Glimpses of Medical Practice in China

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When one reaches China for the first time in the middle of July, certain never-to-be-forgotten impressions are at once stamped upon one's mind. The heated, humid air, laden with odors that outdo even the most realistic descriptions: the narrow, unpaved alley-ways, now knee-deep in mud, now parched to a powder and filling the air with clouds of truly germ-laden dust; the wretched throngs of humanity, many of whom are degraded to the work of beasts of burden, but lacking the care generally bestowed on mules and horses; the squalor, the poverty, the misery of bodily suffering that meet the eye on every side, present a picture of need entirely out of proportion with the piny resources at hand for the betterment of such conditions.

One cannot but dream of campaigns of public hygiene and lay courses of instruction for the ignorant, but willing mothers, not to mention the higher, happier ideals which one longs to instill into such hard, empty lives; yet all the time the same helpless people are thronging around, clamoring for treatment of their innumerable immediate ills. Everywhere the supply of doctors is utterly inadequate. Though this paper was not intended to be a missionary appeal, I cannot but begin it by presenting the tremendous need that weighs so upon us out here—the need for more doctors of the right sort: doctors who can keep up courage and good temper in the face of all sorts of odds.

But to return to the subject, let us plunge into the midst of the clinics of about one hundred and fifty patients a day, that I found waiting for me when I arrived in Tientsin that July of 1912. Strange to say, the thing that comes to my mind as I try to recall my first impressions of those clinics is not the medical aspect of the cases, but the “costume” of the children. Unlike the Africans, these littleurchins were not clad even in a necklace and a sweet smile. Their only artificial adornment often consisted in the pink string that was braided into their little pigtales. This costume, however, facilitated diagnosis and treatment, for no time had to be lost in inspecting the little bodies covered with sores. Never had I seen so many boils in all my life. The children's scalps were masses of furuncles, which often coalesced, practically undermining the whole scalp with pus. Their bodies were covered with scabies, impetigo, and "dirt eczema."

The women presented ruder cases of scabies, as a rule. Their specialties were infected hands and breast abscesses, that had been treated in the usual Chinese way, by occluding nature's opening with a gummy piece of black, oleoemious plaster. Carbuncles also occupied no mean place, so that I soon came to regard these the size of a quarter dollar as quite an ordinary matter. One day an old lady of about seventy came in with a carbuncle on the back, so huge that I hesitate to give dimensions lest you question my veracity. All I could think of was one of a similar size which I had seen Dr. Gibbon operate upon in the Pennsylvania Hospital. This patient had been a robust man, but I still recall the cheerful way in which he announced the doubtful prognosis of that case. However, my old lady had extra good resistance—doubtless her body had contended before with that breed of germs—and she got well.
Obstetrics in China constantly tends to convince one of the remarkable immunity which the Chinese body possesses toward pyogenic organisms. The unaided imagination, even in its wildest flights, could never conceive of the treatment that many a poor Chinese woman receives at the hands of the native midwives. If the labor is at all prolonged, the woman attending the case seems possessed with the idea she must get rid of all obstacles in her power, regardless of results. Since she can't remove the bones she attacks the soft parts, and, like a furious beast, scratches away at these with her long, filthy claws. The term "claws" is no exaggeration, for the Chinese admiration for long nails leads them to permit nature to do her worst, and I have often seen the finger-nails so long that they curve over and beyond the end of the finger like the talons of a bird of prey. Once came upon a Chinese midwife using her claws in the way described above, and I have often encountered the horrible results of such work.

By the time I am called to an obstetrical case the patient has generally been in labor at least forty-eight hours, and the labia are frequently so swollen, from the combination of pressure and excoriation, that, on first sight, I am tempted to think the patient in the last stages of nephritis. In such cases the tissue at the vaginal outlet is so horribly lacerated and contused that it just sloughs away during the week following delivery. Of course the perineum, in these cases, tears like wet tissue paper. If indeed, it has not already been torn before I begin my manipulations. Primary repair is utterly useless, for the stitches just drop out of the sloughing tissue.

Sometimes patients who have been left entirely to native midwives later come to clinic not merely with fistula, especially into the bladder, but with the whole vagina almost obliterated by scar tissue. Of course operation can do little for such extreme cases—and one sees many of them—for there is absolutely no normal tissue in the region to work on. I well remember one patient in Tientsin, who, as a result of delivery by midwives, menstruated via the bladder, by means of a retrovesical and a low vesicovaginal fistula; the cervix was walled completely off from the little pocket of scar tissue that represented what had once been the vagina. The poor girl had had oestrematia and the midwives had extracted the child in fragments, somehow or other. An older doctor than I tried to mend matters somewhat, because of the extreme discomfort caused by the lower fistula, but his efforts were only very partially successful. I stayed in Tientsin long enough to see this poor child—she was only about seventeen—come back for Caesarian section. I wonder whether she is still undergoing operations.

Here in Wuchang, where I have lived for the past year, I have seen almost no oestrematia, but in Tientsin I encountered a most surprising amount of it. Occasionally the trouble is already present when the woman is seen in her first labor, but oftener it seems to come on after a pregnancy. I recall one patient who gave the history of a very gradual process that had extended over years. I can't now recollect whether or not her first pregnancy had terminated in a normal labor, but I think it had. At any rate, she had since had a series of pregnancies, each of which the Chinese midwives had terminated artificially at an early date. Then a period of a few years had elapsed in which she had not become pregnant, and during that time the bony thickening had so increased that the pelvic outlet was entirely closed except for two small apertures: One, which was anterior to the tuberosities of the ischia, was
so small that it scarcely gave enough space to locate the urethral orifice for catheterization; an ordinary douche point could not be inserted into the vagina by this aperture. The other opening was just barely large enough to admit a small douche point.

