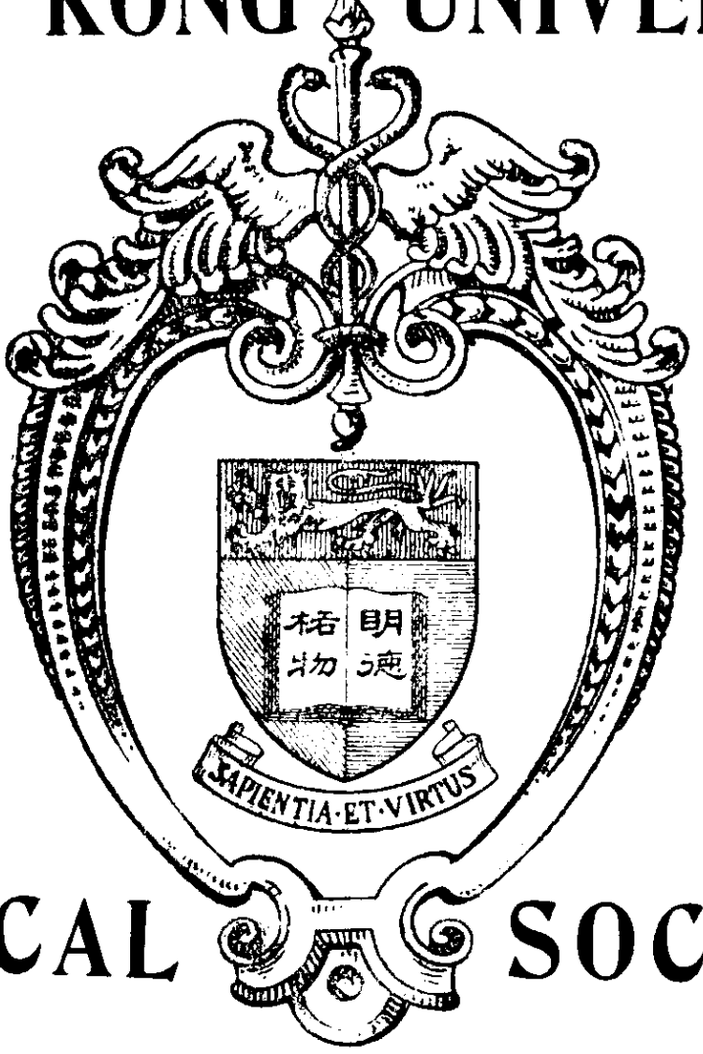
THE CADUCEUS

JOURNAL OF THE HONG KONG UNIVERSITY MEDICAL SOCIETY



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CONTENTS

Vol. 13, No. 1, February, 1934.

Vol. 13, No. 2, May, 1934.

ARTICLES *Page*

Vol. 13, No. 3, August, 1934.

Vol. 13, No. 4, November, 1934.

INDEX TO ARTICLES.

INDEX TO AUTHORS.

Fig. I. A town of boats.
Shaukiwan, Hong Kong Island.

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All medical papers and other scientific contributions intended for the Journal, and all books for review and magazines in exchange, should be addressed to the Editor. "*Caduceus*," Hong Kong University, Hong Kong.

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CLINICAL REPORT OF THE TSAN YUK HOSPITAL AND OF THE MATERNITY BUNGALOW, GOVERNMENT CIVIL HOSPITAL. BEING THE WORK OF THE SCHOOL OF MIDWIFERY OF HONG KONG UNIVERSITY.

May, 1932—April, 1933.

by

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SPECIAL FEATURES OF THE REPORT.

1. Increased admissions to the Maternity Wards. For the year ended:—

30th April.	*Total Admissions.*	*Total Deliveries.*
1927	865	826
1928	1,646	1,576
1929	1,94[illegible]	1,811
1930	1,778	1,616
1931	1,974	1,841
1932	1,927	1,809
1933	2,018	1,893

2. 1933—Mortality rate .4%.

MATERNITY DEPARTMENT.

During the year ended 30th April, 1933 there was a total of 2,018 admissions to the Maternity Wards under our care. Of those 1893

Some illustrations have been inserted, showing conditions of life among the Boat people, who form a large number of our patients. We wish to acknowledge our indebtedness to Col. Renshaw, and Major Jebb for the loan of photographs.

were delivered, 618 being primiparae, and 1,275 multiparae. The total live births numbered 1782, stillbirths 84, miscarriages 21, and vesicular mole 6. Twenty-nine children who were born alive, subsequently died in hospital.

The causes of stillbirths were as follows:—

1. Prematurity 24
2. Macerated 28
3. Various causes 32

Under the last heading, as causes of foetal deaths we must include three cases of destructive operations on the foetus, one of eclampsia, and 9 cases of placenta praevia, and one case of prolapse of the cord.

In a former Report we commented on the incidence of syphilis in this country, we have found among the coolie population that blood from the umbilical cord gave a positive wassermann reaction in 8% to 10% of all cases.

There were 8 maternal deaths, thus giving a maternal mortality rate of .4% approximately, in 1893 confinements.

The combined morbidity, or temperature rate of the two hospitals was 6.5%.

Some years ago, we mentioned that in a tropical country such as this, it was reasonable to expect that at least 10% of patients would have temperatures during the first week after their babies were born. We are alluding not only to temperatures the result of Septic infection, (i.e. " puerperal fever ") but also to rises of temperature due to malaria, influenza, typhoid fever, or any other cause. The masses of the Chinese are still living under conditions which existed in England in the middle ages; the squalid dwellings are overcrowded, sanitation is primitive, vegetable gardens are manured with human excreta. The hot damp air and overcrowding make for an exceedingly high rate of tuberculosis, and other respiratory diseases; and intestinal diseases are exceedingly common. Although our original estimate is proving to be a little high, it is quite evident that we cannot hope under present conditions to have as healthy patients as the average hospital in England. It is quite true that we have had some good years, but we have been unable to maintain a consistantly low average.

1928	8.4%
1929	11.0%
1930	5.3%
1931	3.9%
1932	7.4%
1933	6.5%

We understand that on January 1st, 1934 the Tsan Yuk Hospital will cease to be run as a Voluntary hospital, and will become a Gov-

ernment institution, so that from that date onward both hospitals will be under the same management.

Dr. Wellington, the Director of the Government Medical Service has been good enough to inform us that the care of all the patients will be in our hands as heretofore, and we take this opportunity of thanking him for his courtesy to us at all times. We do not feel that this occasion should be allowed to pass without recording our very great appreciation of the many kindnesses which we have received from the Hon. Dr. T'so, Chairman of the Hospital Committee, whose friendship to the University is well known. It was largely due to his influence that the University has been able to include the Tsan Yuk among its teaching hospitals, and without which, it would have been difficult to carry on.

Owing to the fact that the Tsan Yuk is now a teaching hospital, the students have little difficulty in getting credit for 50 or more cases during their period of office as Ward Clerks, they are also instructed to visit their cases subsequently in the wards, and note their progress in case books provided for the purpose. Under these circumstances, and with this wealth of material, the development of an external Maternity Department it is unnecessary in the interests of the students. In our opinion also is definitely contra-indicated from the point of view of the patients, who, living as they do in crowded tenements, and under conditions of extremest poverty, are much better advised to come to hospital for their confinements. There is much to be said in favour of an external Maternity Department, but it must also be remembered that in the "District," the student learns his midwifery from the most Junior Member of the hospital staff. In the wards, on the other hand, he works under the supervision of more experienced members, amongst whom one must include the Ward Sister, a person whom the Danes' consider to be the best teacher of *normal* midwifery, on account of her great experience.

Before proceeding with the detailed description of our cases we should like to give a few extracts from the Report of Dr. Wellington, Director of Medical and Sanitary Services, because such may serve to indicate the general state of health in Hong Kong during the period under consideration.

In the year 1932, it was estimated, that there were 8,800 people of pure European parentage (including Americans) resident in the Colony. Among these there were 283 deaths, giving a mortality rate of 14.1 per thousand—a rate which is higher than many of the London districts. Camberwell for example in 1931 had a mortality rate of 11.9 per thousand. But a true appreciation of the unhealthy state of the Far East can only be obtained, when one remembers that this comparatively high death rate, only includes children under 8 years of age, and people in the prime of life. *There are few deaths*

from old age among people of European parentage in the East. The average age of retirement is 55 to 60 years, and many leave for home even before this.

It is practically hopeless to attempt to estimate the mortality rate of Chinese infants under one year, because only about one-third of the births are registered. The average mortality rate for the last two years among non-Chinese infants was 79.89 per thousand.

The total deaths were 19,829 giving a crude mortality rate of 24.74 per thousand.

The Chinese population is estimated at 781,036, there were 19,546 deaths, giving a mortality rate of 25.02. What we have said of the Europeans also holds good to some extent of the Chinese, namely that death from "Old age" is uncommon, as many of them retire to their native villages.

The principal causes of death in Hong Kong were as follows:—

1. Broncho pneumonia.
2. Pulmonary tuberculosis.
3. Bronchitis.
4. Pneumonia.
5. Infantile diarrhoea.
6. Diarrhoea.

Respiratory diseases caused 43.05 per cent. of the total deaths, a fact which is easily explained, as Dr. Wellington points out by the overcrowding of the Chinese Houses, their spitting habits, and we might add, their dislike of fresh air. It is estimated that there are at least 500 cases of Leprosy in the Colony, and that during the spring of 1932, there were at least 700 cases of small-pox; but among Chinese, the most striking figures of all are those for cholera. During the summer of 1932, cholera raged all up and down the China Coast, and it is estimated that there were over 100,000 cases in China, with a mortality rate of some 50%.

The following were the principal Obstetrical operations and complications:—

Forceps.

The forceps were applied 64 times, giving a frequency of one in 29.5 cases.

The indications were as follows:—

Delayed second stage	54
Occipito posterior	4
Eclampsia	4
Nephritis	1
Beri Beri	1

Fig. II. Boats on the Water Front.

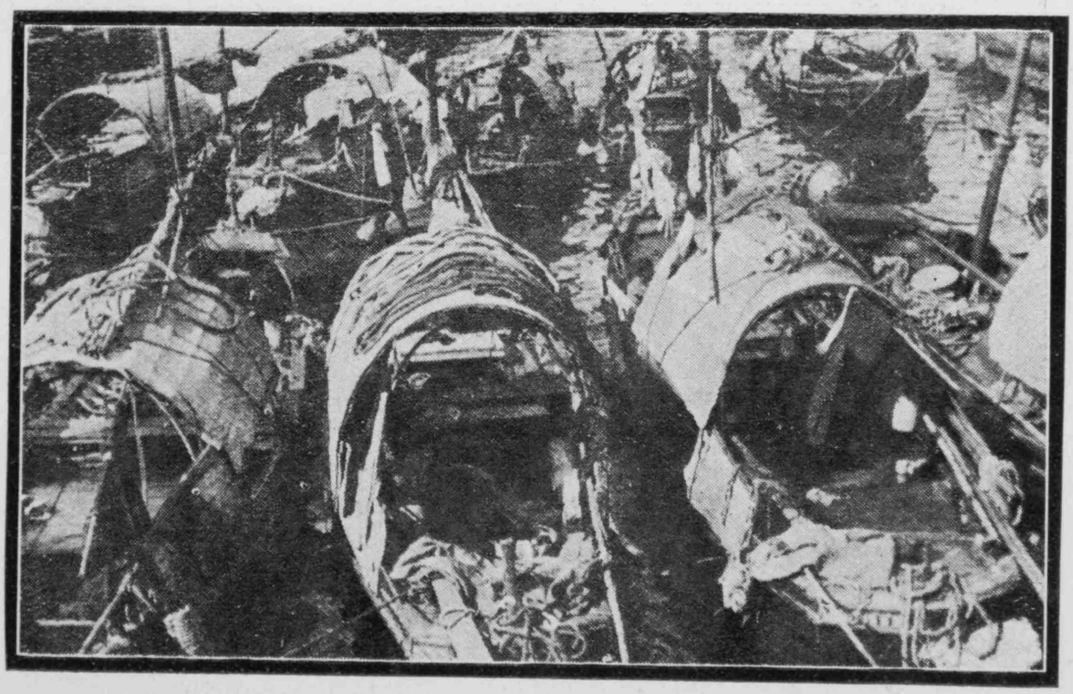

Fig. III. Chinese Sampans.

These boats are the only home of thousands of people. Whole families with their live stock live in each.

Fig. IV. Feeding time on a Chinese Junk.

Breech.

There were 55 cases of breech presentation (14 primiparae and 41 multiparae) 35 babies were born alive. The causes of foetal deaths were as follows:—

Prematurity	5
Macerated	7
Hydrocephalus	1
Asphyxiation	1
Perforation	1

Placenta Praevia.

This condition occurred in 10 patients. There were two maternal deaths. The average duration of pregnancy in these cases was 32.2 weeks, and only one infant was born alive. There has been no essential change in our treatment during the year. Bipolar version being regarded as the method of choice in most cases, many patients are admitted with a history of bleeding for several days, and consequently the position is not quite the same as in European and American Hospitals, where patients are more prompt to seek admission. In three of our cases the cervix was slightly torn, but fortunately the lacerations did not extend deeply and were easily repaired. We would take this opportunity of again drawing attention to the danger of deep tears of the cervix occurring in placenta praevia, owing to the extreme softening of the tissues, which is associated with this condition. The particulars of the two cases that died are as follows:—

K.S.Y. Age 26. 3 para. Period of pregnancy 36 weeks. Central placenta praevia. She was admitted in a moribund condition, and died before any treatment could be undertaken.

K.C. Age 34. Para 10. Period of pregnancy 32 weeks. Marginal placenta praevia. Hæmorrhage for 10 days before admission, bipolar version. Post partum hæmorrhage occurred after delivery of child, uterus plugged, but patient subsequently collapsed.

Accidental Haemorrhage.

There was only one mild case of accidental haemorrhage during the year, which calls for no special comment. The mother recovered, and the child was born alive but subsequently died in hospital.

Prolapse and Presentation of the Cord.

This condition occurred once in association with a vertex presentation, but the cord was not pulsating when first seen. In another case, prolapse of the cord occurred in association with a lateral placenta praevia. In both of these cases the mothers recovered but the infants were born dead.

Caesarean Section.

A marked disproportion between the mother's pelvis and the foetal head is an unusual occurrence among the local Chinese, largely, we believe, because rickets is rare. Osteomalacea practically does not occur so far south as Hong Kong. Rickets, however, is by no means unknown among children born here of European parentage. There were two cases of pelvic contraction in which Caesarean section was indicated, in one instance the deformity was due to old standing tuberculosis of the hip.

Both mothers recovered, and both children were born alive.

Eclampsia.

There were eight cases of ecampsia with one maternal death, seven infants were born alive. There has been no essential change in treatment during the year. When drugs are indicated for sedative purposes, after an initial dose of morphia, we prefer to give rectal ether, with paraldehyde, in preference to repeating the morphia. The particulars of the patient that died are as follows:—

L.S. Age 20. Para 1. Albumin*** 19 fits before labour. Patient's condition appeared to be improving under treatment, when quite suddenly the temperature rose to 106° and the pulse to 140, and coma increased. Consciousness was not restored before death, which occurred some 10 hours after the rise in temperature.

P.M. Haemorrhages were found at the base of the brain, also congestion of the meninges. The kidneys, spleen, and liver were effected.

Mortality.

There were eight maternal deaths during the year out of a total of 1893 deliveries.

The causes of death were as follows:—

Placenta praevia	2
Eclampsia	1
Pulmonary embolus	1
Nephritis	3
General Septicaemia (non-puerperal)	1

For particulars see Table No. XX.

It may be noted that in four out of the 8 cases, the fatal result was not directly attributable to obstetrical causes.

