

CHINESE MEDICAL MATTERS.

THE following interesting notes on Chinese medical matters were originally published by Dr. Jamieson, of Shanghai, in the *Medical Reports* contained in the *Customs Gazette*, and will well bear reproduction:—

OPERATIVE MIDWIFERY.

A woman, aged thirty-three, in her third pregnancy, fell into labour on the morning of March 7, 1878. Her previous labours, eight years ago and three years ago respectively, had been natural and speedy. Since the last she had become somewhat weak, and had contracted a stoop which she attributed to overwork in paddy fields, as, her husband being a good-for-nothing fellow, she had to support the entire family. She had not suffered particularly throughout this pregnancy. 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 of the 9th, 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 with an iron hook. Failing in this attempt all three midwives ran away, and the woman seems to have been left to die. Four days later (March 13), at 4 p.m., labour having now lasted six days and a half, the woman was brought by her husband to the Gutzlaff Hospital. She was then quite prostrate, with high fever, running pulse, dry tongue, and muttering delirium, interrupted every now and then by a laugh. She was struggling from side to side and picking at the coverlid. The external parts were greatly swollen but not gangrenous. Each deeper movement of respiration and every motion of the body produced an audible escape of foetid gas from the vagina. The clothes were saturated with putrid discharges. All uterine action had ceased, and the bladder was distended. An ounce of brandy was beaten up with a raw egg and administered, urine to the amount of three pints or thereabouts was drawn off with a flexible male catheter, and an examination was made. The pelvis was occupied by a mass firmly moulded to it, the central portion presenting a cavity partly filled with a substance which broke down under the finger. The anterior boundary of the cavity was formed by a sharp ridge of bone, but the posterior border could not be made out. It was upon asking for an explanation of this that the story of the midwives (just related) came out. The pelvis was roomy from side to side, but the antero-posterior diameter could not be ascertained. Towards the right side the shape of the cranium showed that the head was engaged almost exactly in the transverse diameter. An attempt to get past the obstruction so as to turn having failed, the integuments were as carefully as possibly doubled in over the bone, and the remains of the head were with some difficulty extracted with the long forceps. But the problem of delivery seemed now nearly as far from solution as ever. The maternal structures were so much tumefied and the child's neck had stretched so much in consequence of the softening of the tissues that it was found impossible to reach an arm even after the extraction of the head. The head was therefore removed, and then the left arm, which lay just above and a little to the left of the pubes, was brought down. The necessary instruments having meanwhile arrived, and traction on the arm having failed to stir the trunk, Smellie's scissors were guided behind the left clavicle into the chest, the contents of which were thoroughly broken up. The blades of Barnes's cephalotribe were now with great difficulty insinuated diagonally across the thorax, and screwed home. The thorax being thus completely crushed and the diaphragm torn from its attachments, there was a profuse discharge of foetid gas and fluid from the abdomen through the thorax, and the trunk of a male child was then easily extracted. The instrument had broken the spine at about the second or third dorsal vertebra, crushing in the ribs on it. The mother seemed insensible to pain, partly stupefied perhaps by the brandy she had taken. Ergot and half an ounce of brandy were then administered, and gentle pressure and friction applied to the uterus, which contracted well on the placenta. After waiting ten or fifteen minutes, during which the woman was carefully surrounded with hot bottles and fed assiduously with hot milk congee, the placenta was discovered to be adherent over about one-third of its surface, and

had to be peeled off. While introducing the hand into the uterus the promontory formed by the sacrum and last lumbar vertebra was found to reduce the antero-posterior diameter of the pelvis to three inches and a half. In other words, on presenting the transverse axis of my hand to the conjugate diameter of the brim I could pass my fingers between the promontory and the symphysis only when the index was folded in front of the medius. In order to reach the placenta it was therefore necessary to skirt the promontory on the left side. Immediately on removing the placenta the uterus contracted well. The passages were then washed out with a tepid stream of 5 per cent. carbolic lotion, and the abdomen, vulva, and legs rapidly sponged with a strong solution of the acid in hot water. The woman was stripped naked and removed to a clean hot bed, lightly bandaged, and carried into an empty ward the floor of which had meanwhile been profusely sprinkled with concentrated carbolic acid. Half a drachm of laudanum was given by the mouth, and she soon fell asleep. During the night she was fed frequently with milk congee. At 2 a.m. she had a severe rigor, but at 8 a.m. on the 14th her temperature was 100° Fahr. From this out she took three grains of quinine every four hours until she became deaf, when the quantity was diminished. Though relieved by catheter every six hours, the urine ran off (through the urethra) unconsciously during the intervals. The discharge was foetid but not profuse. On the 16th she passed urine once voluntarily, but in anticipation of a probable vesico-vaginal fistula the use of the catheter was continued. From this till the 22nd there was neither fever nor abdominal tenderness, but on the 20th there was a sudden and considerable discharge of purulent fluid from the vagina, not foetid. This continued for two days, but it was not easy to tell where it came from. The quantity was increased by even slight pressure on the abdomen immediately above the pubes. An injection of a 2 per cent. solution of carbolic acid was used twice daily. On the 22nd, in spite of the continued administration of quinine, there was sharp fever (103°), with dry tongue and flushed cheeks, but deep pressure over the uterus produced no pain. A puffy pink spot was found over the right femoral ring, and the left ischio-rectal region seemed brawny. A purgative with hot fomentations locally gave temporary relief, and on the 23rd an abscess by the side of the vagina was aspirated through the left labium, about two ounces of indescribably foetid broken-down blood and pus escaping. On the 26th another large collection was aspirated at a lower point of the same labium, after which convalescence proceeded without interruption, the catheter being abandoned on April 5, and the patient discharged on the 12th.

