from: 1884 GORDON -Epitome of the reports of the Medical Officers to the Chinese Imperial Maritime Customs Service from 1871 to 1882

CHILDBIRTH, AND DISEASES CONNECTED THEREWITH.

At Chefoo, according to the Report to March, 1873, convalescence after parturition was uniformly favourable. Even in cases where the system had been subjected to considerable shock and exhaustion, the reporter had no fatal result after labour to record. This is mainly due to climatic influences. In two years and a half 51 foreign births had taken place with no maternal death, and but one instance, and it embryotomy, of infant mortality.—(V. 19.) Chefoo.

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Chinkiang.

At Chinkiang, according to the Report to March, 1880, many fatal cases of childbirth have been reported, from ignorance in the management on the part of the midwives. According to accounts from native sources, labours have extended over four days, the delay being caused by cross-birth, and the result, of course, fatal.—(XIX. 8.)

Kiukiang.

According to the Report on Kiukiang to March, 1877, skilled assistance in the case of native Chinese women during their confinements is never summoned until all hope is fled, and the patient is exhausted. Sometimes the foreign medical man is met on his way by a messenger announcing the death of the woman; or he finds her in a state of collapse, sometimes with sloughing of the vagina from continuous pressure of the fœtal head; or that an arm has been presented for seventy-two or eighty hours, the uterus firmly contracted, so that evisceration is necessary. Seven illustrative cases are related. In one of these 'spontaneous expulsion' appears to have taken place.—(XIII. 5.)

Hankow.

In the Report on Hankow to December, 1874, some particulars are given with regard to *obstetrics* among the Chinese. This department of practice for all classes of the community alike is entirely in the hands of poor, ignorant old women. Various instances are cited in illustration of the gross mismanagement to which cases of difficult and complicated parturition are exposed at the hands of such midwives. In one patient the hand and greater part of the arm had been extruded for some time, and two old dames were busily engaged in pinching and applying salt to it, so as to compel the fœtus to withdraw the limb. On their threatening to lacerate it with a knife, the father applied to the consular medical officer. Having related other cases more or less similar, Dr. Reid wrote: 'These few examples are sufficient to show the boon that awaits the mothers of China, when their attendants shall have the power and opportunity of learning something of the principles of obstetrics. They also indicate a high mortality from childbirth, and one which may even be greater than in uncivilized countries, from the close confinement in which the women are brought up and kept.'—(VIII. 44.)

Shanghai.

In the Report on Shanghai, January to March, 1872, also, the subject of obstetrics among the native Chinese is discussed. Among the adult female population, the reporter states that not one-fifth bear children, while the fertile minority suckle their children for periods seldom less than two years. Some obscurity, however, hangs over this passage as to whether the proportion alluded to refers to married women alone, or to all adult women. The Chinese themselves variously estimate the death-rate in childbed at from 5 to 8 per cent. on all labours, as against 1·21 per cent. in hospitals in Europe generally. Among Chinese women, except in the rare cases when spontaneous evolution takes place, presentations of the arm (say 0·4 per cent. of all cases) must be fatal to both mother and child. Placenta prævia, fœtal hydrocephalus, pelvic tumour, distorted pelvis, insuperable rigidity of the cervix, and many other serious complications which demand interference, must terminate in the death of the mother, while the probabilities are all against a successful delivery when the labour is powerless, the uterus displaced, or the placenta retained. To this list must also be added formidable sequelæ, as syncope, secondary hæmorrhage, puerperal peritonitis, uterine phlebitis, and tetanus, while abortion in the early months, with profuse hæmorrhage, doubtless results in death in many instances. In reference to parturient women, certain superstitious usages among the Chinese are alluded to. 'It is well known'—so it is stated—that there are ten Buddhist hells, one of which is the 'bloody lake.' Beneath the surface of this lake all women who die within a month after parturition are supposed to be plunged. In order to obtain the release of the sufferers, large sums have to be paid to the priests, who, by repeated recitations (of a formula), exert the same power over the purgatorial regions which, by means of masses, is exerted by the Romish clergy. Short of actual release, or during

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the tedious process of accomplishing it, pauses in the torment can be obtained by purchasing the privilege of affixing a few hairs cut from the dead woman's head to the inside of a certain bell set apart for this purpose. Every time the bell is struck during the progress of the temple ceremonies, the women whose hair is attached to it rise for a moment above the lake, and are allowed to catch a breath of air. In 1851, Dr. McCartee visited a temple in the suburbs of Tzu-chi, and found that a bell, 5 feet high, which was used for this purpose, was crammed full of hair, while alongside of it there stood a firmly packed bale of the same substance, that had recently been removed from the inside. This bale was 3½ feet high, and nearly 8 feet in circumference.—(III. 82, 83.)

In July, 1877, a Chinese woman had been in labour four days. An odour of gangrene pervaded the room, notwithstanding the burning of incense-sticks. The patient was pulseless, the abdomen painless; the vagina and rectum one indescribable cloaca with black, ragged, swollen borders; the perinæum had altogether disappeared; the child's head in the place where the perinæum ought to have been. Two nights previously, a Chinese midwife seeing that the child was arrested, tore the parts with her hands, in order to facilitate its exit, but finding no progress made by the following morning, she then deserted the case.—(XIV. 45.)

