

THE PRACTICE OF OBSTETRICS AMONG THE CHINESE.

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IN perhaps no one branch of medical practice do the Chinese physicians show a greater amount of consummate ignorance than in that of midwifery. Their whole system of medication is absurd; but apart from this, their most approved treatment of difficult labor cases is founded upon an entire misconception of the anatomy of the pelvic organs, of the pelvis, and the mechanism of labor. My attention has been called particularly to this subject of late by reading a translation by Dr. John G. Kerr, of Canton, of a Chinese treatise on obstetrics, entitled, *The Tut Shang Pin*, or Midwifery made easy, belonging to the Lewis Library, of the College of Physicians. Who was the writer, or when he wrote the book, is not now known; but it is believed to be several centuries old. As it is regarded as a standard authority in China, and is gratuitously distributed for the enlightenment of the poor, it merits our attention as an exponent of the teaching and practice of Chinese obstetricians in simple as well as difficult labors. Dr. Kerr says: "it is the standard authority in all difficult cases," and we are therefore correct in making it the basis of an investigation into the practice of obstetrics in the Flowery Kingdom. The book abounds in the weakest sophistical arguments; presents the most improbable and impossible cases; and evinces the

greatest ignorance of the facts of gestation, the mechanism of labor, and the causes of difficulty in the delivery of the fetus and secundines. The end and aim of the author appears to be to establish the idea, that all labors would be simple and normal if the women would rest, sleep, remain perfectly quiet and passive, and make no effort, except in exceptional instances, at the last of the second stage of labor, to aid the passage of the fetus by bearing down.

To better comprehend the follies of Chinese obstetrics let us examine the peculiar medical opinions and beliefs of these Orientals, and the foundation upon which their ideas are based. As they never dissect a human body, or make an autopsy, they are entirely ignorant of our anatomy; but not being wise enough to conceal their ignorance, they attempt to construct an ideal representation of our internal organs and their relations, thus making themselves ridiculous to all persons not of their own nation. It never appears to have entered the brain of a Chinese doctor that we bear a resemblance in the form and arrangements of our viscera to the lower animals, such as they are in the habit of slaughtering. But as man is a superior being to the brute creation, they give him an ideal anatomy and a set of organs unlike anything in nature. Thus his lungs are said to have six lobes; to be attached to the third cervical vertebra and to contain the animal soul. The trachea is said to be two inches in diameter and fourteen inches long. A representation of their conception, in a work on anatomy, makes the trachea and lungs look like an inverted plant, with large united leaves like a corolla in form. The liver is portrayed as having seven lobes, and is said to cause the eyes to move, etc. The heart is said to have seven apertures and to regulate the intelligence; the pericardium envelops it, so as to protect it from poisonous vapors.

To the Chinese anatomist the uses of the organs are unknown, and he has no conception of the circulation of the blood or of the oxygenating and de-carbonizing functions of the lungs. He presumes the arteries to contain air, and believes that the pulse in each wrist has different visceral connections. When he wishes to make a diagnosis he relies on the pulse alone, to determine what organ is affected, and its condition. The pulse is felt at the wrist, just above it, and again a

little higher up, first in one arm and then in the other. Thus disease of the heart is discovered by the pulse at the left wrist, and of the liver above the wrist. Diseases of the lungs are determined by the pulse at the right wrist; kidneys, by feeling higher up; and of the stomach, at a point still higher.

In the idea of the Chinese the constituent elements of the body consist of vital heat (*yang*), and of radical moisture (*yin*), which reside in the blood and vital spirits, their union constituting life, and disunion, death. The vital heat exists in the membranous viscera, and the radical moisture in the lungs, heart, liver, spleen and kidneys. The small intestines are said to have sixteen convolutions and to be in harmony with the heart; the gall-bladder with the liver, the large intestines with the lungs, etc. The vital heat and radical moisture must be in equilibrium with the five simple elements, *earth, fire, metal, water, and wood*, each of which is presided over by a different deity. These elements must act in harmony to constitute health and maintain a proper proportion in relation to each other; any ascendancy of proportion in either deranges the system, and we have disease, evinced by an excess of heat, cold, moisture, etc. The object of medicine is to restore this equilibrium and thus cure the disease.