On examining the child's head, it was found that the left parietal and frontal bones had been broken away over an irregular space extending from immediately behind the protuberance, one inch and a half upwards, and about two inches forwards, leaving the sagittal suture intact, and but slightly disturbing the anterior fontanelle, but breaking across the coronal suture. The mechanism of the result of the Chinese operation is easily followed. The head having entered the brim in the second position, with the left parietal protuberance lowest, was arrested there for some time by the sacral prominence. After a certain delay the head gradually became moulded, and was partly rotated into the sacral cavity, causing a larger surface than usual of the parietal bone to present. Up to the time of the operation there could have been no attempt at flexion of the head, else the frontal bone would probably have escaped. This shows how high the head was when it was opened, and proves the temerity of the Chinese midwives, who could not have known that in consequence of the conjugate shortening the chances were against the child being born without interference. Once the brain was evacuated or partly evacuated, the head was driven almost directly along the axis of the pelvis with little or no attempt at rotation. Meanwhile the shoulders, whose relations to the pelvis would have been unaltered by what had happened to the head, and the persistence of whose diameters in consequence of the integrity of their framework would render them prone to follow the natural spiral course, came to be engaged in the brim. The right, probably in consequence of softening of the muscular structures after death and in spite of the sacral projection, revolved partly into the hollow of the sacrum, where it was fixed by the continuous though gradually weakening uterine action. The softened tissues of

both child and mother were thus moulded to one another, and the fixation was completed by the inflation of the child's thorax and abdomen with gases, the products of decomposition.

This case must speedily have ended fatally, but for the lucky chance by which it was possible to coax the blades of the cephalotribe into their position. The woman could by no possibility have long borne a piecemeal digging out of the putrid mass which lay jammed in the pelvis. Here again, as in the case reported in the last issue of this series, the speedy and permanent contraction of the womb under the most adverse circumstances of exhaustion and blood-poisoning is worthy of notice. Had foreign assistance been sought at an early stage the child might easily have been saved by turning, or even perhaps by the forceps.

CARIES OF THE SCAPULA.

The following case, though dating from long ago, is now published for the purpose of drawing attention to the readiness with which in Chinese patients caries spreads over large surfaces of bone, and the apparent inability of the still living tissue to throw up a barrier against its advance. I have seldom, if ever, seen a case of genuine necrosis in a Chinese patient, a sequestrum turning cleanly out of a healthy granulating capsule:—

Chwang, aged twenty-six, a native of Ningpo, was admitted to the Hongkew Hospital under my care on June 9, 1870. He could not lift his right arm from his side, and two sinuses, one situated on the inner edge of the deltoid two inches above its insertion, the other at its insertion, were freely discharging thin, sanious pus. Following the higher one with a long flexible probe, disease of the scapula was made out, but the humerus could not be touched. The patient stated that he had sustained no injury, but that seven months before he began to suffer pain in and around the shoulder-joint. A foreign surgeon had drawn a seton across the front of the joint, which, however, gave no relief.

On June 12 an incision was made down to the bone along the entire length of the spine of the scapula, which, with the exception of the acromion process, at once broke away. An incision at right angles to the first, and extending from an inch above its centre to the inferior angle of the bone, laid bare, on reflecting the flaps, the entire extent of the disease. The finger insinuated under the edge of the bone all round from the suprascapular notch to the origin of the long head of the triceps swept it clear from the soft parts, the attachments of the muscles having quite disappeared. Attempts to lift the bone bodily succeeded only in breaking bits out of it, and accordingly it had to be removed piece by piece, the glenoid cavity and acromion and coracoid processes excepted. They had luckily escaped or resisted the spread of the disease. When all the fragments were removed I found myself on the serratus magnus, the entire of the subscapularis having disappeared, and the former muscle having contracted new attachments.

