

SOME NOT UNUSUAL OBSTETRICAL CASES AMONGST THE CHINESE.

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IGNORANCE is the parent of almost unbounded ills, but when one adds to ignorance no small amount of superstition, by so much are the ills the heavier. Again add prejudice to the other two, and one may perhaps imagine the state and condition in which many obstetrical cases in China, or at least this part of S. China, find themselves. Since I began medical work amongst the Chinese in connection with the Hospital at Fatshan, I have been amazed at two things:—1st, what a combination of the three above-mentioned forces can accomplish, and 2nd, and by no means the least, what extraordinary powers of recuperation and resistance the human body has, as illustrated in the Chinese. I propose to cite a few cases which are illustrative of the above points, and venture to say that if I had not seen with my own eyes, and examined with my own hands, I should have been as unbelieving as "Thomas, called Didymus."

CASE 1. Woman, age about 24. Called to see her after the fourth day of labour. She was a primipara. On arrival we found the woman in an exhausted condition, as so many native doctors or midwives had tried their skill. She was bleeding per vaginam. On examination the body of a child was discernable. It was hard at first to diagnose the presentation, as the part presenting was an empty shoulder joint. The arm had been pulled off. The child was dead, of course, and the smell was *not* pleasant. Version was performed, and the child delivered. The placenta was easily expelled, and there was very little bleeding after the vagina had been douched with quantities of hot water. Patient was in a critical condition, but rallied by next day, when she was admitted to the hospital. After admission a careful examination was made per vaginam, and the condition was as follows:—The vaginal mucous membrane was absent; it had been clawed out by the finger nails of a miserable old midwife. The muscles had been partly torn away as well, hence, of course, the slow bleeding, which turned out not to be uterine for the most part. The cervix was badly lacerated from the same cause, and there was a hole about half an inch in diameter behind the cervix in the posterior fornix, which went far beyond the reach of my finger; I never knew how far, as a post-mortem examination is about the last thing a Chinese will hear of. Patient developed a violent septicæmia, but, in spite of temperature running up to 105° or 106° almost daily, she lived ten days, and really found it quite difficult to die. I expected death daily for a week before that event actually took place.

CASE 2. Woman, age about 26, multipara. Labour lasted two days before we were called. Fearful ulceration of right labium, due originally to swelling (œdema), which midwife thought would hinder the birth of child. Finger nails, $\frac{1}{4}$ — $\frac{1}{2}$ inch long, soon worked dreadful havoc. Unfortunately, also she took away the vaginal mucous membrane of right side, and made a deep hole into the right sub-ramal region. After delivery patient was admitted to a ward in the hospital. She was in a desperate condition, and needed constant douches, but prejudice and superstition could not be overcome. She would not be washed out per vaginam. It was "bad joss." She naturally developed puerperal fever severely, and in spite of all efforts, died after about eight days. Gangrene also supervened in the badly mauled parts.

CASE 3. Woman, aged about 30, multipara. Uterine inertia due to contracted os. On arrival midwife was found using a dirty piece of stick to dilate the os, the same stick being used doubtless for various domestic purposes. Fingers and tearing had failed. Patient was dilated, forceps applied, child lived, and, in spite of septic fever, the patient finally recovered.

CASE 4. Patient was about 30 years of age, multipara. Badly torn, on our arrival, by midwife, as the perineal body seemed, according to her idea, hard and resisting. She had torn almost from the vagina into the rectum. One of the great difficulties of the midwife was to break the "bag of waters." This she succeeded in doing finally with her finger nail, serrated with a knife, and a hair-pin with a spud at the end. This pin, carried in the hair by the Chinese women, is used also to scrape the ear. The "bag of waters" was the caput, and the baby almost bled to death because the gash in its head, which went to the bone, was so deep and long. Mother and child both recovered in hospital.

CASE 5. A woman, about 28, was admitted to the wards of the hospital. She was sent to me by a former student, a man who had been trained in western medicine for six years, and who now has his little opposition hospital in Fatshan. He had been called in after the woman had been in labour 20 days. He found her terribly exhausted, badly œdematous, nearly dead for want of sleep. Numbers of women had been asked to "try a hand" in delivering the child. They had all failed. As a last resort they called in a native "western healing doctor." Unfortunately, although this worthy gentleman "guaranteed a cure," neither the cure nor the delivery came off. After treating her for four days with non-success, he asked me to admit her to the wards. This I did, fully expecting the woman to die before morning. It was then 8 p.m. I found on examination that she was intensely distended with gas; every now and again a little gas escaped per vaginam with a gurgle. The smell was awful. She was cyanosed, almost pulseless at wrist, and too feeble to cry out. She was propped up on a pile of dirty clothes, and when I went to examine her, her husband was on the bed with her. I promptly had the woman washed and her vagina douched, and made an examination. The os was torn; a foot was now presenting. I proceeded to dilate the os, bring down the foot, and look for the other foot. I soon saw that the abdomen must be evacuated, and this was done. The diaphragm also had to be pierced, and finally the head was evacuated, and the child, in pieces it is true, was delivered. The right arm was missing, it had been previously extracted. The child had been dead many days. The placenta was adherent, and rather

difficult to peel off. The uterus was copiously washed and vagina also, and ergot given hypodermically. Patient had fever 103° for four days, which gradually subsided. The seventh day she sat up in bed, and with "medicine water" (Jeyes' fluid) was persuaded to wash her hands and face. On the tenth day she went home to attend to her young children. About one week after her arrival at home, I heard she developed tetanus and died in three days. Her husband was unwilling to bring her back to us, we had made her (and him) wash so much.

This was really an extraordinary case, and illustrates what this long-suffering people can stand. I always regret that Tetanus, of which there is not a little in this part, should have carried her off.

CASE 6. Was a woman, of about 30, multipara. Of fairly good family. All the previous confinements had been easy. We were called to see her after labour had been on three days. She was in an almost dying condition from hæmorrhage. Presentation was transverse. The os was fully dilated, and the hand was easily admitted to the uterus. Podalic version was performed, and a dead child extracted. Placenta, which was rather low down, was adherent in upper segment, and was a little difficult to remove. After delivery bleeding ceased, but patient was constantly fainting. Strychnine and digitalin was injected hypodermically, and rice water gruel given as patient could take it, by the mouth. The third day she was carried down to hospital, and lay like a corpse for one week, scarcely ever moving, never speaking, passing water and fæces into the bed, white and anæmic to a degree. Pulse 120—140; temperature never below 101° , and often 103° . We gave up all hope, and expected her death every minute. We gave her food, beef juice, fish, chicken, broth every hour or so. Frequent douchings, quantities of water per rectum, strychnine, digitalin, and occasional doses of strophanthus hypodermically. Hot water bottles constantly renewed. After about seven days she began to take interest in things, she would herself turn over in bed, and was evidently making new blood fairly rapidly. Temperature gradually came down, her appetite returned, and she began to grumble that we did not give her "number one good" medicine. In three weeks, in spite of everything, she went home entirely recovered, also protesting that "if the doctrine of Jesus made doctors who could save life when she had been dead so long it was worth having!"

These are only six of scores of cases. They are not cited because they are the worst, they are not so, but the details are clearly stamped on my mind and are easy to detail. They certainly illustrate what ignorance and superstition can do, and what prejudice against us, "Foreign devils," as we are called, can effect when we try to offer and carry out our Western ideas of treatment. The amazing thing is that, when so many such cases occur, so few die. Scores have high septic fever, and I have seen them lie for days scarcely moving and beyond all my hopes, yet in spite of all get better and go home.