfit for labour. I may mention, that these unhealthy ulcers were found by a friend of mine, Dr. Tait, who was in charge of the corps of Rifles raised among the Burmese, to be cured very readily by large doses of cantharides.

Bleeding is seldom or never practised in any disease, and leeching is not much used. In fact, depleting measures are obviously unnecessary; the peculiar habit of body would not indicate them, and the severe inflammatory diseases—pneumonia and acute rheumatism—of our colder climate, are unknown there.

The Burmese are subject to some peculiar diseases, for which they have very efficacious remedies. At certain times of the year, chiefly in the rains, they are exceedingly infested with worms, particularly lumbrici. In children, and sometimes in adults, the general health seems completely to fail from the myriads of these animals. The worms are not developed by the peculiar diet of the Burmese, they originate in some peculiarity of climate; this is proved by the English soldiers being equally affected. When my regiment was first quartered in Burmah, we were astonished, at a particular time of the year, to meet with a number of children, who became enfeebled and cachectic, and, without visible disease, wasted and died. At the same time, we were surprised at being spoken to by many soldiers respecting lumbrici, which they said they had vomited. At first I thought little of this, as lumbrici are often vomited even in this country; but, after a time, the number of complainants became so great, that it was impossible not to see there was something more than usual in the case. On inquiry I found that such a disease was well known among the Burmans, who were accustomed to treat it by a certain remedy. This remedy, which they call "Wah-mo, or Wah-than-mo", is a fungus growing upon

¹ They shampoo exceedingly well—better than any other nation, except the Chinese—with elbows, fists, and feet.

the small prickly female bamboo. The Burmese collect it with great care during the rains, and preserve it in a dry place, well covered up. It is always in great request among them, and, in times of scarcity, has been sold for its weight in silver. I did not at first use the *Wah-mo*; but, after trying ordinary purgatives, turpentine, etc., without good results, I commenced with the Burmese specific, and was astonished at its effect. It was soon made out, that the cachectic state among the children was attributable to this immense collection of worms, and a few doses of the *Wah-mo* did wonders. I have known a child, of a few months old, discharge as many as sixty worms at one stool after two or three doses, and in the course of a few hours as many more; and from that time to regain appetite and flesh. It was equally efficacious in men, and the following year the soldiers bought it themselves in the bazaar, and took it in immense quantities. The *wah-mo* has a slightly acid reaction when fresh, and when it loses this, which it does very rapidly, it seems to become inert.

Diseases of the skin are common, particularly different forms of herpes, which seems to take the place which eczema occupies in this country. They use various irritating applications, particularly the acrid juices of some kinds of acacia and mimosa. Sandal-wood, rubbed down into a paste with water, is used for this purpose, and also by women as a cosmetic.

Leprosy is a very common disease, and is considered hereditary; so that the children of a leper, although not themselves leprous, are allowed to intermarry only with the children of other lepers. Lepers immediately become outcasts; and, in Burmah Proper, are obliged to live in leper villages, and to wear a peculiar dress. Although there is this rule, there does not seem to be any feeling of disgust entertained against this class, and wives will often follow their leprous husbands into retirement, and continue to cohabit with them. The government of these villages, in Burmah Proper, is a place of great emolument; as there is a great power of extorting money from persons who have any cutaneous disease, on the plea of their leprosy. Leprosy is considered incurable by medicine.

Hydrophobia appears to be known, although I never met with any one who could describe it. In the oath, administered in their solemn courts of justice, the Burman has to say, among other things, "If I speak not truth, let me be subject to all the calamities that are within the body, and all that are without the body; may I be seized with madness, blindness, deafness, leprosy, and hydrophobia; may I be struck with thunderbolts and lightning, and come to sudden death; may I vomit clotted black blood, and suddenly die in the midst of the people."

I am afraid of becoming tedious by going into further detail on these points. It will be perceived that the practice of medicine is empirically good, in so far as symptoms are combated by medicines whose use has been established by experience. The theory to explain the diseases, and the action of remedies, is utterly worthless, and has possibly been framed to accord with the practice, and not from any induction from phenomena.

I will now offer a few remarks upon the practice of surgery and midwifery among the Burmese.

OPERATIVE SURGERY is almost unknown; and this is the more surprising, as malignant tumours are, I think, rather common, and must have been recognised as highly dangerous. But the Burmese have a great repugnance to use the knife. Abscesses they almost always allow to burst; and they foment them assiduously, in order to bring them quickly forward. I operated a few times among them, but performed only the minor operations, and these were almost always done in opposition to the advice of the sathamars.

Fractures they treat tolerably well with bandages, and means to keep the limb in position. I believe, also, they know how to reduce dislocations, but I never saw them do it.