The wound healed by first intention, with the exception of one spot about the middle of the perpendicular incision. This remained open until the end of July, when a small fragment of bone was detected and extracted. A week later the patient was discharged perfectly well; and three months later—though unable, of course, to lift his arm directly outwards—he was able to fill, carry, and empty buckets, and had obtained employment as water-coolie in a tea house.

SEVERE INJURY, WITH RECOVERY.

A severe accident happened to a Customs officer at Whampoa on the night of October 11 last. He fell from the verandah of his house, a height of twenty-three feet. He was alone when he fell, and when found was quite delirious, and a good deal of blood was observed on the chunam walk on which he fell. I saw him about eight hours after the accident, and found him delirious but in great pain, with some blood on his pillow that seemed to have trickled from his right ear. The urine he passed was of a bloody colour, as if some internal organs had been ruptured. No limbs were fractured, but his right foot was badly sprained. There was no wound on the scalp, and of course no fissure of the cranium could be detected. His chest seemed to have sustained a severe bruise, as the ribs on the right side protruded somewhat prominently on the back. The precise nature and extent of other injuries could not then be ascertained, owing to the impossibility of getting any reliable

information. In his fall he appeared to have first alighted on his feet, then on his breech, and then on his side or head. The pupils were normal, and no paralysis was observed then or afterwards. Two days after the accident he was removed to Canton. It was thought that the escape of blood from the ear indicated fracture of the base of the skull. His head was at once shaved, and ice was kept on it for a long time. He was purged, and afterwards was given small doses of calomel and antimony. In two days the urine got quite clear. For more than a month he had fever. During the first four days the fever was not high. In the morning he was a little sensible and able to recognise his wife and one or two of his friends; as night approached he became noisy and delirious. On the fourth day his head was blistered; on the seventh day the fever ran high, and he was wildly delirious. The cold douche was now applied to his head. On the twelfth day after the accident the fever abated somewhat, his tongue showed signs of cleaning, and for the first time after the accident he could be turned on his side and washed. Still he was not rational. From this time he got gradually quieter and had less fever. His temperature for a long time was about 101° in the morning, and 101·5° or 102° in the evening. He became by degrees more sensible, and on November 16, thirty-five days after his fall, he was marked in my note-book as "quite rational and able to sit up." But so slow was his improvement that for a long time there was very little hope of his recovering his reason. His fever continued some time longer, and did not leave him till the end of the year. For a long time his brain was weak and irritable, so that sitting up for more than an hour or two would cause fatigue and giddiness, and even many months after the accident sitting long near a fire would affect his head. When he became somewhat rational and could be examined it was discovered that he could not lift his thigh or flex it on his body, as any such motion caused great pain. There seems to have been a severe sprain in and about the hip-joint, with inflammation and its results. The leg is not shortened or dislocated, though it lies a little inverted. In January he was able to walk about a little in the house with crutches, and I was in hope that he would in time regain sufficient power to walk without them; but his improvement was interrupted by a severe attack of pneumonia in that month, which laid him up for three weeks, and threw him back considerably. Finding that any attempt to flex the thigh, or to rotate it inward, brings on great pain, I have lately examined him under chloroform. I find that I can then flex the thigh on the body to a considerable extent. It is now nearly six months since the accident. He has been quite rational for a long time, and his head is getting much stronger. He is able to walk about with crutches, but has not as yet been out of his house. There is no prospect of his ever being able to recover completely the use of his leg, though he may in time regain sufficient power to walk without assistance.

This is an interesting case in some respects—first, his recovery with life after such a severe fall; second, his recovery of his reason after more than a month's derangement; third, our inability to account for the cause of the blood that issued from his ear. (a) The large quantity of blood that came from his ear seemed to indicate fracture of the base of the skull with laceration of the dura mater and of the tympanum. There might have been undiscovered fracture of the skull, but on examining the tympanum no rupture of the membrane was seen. Besides, the patient's hearing was good from the first, and there was also no paralysis of any part of the face. There were symptoms of subacute inflammation of the brain, but not of compression.

(a) Bleeding from the ear, while in such cases it always suggests fracture of the petrous portion, may result, even when profuse, from rupture of the lining membrane of the external ear or of the tympanic membrane, with or without rupture of the mucous membrane of the middle ear. Again, from the close relation of the mastoid cells in front with the external ear, and internally with the lateral sinus, a fracture of this process by a blow or fall may cause profuse hemorrhage of serious though by no means of necessarily fatal import.