GYNAECOLOGICAL REPORT.

During the year there were altogether 336 admissions to the gynaecological wards, 161 operations were performed, and 31 cases received radium treatment for carcinoma. There were 10 deaths. The causes of death were as follows:—

1. Embolus, following hysterectomy for vesicular mole.
2. Peritonitis.
3. Post-operative basal lobar pneumonia, and pleurisy of right lung.
4. Malignant ovarian cyst.
5. Cellulitis.
6. Carcinoma of the cervix.
7. " " " cervix.
8. " " " cervix.
9. Carcinoma of the body of the uterus.
10. Nephritis.

Hysterectomy.

This operation was performed 8 times by the abdominal route for the removal of myomata, and once for a case of vesicular mole. There were two vaginal hysterectomies for prolapse, the uterus being in a somewhat unhealthy condition.

Ovariotomy.

There were 16 operations for the removal of ovarian tumours, and cysts. One patient died from recurrences about one month after the removal of a malignant cyst.

The largest cyst seen during the year had an estimated weight of 24 lbs. Four cysts were definitely malignant.

Prolapse Operations.

There were 18 operations performed for prolapse. In only one instance was the abdomen opened from above, in all the others, only vaginal operations were performed. In cases of complete prolapse our routine measures are as follows—vaginal suspension of the uterus, anterior colporrhaphy, shortening of ligaments, amputation of cervix, perinaeorrhaphy. Each case, of course, deserves to be treated on its merits, and sometimes to our mind interposition possesses very definite advantages, particularly when the patient is elderly, and has a large cystocele. Occasionally, also, in cases of prolapse, it may be thought desirable to remove the uterus.

Extra-Uterine Pregnancy.

In Hong Kong, it is extremely difficult to form even a rough estimate of the incidence of any disease, or condition; because one is largely dealing with a moving population. Apart from the people

who come and go in the ordinary way, there are a vast number of the Chinese who live entirely in boats. Probably an accurate census of the Colony has never been obtained, although recently the Government made a very great effort in that respect. There is in addition another factor, namely the low standard of education of the coolie classes, who usually seek the advice of native herbalists, or astrologers, before presenting themselves at hospital. For these reasons we are only in a position to express an opinion with regard to the incidence of most of the conditions that are seen in our wards. Extra-uterine pregnancy is not uncommon, but there seems to be a definite tendency for the pregnancy to survive longer in Chinese patients, than in those of European parentage. In the space of about three years we have seen five cases in which the ovum survived for more than 28 weeks.

During the year there were altogether 6 cases of extra-uterine pregnancy, in one of them the foetus weighed 8 pounds when extracted. The particulars of this case are as follows:—

C.S. A boatwoman aged 39, married 19 years.

No. of children: 2, one alive and one dead, all delivered normally. Last pregnancy 2 years ago.

Admitted 9-3-33. Complaining of amenorrhoea and swelling of abdomen for 47 weeks.

History.

Quickening felt 3 months after amenorrhoea. No history of acute pain. Foetal movements stopped about 1½ months before admission. A week later haemorrhage occurred.

Physical Signs.

Swelling in abdomen size of full term pregnancy. Oblique lie of the foetus with head in right iliac fossa and limbs upwards. Cervix soft, admits one finger. Uterine sound passed into uterus, normal length. Foetal heart not heard, nor foetal movements felt.

Operation. Laparotomy for Extra-Uterine Pregnancy.

The abdomen was opened in the middle line, and the sac exposed. On examination the sac was found to be formed by an enormously distended right fallopian tube, about the size of a full term pregnant uterus, which was adherent to the peritoneum on its superior and lateral aspects. The pedicle of the sac, which was formed by the uterine end of the tube, was ligatured and divided. We thought it advisable to attempt to remove the sac without opening it, as the foetus had evidently been dead for sometime. Unfortunately the adhesions at the fundus, between it and the transverse colon were too dense to permit of the removal of the sac until its bulk had been reduced by drawing off the liquor amnii by tapping;

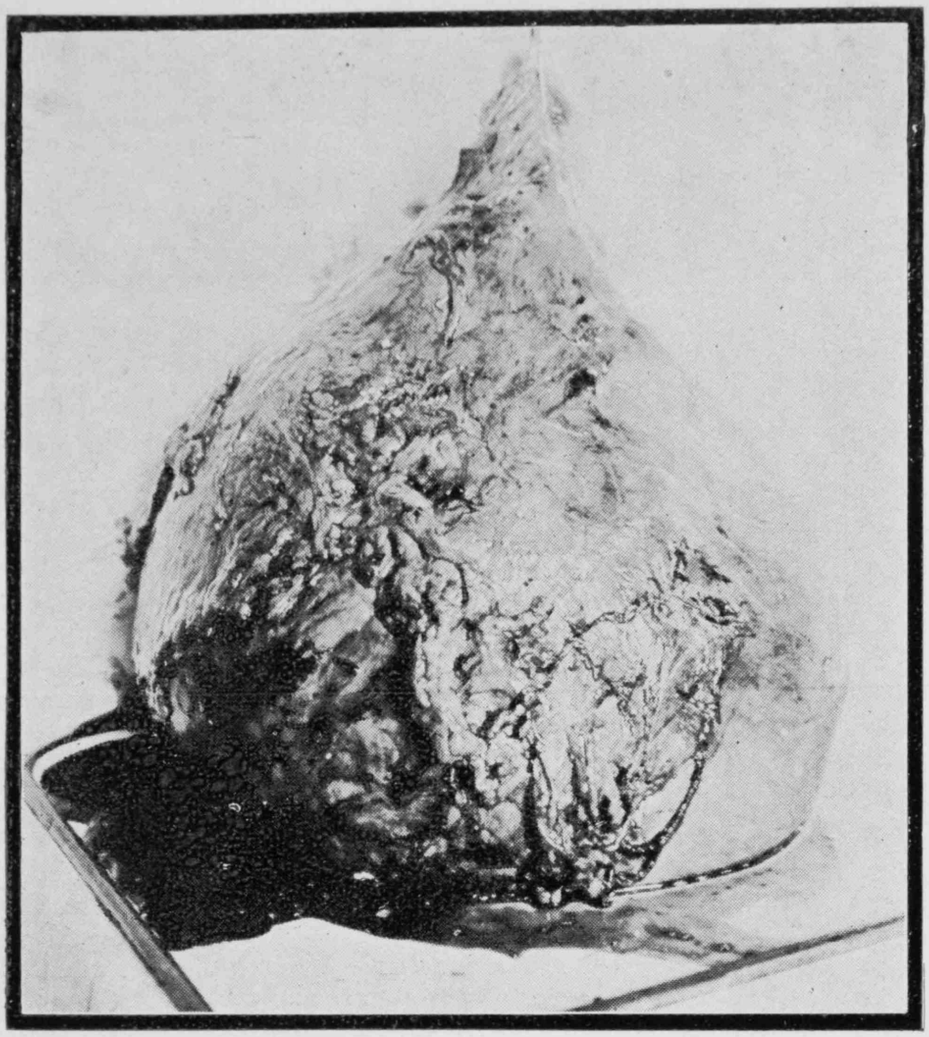

Fig. V. Extra-Uterine pregnancy at term.
Sac containing foetus and placenta.
(Liquor amnii drawn off).

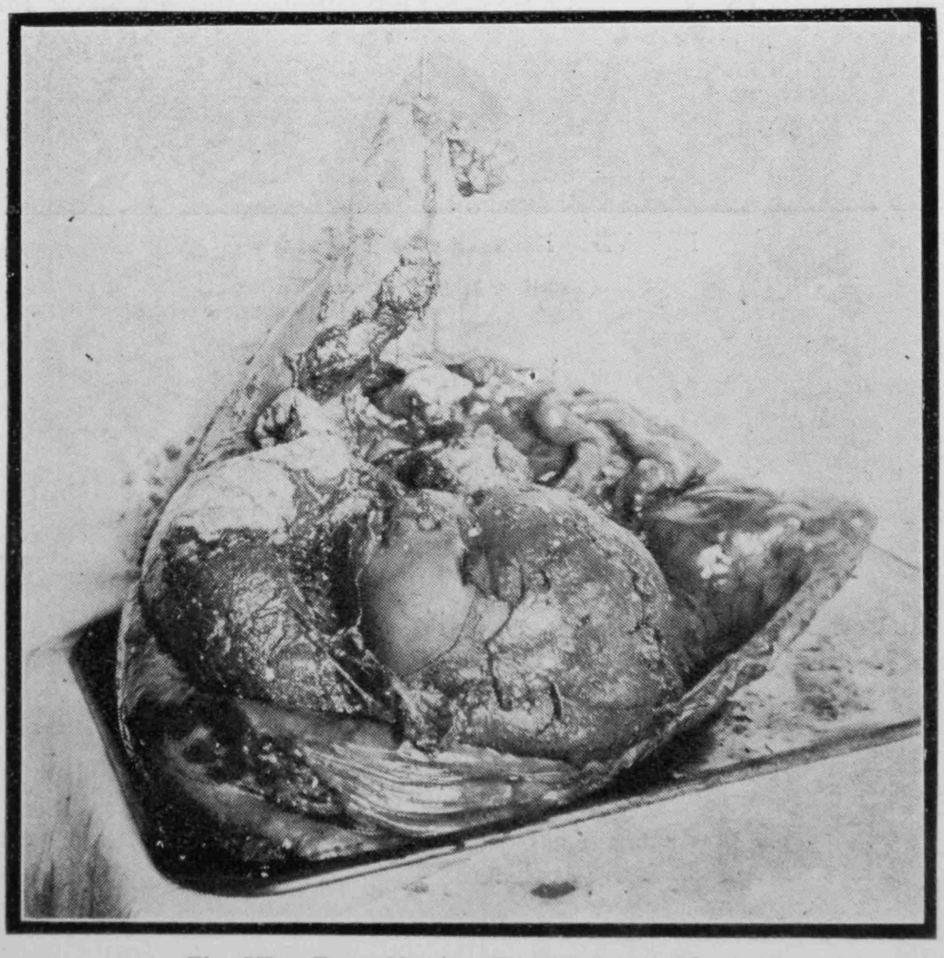

Fig VI. Extra-Uterine Pregnancy at Term.
Foetus and Sac.

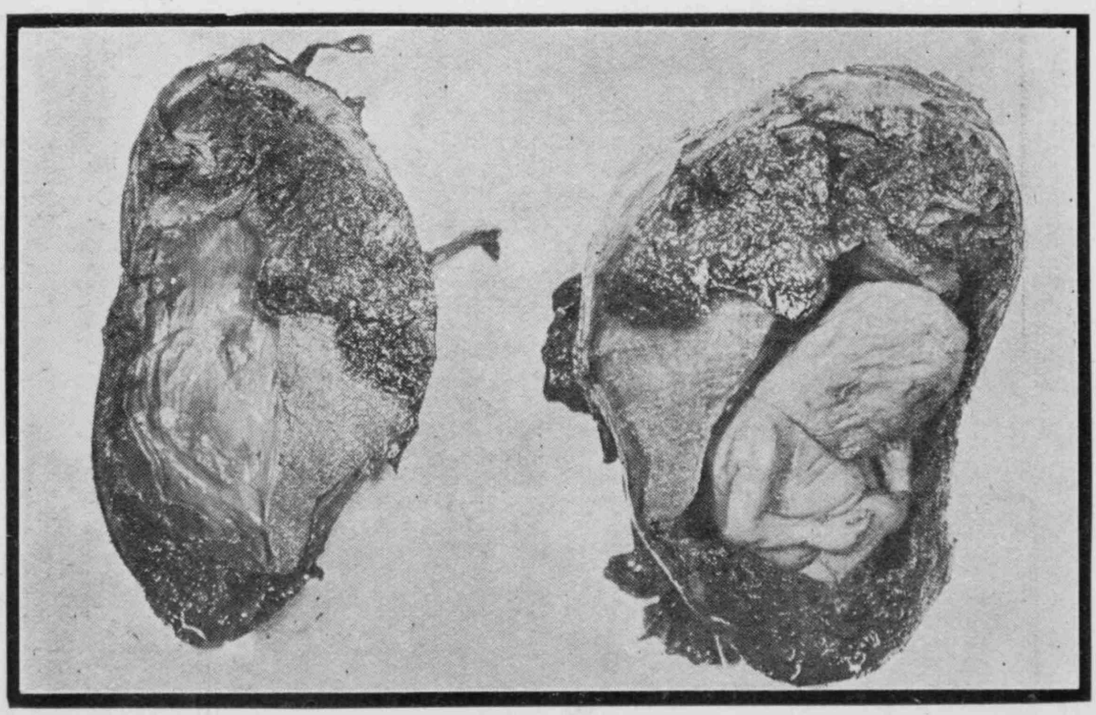

Fig. VII. Extra-Uterine Pregnancy
(about 4 months).

the adhesions were then readily brought into view and divided. The pedicle of the sac was treated in a similar manner to the pedicle of an ovarian cyst, the uterus was suspended to the abdominal wall, and the abdomen drained through the posterior fornix. The foetus was somewhat macerated and weighed 8 lbs., (on delivery) the combined weight of the sac and placenta was 5 lbs. The patient made a good recovery.

We are indebted to Dr. Goldby lately acting Professor of Anatomy for very kindly examining the specimen and writing us the following report.

Ectopic gestation. Specimen sent by Dr. R. E. Tottenham from the Tsan Yuk Hospital.

The specimen consists of a female macerated foetus weighing about 7½ lbs. As far as external appearances are concerned, a full term foetus. There was a placenta with the umbilical cord attached and part of a large gestation sac. The cord was implanted centrally in the placenta. The placenta was large (about 24 cm. in diameter and 5-7 cm. thick in the middle). It had not been detached from the maternal tissues which formed a thin fibrous and fatty layer on its outer surface, about 3-4 cm. thick. To naked eye inspection they did not appear to be muscular. These maternal tissues which formed the gestation sac may or may not represent the stretched wall of a fallopian tube. On the outside they are in many places smooth and covered by peritoneum. In others they seem to have been adherent to neighbouring structures. Some fatty appendages probably represent omentum. Quite large arteries and veins enter it at various points; they are not grouped so far as can be seen in any one particular place.

Pieces of tissue for section have been taken from 4 places in the wall of the gestation sac:—

1. Away from the placenta.
2. In the centre of the placenta.
3. At the margin of the placenta.
4. From a point where there was a fold on the outer surface of sac which might possibly have represented one end of a tube.

Section 1.

Shows the wall of the gestation sac composed of rather cellular fibrous tissue and smooth muscle. It is very vascular. Many of the vessels have unusually thick muscular walls. There is evidence of thrombosis followed by organisation in some of them. A structure lined by low columnar epithelium and surrounded by a thick coat of smooth muscle probably represents the Fallopian tube. A few other epithelial lined cavities may be embryonic rudiments (e.g. paroöpheron)

in the broad ligament. There is a considerable amount of chronic inflammatory infiltration (chiefly with lymphocytes and plasma cells).

Section 2.

Taken from the margin of the placenta. It shows degenerate placental tissue, a great deal of fibrin infiltrated with polymorphs, and a thick fibrous wall to the gestation sac.

Section 3.

Taken from the gestation sac away from the placenta. Shows inflamed fibro-fatty tissue with some smooth muscle. There is a deposit of fibrin infiltrated with polymorphs on the foetal side.

Section 4.

Taken from centre of placenta. The gestation sac shows similar features to section 1 without the epithelial structures. The placenta is very degenerate. There is no recognisable decidual tissue.