The Chinese worship their ancestors; have a great veneration for old things; a high respect for old people; and a wonderful faith in what is taught in the books of their *ancient sages*. Their whole system of medicine is interwoven with their religious and so-called philosophical ideas, and has no anatomical, physiological, or pathological basis. The medical literature of the Chinese is contained in thousands of volumes, some of them many centuries old; and these are filled with the most ridiculous ideas that have ever emanated from the human brain; and with formulæ, which, if not disgusting in character, surprise us by their utter want of adaptation, and, notwithstanding this, their long standing reputation. One of the most highly commended in the *Tat Shang Pin* is a pill compounded of rat kidneys and rabbit's brains, of which the author asks this question, "is there anything better of all the ancient formulæ?"

The Tartar-Chinese, the descendants of the Tartarian conquerors of China, although introducing the now national cus-

tom of wearing the queue, have not in turn been influenced to adopt the pernicious fashion of foot-binding from the Chinese, or their peculiar medical ideas and practices. In a medical sense, the Tartars are vegetarians, and their physicians are all Lama priests, who collect and prepare their own herbs and teach to their young successors the secrets of their calling as part of their training for the priesthood. Tartar physicians both bleed and cup, using a horn for the latter and exhausting it with the mouth, closing the vent with a ball of chewed paper pressed in with the tongue; but in a proper knowledge of medicine as a science they are but little in advance of the true Chinese, by whom medicine, religion, necromancy, and speculative philosophy are blended together in dealing with disease and deceiving the patient into a blind faith in their skill and power to cure.

Having thus examined the speculative theories of the Chinese physician, and his opportunities for obtaining a knowledge of human anatomy, physiology, and pathology, we are the better prepared for his teachings in obstetrics, as based upon his imaginative views of gestation and parturition. Never having opened the abdomen of a woman, or examined the form of her pelvis, he is entirely at sea upon the question of the muscular action of the uterus, and the manner in which the fetus, as a passive body, is forced through the pelvis and the vulvar outlet. Taking his belief from what he sees in nature, he conceives the idea that the woman, like the egg, is passive, or should be, and that the fetus, like the chick in ovo, is capable, if not interfered with, of making its own exit. In the specious language of the *Tat Shang Pin*, "the melon when ripe falls of itself." "The production of other things is not difficult: when the time comes for buds to spring forth, and the eggs of ducks and chickens to hatch, are men required to force them out? It is self-evident that they are not."

In China all ordinary obstetric cases are in the hands of midwives, and the physician is rarely summoned unless there is some delay or difficulty. In the opinion of Chinese physicians of the non-interference school the midwives as a set are ignorant and officious; too ready to use their hands and too urgent in appeals to the woman to bear down. When labor is much prolonged they will attempt desperate measures, such as

cutting off a protruding arm, or breaking in a fetal head when impacted in the lower pelvis. But having done this amount of mutilation their ability to deliver ceases, for want of the requisite instruments and the knowlege to use them. Chinese women have a great antipathy to male attention when in labor, and will avoid it whenever possible. If of the better class, their modesty, pride of wealth, and national repugnance to foreigners, will be brought to bear against an American or European accoucheur until perhaps too late for his skill to save them.

The woman to be delivered is seated over a tub, and in hot weather with little or no clothing upon her. The Chinese term for midwife means in English *a birth receiver*, and indicates the passive nature of her occupation, which is to catch the child as it is extruded over the tub, separate it, and place it on the bed. To restrain the activity of the midwife, and to educate the people in the belief that she is not to aid in any manner the delivery of the fetus, appears to be in large measure the mission of the book referred to.

The Chinese belief that the woman should be passive and not bear down until the head is distending the perineum, is based upon an ancient hypothesis, that the fetus is seated in utero during the whole period of gestation and does not change to the reverse position until the full time of pregnancy is completed, when it turns voluntarily in preparing to make its exit head first by its own muscular forces. Believing that the child is its own deliverer, the Chinese physician, as taught by the standard authority, directs that the woman shall not bear down for fear of interfering with the turning of the child, but shall lie on her back to relax her abdomen that the fetus may the more easily accomplish its tergiversation. Podalic deliveries are attributed to the woman having borne down before the child had commenced to turn; and presentations of the arm, shoulder, and side of the head, with cross positions in general, to bearing down during the stages in turning.

The *Golden Mirror*, a work compiled by the order of the Emperor *Chien Lung*, directs that women should not during pregnancy eat turtles, chickens, or ducks, for fear that their offspring may be born deaf and dumb; and that they should not eat rabbits, for fear of the production of hare-lip. An-

other work says, they are not to witness the execution of criminals, or the slaughtering of animals (which are wise directions); and are also not to see a house repaired, the first breaking of the soil, terrapins, or white rabbits; the reasons for which are not so well established.