In March, 1878, a woman, aged 33, in her third pregnancy, fell into labour. Pains continued through the first day and night, and became violent on the following day, when towards evening two midwives were summoned. On the morning following, the waters having run off, while no progress was made, a third midwife was called, who cut into the child's head, and endeavoured to extract it with an iron hook. Failing in this attempt, all three midwives ran away, and the woman seems to have been left to die. She was subsequently removed to the Gutzlaff Hospital, where, on arrival, her condition was desperate; by means of evisceration of the child, delivery was effected; great deformity of the pelvis was then discovered to exist, but ultimately the patient recovered.—(XV. 7.)

In January, 1879, a woman, aged 25, had been in labour three days when first seen. An arm was then found to be presenting, the humerus broken; the bladder of the patient distended. A series of native midwives had in turn maltreated her, and had finally given her up. There were no labour-pains. By means of manual interference the medical officer effected delivery, and in a few days she quite recovered.—(XVII. 32.)

In the Report on Shanghai, April to September, 1876, Dr. Jamieson notices the comparative rarity of post-partum hæmorrhage in parturient women there, as compared with what happens in India. But, he says, 'the marked tendency to inertia is worthy of attention.' In 50 cases of labour, 5 were abortions earlier than the third month, and 4 miscarriages earlier than the sixth month. There was one case of twins, both females. By 41 labours at term there were born 23 girls and 19 boys. Of the 42 children born at term, 1 died of trismus on the fifth day, and 1 was born dead. In 12 cases of the number the forceps had to be used, namely in 6 at the brim, and 6 in the pelvis. In 10 of these they had to be applied in default of uterine action. Of the 50 cases summarized, 2 were of serious difficulty.

During the same period a case of puerperal fever occurred. It was of the purely nervous form. The patient convalesced well after labour, but on the ninth day, after a severe nervous shock, she became delirious, and died in thirty-six hours.—(XII. 9, 7.)

According to the Report on Wenchow to March, 1881, at the same time that epidemics prevailed in the provinces of Kiangsu and northern Chêhkiang, puerperal fever raged in Soochow.—(XXII. 50.) Wenchow

At Foochow, in the Report to September, 1877, Dr. Somerville gave statistics of 38 cases

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in obstetric practice. Of that number, 4 were abortions before the fourth month. Of the 34 labours at term, there were born 18 boys and 17 girls, 1 birth being a case of twins. Of the whole 38, two mothers died, namely, one from cerebral hæmorrhage or embolism on the seventh day, the other from puerperal fever on the seventeenth day. All the children of the 34 labours at term were born alive, and of the 35 children, 3 died within a few days; these included the twins. Of the 34 labours at term, 33 were head-presentations, and 1 a breech-presentation. The forceps were used in 4; twice on account of inertia of the uterus, once to rectify a mal-position of the head (antero-posterior), and once in a face-presentation. In one case there was post-partum hæmorrhage or placenta prævia. In one of the abortions there was free bleeding, which necessitated the use of the tampon; in the other abortions the loss of blood was very small.—(XIV. 91.)

Foochow.

At Tamsui, in October, 1877, a death took place from puerperal fever, after a labour which was, as on three previous occasions, perfectly natural. The disease manifested itself three days before death; delirium was of a very mild form; treatment was powerless to do more than afford relief, and the patient died with all the symptoms of blood-poisoning.—(XVI. 19.)

Tamsui.

In the Report on Swatow for the half-year ending 31st March, 1880, Dr. Scott gives some particulars in regard to 80 cases of parturition. In these there were born 32 girls and 47 boys. Two deaths occurred in the children born at full time, and two in children born at seven months. The forceps were applied only twice in the 80 cases. The placenta was retained in 4 cases out of the whole number. Chloroform seemed to conduce to inertia of the uterus. Dr. Scott thinks ladies living in the south of China may congratulate themselves on the comparatively easy process parturition is there. Added to the above 80 cases he notices 5 miscarriages before the third month, and 3 cases of mole-pregnancy.—(XIX. 14.)

Swatow.

At Canton, in the summer of 1877, a case of miscarriage attended with severe flooding, and followed by brain fever, occurred. The ovum having been discharged, a solution of muriate of iron injected into the uterus checked the hæmorrhage. On the third day fever supervened: the head was affected almost from the first; there was great pain, facial twitchings, acuteness of hearing, and spectral illusions. The cold douche, with other means of treatment, was employed, and recovery ultimately took place.—(XIV. 58.)

Canton.

According to the Report on Hoihow, April to September, 1881, it is considered a most unusual thing to hear of a bad midwifery case among the native Chinese in that part of the island of Hainan.—(XXII. 9.)

Hoihow.

At Yokohama there is reason to believe that pseudo-menstruation, or a more or less periodical recurrence of hæmorrhage during pregnancy, is frequent among foreign women. 'Dry labours'—that is, deficiency of the liquor amnii among foreign women—is the rule rather than the exception. Puerperal fever, or 'blood-poisoning,' is rare among them. These diseases have not been epidemic, although isolated cases, unconnected with each other, have from time to time occurred.—(XV. 70.)

Japan.

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