The problem of dealing with a case like this in which the sac is formed by the unruptured tube would be a somewhat difficult one if the child was alive. The infant and placenta could be easily extracted by treating the dilated tube or sac as if it were a full term uterus. That is by cutting into it as in performing a Caessarean section. But the difficulty will arise in the matter of the sac. In our case the sac was densely adherent to the omentum and transverse colon. These adhesions were separated without serious difficulty, owing to the fact that the child had been dead sometime, and the vessels were more or less collapsed. But had the child been alive this could not have been accomplished without serious and alarming haemorrhage. The base of the sac, formed by the tube, could of course have easily been tied off and divided from the uterus. If the child had been alive, (after its extraction by incision of the sac) we should have been inclined to have closed the incision in the sac or tube, and then have divided the tube from the uterus and brought the base of the sac out through the abdominal wound and allowed it to drain, subsequently performing an operation for its removal.

STATISTICS OF MATERNITY DEPARTMENT.

Table No. I.

Nature and number of cases treated:—	*T.Y.H.*	*G.C.H.*
Total admissions	1298	720
„ deliveries	1217	676
„ Multiparae	811	464
„ Primiparae	406	212

Presentations :—		
Vertex, normal rotation	1113	633
„ I.	774	410
„ II.	320	203
„ III	12	12
„ IV.	7	8
Face to pubes	19	6
Face	1	2
Breech	44	26
Transverse	3	—
Twins	13	6
Abortions & Miscarriage	16	1
Haemorrhages :—		
Placenta Praevia	8	2
Post-partum	34	12
Accidental	—	1
Abnormalities :—	*T.Y.H.*	*G.C.H.*
Prolapse of cord	2	—
„ „ hand	2	1
„ „ foot	1	—
„ „ vagina	—	1
Hydrampnios	—	2
Eclampsia	4	4
Vesicular mole	6	—
Albuminuria :—		
Slight to moderate	92	76
Considerable	5	5
Operations :—		
Suture of perineal lacerations :		
Complete	1	—
Incomplete	249	155
Multiparae	66	45
Primiparae	184	110
Suture of cervical lacerations	5	3
Forceps	35	29
Destructive operation on foetus	1	1
Manual removal of placenta	5	—
Caesarean section	1	1
Version :—		
Bipolar	7	3
Internal	8	1
External	1	—

Accidental Complications :—

Cracked nipple	—	1
Bronchitis	2	—
Asthma	2	1
Mumps	2	—
Puerperal ulcer	3	—
Nephritis	2	—
Double pneumonia	—	1
Pneumonia	—	1
Amoebic dysentery	—	1
Oedema of legs	—	4
Scabies	1	—
Phthisis and laryngitis	1	—
Phthisis	1	—
Vulvitis	—	1
Carbuncle of chin	—	1
	T.Y.H.	*G.C.H.*
Haematuria	—	1
Malaria	—	1
Leucorrhoea	1	—
Sore nipples	—	1
Mastitis	3	—
Beri-Beri	3	1

Accidental Complications :—

Diarrhoea	1	—
Ringworm on abdomen and thigh	—	1
Rash on both lower extremities	—	1
Hook worm and round worm and clonorchis	—	1

Morbidity B.M.A. Standard :—

Average ..... one in	20.3	12.3
Percentage	4.9%	8.1%

Mortality :—

Total	6	2
Average ..... one in	202.8	338
Percentage	.49	.31

Table No. II.—*INFANT STATISTICS.*

	T.Y.H.	*G.C.H.*
Total births	1217	676
Alive	1133	649
Dead	84	27
Premature	19	5
Full term	21	11
Macerated	20	8
Abortions and miscarriage	18	3
Children born alive who died in Hospital	16	13
Abnormalities :—		
Atrophy of left shoulder	—	1
Left hare lip and cleft palate	2	—
Ophthalmia	—	1
Complications :—		
Cerebral haemorrhage	—	2
Hydrocephalus	—	1

Table No. III. *Pelvic Presentation.*

Para	Total	Dead Children	Remarks
T.Y.H.			
Primiparæ.	11	Premature ... 1	Stillborn.
		Full Term ... 3	One case baby asphyxiated with prolapse of right foot.
			One case delayed labour, large baby, perforation.
			One case stillborn.
Multiparæ.	21	Premature ... 3	All cases stillborn.
		Macerated ... 3	Two cases delayed 2nd stage.
		Full Term ... 3	One case stillborn.
G.C.H.			
Primiparæ.	3	——	——
Multiparæ.	20	Premature ... 1	Miscarriage bleeding, foot presenting fraction.
		Macerated ... 4	One case the after coming head delayed.
		Full Term ... 2	One case hydrocephalus, perforation of head.
			One case maceration at the legs.

Table No. IV. *Placenta Praevia.*

Name	Age	Para	Period of Pregnancy	Presentation	Variety	Result to Mother	Result ti Child	Remarks
T. Y. H. K.S.Y. (642)	26	3	30 weeks		Central	Dead	Dead	Brought in in a moribund condition. Too late to do any operation. Os admits 3 fingers. Breast saline and Restoration given without avail.
C.N. (793)	26	2	26 weeks	Vertex	Marginal	Recovery	Dead	Os admits 3 fingers. Bipolar version.
W. K. S. (892)	18	2	27 weeks	Breech	Lateral	Recovery	Dead	Baby delivered spontaneously. (Sent in by a midwife after haemorrhage for several hours).
C.S.K. (969)	22	2	30 weeks	Breech	Marginal	Recovery	Alive	Os admits 2 fingers. Bipolar version. Uterus plugged for P.P.H. Baby died 4 hours after birth.
L.O. (49)	20	1	36 weeks	Breech	Central	Recovery	Dead	On admission os dilated to 1 finger. Had haemorrhage for 13 days. Vagina plugged with pledgets of wool. Next day, wool plug taken out, os admits 3 fingers. Bipolar version done. P.P.H. Tear of cervix, plugged.
C.S. (106)	30	3	27½ weeks	Breech	Lateral	Recovery	Dead	Lateral placenta praevia with prolapse of cord. Bipolar version.

Table No. IV.—*(Continued).* *Placenta Praevia.*

Name	Age	Para	Period of Pregnancy	Presentation	Variety	Result to Mother	Result to Child	Remarks
T. Y. H. K.S. (120)	34	10	32 weeks	Breech	Marginal	Dead	Dead	Had haemorrhage for 10 days. On admission os dilated to fingers. Placenta felt on edge of internal os. Head presenting. Bipolar version—½ c.c. pituitrin injected. Breast saline 2 pints. P.P.H. Uterus and vagina plugged. Great shock. Pituitrin and ernutine injerted. Rectal saline 2 ozs. Died of shock at 2 p.m. 3-2-33.
T.K.L. (345)	23	4	Term	Breech	Central	Recovery	Dead	Bipolar version. Tear of cervix stitched. P.P.H. Uterus and vagina plugged. Pituitrin and ernutine given.
G. C. H. C.S. (619)	34	7	37 weeks	Breech	Central	Recovery	Dead	Bipolar version.
C.A.T. (672)	32	8	36 weeks	Breech	Marginal	Recovery	Dead	Bipolar version performed. P.P.H. Slight tear of cervix stitched. Hot uterine and vaginal douche.

Table No. V.

Prolapse and Presentation of the Cord.

Name	Age	Para.	Weight of Child	Presentation	Treatment	Result to Mother	Result to Child	Remarks
T.Y.H.								
T.Y. (569)	29	3	7 lb. 4 ozs.	Vertex	—	Recovery	Dead	No foetal heart sound before delivery. Prolapse of cord which is not pulsating. Os size of a dollar. Membranes ruptured.
C.S. (106)	30	3	2½ lbs.	Breech	—	Recovery	Dead	Lateral placenta praevia with prolapse of cord. Bipolar version.

Table No. VI.

Application of Forceps.

Indications	Number of Case		Result to Mother				Result to Child				Remarks	
			Recovery		Dead		Recovery		Dead			
	T.Y.H.	G.H.C.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.
Delayed 2nd stage	28	26	27	26	1	—	24	24	4	2	One case external version for transverse.	One case face presentation with chin anterior. One case maternal distress and big baby.
P.O.P.	2	2	1	2	1	—	1	2	1	—	One case marked dyspnœa and albuminuria.	One case slight contraction of pelvis.
Eclampsia	3	1	3	1	—	—	3	1	—	—	Twins, forceps applied to first foetus. One case albumen*** after the fit. One case forceps applied after the 4th fit.	One case two fits on admission.
General oedema, rapid respiration, nephritis...	1	—	—	—	1	—	1	—	—	—	—	—
Partial paralysis of both legs, beri-beri	1	—	1	—	—	—	1	—	—	—	—	—

Table No. VII.

Number of Pregnancy of Patients in whom Forceps were applied.

PARA.	Number of Forceps Cases.		
	T.Y.H.	*G.C.H.*	*Total.*
1	30	16	46
2	1	4	5
3	3	2	5
4 and over	1	7	8
Total	35	29	64

Table No. VIII.

Age of Patients in whom Forceps were applied.

AGE.	Number of Forceps Cases.		
	T.Y.H.	*G.C.H.*	*Total.*
17—25	22	13	35
26—30	7	9	16
31—35	4	3	7
36 and over	2	4	6
Total	35	29	64

Table No. IX.

Destructive Operation on Foetus.

Name	Age	Para	Indication	Operation	Remarks
T. Y. H.					
A.L.W. (188)	19	1	Delayed labour—Forceps failed. Internal version-failure to deliver the head.	Perforation.	Large baby (9¼ lbs. without brains). Complete tear of perineum stitched. Morbid 4d. H.T. 102.2°
G. C. H.					
C.Y.S. (442)	21	3	Hydrocephalus.	Perforation.	Breech presentation. Fuid about 2 pints, evacuated.

Table No. X.

Morbidity, B.M.A. Standard.

	MAY		JUNE		JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER	
	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H	G.C.H.
Total Deliveries..	98	53	81	41	97	60	141	60	104	48	114	65	126	67
Cases Morbid.....	4	5	5	7	3	8	11	7	2	6	10	4	6	4

	DECEMBER		JANUARY		FEBRUARY		MARCH		APRIL		TOTAL		GRAND TOTAL
	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	
Total Deliveries..	121	66	109	68	70	47	68	54	88	47	1217	676	1893
Cases Morbid....	7	1	4	3	2	1	3	4	3	5	60	55	115

	T.Y.H.	G.C.H.	GRAND TOTAL
Total Number of Morbid cases	60	55	115
Total Average Morbidity	20.3	12.3	16.5
Total Percentage Morbidity	4.9%	8.1%	6%

Table No. XI.

Comparative Morbidity in Primiparae and Multiparae.

Primiparae	MAY		JUNE		JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER	
	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.
Total Deliveries..	32	16	19	10	36	22	48	21	34	8	36	19	49	17
Cases Morbid.....	3	3	3	4	2	2	6	4	2	2	5	3	3	3

Primiparae	DECEMBER		JANUARY		FEBRUARY		MARCH		APRIL		TOTAL		GRAND TOTAL
	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	
Total Deliveries..	43	26	41	20	23	18	18	17	27	18	406	212	618
Cases Morbid.....	3	—	2	—	1	1	3	2	1	3	34	27	61

	T.Y.H.	G.C.H.	GRAND TOTAL
Total Average Morbidity	11.9	7.9	10.1
Total Percentage Morbidity	8.4%	12.7%	9.9%

Table No. XI.—*(Continued)*

Comparative Morbidity in Primiparae and Multiparae.

Multiparae	MAY		JUNE		JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER	
	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.
Total Deliveries..	66	37	62	31	61	38	93	39	70	40	78	46	77	50
Cases Morbid.....	1	2	2	3	1	6	5	3	—	4	5	1	3	1

Multiparae	DECEMBER		JANUARY		FEBRUARY		MARCH		APRIL		TOTAL		GRAND TOTAL
	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	
Total Deliveries..	78	40	68	48	47	29	50	37	61	29	811	464	1275
Cases Morbid.....	4	1	2	3	1	—	—	2	2	2	26	28	54

	T.Y.H.	G.C.H.	GRAND TOTAL
Total Average Morbidity	31.2	16.6	23.6
Total Percentage Morbidity	3.2%	6%	4.2%

Table No. XII.

Extra-genital causes of Morbidity.

	T.Y.H.	*G.C.H.*
Cracked nipple	—	1
Puerperal ulcer	2	—
Amœbic dysentery	—	1
Carbuncle of chin	—	1
Bronchitis	1	—
Mastitis	1	—
Diarrhœa	1	—
Phthisis	1	—
Asthma	—	1
Pneumonia	—	3
Septic perineum	—	2
Oedema of legs	—	1

Table No. XIII.

Caesarean Section.

Name	Age	Para	Date	Nature of Operation	Indication	When Performed	Result to Mother	Result to Child	Remarks
T. Y. H. C.S. (352)	26	1	12-5-32	Caesarean Section Partly extraperitoneal partly intraperitoneal.	Irregular contracted pelvis due to tuberculosis.	Before Labour.	Recovery	Alive	Live baby.
G. C. H. N.A.L. (306)	36	4	21-10-32				Recovery	Alive	Both tubes tied and divided. Measurements from Radiology Dept. Transverse = 5″ Conjugate = 3.8″

Table No. XIV.

Eclampsia.

Name	Admission	Age	Para	Condition on Admission	Urine	Number of Fits			Treatment	Result to Mother	Result to Child	Remarks
						Before Labour	After Labour	During Labour				
T.Y.H. H.M. (478)	26-5-32	19	1	Oedema of legs.	Albumen††	3	—	—	Morphia gr. ¼. Rectal wash out (Sod. bicarb.) 4 oz. of Mist. Alba left in. Castor oil 2 oz. by mouth. Calomel gr. 5 in small repeated doses. Rectal oil ether 1 oz. with paraldehyde zii.	Recovery	Alive	Os. fully dilated. Forceps applied to 1st baby (Twins). 2nd baby transverse lie. Internal version. P.P.H. Uterus plugged. 8 p.m. Temp. 105.8° pulse 150. Cold sponge 6 hourly. Intra-muscular infection of Q. 4 hourly-digitalin 1/50 Mist. Bromidia 1 oz.
W.Y. (597)	8-7-32	20	1	Normal.	Albumen††† after the fit	—	—	1	Morphia gr. ⅛ inj. Mist. alba 3 ozs. by mouth later.	Recovery	Alive	Forceps under general.
Y.Y.C. (1021)	20-10-32	28	1	Had several fits at home.	Albumen†	4	—	—	*1st fit* 8.30 a.m. Morphia gr. ⅓. Rectum washed out with sod. biarb solu. Mag. sulph. 3 ozs. run in. *2nd fit* 9.30 a.m. Oil ether 1 oz. and paraldehyde zii. *3rd fit* 12 noon. Rectal oil ether 1 oz. and parldehyde zii.	Recovery	Alive	*4th fit* 2.15 p.m. Os fully dilated. Forceps applied. P.P.H. H.I. Pituitrin 1 c.c. and Ernutin 6 c.c. and uterine plugs applied (Twins).
K.C.Y. (105)	30-1-33	22	2	Normal.	Albumen†	—	—	—	*1st fit* 1 p.m. Morphia gr. ¼. Rectal wash out, and mag. sulph. run in. (ether expelled) Bowel opened. Calomel gr. V. *2nd fit* 4.10 p.m. Rectal oil ether 1 oz. with paraldehyde zii. Morphia gr. 1/12 (ether expelled). *3rd fit* 4.50 p.m. Bowel open. *4th fit* 8.40 p.m. Morphia gr. 1/12. Stomach washed out and mist. alba run in.	Recovery	Alive	Baby delivered at 9.40 a.m.

Table No. XIV.—*(Continued)*

Eclampsia.