This patient was first seen by me in clinic, in about the sixth month of her pregnancy. It was at that time that she gave me her history, adding that the Chinese midwives had been foiled this time in their efforts to cause abortion. I gave her directions about returning to the hospital early, to be ready for Caesarian section, and she went away acquiescing. However, she did not return until she had been in labor about twenty-four hours, and had been tampered with as much as the size of her vaginal outlet would permit. I called in a more experienced operator than myself, and assisted him to perform Caesarian section. Of course she was infected, but not hopelessly so, and both she and the baby lived.

That same week I was working over another Caesarian section that I had done myself, a few days earlier, for lack of a more skillful operator. This other patient was a primipara with such marked pelvic deformity that craniotomy or any other vaginal operation was absolutely out of the question. She had been in labor several days when I was called to see her, and was well nigh in the last stages of exhaustion. I knew she was infected, for the membranes had ruptured two or three days before, and the vagina was sufficiently patulous to admit one finger, which meant one long Chinese claw. Of course the baby was dead; it was already decomposing, as I recollect things.

Yet I couldn't help offering her the one faint chance of life, so I suggested operation as a bare possibility. The family consented, and she was at once brought to the hospital on a stretcher. She survived the operation, and in fact lived on for ten days, by dint of subcutaneous salt solution and every other device at my command. But she had a mixed infection of streptococci and staphylococci, not to mention a goodly host of ascaris lumbricoides, and she finally succumbed to the diarrhea that develops in such septic states.

You will doubtless be horrified to think that I worked over these two patients at the same time, but what is one doctor to do when such cases come almost together? The badly-infected case came first, by about two days. Both were so ill I couldn't turn them over to anyone else, so I rotated between their rooms, giving salt solution, etc., and merely observing, as best I could, such precautions as were possible.

Time forbids to tell at length the other obstetrical cases I have encountered. At various times I have had to deliver long-neglected shoulder presentations, where the hand has been hanging out of the vagina anywhere from one to three days. Sometimes such a limb is not only blue and hideously swollen, but actually decomposing; or the bone may even have been broken by an ardent, ignorant midwife. Of course I have met with a goodly variety of delayed head presentations. It has usually been possible to deliver these by means of forceps, and it is wonderful to me how often the child has been living in spite of a fearfully prolonged labor. I have done only one craniotomy, and that was in the women's prison here in Wuchang.

The most horrible case I encountered was one which had evidently been a breech, and the midwife, unable to deliver the aftercoming head, had in some way performed an amputation at the neck. When I put my hand in to examine, I met sharp, jagged bones—apparently remnants
of the clavicles—so sharp, in fact, that I feared scratching and infecting my own hand. The uterus seemed to be ruptured, and the patient was in such a state of collapse that I did what I have never done elsewhere. I gave the case up and told the family there was no hope. At other times, even when I have felt there was practically no chance at all, I have gone on and delivered the patient, for the Chinese have a dreadful superstition about the fate of a woman who dies in labor, undelivered. That same day I had delivered, with forceps, the dead baby of an absolutely hopeless patient who had been allowed to stay in labor well nigh a week, as I recollect. She had no pulse when I arrived, but the family wanted me to go ahead, although I offered little or no hope. I had to work practically alone, for my nurse was kept busy keeping at bay the throng of curious neighbors who had gathered around the tiny doorway, which was the sole source of daylight, unless perhaps there was a tiny paper-covered window high up on the wall. The poor woman lived only about twenty-four hours after delivery.

Except, however, for those two cases that happened to come the same day, and a placenta previa case which I found exsanguinated, one night, after a twelve-hour hemorrhage before which the native midwives had stood absolutely helpless, I cannot recollect any other cases that have died within forty-eight hours of parturition. One case of eclampsia that refused to come into the hospital, died about three days after delivery. I had found the patient in labor, with dilatation practically complete, so I had managed to extract the child promptly. The woman seemed better that day, but the urine did not clear up and the convulsions returned.

Remarkable resistance has been shown to pyogenic organisms. Aside from a few Caesarian sections that were practically hopeless from the start, I recall only three other of my obstetrical patients who have died from infection. One of these, a neglected breech presentation that had been worked over by Chinese midwives for I can’t remember how long, lived about a month and finally seemed to succumb to a ruptured tubal abscess. This patient could not be made to keep quiet nor to come into the hospital, and she kept getting relapses until the fatal event finally took place. Some of the patients handled most viciously by the midwives recover without a rise of temperature of more than three or four degrees, even though the perineum sloughs away. This comparative immunity, however, though a blessing in most respects, has its bad side, for it makes it difficult for me to persuade the Chinese nurses that scrupulous asepsis is essential.

As I look over this paper I realize that I have told only the dark side of medical practice in China. But the whole picture is by no means all clouds. We get numerous interesting surgical and medical patients, not to mention a few normal obstetrical cases, and that even this week. And the Chinese are most grateful patients. One woman, from whom last fall I removed enormous multilocular ovarian cysts that were literally adherent from the surface to the very depths of the pelvis, comes to see me so frequently to express her good will that I almost feel as though she was a part of our establishment now. Another woman, from whom I removed a lipoma of the back of the head—a lipoma bigger than the head itself—sent back from the country a whole ward full of other patients with other ailments. Life is very busy here, but it is hardly futile, and there is enough to keep an army of other workers busy if they will only come.