False and true pains.—The slow tedious pains often met with in the first stage of labor are considered *false*, and the severe ones at short intervals *true*, and are said to be "*ripe*." Rest, sleep, fortitude, and self-control against the inclination to bear down are enjoined. As it is impossible to maintain an inactive state of the diaphragm and abdominal muscles, when the fetal head is resting on the perineum, the woman is allowed to bear down when the child has come to the outlet. The proper time is thus defined. "When all the joints are loosened and the breasts relaxed; when the back and abdomen have changed; when there is urgent tenesmus, and the eyes see stars flashing before them, then it may be known that the time has truly come; just then let her bear down a moment and the birth will be completed."—*Opus cit.*

Death of the Fetus in utero.—As a curiosity in diagnosis the Chinese method of determining the condition of the fetus in utero is worthy of attention. "When the mother's face is red and the tongue green, the child is dead. If the face is green and the tongue red, the child is alive, but the mother will die. When the face and tongue are both green, the mother and child will die together." This is all Chinese to us. Either the chromogenetic effect of disease upon the Mongolian skin must be different from that on the Anglo-Saxon and other white races, or the Chinese eye for color is not in correspondence with our own.

Threatened miscarriage.—Chinese obstetrical writers do not hesitate to report very fabulous cases when such are required to enforce an opinion, as witness Case 1 in the experiences of the author of "*Midwifery made easy*." The wife of *Po Wa*, the third son of the Mandarin *Fok Shan*, a young and robust woman, was always confined at the eighth month; suffered excruciating pain for several days after delivery and lost her children when a year old. She was again in labor at the same period of gestation, and had been for three days when I was hastily summoned and found her gasping for breath. "*On*

examining the pulse I discovered that it was still in connection with the viscera." The midwife reported that it could not be born. I caused her to lie down quietly and gave her some anodyne medicine; in the morning the head could not be felt and she was entirely relieved. "One hundred and twenty days after this, or at the end of twelve full months, she gave birth to a son," who is now eight years old. This claim of prolonged gestation is not more remarkable than some that have appeared in old European medical books; and we account for it by saying that either the case never occurred, or the attack was at five months, and the midwife entirely in error as to the advance and recedence of the head.

As the Chinese physicians affirm that "it is not necessary to know what is in man to know how to treat his diseases," and have arranged their medical conjectures to meet their ignorance of anatomy, they do not feel called upon to determine the presentation of the fetus, or to either aid in rectifying it, or in bringing it into the world. Where the midwife fails, and nature is incompetent to deliver, the case is usually beyond the devices of their accoucheurs.

The wonderful credulity of the Chinese, and their faith in the volition and power of the fetus in making his own exit, is shown by the following in an obstetrical treatise. "The ancients (sages) record cases where the birth was delayed three or four years; but this was because of the child's unwillingness to be born. If it is unwilling to come out, who is able to force it; and if it will come, who can hinder it?" The sages may possibly have honestly reported some cases of *missed labor*; but the error lies in the inference that fetal life had been prolonged as well as the period of gestation. Having made the fetus in theory his own deliverer the Chinese physician is compelled to explain a missed labor in this ridiculous way.

Retained Placenta.—This is very singularly accounted for. It does not appear to be recognized that it is possible for it to adhere to the uterus, or be shut in by spasmodic action; no, the fault is in the labor having been forced before the joints were prepared for the passage of the child. The idea is this, "during labor the joints are forced apart; in strong persons they close up in a few days, but in weak ones a month is re-

quired ; now if the delivery is forced before the joints naturally open, they will close up again suddenly, so that the afterbirth cannot come away." In case of retention it is recommended to tie the cord with a hemp thread, to which a weight is to be attached to prevent it from going back ; "and in from three to five days the placenta will shrivel up and come away." The patient must not listen to the midwife, who may want to remove it with her hand. Who is the ignorant party here ?