Name	Admission	Age	Para.	Condition on Admission	Urine	Number of Fits			Treatment	Result to Mother	Result to Child	Remarks
						Before Labour	After Labour	During Labour				
G.C.H. L.L.S. (287)	2-10-32	20	1	Had 5 fits at home.	Albumen†††	19 fits	—	—	H.I. Morphia given by Doctor outside. Full eclamptic treatment.	Dead	Dead	Had 14 fits in Hospital. Condition good up till 6 p.m. Temp. rose to 106°, pulse 140. Condition bad, comatose did not recover consciousness. Died 4 a.m. next morning. P.M. findings:—Haemorrhage in base of brain. Congestion of meninges-kidneys, spleen and liver.
C.A.Y. (305)	22-10-32	30	4	Conscious. Marked oedema of legs, thighs and vulva.	Albumen††	2 fits	—	—	H.I. Morphia $\frac{1}{6}$ gr. Camphor gr. 1½. Mist. B.B. 6 oz. given by mouth.	Recovery	Alive	Forceps applied. Live child.
L.F.C. (639)	25-3-33	28	2	Oedema of whole body for a week.	Albumen†††	3 fits	—	—	H.I. Morphia gr. $\frac{1}{6}$. Stomach wash out. Mist. B.B. 5 ozs. Rectal ether 1 oz. with olive oil. Mist. B.B. 5 ozs. 1-4-33 Stomach tube induction. H.I. Ernutin 0.6 c.c.	Recovery	Alive	Normal delivery.
L.C.S. (677)	30-4-33	24	2	Normal.	Albumen†	—	3 fits	—	H.I. Pituitrin after 3rd stage. H.I. Morphia gr. $\frac{1}{6}$. H.I. Digitalin gr. 1/100. H.I. Morphia gr. $\frac{1}{6}$. H.I. Atropine gr. 1/150. H.I. Digitalin gr. 1/100. Breast infusion with Sod. Bicarb. O. i. H.I. Digitalin gr. 1/100.	Recovery	Alive	Twins. Post partum Eclampsia.

Table No. XV.

Accidental Hæmorrhage.

Name	Age	Para	Period	Variety	Presentation	Result to Mother	Result to Child	Albumin	Remarks
G.C.H. L. C. (658)	30	4	28 weeks	Revealed	Vertex	Recovery.	Recovery.	—	Membranes artificially ruptured. Normal delivery. Baby died on the 7th day.

Table No. XVI. *Operative Cases showing Morbidity.*

Name of Operation	Number		No. of Morbidity		Percentage		Average		Remarks	
	T.Y.H.	G.C.H	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.	T.Y.H.	G.C.H.
Forceps.	35	29	9	6	26·7%	20·7%	1 in 3·9	1 in 4·8	Delayed second stage.	5 cases delayed second stage. 1 case hydramnios.
Suture of perineal laceration.	250	155	24	2	9·6%	12·9%	1 in 10·4	1 in 7·7	—	—
Internal version.	8	1	2	1	25%	100%	1 in 4	1 in 1	One case delayed labour. One case transverse, hand appears in vulva on admission.	Transverse presentation with prolapsed hand.
Bipolar version.	7	3	1	1	14·2%	33·3%	1 in 7	1 in 3	Central placenta praevia.	Central placenta praevia.
Uterus emptied with fingers and curette. Vesicular mole.	6	—	1	—	16·6%	—	1 in 6	—	—	—

Table No. XVII.

Duration of Stay in Hospital of Morbid Cases.

	T.Y.H.	*G.C.H.*
Less than 10 days	50	34
10—19 days	10	18
20—29 days	—	2
Over 29 days	—	1
Total	60	55

Table No. XVIII.

Duration of Temperature.

	T.Y.H.	*G.C.H.*
Less than 5 days	48	46
5—9 days	10	6
10—19 days	2	3
Total	60	55

Table No. XIX.

Highest Temperature Charted.

	T.Y.H.	*G.C.H.*
100—100.9	7	17
101—101.9	23	14
101—102.9	16	9
102—103.9	10	11
104 and over	4	4
Total	60	55

Table No. XX.

Mortality.

Name	Age	Para	Admitted	Delivered	Died	Cause of Death	Remarks
T.Y.H. C.Y.P. (483)	27	3	29-5-32	30-5-32	31-5-32	Nephritis.	General oedema,: rapid respiration. Os fully dilated. Forceps applied. Died on the second day after delivery.
K.S.Y. (642)	26	3	21-7-32	27-7-32	21-7-32	Central placenta	Brought in a moribund condition. Too late to do any operation. Os admits 3 fingers. Breast saline and restoratives given without avail.
C.Y. (662)	34	1	26-7-32		1-8-32	Nephritis.	Delayed 2nd stage. Forceps applied. Morbid 2d. H.T. 103°. Died 6 days after labour.
M.K. (1267)	27	3	15-12-32	15-12-32	15-12-32	Pulmonary Embolism.	Admitted 7.40 a.m. Delivered 8.20 a.m. normally and without P.P.H. 11.10 a.m. died suddenly with a cry, while a minute before she was talking lively with the patient next to her bed. She had oedema of both feet and legs, but the urine is clear.
L.F.C. (1314)	34	1	27-12-32	30-12-32	31-12-32	Patient's condition very bad. Marked dyspnoea and albuminuria. Nephritis.	30-12-32 12.5 a.m. when Os was fully dilated, the patient had very rapid pulse and great dyspnoea. Forceps put on both of the twins. Dyspnoea continued until 31-12-32 10 a.m. when the patient died. N.B. Digitalin 1/50 injected every 4 hours before application of forceps and continued till death. Diet—water only since admission.
K.C. (120)	34	10	3-2-33	3-2-33	3-2-33	Shock. Post partum haemorrhage.	Marginal placenta praevia. Had haemorrhage for 10 days before admission. Os dilated to 2 fingers. Placenta felt on edge of internal os. Head presenting. Bipolar version. ½ c.c. pituitrin injected. Breast saline 2 pints. P.P.H. Uterus and vagina plugged. Great shock. Pituitrin and ernutine injected. Rectal saline 20 ozs.

Table No. XX.—*(Continued)* *Mortality.*

Name	Age	Para	Admitted	Delivered	Died	Cause of Death	Remarks
G.C.H. L.L.S. (267)	20	1	2-10-32	—	3-10-32	Eclampsia.	Albumen††† 5 fits before admission H.I. Morphia given by doctor outside. Full eclamptic treatment. 14 fits in all in hospital. Comatose did not recover consciousness. Died 4 a.m. next morning. P.M. findings:—Hæmorrhage in base brain. Congestion of meninges, kidneys spleen and liver.
C.A.F. (556)	34	1	15-2-32	15-2-33	19-2-33	General septicaemia and peritonitis. (Not puerperal).	Condition on admission:—Patient had few boils in the scalp and forearm. Distension of abdomen was noticed very soon after delivery. Staphylococci found. Patient died on 19-2-33. P.M. findings:—Few streaks of pus found in read Douglas' pouch. Peritoneum inflamed. Uterus involutes well. On opening up uterus, placental site unhealthy. Other organs congested.

Table No. XXI.

Induction of Labour With Stomach Tube.

	T.Y.H.	*G.C.H.*
Number of cases successful	1	1
Total number of cases	2	1

Table No. XXII.

Duration of Stay in Hospital.

	T.Y.H.	*G.C.H.*
Total number	1217	676
Less than 3 days	4	1
From 3 to 5 days	17	6
From 6 to 8 days	1108	596
From 9 or more days	88	73

STATISTICS OF GYNAECOLOGICAL DEPARTMENT.

Table No. I.

	T.Y.H.	*G.C.H.*
Number of admissions	204	132
Number of operations	77	84

Table No. II.

Nature and Number of Operations.

	T.Y.H.	*G.C.H.*
Vulva :—		
Hypertrophy of clitoris	—	1
Perineum :—		
Perinaeorrhaphy	—	2
Vagina :—		
Vesico-vaginal fistula	—	4
Urethra :—		
Caruncle	1	—
Uterus :—		
Curettage	24	24
Prolapse	9	9
Myomectomy	1	—
Ventro-suspension	4	1
Subtotal hysterectomy	5	3
Total hysterectomy	1	—
Vaginal hysterectomy	1	—
Ventro-suspension with other operations	2	—
Cervix :—		
Trachelorrhaphy	2	—
Amputation	2	1
Polypus	5	2
Submucous fibroid	—	1
Erosion of cervix and retroversion	—	1
Tubes and Ovaries :—		
Ovariotomy	3	11
Mesenteric cyst	1	—
Pyosalpinx	2	1
Hydrosalpinx	1	1
Salpingostomy with ventro-suspension	1	1
Extrauterine gestation	2	3
Miscellaneous :—		
Broad ligament cyst	1	3
Dermoid cyst	1	1

	T.Y.H.	*G.C.H.*
Omental dermoid cyst	—	1
Insertion of pessary	4	4
Breast abscess	—	5
Acute mastitis	—	2
Removal of tissue for section	1	—
Operation for imperforate anus	—	1
Laparotomy for endometrioma	—	1
Tuberculosis of abdomen	3	—
Total	77	84

Table No. III.

Nature and Number of Cases Treated Without Operation.

	T.Y.H.	*G.C.H.*
Refused treatment	48	4
Leucorrhoea	1	—
Menorrhagia	—	1
Gonorrhoea	2	—
Dysmenorrhoea	1	—
Haematuria	—	1
Irregular menses	1	—
Imperforate hymen	—	1
Amoebic dysentery	—	1
Nephritis	—	1
Pulmonary tuberculosis	—	1
Chronic constipation	—	1
Periosteal sarcoma	—	1
Pregnancy with vomiting	1	—
,, ,, dyspepsia	—	1
,, ,, pain	1	—
,, ,, constipation	—	2
,, ,, gastritis	1	—
,, ,, oedema	1	—
,, ,, leucorrhoea	1	—
,, ,, dysentery	1	—
,, ,, haematoma	1	—
,, ,, morning sickness	1	—
,, ,, discharge	2	—
Abortion	1	3
Threatened abortion	1	1
Cervical abortion	—	1
Miscarriage	1	5
Salpingitis	17	5
Urethritis	1	1

	T.Y.H.	*G.C.H.*
Ankylostomiasis and Ascariasis	—	1
Inoperable uterine fibroid	—	1
Vulvitis	3	1
Carcinoma of cervix	29	2
Keloid	1	—
Carcioma of liver	—	1
Cystitis	3	1
Mastitis	—	1
Post partum neuritis	—	1
Vesical calculus	1	—
Tampon treatment	5	3
Ascites	1	1
Adenoma of left breast	—	1
Suppurative adenitis of left axilla	—	1
Mitral stenosis and mitral regurgitation	—	1
Divarication of recti	—	1
Total	127	48
Mortality	6	4

Table No. IV.

Hysterectomy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
170	**T.Y.H.** L. M.	2-6-32	34	Vesicular mole. Uterus hypertrophied with round celled infiltration at decidual attachment.	Subtotal hysterectomy for recurrent vesticular mole. Removal of appendix	Dead.	Uterus size of 6 months pregnancy. Slight haemorrhage on examination. Died of septic embolus.
188	C. L.	30-6-32	52	Uterine fibroid. Right ovarian cyst.	Supra vaginal hysterectomy and salpingo-oopherectomy.	Dead.	Large haemato-salpinx at left side. Ovarian cyst size of ping-pong ball on right side. Myoma size of tennis ball intramural in type growing from posterior uterine wall impacted in pelvis. Uterus and both tubes removed. 18-7-32 at 1.30 p.m. died of peritonitis.
233	A. S. M.	22-9-32	33	Myoma.	Subtotal hysterectomy.	Recovery.	Myoma size of a small foetal head, hard and movable.
270	L. S. M.	17-11-32	36	Myoma with double hydrosalpinx.	Supra-vaginal hysterectomy. Double salpingo-oopherectomy.	Recovery.	Uterus enlarged to size of 4 months pregnancy, hard and irregular. Both tubes were enormously distended a typical retort shape. Both tubes and ovaries removed.
272	C. K. H.	17-11-32	44	Fibromyoma.	Supra-vaginal hysterectomy.	Recovery.	Uterus enlarged to size of a foot ball. The tumour (intramural), found on posterior aspect of the uterus. Some small cysts of the left ovary. Resection of left ovary.
279	L. S. H.	1-12-32	48	Uterus retroverted —cystocele and rectocele, old tear of perineum. Extensive erosion of cervix.	Vaginal Mayo Operation. Excision.	Recovery.	

Table No. IV.—*(Continued)*

Hysterectomy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
54	**T.Y.H.** S. M.	20-4-33	42	Myoma.	Subtotal hysterectomy.	Recovery.	Uterus enlarged to size of 5 months pregnancy.
58	**G.C.H.** H. S.	10-5-32	31	Fibroid of uterus.	Subtotal hysterectomy.	Recovery.	Uterus enlarged to size of two fists and adherent to pouch of Douglas. The omentum firmly adherent to the abdominal wall and pelvis as a result of a previous operation.
77	L. S.	21-6-33	46	Fibroid.	Subtotal hysterectomy.	Dead.	Examination of specimen. Uterus enlarged to size of two fists. The cavity definitely enlarged. Mucous membrane unhealthy. Fibroid undergoing malignant change. Post operative pneumonia.
116	C. Y.	27-9-32	36	Uterine fibroid.	hysterectomy. Subtotal	Recovery.	Uterus enlarged to size of a small foetal head impacted in pelvis and adherent to Douglas Pouch. Intestines adherent to posterior wall. Impossible to separate adhesions. Uterus bisected and tumour shelled out.

Table No. V.

Ovariotomy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
157	**T.Y.H.** W. Y.	5-5-32	25	Mesenteric cyst.	Mesenteric cyst shelled cut. Right ovary removed, left ovary resected.	Recovery.	Cyst size of a mellon situated about the level of the umbilicus, freely movable. Both ovaries slightly cystic. Weight of cyst 2 lbs.
295	W. M.	5-1-33	28	Ovarian cyst.	Ovariotomy.	Recovery.	Cyst size of 7-8 months pregnancy. Extending upwards and under ribs. Pedicle clamped and divided—cyst tapped—and removed. Weight of cyst 4½ lbs. Fluid 8 pints.
34	Y. Y. M.	23-3-33	37	Left ovarian cyst.	Ovariotomy.	Recovery.	Cyst size of a full term pregnancy. Cyst tapped and subsequently removed. Small cyst size of a pea was cut off from right ovary. Uterus suspended. Weight of fluid. 21½ lbs. or 18 pints. Weight of sac 2½ lbs. **Total = 24 lbs.**
42	C. S. M.	30-3-33	20	Right ovarian cyst.	Ovariotomy.	Recovery.	Cyst size of 6 months pregnancy. Cyst tapped, and removed. Left ovary resectel. Weight of tumour without fluid... 7 lbs. Weight of tapped fluid ..... 4½ lbs. Total = 11½ lbs.

Table No. V.—*(Continued 1)*

Ovariotomy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
102	**G.C.H.** M. C.	30-8-32	28	Ovarian Cyst.	Ovariotomy.	Recovery.	Uterus small—in front. Tumour size of a large foetal head. Free straw-coloured fluid in abdominal cavity. Right pedicle clamped and tumour shelled out. Weight of tumour 4 lbs. 7 ozs.
113	P. S.	27-9-32	39	Ovarian Cyst.	Small exploratory incision made. Condition inoperable.	Discharged against advice.	Free blood-stained fluid allowed to escape, pelvis explored with 1 finger. Papillary growths felt growing all round the pelvis and anterior abdominal wall. Fluid tapped out.
125	L. K. C.	25-10-32	38	Ovarian Cyst.	Ovariotomy.	Recovery.	Cyst size of a full term pregnancy. Firmly adherent to anterior abdominal wall. Peritoneum enormously thickened. Tumour separated from peritoneum in front, omentum from upper pole, and intestines from lower pole. Pedicle clamped and tumour 9delivered—lower pole first. Appendix and small intestines firmly adherent to sac. Adhesions separated and appendictomy performed. Weight of tumour 6½ lbs.
126	W. H.	1-11-32	23	Ovarian Cyst.	Excision.	Recovery.	Omentum adherent to a cyst about size of a football. Tumour twisted on itself. Excision of left ovarian cyst. Right ovary enlarged to size of an orange—also excised. Larger tumour contained about 3 pints of dark blood stained fluid, the smaller one was a dermoid cyst.