Their **MIDWIFERY** is, perhaps, the worst point about their practice; and there is great mortality, both among mothers and children. Labour is allowed to go on undisturbed till the child is born. The placenta is then forcibly detached, and an immense stone is placed immediately over the uterus, to hinder the copious flooding which often occurs. As soon as the bleeding has stopped in some measure, a large ring of fire is kindled round the bed, and kept up for nearly twenty-four hours. The child is not put to the breast, and the unfortunate mother, intensely hot, perspiring at every pore, and with a tremendous pulse, is hardly allowed to drink anything besides hot spicy infusions. I have been allowed to visit women after this tremendous ordeal, and have found them sometimes completely debilitated and exhausted; sometimes in a high state of fever. Many women, in fact, die, but from what form of puerperal or milk fever I could never learn.

It is not, perhaps, fair to charge upon medicine this extraordinary penance which the newly-delivered woman is obliged to pass through; it is, in fact, a religious ceremony, and the ring of fire is intended to scare away the evil spirits, of whom there are multitudes in Burmese mythology, and who would soon injure the woman, and through her the child, if they were able to pass the fiery belt drawn round her.

I have not alluded at all to the practice of charms, although this is very common; not, however, so much among the doctors as among the other laity. All epidemic diseases, such as cholera, small-pox, etc., are referred to the malice of demons, who are propitiated by gifts, invocations, and various curious charms. There is a very singular superstition connected with cholera. This disease is believed to be altogether a punishment for crimes. When the patient dies, his soul is released, and over that the evil spirit has no power; he can, however, seize the dead body, and wreak some mystical indignities upon it. To prevent this, directly the last respiration has been drawn, the friends of the deceased assemble round the corpse, and, with wild gestures, shout out certain sentences which are supposed to scare away the demon hovering over. These shouts are continued until the body has been carried to the place where such ceremonies are performed, and has been burnt. When all traces of humanity have been consumed by the flames, the disappointed demon is supposed to retire discomfited from the field.

I feel that I have already been too prolix on these details. I will occupy the Society only a minute longer, while I allude to the practice of **OPIUM SMOKING** among the Burmese. Among all the Eastern

nations this practice prevails; and it is curious enough that the name is nearly similar in all nations, however different their origin and manners. Among the Burmese and Malays the name is "afyun", which is the same nearly as the Arabic word "afion", and the Hindoo "aphion". I have been informed that the Malay term is the original one. Dr. Royle, however, a great authority, thinks they all come from the Greek *opos*, juice.

Among the Burmese, opium smoking is a luxury; and the rich indulge in it a good deal. They smoke in the same way as the Chinese. The finest opium is made into a watery solution, then slowly evaporated, and the resulting extract rolled into little pills. Each pill is placed in a hole at the side of a pipe, is lighted by the flame of a little silver lamp fed with naphtha, and suffices for three or four inhalations. After several of the grains have been used, the Burman has had enough; it has merely made him lively and active. It has in no wise made him sleepy. This is a curious effect; and it is worthy of remark, if it be always the case, how differently this same drug affects different nations. From a moderate dose, the Chinaman becomes tipsy, or falls into a reverie; the Malay is rendered furious and excited; the Burman is merely slightly roused. It is a common thing, when a Burman has any difficult work to do, for him to take a pipe or two of opium; he then works for six or eight hours with unusual energy and skill, and afterwards falls into a sound and refreshing sleep. In large doses, the effect of opium is the same on people of all nations. They pass first into dreamy reveries, and then into deep sleep, or coma. The Burmese describe these reveries as foretastes of heaven, or what in their mythology corresponds to heaven, *naik-ban*. Opium is too dear to be very much used, and consequently I have never seen among the Burmese the debilitating effects which are said to occur among the Chinese. But, both among the Burmese and the natives of the Malabar Coast, the chewing and smoking hemp has appeared to me more hurtful than opium.

I think that it may be concluded, even from the few observations I have ventured to bring forward, that, although theoretically the science of medicine is at an exceedingly low ebb among the Burmese, yet its practice is not so destitute of a certain degree of reasonableness as we might have supposed. In fact, I have no doubt that much good is really done by the practitioners of medicine; and I am the more confirmed in this opinion, because their treatment is very much trusted to by their countrymen; and I believe when a whole nation has faith in a particular method of treatment, one may feel pretty certain that this method is, to a certain extent, capable of a successful application. Thus, however erroneous may be their pathology, I have some faith in the Pharmacopœia of the Burmese physicians; and I cannot deny them the credit we claim for ourselves, viz., that of being helpers of men, and useful in our day and generation.

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