Arm Presentation.—I have already given the specious reasoning by which this is accounted for, and now come to the proposed treatment. The accoucheur directs the patient to be removed from over the tub and placed quietly in bed, to give her and the child an opportunity to rest and recover strength, so that the latter may retrace its steps and assume a proper position for making a favorable exit. Then a dose of Kami-hung Kwai decoction is to be administered, and the arm is to be returned by gentle means and the woman is to be permitted to rest for a night, "after which the birth will take place spontaneously." In proof of the efficacy of this plan of treatment the author of the *Tat Shang Pin* relates the following very improbable case. (5) "There was also a woman in labor, and the arm having come down could not be returned. The midwife was about to cut it off when I, hearing of it, was moved with pity and hastened to her. After making her lie down quietly I gave her a large dose of the anodyne decoction. The arm was gradually drawn up and the next morning she was delivered. The arm was black, but in a few days it all disappeared."

When we consider that the Cesarean section has been performed in ten instances, where this form of impaction was found irremediable by our own accoucheurs, we must either admit the superiority of the Chinaman or doubt his story.

After-treatment.—The patient is to be removed to her bed, but is not to go to sleep, because it will produce exhaustion, impede the circulation of the blood and cause giddiness. She is to rest on a high pillow,¹ and lie on her side with her knees flexed, and take a cup of child's urine. During the first three days she is directed to take from three to five times a day a

¹ The Chinese pillow is made of very thin elastic lacquered wood.

mixture of whiskey and boy's urine,¹ care being exercised not to drink too much of the former. To prevent stagnation of blood and to concentrate the spirits the vapor of heated vinegar is to be inhaled. For the first three days the diet is to consist of chicken soup free from grease. Pork is not to be eaten for ten days, and lard is excluded for a month, "because these things obstruct the blood-vessels so that the blood and spirits cannot circulate." Hen eggs are recommended, but are to be boiled all day; soft boiled eggs are forbidden, as causing obstructions.

The wind is to be excluded from all sides, as the Chinese have a belief that it can invade the body by entering its pores when they are open, and is thus a source of much evil. To evacuate the cold air the doctor uses the acupuncture needle, which has long been in use in China, although surgical operation are not practised, even so much as to lance an abscess or remove a fatty tumor.

It is evident from the ignorance of the Chinese that there must be a large proportion of deaths in childbed of cases that might readily be saved by one properly understanding the relations of the uterus and pelvis, and the means of remedying the malpositions. There is, doubtless, also a large proportion of perineal ruptures.

The native obstetrical practice of China would have little interest for us other than as a curiosity, except for the fact that it is doomed to give way in time before the more enlightened and successful practice of Christian nations, introduced chiefly by American and English physician. The introduction of western medicine into China commenced with that of vaccination in 1805, and the treatment of eye affections in 1820. From the latter, step by step the work has advanced until it has embraced the whole range of medical and surgical practice; including also to a limited extent that of obstetrics; in addition to which have been established hospital schools for the training of native physicians in all the branches of medicine and surgery. We can readily imagine the effect of an anatomical education upon the mind of a Chinese student, led to examine by the light of true science the follies of their own system with its

¹ Boy's urine is quite a favorite Chinese remedy. It is sometimes evaporated, and the residual salts given.

weak hypothetical basis. Demonstrate clearly the circulation of the blood, the functions of the lungs, liver, kidneys, etc., and the whole Chinese theories of spirits, wind, blood, etc., vanish. But to reach the masses with their blind faith in the foolish teachings of the past is no simple task, and will require centuries of persevering work. The last to yield to the advancement of science will be the men of wealth and influence, with whom the opposition to foreigners and everything foreign is most unmistakable. A very careful examination into the question of this opposition to foreigners, which is found to prevail in all parts of the empire, even to the Siberian border, has shown that the prejudice is entirely independent of any religious differences, and embraces not only the *outside barbarian* so denominated, but everything foreign, even to medicines. Playing upon this prejudice some years ago, a hospital was opened by subscription in Canton, and by a promise to exclude everything foreign the managers readily raised \$60,000 for the purpose. They would not employ any foreign drug; nor would they have any native physician who had been educated in western medical science, either at home or in a foreign country. This prejudice is often felt even by the native who practises legitimate medicine; but life is sweet, and his superior skill is gradually producing a change through the cures effected, after the failures of his more ignorant and uneducated competitor. Surgery has no competition in China, as it does not exist in native practice, and its results are so evident to the eye that the cases cured are unmistakable proofs of superiority on the part of the physician. A natural effect of this is to produce an increasing faith in foreign medication; and must ultimately also establish a belief in the superiority of our obstetrical skill. In quite a number of instances our physicians have been called to cases of labor in extremis, and in some have been in time to save life. Where this was impossible the fact of an ability to deliver was demonstrated, which will bear fruit by established superiority of skill in later times. What is wanted in China is not so much the ability to manage severe cases of dystocia as the knowledge necessary for conducting the large proportion of labors in which a little care at the proper time may convert a prospectively difficult case into a simple and natural one.