Table No. V.—*(Continued 2)*

Ovariotomy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
129	**G.C.H.** T. W.	8-11-32	30	Ovarian cyst.	Ovariotomy and removal of hydrosalpinx.	Recovery.	Cystic tumour size of American orange, and hydrosalpinx size of hen's egg on the right side displacing the uterus backwards. Tumour excised. Left hydrosalpinx and small left cystic ovary size of small hen's egg was excised. Weight of right ovarian cyst and right hydrosalpinx is ¾ lb.
144	C. S. M.	20-12-32	50	Malignant ovarian tumour.	Ovariotomy.	Recovery.	Small exploratory incision made, free straw-coloured fluid with white flakes evacuated—about 1 gallon. Tumour about the size of a large football adherent to posterior abdominal wall.
152	H. M.	17-1-33	44	Ovarian cyst.	Ovariotomy.	Recovery.	Tumour size of 7 month's pregnancy found arising from the right ovary. Adhesions, and gelatinous material present in abdominal cavity. Rupture of tumour found in lower pole. Adhesions separated. Pedicle clamped and divided, the right ovarian cyst removed. Left ovary partly cystic—was presected. Uterus suspended.
157	T. K. T.	12-2-33	12	Malignant papilliferous cyst.	Ovariotomy.	Dead.	Tumour size of 7 month's pregnancy opening from left ovary. Pedicle clamped and divided, tumour extracted by lower pole. Omentum ligatured off and separated from upper pole. Small independent tumour of omentum size of a walnut. Douglas pouch occupied by a cystic mass size of 3 walnuts, this and right ovary removed. Weight of tumour 5 lbs. Died on 22-3-33 at 7.20 p.m.

Table No. V.—*(Continued 3)*

Ovariotomy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
163	**G.C.H.** L. L.	21-2-33	28	Ovarian cyst.	Ovariotomy and removal of hydro-salpinx.	Recovery.	Omentum adherent to uterus. Tumour growing from left tube and ovary about size of a fist—another tumour size of a golf ball from right tube.
169	S. W. H.	7-3-33	31	Papillerous ovarian cyst.	Condition inoperable.		Incision made in midline and contents of cyst evacuated, 18 pints of fluid removed.
172	G. S.	14-3-33	40	Septic ovarian cyst.	Ovariotomy.	Recovery.	Omentum adherent to cystic tumour size of small foetal head, and to uterus. Tumour attached to small intestines and Douglas Pouch. Cyst ruptured, foul smelling fluid escaped. Sac then shelled out, raw surface sewn over, gauze rubber drainage applied. Uterus suspended.
180	L. L.	25-4-33	24	Ovarian cyst.	Ovariotomy.	Recovery.	Uterus displaced by a cystic swelling size of an orange. Adhesion separated. Pedicle clamped. Left ovarian cyst removed. Right ovary partly excised and sewn over.

Table No. VI. *Operations on Uterus Tubes and Ovaries.*

No.	Name	Date	Age	Disease	Operation	Result	Remarks
185	**T.Y.H.** C. Y.	23-6-32	21	Hydrosalpinx.	Right tube and right ovary removed.	Recovery.	Right tube was enlarged and contained fluid. It was about the size of a swan's egg.
247	C. S. P.	20-10-32	28	Uterus retroverted, but not fixed.	Ventral suspension, resection of left ovary. Right salpingostomy.	Recovery.	Right tube distended (hydrosalpinx) distended part of tube removed. Left ovary resected for small cyst.
287	A. K.	15-12-32	27	Uterus retroverted.	Ventral suspension.	Recovery.	Uterus freely movable.
17	C. T. S.	2-3-33	25	Uterus retroverted. Partially prolapsed. Urethral caruncle.	Excision of caruncle Perinaeorrhaphy. Abdominal ventral suspension.	Recovery.	
23	K. S. Y.	2-3-33	23	Uterus retroverted.	Laparotomy and Ventral suspension.	Recovery.	Freely movable uterus. Doubly cystic ovaries, partially resected and sewn over. Uterus suspended.
27	W. S.	2-3-33	42	Uterus retroverted.	Operation for pyosalpinx with drainage. Excision of intramural myoma.	Recovery.	Abdomen occupied by a tumour which reaches up to the umbilicus.
30	Y. Y. I.	9-3-33	29	Uterus retroverted.	Dilatation and curettage Ventral suspension.	Recovery.	Uterus not easily replaceable.
33	T. H.	16-3-33	27	Uterus retroverted probably adherent.	Ventral suspension and freeing of adhesions. Salpingectomy.	Recovery.	Removal of right tube. Uterus retroverted. Some adhesions. Ends of both tubes closed and left ovary contained chocolate material.

Table No. VI.—*(Continued)* *Operations on Uterus Tubes and Ovaries.*

No.	Name	Date	Age	Disease	Operation	Result	Remarks
44	**T.Y.H.** F. T.	30-3-33	30	Uterus enlarged and retroflexed.	Dilation and curettage. Ventral suspension (Phannensteils incision).	Recovery.	
57	W. K. C.	20-4-33	39	Uterus retroverted.	Laparotomy and separation of adhesions, curettage.	Recovery.	Omentum adherent to retroverted uterus. Adhesions separated. Small calcified structure, size of ½ walnut removed. Hydrosalpinx size of small madarin orange removed. Uterus suspended.
94	**G.C.H.** S. L. H.	11-8-32	30	Fixed retroversion.	Salpingostomy.	Recovery.	Uterus bound down by light adhesion in Douglas pouch. Both tubes slightly thickened and closed at fimbriated ends. Tubes found patent. Uterus suspended.
147	K. L. C.	14-12-32	22	Fixed retroversion.	Left salpingectomy.	Recovery.	Uterus bound down by adhesions. Left tube distended to size of a small orange-pyosalpinx. Right tube healthy and patent. Adhesions freed and uterus suspended. Rubber tube inserted for drainage.
165	K. S. N.	28-2-33	23	Retroverted uterus and salpingitis.	Ventral suspension. Resection of both ovaries.	Recovery.	Abdomen is free from adhesions.
179	L. M.	4-4-33	37	Double hydrosalpinx. Chocolate cyst of right ovary. Smaller one of left ovary.	Laparotomy.	Recovery.	On attempting to resect right ovary, thick matter escaped. Right ovary removed with both tubes. Left ovary resected. Uterus suspended.

Table No. VII. *Prolapse.*

No.	Name	Date	Age	Disease	Operation	Result
179	**T.Y.H.** W. H.	11-6-32	46	Cystocele and rectocele, old tear of perineum. 2nd degree prolapse.	Vaginal ventral suspension. Amputation of cervix. Shortening of Mackenrodt's ligaments. Perinæorrhaphy.	Recovery.
226	C. S. Y.	6-9-32	27	Prolapse of uterus.	Complete prolapse operation performed. Vaginal Ventral suspension and colpo-perinæorrhaphy.	Recovery.
232	C. K.	20-9-32	22	Procidentia.	Vaginal suspension. Anterior colporrhaphy. Amputation of cervix. Shortening of Mackenrodt's ligaments. Perinæorrhaphy.	Recovery.
236	C. M.	27-9-32	42	Complete prolapse of uterus.	Vaginal suspension. Anterior colporrhaphy. Shortening of Mackenrodt's ligaments. Amputation of cervix. Perinæorrhaphy.	Recovery.
245	Y. S. L.	11-10-32	38	Complete prolapse of uterus.	Interposition and amputation of cervix and perinæorrhaphy.	Recovery.
260	W. F.	5-11-32	45	Procidentia.	Manchester operation for prolapse and amputation of cervix.	Recovery.
277	C. S.	22-11-32	30	Uterus retroverted easily replaceable. Slight cystocele.	Dilatation and curettage. Anterior colpoorhaphy. Ventral suspension.	Recovery.
278	T. S.	22-11-32	29	Uterus retroverted. 2nd degree prolapse. Erosion of cervix.	Vaginal suspension. Shortening of Mackenrodt's lig. Amputation of cervix. Colpo-perinæorrhaphy.	Recovery.
9	C. W. C.	2-2-33	32	Uterus retroverted, partially prolapsed.	Shortening of Mackenrodt's ligaments. Amputation of cervix. Perinæorrhaphy.	

Table No. VII.—*(Continued)*

Prolapse.

No.	Name	Date	Age	Disease	Operation	Result
	G.C.H.					
67	L. K. K.	31-5-32	48	Procidentia.	Vaginal hysterectomy performed and colpo-perinaeorrhaphy.	Recovery.
76	F. N.	21-6-32	45	Cystocele and Rectocele.	Prolapse operation performed.	Recovery.
85	L. M.	4-7-32	27	Laceration of cervix and retroversion.	Unilateral repair of cervix. Curettage and dilatation. Anterior colporrhaphy.	Recovery.
103	L. K.	9-8-32	27	Supra-vaginal hypertrophy.	Complete prolapse operation including colpo-perinæorrhaphy.	Recovery.
132	T. Y.	15-11-32	31	Procidentia.	Anterior colporrhaphy, vaginal suspension of the uterus. Shortening of Mackenrodt's ligaments. Amputation of cervix. Perinaeorrhaphy.	Recovery.
151	H. T.	10-1-33	36	Procidentia.	Colpo-perinæorrhaphy. Vaginal suspension—amputation of cervix—shortening of Mackenrodt's ligaments. Perinaeorrhaphy.	Recovery.
162	C. S. M.	20-2-33	31	Procidentia.	Complete prolapse operation with vaginal ventral suspension colpo-perinæorrhaphy.	Recovery.
177	L. K.	28-3-33	55	Complete prolapse.	Vaginal hysterectomy performed and colpo-perinæorrhaphy. Peritoneum completely closed after removal of uterus.	Recovery.
186	C. I. F.	24-4-33	20	Procidentia.	Complete prolapse operation.	Recovery.

Table No. VIII.

Miscellaneous Operations.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
153	**T.Y.H.** L. Y. F.	5-5-32	47	Polypus.	Tumour twisted off.	Recovery.	Pedunculated myoma.
168	P. Y. F.	26-5-32	36	Myoma.	Tumour removed piecemeal with Schultz's spoon forceps.	Recovery.	Uterus enlarged to size of 5 months pregnancy. Cervix dilated to size of a dollar, tumour presenting.
217	W. K. M.	25-8-32	45	Polypus.	Tumour twisted off.	Recovery.	Tumour size of a large hen's egg with broad base, growing from the posterior wall of the cervix.
228	L. S.	15-9-32	41	Pedunculated myoma of the cervix.	Excision of tumour.	Recovery.	Vagina occupied by a tumour size of a pear which protrudes from the cervix. There seems to be a long pedicle.
241	T. S. C.	6-10-32	25	Dermoid cyst.	Laparotomy.	Recovery.	Small dermoid cyst, full of pus. Both tubes are found adherent and are removed. Uterus suspended ventrally. Drainage through post fornix.
249	Y. Y. S.	20-10-32	47	Small polypus.	Curettage and removal of cervical polypus.	Recovery.	
283	L. Y.	2-12-32	30	Urethral caruncle.	Excision.	Recovery.	White discharge. Uterus retroverted.

Table No. VIII.—*(Continued 1)* *Miscellaneous Operations.*

No.	Name	Date	Age	Disease	Operation	Result	Remarks
60	**T.Y.H.** F. S. L.	27-4-33	29	Broad ligament cyst.	Laparotomy.	Recovery.	Cyst size of cricket ball containing pus. Abdomen drained through Douglas pouch.
61	C. M.	27-4-33	34	Cervical polypus.	Dilatation & curettage. Removal of polypus	Recovery.	Uterus retroverted, not freely movable.
60	**G.C.H.** L. N.	3-5-32	51	Broad ligament cyst.	Removal of cyst.	Recovery.	Cyst of left side enucleated. Pedicle undergoing malignancy. Cyst removed, weight of cyst 2½ pints.
90	C. S.	19-7-32	42	Pedunculated submucous fibroid.	Tumour twisted off.	Recovery.	Tumour protruded at the cervix.
119	C. K.	27-9-32	50	Broad ligament cyst.	Laparotomy.	Recovery.	Serious fluid in peritoneal cavity. Cyst tapped and pus evacuated. Found to have several loculi. Whole of the cyst shelled out size of a football. Uterus enlarged and slightly retroverted. Abdomen drained by large rubber tubing.
141	N. A. T.	29-11-32	42	Pedunculated myoma.	Tumour twisted off. Raw surface of cervix cauterized.	Recovery.	Uterus retroverted. A polypus size of a hazel nut protruding through the cervical canal.

Table No. VIII.—*(Continued 2)* *Miscellaneous Operations.*

No.	Name	Date	Age	Disease	Operation	Result	Remarks
	G.C.H.						
148	Y. K. S.	20-12-32	30	Endometrioma.	Laparotomy for endometrioma of rectol-vaginal septum. Ventral suspension.	Recovery.	Omentum and intestines adherent to posterior uterine wall. On separating adhesions a chocolate cyst of right ovary discovered in Douglas pouch with thickening of pelvic colon and surrounding structures. Cyst removed. Uterus brought to the front. Pelvis drained per vagina.
167	L. Y.	7-3-33	22	Dermoid cyst.	Laparotomy.	Recovery.	Tumour size of a full term uterus. Cyst tapped 20 pints of fluid evacuated. Base of tumour found to contain dermoid material. Appeared to have originated from layers of omentum and extended up under the diphragm. Weight of tumour and sac 6 lbs.
174	C. L.	28-3-33	54	Right broad ligament cyst.	Laparotomy.	Recovery.	Uterus elevated and anteposed lying against abdominal wall in region of umbilicus. Some adhesions binding uterus to top of bladder and peritoneum in front. Large cystic tumour size of foot-ball displacing uterus upwards. Cyst accidentally ruptured and 5 pints of mucoid fluid evacuated
175	C. S.	21-3-33	12	Dermoid cyst (Right ovary).	Laparotomy.	Recovery.	Tumour size of 7 months' pregnancy. Pedicle clamped. Cyst removed entirely. Tumour weighed 2½ lbs.
183	P. S.	11-4-33	43	Submucous fibroid.	Fibroid twisted Uterus curetted and plugged.	Recovery.	Pedunculated fibroid coming out of cervix. Fibroid was caught with Doyen's forceps and twisted off its pedicle.

Table No. IX.

Extrauterine Pregnancy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
18	**G.C.H.** N. A. M.	16-2-33	30	Extrauterine pregnancy.	Laparotomy for Extrauterine pregnancy and Salpingostomy.	Recovery.	A soft tumour size of a small sheep's heart weighing 12 ozs. was found lytng in Douglas Pouch behind the uterus. Tumour was covered by omentum which was adherent to it. Adhesion separated, tumour removed. Left tube found closed.
32	C. S.	9-3-33	39	Extrauterine pregnancy.	Laparotomy for Extrauterine pregnancy.	Recovery.	A big tumour size of full term pregnancy extending from ensiform cartilage to pubis. Tumour adherent to peritoneum all round. The right tube which contained the foetus was clamped at the base and tied with catgut. Difficult to deliver tumour intact. On opening the tumour liquor amnii was found to be turbid. Transverse colon adherent to tumour. Right ovary was not found when tumour removed. One loop of small intestine was clamped accidentally but not injured. Uterus suspended. Right pedicle was oversewn Iodoform gauze passed through posterior fornix. Rubber drainage tube introduced. Injection of camphor given after removal of tumour. Weight of foetus —8 lbs. ,, ,, placenta and sac —5 lbs.

Table No. IX.—*(Continued)*

Extrauterine Pregnancy.

No.	Name	Date	Age	Disease	Operation	Result	Remarks
84	**G.C.H.** L. T.	5-7-32	26	Extrauterine pregnancy. Pelvic haematocele.	Resection of right tube and ovary.	Recovery.	Uterus displaced by a blood clot occupying Douglas pouch. Right pregnant tube ruptured into sac. Blood clot evacuated. Right tubal ovarian pregnancy.
94	L. C. Y.	23-8-32	27	Extrauterine pregnancy.	Resection of left ovary and sac. Uterus suspended.	Recovery.	Uterus displaced by a swelling formed by blood clot, omentum, intestines matted down in Douglas pouch. A line of cleavage was found between lump and uterus and blood clot evacuated from Douglas pouch. Left ovary enlarged to size of a fist filled by blood clot. Douglas pouch drained by gauze and rubber-tubing through abdomen.
146	Y. B.	17-12-32	32	Extra-abdominal pregnancy.	Excision of cornu with pregnancy and suture.	Recovery.	Free blood in peritoneal cavity coming from a ruptured ectropic at the right cornu of uterus about the size of a large hen's egg.

Table No. X.

Mortality.

No.	Name	Age	Date	Died	Diagnosis	Remarks
170	**T.Y.H.** L. M.	34	2-6-32	4-6-32	Septic embolus.	Uterus size of 6 months pregnancy. Slight haemorrhage on examination. Subtotal hysterectomy for vesicular mole. Removal of appendix.
188	C. L.	52	30-6-32	18-7-32 at 1.30 p.m.	Peritonitis.	Abdomen occupied by a tumour extending to level of umbilicus, not freely movable. Shreds of tissue escaping into the cervix. Supra-vaginal hysterectomy and salpingo-oopherectomy for myoma.
197	S. C. S.	50	19-7-32	8-8-32	Cancer-profuse haemorrhage.	Cervix ulcerated. Admits a finger.
1	C. M.	59	5-1-33	12-1-33 at 10.40 a.m.	Carcinoma of cervix. 4th degree. Cachexia.	Cervix occupied by a tumour which was fixed and apparently extending across the pelvis.
2	C. P.	28	5-1-33	15-1-33 at 4.35 p.m.	Carcinoma of body of uterus.	No extension of growth downwards into vagina, but on passing a finger into the cervix the tissue of the cervical canal and uterine body was found to be in a breaking down state.
50	**L. K. Y.**	36	10-4-33	21-4-33 at 1.45 a.m.	Rapidly growing carcinoma. Toxaemia.	Cervix occupied by a growth size of a dollar. Uterus not fixed. No invasion of vaginal wall.

Table No. X.—*(Continued)*

Mortality.

No.	Name	Age	Date	Died	Diagnosis	Remarks
	G.C.H.					
77	L. C.	46	15-6-32	4-7-32	Fibroid. Died of post-operative basal lobar pneumonia and pleurisy of right lung.	Uterus enlarged to size of 2 fists and in front, freely movable. Cervix flush with vagina. Tumours undergoing malignant degeneration.
128	M. F. S.	18	31-10-32	1-11-32	Nephritis-primary, Cardiac failure-secondary.	Small retroverted uterus. No vomiting on admission. In the night vomiting recurred. The vomited matter consisted of thick sputum and sometimes 1 or 2 ozs. of bile-stained fluid. Next morning patient developed sudden collapse with marked cyanosis, and did not recover, died at 2.30 p.m.
157	T. K. T.	12	5-2-33	22-3-33	Malignant papilliferous cyst.	Uterus retroverted and displaced to right side. Cystic swelling filling the whole pelvis.
164	C. K.	50	20-2-33	4-3-33	Divarication of Recti.	Died of cellulitis and septicaemia.

THE PRIZE ESSAY COMPETITION.

By the Editor.

Five essays were received for this competition. The standard attained by the competitors was such that the task of adjudicating was by no means an easy one. After due deliberation we decided that the first prize of fifty dollars should be awarded to Mr. Wu Hung Tak whose essay is reproduced in this issue. The second-prize of twenty-five dollars is awarded to Mr. Lucien Tjon. The other competitors were Messrs. Chan Seck Fong, Chiu Put Po and Leung Tin Sin, all of whom deserve high commendation for their efforts. It should be of no small consolation to them to realize that although they have not gained monetary reward, their expenditure of industry thought and time in the research necessary for the production of the essays of the standard they submitted must undoubtedly have permanently augmented their intellectual equipment. For the preparation of essays of this nature forms a most valuable educational exercise, especially valuable to the medical student who burdened with the task of memorizing multitudinous data is apt to spend little time in critical and analytical thought. Yet the development of the latter faculty is essential for the production of a scientific medical practitioner of sound judgement.

So we would extend our congratulations to the five essayists we have named, prize-winners and all alike, and we venture to hope that a larger number of competitors will enter for the next essay competition.

THE CONTRAST BETWEEN MODERN MEDICINE AND ANCIENT CHINESE MEDICINE.

By

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February 28th, 1934.

While modern medicine is generally accepted and practised all over the world, ancient Chinese medicine still remains firm in the belief of most of the people in China. The very fact that this practice has existed for forty centuries and that it is so implicitly believed in by the mass is proof that there must be some good in it. Both systems have their own successes and superiority, but there are innumerable differences between them in every department. Ancient Chinese medicine started with the development of the civilisation of China over four thousand years ago, but owing to the conservative teaching there was practically no further progress after it had reached its so called climax, and it remained a rational, semi-scientific but dignified practice which was based upon the accumulated knowledge of centuries, and which represented the observations and experiences of many bright minds. On the other hand, though modern medicine developed only a few hundred years ago, yet owing to the rapid advances of science on which it depends, it has progressed to such a degree as to defy any other systems of medicine in the world. Thus their main difference can be summed up in two words. Modern medicine is *scientific* and Ancient Chinese medicine is *empirical.*

Anatomy and Physiology.

Disease is a departure from health. It is clear that it is impossible to study and know the nature of disease without a thorough knowledge of all the organs and systems in the body, and the normal physiological functions and working of them in a healthy individual. The teaching of modern medicine is based on this principle. There is a long course of anatomy and physiology for medical students before they study morbid anatomy and the abnormal functions of the body. They have to find out and learn for themselves every system, organ and structure of the whole body by spending most of their time in painstaking dissections, and aided by the microscope. The normal functions of different organs and systems are also seen, proved and studied by the students themselves in various experiments conducted by scientific methods. Having such a knowledge of anatomy and physiology, they can readily detect departures from the normal.

The students of Ancient Chinese medicine, however, are without any practical knowledge of these subjects. On account of the Confucian dogma which holds the body to be sacred and not to be mutilated in

any way, and also because of the great reverence for the dead, it could hardly be expected that anything could be made out in anatomy and physiology, hence gross mistakes have been made and are still sometimes seen. Works on anatomy were only done a few times as recorded in old literature. The dissections were done on the bodies of robbers and criminals who had been executed. Drawings were made and descriptions of the positions and relations of different parts of the body recorded. Although some of the descriptions were so accurate yet they were not without mistakes, and they were learned by the poor students without any chance for them to find out the errors.

As to physiology, no experiments have ever been done for the study of it. All the theories were opinions, thought and argued out by various writers in different periods. They never had the slightest idea of the proper functions of different organs. The brain was thought to be the abode of the spirit and energy. Thinking was supposed to be done by the heart. The blood stream was said to start from the foot and to circulate to the kidneys, the heart, the lung, the liver, the spleen, in the order mentioned, and from the spleen back again to the kidneys, thus making a complete circuit. These and many other absurd theories form the so-called physiology, and it is no wonder to find that pathology is so different between the two systems of medicine.

Pathology.

This subject is the greatest contrast between modern medicine and ancient Chinese medicine. Whereas in other subjects we still find some similarities between them, in this subject the theories are absolutely different.

In modern medicine, pathology is regarded as the science of disease. It investigates by scientific methods the basis of disease—the changes underlying its symptoms, and its functional disturbances. It is based on anatomy and physiology. The methods of study are those of physiology, and are thus of various kinds—physical, chemical, and anatomical; and they are applied both in observation and in experiment. The etiology of disease is regarded as the abnormal state of the, or part of the, system, organ or structure affected by some disturbing cause from outside. These abnormal states may be (1) hereditary, depending on the abnormalities in the germ plasm, (2) congenitial, presenting at the time of birth, and arising in various ways, sometimes in the same manner as in the acquired form, and (3) acquired, due to some disturbances acting after birth. The causes operating after birth are (1) improper or insufficient food and oxygen supply, (2) overwork or overstrain, (3) trauma or mechanical injury, (4) physical agencies such as heat, cold, electricity, etc., (5) invasion by micro-organisms—bacteria, protozoa, and various ultra-microscopic

organisms or filter-passers, (6) invasion by certain parasites, and lastly (7) chemical agents, poisons, toxins, etc. The changes in the tissue is either reactive or retrogressive as the response to these causes.

The pathology of ancient Chinese medicine is based chiefly on philosophical speculations. As has been said, the knowledge of physiology and anatomy is so poor that experimental researches on this subject are impossible to carry out, and theories of diseases have to be thought and argued out. Thus the causes of diseases are attributed to supernatural agencies, atmospheric influences, and the derangement of the "two principles" and the "five elements."

The "two principles" are the 'yang' (陽) and the 'yin' (陰) which are referred to as the male and female sexes. Further they represent heaven and earth, life and death, day and night, heat and cold, positive and negative, strong and weak, and finally acid and base.

The "five elements" are the metal, the wood, the water, the fire, and the earth. It is believed that the human body, like matter in general is made up of a harmonious mixtures of these elements. Chief representations are found in the five organs: the lungs, the liver, the kidneys, the heart, and the spleen, which are further related in a complicated manner to the five atmospheric conditions (draught, wind, cold, heat, moisture), the five planets (Venus, Jupiter, Mercury, Mars, Saturn), the five colours (white, green black, red, yellow), the five tastes (pungent, sour, salt, bitter, sweet), the five tones, etc. Health depends upon the proper equilibrium of the male and female principles and on the right proportions of the five elements. Any derangement of the balance causes disease which manifests itself in the pulse.

The main differences can be summed up thus. One is *experimental* and the other is purely *theoretical*.

Diagnosis.

This subject is regarded by both the modern and ancient systems of medicine as the most important and difficult subject, and it requires a lot of experience and patience to make a correct one. The methods adopted by the Ancient Chinese medicine are simple and limited to the so-called four methods. According to the Nei Ching (內經), the medical classic, the four methods are: observation (望), auscultation (聞), interrogation (問), and palpation (切). Observation means to note the complexion and expression of the face; auscultation, to listen to the voice and sound; interrogation, to inquire into the history, symptoms and cause of the illness, and the condition of the appetite and excretion; palpation, to examine the pulse. In the beginning, the relative value of these four methods was in the order named, but in course of time, the first three were gradually not so much employed, entire reliance being placed on the last. The

greatest importance is attached to this doctrine of the pulse and it is universally believed by the Chinese that all internal disease can be revealed by this method alone.

The diagnostic methods of modern medicine are numerous and complicated as contrasted to the simple ones of Chinese medicine. They comprise all the four methods employed by the Chinese, and in addition, there are chemical, instrumental, microscopic, biological, bacteriological and numerous other tests. Firstly there is interrogation to inquire into the history, symptoms and cause of the disease and the condition of the appetite and excretion. Then comes next the important physical examination of every system and organs in the body to know any abnormality in position and function by the four methods of inspection, palpation, percussion, and auscultation. Special sense organs are examined with the aid of numerous instruments. Blood is examined to know the number and state of cells, to see the state of haemoglobin, and to search for parasites and bacteria. Sputum, urine, faeces, and body fluids such as cerebral spinal fluid, peritoneal fluid, etc., are examined when necessary by various chemical and bacteriological methods. Special tests such as X-rays and electro-cardiography for the heart, barium-meal and fractional-test-meal for the gastro-intestinal tract, X-ray pictures of other organs, and bacteriological tests and microscopic examinations in various disease are often necessary. All these have to be done before a modern medical man can make a correct diagnosis.

The art of pulse feeling in China is a most mysterious and misunderstood subject. Chinese physicians assert that the entire superstructure of medical practice is built upon the theory of the pulse—the nature, location, course, and treatment of every disease depends on this alone. In modern medicine, although the examination of the pulse is also of importance, yet it gives so little information as compared with that of Chinese medicine. The modern medical man only learns the rate, rhythm, force, volume, tension and the general condition of vessel wall. These only reveal part of the condition of the patient but give nothing about the nature and location of diseases other than those of the heart. As have been said, the Chinese can tell all diseases by the pulse alone, which seems absurd and illogical, but this method has been adopted and practised for over forty centuries.

The method of taking the pulse in modern medicine is simple though certain points and rules must be observed. In all accurate records the pulse should be noted under similar conditions as regards the posture of the patient, time of day, relation to meals, etc. (Saville). The radial pulse is generally taken, although other superficial arteries are equally well. Three fingers are placed along the course of the artery, the index finger next to the heart. Rate of

the pulse is counted with a watch, and the whole examination can be finished in a comparatively short time.

The Chinese pulse lore is extremely complicated and, in practice, constitutes a most detailed procedure amounting almost to a solemn rite. The examination is made upon both the right and left wrists, the physician using his right hand for the left pulse, his left hand for the right. The middle finger is first laid on the head of the radius, then adding the index and ring fingers while the thumb rests upon the dorsum of the carpus. The best time for taking the pulse is the early morning at sun rise. The physician should keep cool and collected, first noting if his own breathing is in order. One inspiration and one expiration constitute one cycle of respiration. The normal ratio is four beats to one respiration.

According to the Difficult Classic the extent of the pulse is 1 and 9/10 of an inch, and is divided into three parts called Tsun (寸) or inch, Kuan (關) or bar, and Ch'ih (尺) or cubit, the last being nearest to the heart. Each of these divisions has two different and distinct pulses, one internal and one external, making altogether twelve pulses which correlates with twelve definite internal organs, the normal and abnormal conditions of which it betrays. Thus, according to Wang Shu-ho, the inch-pulse of the right hand reveals the condition of the lungs and large intestine, of the left hand, the heart and small intestines. The pulse under the bar corresponds on the right to the condition of the spleen and stomach, on the left to the liver and gall-bladder. The pulse felt on the right cubit shows the condition of the gate of life and San Chiao (三焦), on the left cubit it tells the state of the kidneys and bladder. Not only are the rate, character, rhythm, volumn, tension, etc. minutely observed, but the age, sex temperament, constitution, weight and growth of the patient, as well as the time of the day, season of the year, and influence of the constellation are also taken into consideration.

In modern medicine there are about ten types of pulse, all revealing the conditions of the cardiovascular system only. They do not as a rule interpret any abnormal conditions of other systems and organs as those in Chinese medicine. (1) Pulsus frequens: may be due to extracardiac causes such as infection besides various cardiac conditions. (2) Pulsus rarus. (3) Pulsus celer. (4) Pulsus tardus. (5) Pulsus anacroticus. (6) Pulsus dicroticus: may also occur in high fever. (7) Pulsus paradoxus. (8) The wiry pulse. (9) Pulsus bigerminus. (10) Pulsus alterans.