1. The first decided step toward establishing the fact of the superiority of our system of midwifery was taken by Drs. Kerr and Fun Wong in 1860, when they performed embryotomy for the first time in China, and saved the patient.

Dr. Kerr was called to see the wife of a teacher who had been in labor nearly two days with a face presentation, the chin to the hollow of the sacrum. He called in Dr. Wong, a graduate of the University of Edinburgh, who perforated the head, and the child was soon delivered. Dr. Wong has been in Canton since 1857, and has aided very materially in instructing the natives in the knowledge of medicine. I shall now give the records of several of Dr. Kerr's cases to show the state of the subjects whom he was called to operate upon and deliver.

2. In April, 1866, Dr. Kerr was called to see a primipara, then in labor eight days, and delivered her with the forceps in a few minutes. The child's skull had been broken in by the midwives, and there was a sudden gush of urine on the delivery; the woman died. This patient was strong and healthy; the presentation natural, and a timely action should have saved both her and the child. Her father lived next door to the Canton hospital and knew of the skill of its physicians; but his pride of wealth, the innate modesty of his daughter, and their dislike to foreigners caused them to delay until she was beyond hope.

3. On February 27th, 1867, a boat woman was brought to the hospital in labor after three days of suffering. She had given birth to one child, and a twin was now presenting with the right arm protruding. This had been pulled by the midwives until it was nearly severed, and the fetus was impacted in the pelvis. Dr. Kerr finding the fetus immovable, removed the arm, cut through the neck, removed the body and then the head. The woman barely escaped death, and was taken away in her boat before recovery.

4. On November 8th, 1870, Dr. Kerr was called to see another primipara in labor eight days, the fetal head having also been broken, as in case 2. The woman was exhausted and delirious, and the child putrid. Dr. Kerr delivered her with a crotchet, but too late to save her life.

5. On April 5th, 1874, Dr. Kerr delivered a monstrosity from a woman who had been in labor forty-eight hours. In this case the midwives had pulled away the head of the child, and almost severed its arms from its body. By opening the abdomen gas and fluid escaped and the fetus was removed. The woman recovered. The abdomen was divided into two unnatural cavities which were enormously distended with fluid.

6. On September 25th, 1875, Dr. Kerr was called to see a woman then thirty-six hours in labor, and proposed to deliver by the forceps, to which her friends objected. After they and the midwives had tried their incantations and medicines for twenty-four hours longer without avail, they sent again for Dr. Kerr, who de-

livered the now exhausted woman of a putrid fetus. She died the next morning.

These cases show the difficulties to be overcome in securing timely attention so as to save life. Dr. Flemming Carrow, of Canton, has had similar experiences to Dr. Kerr in this class of cases. Their rule has been to deliver, if possible, so as to show the superiority of their skill over that of the midwife and uneducated native, and to prove in hopeless cases what might have happened if called early. Dr. Carrow writes in one of his letters to me, "I have in all eleven assistants and twelve students, who are kept under instruction for three years and then given work in the operating room and sent out as graduates after four years. There is no doubt but that we are gradually undermining certain systems which have existed for years and giving the Chinese and this Province at least a corps of surgeons who are making themselves felt."

What is most likely to revolutionize the obstetrics of China is the training of midwives and the introduction of educated female physicians. Chinese women prefer to be delivered by their own sex, and the success of a few female physicians has shown what is likely to result from their labors. Dr. Dauphin W. Osgood, of Foochow, says in his hospital report of 1876, after having witnessed the success of Miss Trask in obtaining women and children as patients, "Whatever difference of opinion may exist as to the expediency of ladies engaging in medical practice in England or America, there is no question that a lady physician has a wide field of usefulness and much hard work awaiting her in China and Japan." And the more recent success of another in Peking has shown that even ladies of rank will submit themselves to the care of one of their own sex, which they have rarely done to foreign male physicians.

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¹ Since the above went to press, I have learned by a letter from Dr. Carrow that he has removed from Canton; that Dr. Kerr is again in charge of the Medical Miss. Soc. Hospital; and that Chinese women are being educated therein as midwives.