In Chinese medicine there are four main principle pulsus together with many minor types of less significance. (1) Fu (浮) superficial, a light flowing pulse like a piece of wood floating in water. (2) Ch'eng (沉) deep, a deeply impressed pulse like a stone

thrown into water. (3) Ch'ih (遲) slow, a pulse with three beats to one cycle of respiration. (4) Shu (數) quick, a pulse with six beats to one cycle of respiration. Every variety or combination is believed to reveal a distinct disease. Thus: (1) fu, belongs to male principle, points to complaints externally connected with the six influences: wind, cold, dampness, heat, dryness, and fire. (2) Ch'eng, belongs to female principle, indicates external disease due to the seven passions: joy, anger, anxiety, worry, grief, fear, and shock. (3) Ch'ih, reveals conditions of organs. (4) Shu, reveals disease of viscera.

Chinese physicians profess to be able to predict the result of an illness by various signs of the pulse, and to tell whether or not a woman is pregnant or even to predict the sex and development of uterine foetus by these tests alone. In modern medicine the prognostic value of pulse is only limited to acute cases and it only reveals the general condition and the response of the patient, and the pulse is absolutely impossible to tell anything about pregnancy.

Materia Medica and Therapeutics.

As Chinese medicine has a history of over forty centuries, it is no wonder to find that the Chinese pharmacopoeia is extremely rich in remedies. A list of 1892 different drugs are mentioned in the Pentsao (本草綱目), the national pharmacopoeia of China. The number of drugs employed by modern medicine is far inferior to that of the Chinese, and the list in the pharmacopoeia is only increased by synthetic compounds and various combinations and mixtures of different drugs. There is a striking contrast between the nature and source of drugs of the two systems. A greater part of the drugs in modern medicine are of mineral origin, a small portion of vegetable origin, and a still smaller portion is obtained from animals. Owing to the slow progress of chemistry, there are only a few drugs in Chinese medicine derived from the mineral Kingdom. Part of the drugs is from animal, insects and reptiles. Practically all of the drugs are of vegetable origin. Many of these drugs are common in both the East and West; but there are still not a few that have long been employed in China and yet which are still unknown, or have but recently been used in other countries. The Chinese claims wonder from these drugs which, owing to the crude and unscientific way of preparation, are rejected by most modern medical men. But many modern drugs which are so effective and widely used are really extracts from certain Chinese drugs discovered by certain research institute. For instance, Eumenol, said to be effective in menstrual disorders, is a liquid extract from Tang Kuei (當歸), a Chinese native drug; the now famous ephedrine, which took Europe and America literally by storm, is derived from Ma

Huang (麻黃), a Chinese herb that has been employed in practice for more than four thousand years.

Organotherapy, formerly much ridiculed by foreigners, but now hailed as a valuable modern discovery, has been known to every Chinese housewife. The common practice of administrating kidney for backace, lungs for consumption and cough, etc., may be too far fetched but the basic idea of endocrinology exists. In recent years a great variety of glandular substance has been employed in modern medicine. Of these, the thyroid, pituitary, suprarenals, pancreas, liver, and probably the ovary, have indubitably established their therapeutic efficiency, and it is remarkable to note that many of them have been in use in China for ages past. For example, as early as the seventh century thyroid gland was prescribed for goitre, cretinism, etc. But the way of administration is somewhat different in each system. The Chinese always take these organs wholly either as an ordinary dish, or after being treated with some vegetable drugs, whereas in modern medicine extracts or other preparations of them are usually taken while the whole crude thing is only seldom taken.

(*a*) *Pharmacology:* Modern medicine regards this as a science. It investigates by scientific methods the action of the drugs on the body both in health and in disease. The science of pharmacology is based upon the three sciences: physiology, chemistry, and pathology. It is impossible to decide how a drug produces an action until we are acquainted with any, or all, of the factors in these sciences which may be concerned. All the drugs are experimented chiefly on animals, and the effects are noted and studied before they are standardised and brought into use. Not only the immediate actions, local and specific, but also the remote and accumulative effects of drugs are also carefully considered, so that a doctor knows how and why a disease may be benefited by the appliance of drugs.

The Chinese pharmacology, if it exists, is simply an empirical one. It consists of the accumulated knowledge of centuries and the observations and experiences of many bright minds. No experiments have ever been done to study their action before the drugs are brought into use. Effects of the drugs are generally known after their first administration to the poor patient, and they are corrected after repeated applications.

(*b*) *Pharmacy:* This is another branch of science of modern medicine. It is the science and art of the preparation and combination of drugs, so as to render them fit for administration. Besides simple methods such as filtration, precipitation, etc., there are a lot of pharmaceutical processes, the more important of which are levigation, elutriation, lixiviation, aceration, percolation, repercolation, scaling and standardising. Drugs are prepared in various forms

before administration. They are: aceta, aquae, collodia, confectiones, decota, emplastra, extracta, glycerina, infusa, injectiones, lamellae, linimenta, liquores, lotiones, mella, misturae, mucilaguines, olea, exymella, pilulae, pulveres, spiritus, succi, suppositoria, syrupi, tabellae, tincturae, trochisci, unguenta, vina, and numerous other non pharmacopoeial preparations such as abstracta, emulsiones, enemata, essentiae, etc., etc.

Again the Chinese pharmacy is simple. The drugs are generally of vegetable origin: leaves, flowers, seeds, roots, barks, plus some from animals insects and reptiles, and preparations are very crude before administration. Usually they are boiled with water for some time, and the liquid taken when hot. Essentiae and unguentum are the most important pharmacoepial preparations. Occasionally inert media are used as vehecles for the active principles.

(*c*) *Therapeutics*: In modern medicine rational therapeutics plays a much more important part than empirical therapeutics while the reverse is the case in Chinese medicine.

The prescription in modern medicine contains only a few potent drugs, and more synthetic compounds are employed. The products are elegant and refined. The dosage is small, some in drops and pills. The Chinese prescription is an exceedingly complicated one. There are one or two dozen more or less inert ingredients besides the active principle and most of them are of vegetable origin. The dosage is extremely large, usually taken warm by the bowlful.

In the olden days the Chinese had for some time some other therapeutics such as hydrotherapy, psychotherapy, and vaccine therapy, but they were only employed for a short time and were gradually forgotten, entire reliance being laid on the prescription. In modern medicine there are many other methods of alleviating disease besides the ordinary prescription. General therapeutics such as diet, climate, baths, venesection and cupping, and special therapies such as vaccine therapy, seratherapy, protein therapy, buffer therapy, X-ray therapy, radiotherapy, diathermy therapy, hydrotherapy, organotherapy, and psychotherapy are frequently employed. In fact they are regarded as more important than the taking of mixtures an pills.

Treatment.

Modern Medicine: In spite of all the valuable therapeutic measures, much emphasis is being laid on prevention and public health in this subject. Indeed, preventive medicine will soon be the most important subject in the medical world. With the rapid advances of pathology and bacteriology, it is known that most of the diseases, though actual treatment is not always successful, yet they can be prevented. The body itself may be prepared against the operation of the causes of

disease, partly by judgement in matters of diet, exercise, clothing, etc., and partly by such special treatment in relation to particular diseases as is effected by vaccination and antisera innoculation. Public health involves all measures by which the community endeavours to ward off all external influences adverse to health by care of the water supply, air and ventilation, food, sewage and refuse disposal, buildings, etc.

Another important point in treatment besides the therapeutic measures is to improve the general condition of the patient so that the disease can be combatted and overcome by his own vital power. This consists of rest, diet and change of environment. This measure is very useful in treatment and many cases can be cured by this method alone.

In recent years, surgery has made rapid advances, and the success may be attributed to the great help of anaesthetic and antiseptic measures. Most of the uncured cases of medicine can be mastered by this science and art. In fact many obscure diagnosis are settled by the aid of a searching operation.

Chinese medicine: On account of the lack of anaesthetic and antiseptics surgery in China is rarely attempted, although it was recorded in literature that wonders had been done by the renowned surgeon Hua To (華陀) about two thousand years ago. Treatment is effected by the taking of medicinal decotions and to a less extent pills. This is aided by the external appliances of essential oils, ointments, plasters, and herbs. With only such simple therapies the Chinese claim that every disease can be cured, and this is actually the case, though it may be incredible to modern medical man. This may be accepted later on as more researches are being done on Chinese drugs which are so effective but unknown to the scientific world. Surgical cases such as fractures and dislocations are treated by the external appliance of herbs and other drugs after reduction and they recover in a comparatively short time.

As to prevention and public health they are not much cared. Many hygienic literatures had been written in the Chow Rituals (周禮) and the Analects (論語) but they are not much believed and observed. Bad habits make the Chinese very unhygienic.

There are three accessory typical Chinese methods of treatment viz., moxa, massage, and acupuncture. Moxa is a peculiar art of the Chinese but is quite widely used by the Japanese also. It consists of burning a tuft of soft, combustible substance upon the skin, and it cures many diseases especially those approaching death. Massage is now universally employed throughout the world and its value much appreciated. Acupuncture, which consists of punturing certain points of the body with needles of varying size and length, is a peculiar Chinese minor operation of most ancient origin. It is considered to be a universal panacea but chiefly resorted to for rheumatism, sprains, swollen

joints and deep seated pains of all kinds. 367 such points are described, each having its own name and supposed relationship with the internal organs. Owing to the ignorance of asepsis by native doctors more harm than good is done by its practice, but sometimes miraculous results are witnessed.

Training.

In modern medicine, the science of medicine is regarded as one of the higher educations and is studied in college after the student has finished his middle or high school. Hence every medical man is well educated and has high moral and ethical status. They have to be carefully trained for quite a number of years in medical schools, and they not only study and attend lectures, but also do all possible practical work for themselves so as to acquire a good knowledge of the normal and abnormal states of the human body before they are certified as a doctor.

The Chinese native doctors are not usually well educated. Most of them only turn to the profession of a practitioner when they have failed in their study of literature and classics. They take medicine as a vocation. They need not be well trained before they practice, and most of them possess only a little theoretical knowledge by reading some medical books, and no practical experience. Some of the higher grade learn more and have better experience by serving under apprenticeship. This is one great reason why Chinese medicine is not only without progress but also going backwards.

Professional Status.

The modern doctorship is regarded as one of the noblest professions. A doctor is respected by the laity, his words believed, his directions carried out, and his works appreciated. On the other hand, there is strict medical ethics among the doctor themselves. A doctor is supposed to have the responsibility of saving others and work not as a vocation but for the sake of science.

In China, doctorship is classified on the same footing with fortune tellers, astrologers, and physiognomists (醫卜星相). The doctors are not much respected, and are called in or dismissed at will. Their words are not much believed, their prescriptions may be altered by patients' friends or relatives, and their works not appreciated. There are no laws or regulations governing their practice, and anybody can set himself up as a doctor. The doctors have no medical ethics among them and they work as a vocation.

Progress.

There is a striking contrast in prospect between the two systems of medicine. Modern medicine is progressive and ancient Chinese medicine is retrogressive.

Even though many rapid advances have been made in modern medicine in a comparatively short time, yet researches are still carried out in every part of the world to bring this science into perfection and up-to-date. Within a year many alterations are made in every branch of medicine, and theories are continually accepted and rejected. The student has to get books of the latest edition if he wants to become a doctor possessing the best knowledge of the present time.

On account of the conservative teaching in China, there is great reverence for the authors of literature and classics, and none dare to question the ancient teachings. This holds good with the medical literature. Hence nobody dares to point out any mistake and everything said by the ancients is correct. The older the book, the greater is its value. This completely bars the progress of Chinese medicine, and with the lack of training of the medical men the science is gradually forgotten, and the art lost.

The times, however, have changed. With the introduction of modern medicine to China in 1805 a new era has been ushered in. Many medical schools have been established and every year a large number of graduates are being produced. Meantime those who are studying in Europe, America and Japan are returning in increasing numbers. Hospitals and research institutes are opening up all over the country. Works are being done to improve the ancient medical teachings by scientific methods, and we may expect a glorious future and recovery in the medical world of China.

AN UNUSUAL CASE FOR DIAGNOSIS.

K. H. Digby and Miss C. Wong.

An Extra-peritoneal Fibro Lipoma.

The patient was a Chinese female (T—— K——: surgical register No. 239/33), 26 years of age.

For two years she had noticed a slow distension of the lower part of the abdomen. At the onset she had suffered from retention of urine requiring the use of a catheter, and at times during the two years she had had pain accompanying micturition and also during defaecation.

Four months before she came to hospital other troubles appeared, menstruation became irregular, and about the same time a swelling was noticed in the left buttock. This caused only an itchy feeling at first, and it was not till one month before admission that cutting pains were experienced in the part. The patient has not been able to sit comfortably, and, after exertion, pain is experienced in the lumbar region and in the genitalia. She has had an abundant white vaginal discharge for about two years.

Her previous illnesses were:—

(1) hip trouble at the age of four years. This went on to sinus formation, but recovery eventually took place with some remaining limp and shortening.

(2) rigors, fever and shivering—? Malaria for a whole year, at the age of fifteen.

(3) for two years, from the 17th to the 19th, there was dyspnea and orthopnoea.

Though married for three years—her husband left her after one year—she has had no children.

Examination of the patient disclosed the following points:—

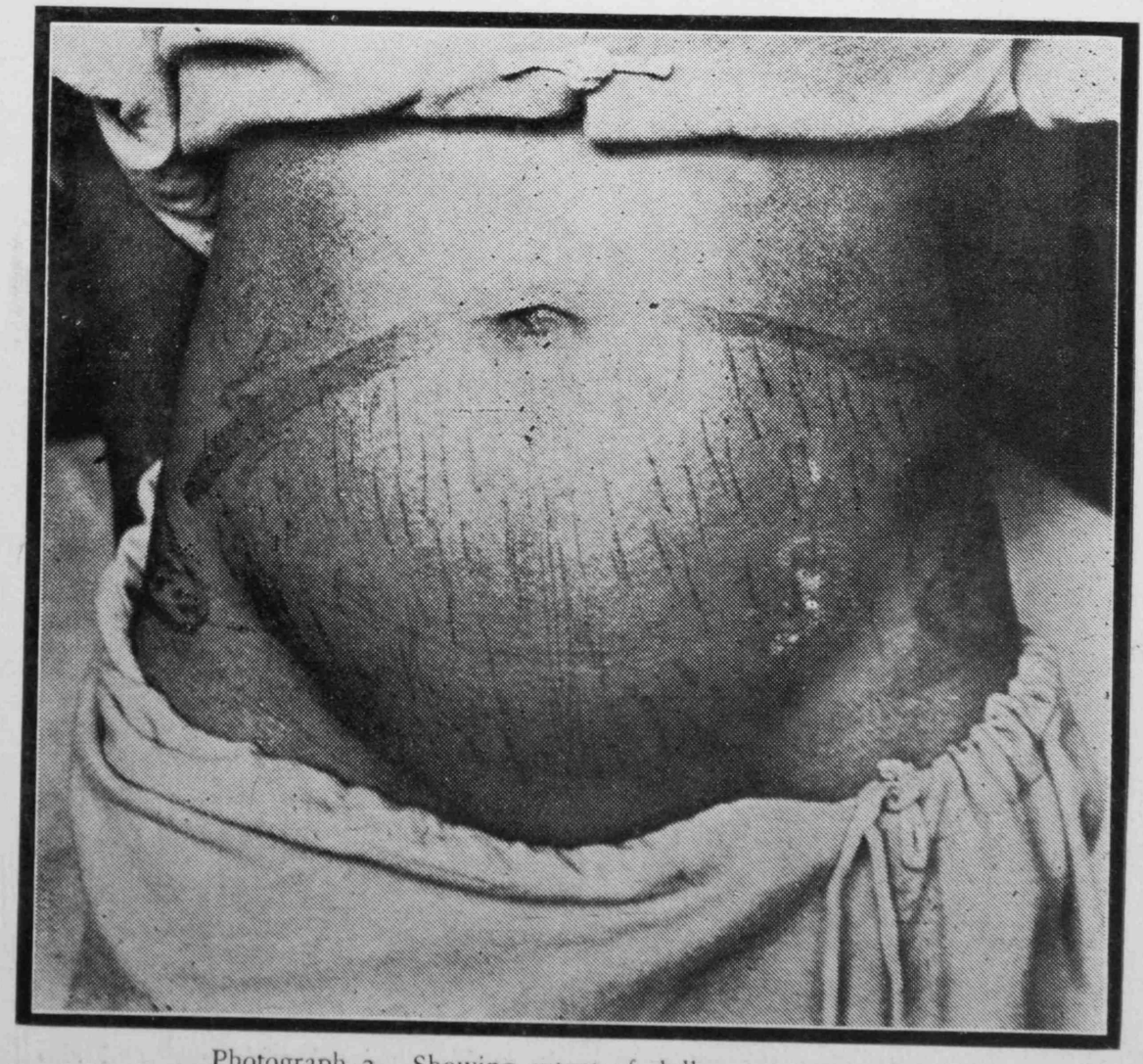
(1) A swelling occupied the lower part of the abdomen (photos 1 & 2). This was dull to percussion, the margin not sharply defined. On manipulation it appeared to be slightly movable from side to side.

(2) A tumour was present in the left gluteal region (photos 3 & 4). This was soft, partly reducible on manipulation, with an expansile impulse when the patient coughed; and it felt hot to the touch.

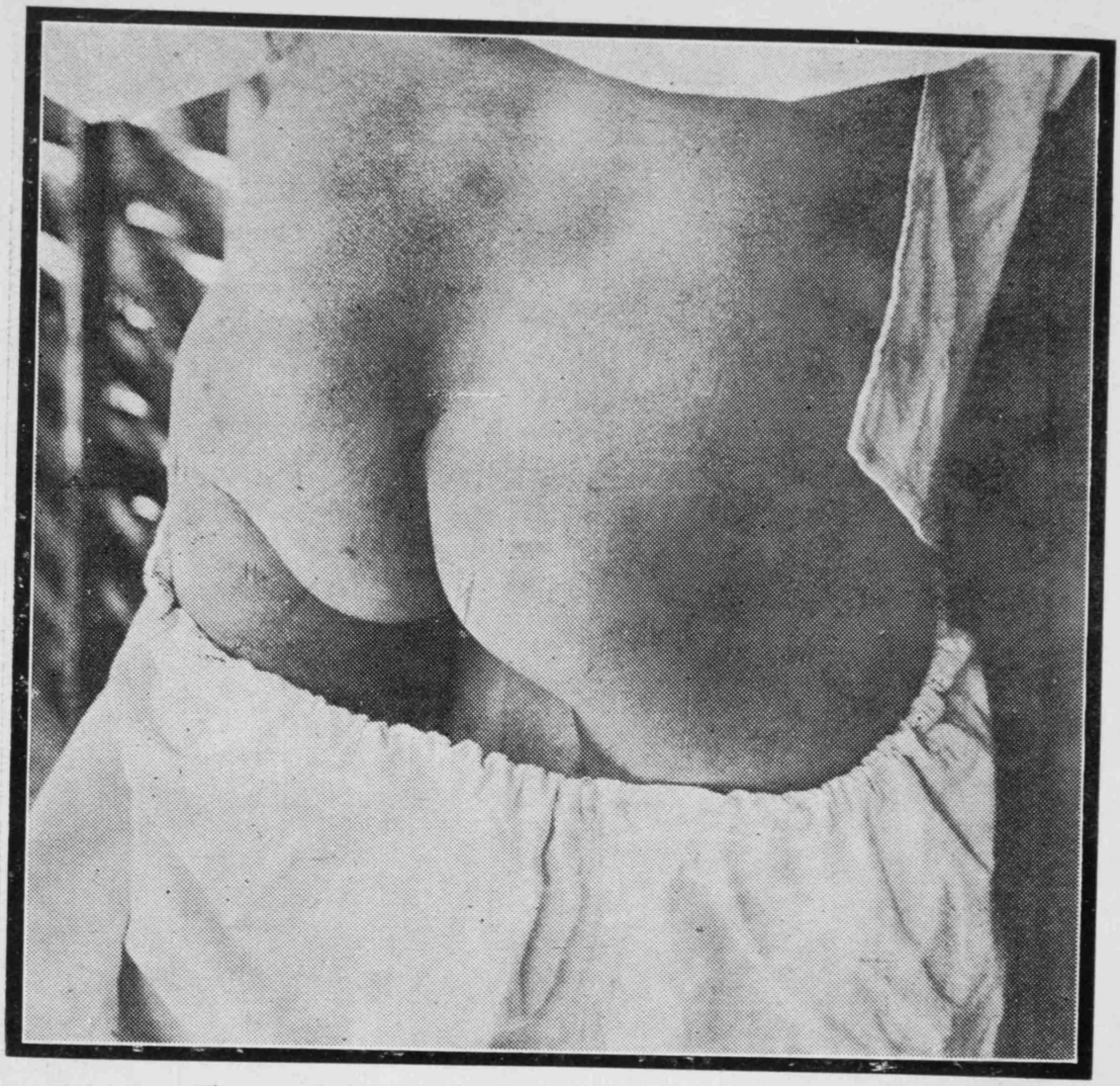
(3) On vaginal examination the cervix was not felt, apparently being pushed up out of reach, but a soft semi-fluctuating swelling was felt bulging into the left side of the vagina.

(4) There were signs of tuberculous disease of the left hip joint—the left lower limb being shortened, movements at the left hip joint limited and x-ray examination (photo 5) showed erosion of the

Photograph 1. Showing prominence of lower part of abdomen.

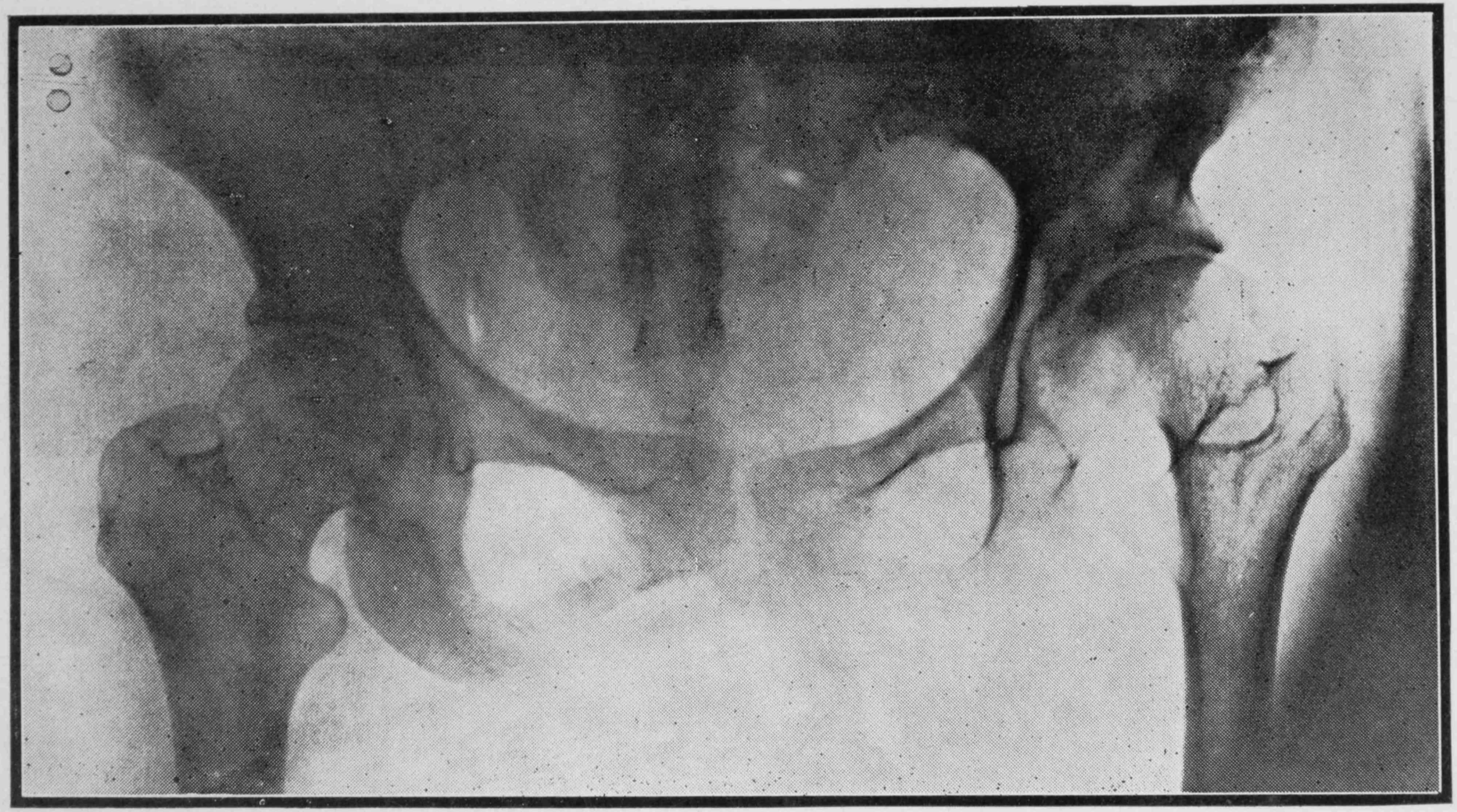


Photograph 2. Showing extent of dullness on percussion.



Photograph 3. Showing the swelling in the left buttock.

Photograph 4. Showing the projecting soft swelling painted with ink, and also depressed scars over the left buttock and a dry sinus over the cocyx.



Photograph 5. Showing old tuberculous disease of the left hip joint.

acetabulum and deformity of the femoral head. Furthermore scars over the left buttock were to be seen (photo 4).

Spine and sacro iliac joints appeared normal. The blood count was 8,000 whites—85% polymorphs and 15% lymphocytes. The hoemoglobin was only 70%.

The diagnosis was puzzling. The appearance of the abdomen at first suggested an ovarian cyst. The pushing up of the pelvic viscera and the lateral vaginal swelling suggested an amendment to broad ligament cyst. But how then to account for the hernia-like gluteal swelling? The old tuberculous disease of the hip joint suggested the possibility of a cold abscess in the pelvis and lower abdomen with a prolongation through the sciatic notch into the gluteal region. But tuberculous cold abscesses do not strip off the peritoneum of the anterior abdominal to give a dull protrusion between umbilicus and pubes.

On the 30th September, 1933, a small median suprapubic incision two inches long was made through the abdominal wall under general anaesthesia. This led into a mass of fibro-fatty tissue without any well defined limits. The peritoneum was clearly lifted high upwards. The mass was easily entered by the surgeon's fingers, and an assistant's fingers in the vagina enabled it to be well explored.

A diagnosis of extra-peritoneal lipoma was made. Bland Sutton in his "Tumours Innocent and Malignant" sixth edition 1917, p. 19 writes: "Masses of fat, in many respects resembling the so-called diffuse lipoma of the subcutaneous tissue, have been removed from the abdomen, weighing 30 and even 50 lb. (Pick, Cooper Forster). A prolongation "from a large subserous tumour of this kind appeared on the inner side of the right buttock of a woman aged 35, and simulated a perineal hernia. An operation was performed and a part of the tumour removed through an incision in the abdomen. The perineal portion was removed externally. The whole tumour weighed 14 lb. (Mc Gavin)".

In our case, any attempt at removal would have to take especially care of the ureters which are probably raised up, on or in the fibro-fatty mass. Similar extra-peritoneal tumours in the male are liable to extend along the inguinal canal simulate inguinal hernias.

It should be borne in mind that a more serious extra-peritoneal new growth may be encountered—namely, an extra-peritoneal sarcoma. This may be mingled with fatty, myxomatous and even muscular tissue.

Acknowledgements

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Souvenir of the incorporation of Dartford as a Municipal Borough.

Notes and Comments

The bronze bust of Professor C. Y. Wang, the University's first Professor of Pathology, was unveiled by Sir William Hornell the Vice-Chancellor on the 26th January, 1934 at 5.30 p.m.

There was a distinguished gathering at the impressive ceremony, in the Medical Library. In the course of his speech, after unveiling the bust, Sir William Hornell said: "C. A. Wang's life is done with; his example remains. Students of the Faculty of Medicine, your heritage has been built by the unselfish devotion of such as Sir Patrick Manson, Lord Lugard and many others. It is a goodly one, see that you make the best of it. The acquisition of wealth is not an ignoble aim but wisdom is the principal thing, therefore get wisdom and with all thy getting, get understanding."

On Saturday, 17th February, 1934 the Society held its Annual Social Function in the form of a supper Dance, in the Great Hall of the University. The Dance started at 9 p.m. and the Members and their guests did not leave the Hall till the early hours of the morning. Supper was served at 10.30 p.m. The function was a success so far as it concerns the members off the Society.

Review of Books

"Medicine in its Chemical Aspects" Pp. 217.

"The Microscopic Diagnosis of the Chief Tropical Diseases." By F. W. Back and J. Zschucke, M.D. Pp. 92.

These presentation books have been sent to us by the China Export-Import and Bank Co. of Hong Kong on behalf of the "Beyer-Meister Lucius" Company of Germany.

The first publication is an interesting compilation by various authors exemplifying the benefits conferred upon medicine by modern chemical research. Perusal of this book impresses upon the reader the necessity of energetic co-operation between the chemist and biologist for further advances in such fields as Physiology, Immunology and Therapeutics. It is fortunate for medicine that this type of research is well endowed by the great chemical firms.

The second book is a well got up pocket book containing directions for practical microscopy and for the recognition of the common human parasites. There are a number of excellent illustrations, those of the ova of parasitic worms are particularly useful. This little book should be of great service to the student and practitioner. It is greatly to be regretted that the book is not on sale.

We have presented both books to the University Medical Library where they can be consulted.

L. J. D.

"Annual Report for 1932 of the Institute of Medical Research, Federated Malay States, Kuala Lumpur." By A. Neave Kingsbury, Director.

This publication contains much interesting matter reflecting the manifold activities of the Kuala Lumpur Institute. The number of routine investigations shows an increase on that of the previous year, this in spite of the severe economic depression through which the country has been passing. The research activities of the Institute were mainly continuations of studies in malaria and tropical typhus. In the field of malariology successful results are reported in a large scale investigation of the control of malaria on an estate by the administration of quino-plasmoquine. In another estate experiment atebrin was found of great value in reducing the incidence of malaria. In connection with research on tropical typhus many interesting experimental data were accumulated. Strains of viruses were successfully maintained in guinea-pigs and rabbits. It was demonstrated by cross-immunity experiments in rabbits that the virus of tropical typhus of the rural type is immunologically related to the virus of Japanese river fever

or tsutsugamushi disease. An interesting case is reported of infection in a four months old Sikh baby by Trypanosoma lewisi, the common rat trypanosome.

L. J. D.

"Introduction to Physical Chemistry." By Alexander Findlay. Longmans Green & Co. Pp. 479. Price 7/6.

The author of this book is well known to the public as a writer of popular works on chemistry and to chemists for his text-books and monographs on physical chemistry.

It is thus not surprising that, having written so many excellent works on physical chemistry, he should have succeeded in producing an introductory text-book which affords no scope for criticism.

The task of the reviewer is therefore a light one and all that is necessary is a description of the main features of the work.

The book consists of twenty-one chapters including the properties of gases, liquids and solids, osmotic pressure, solutions of electrolytes, the first and second laws of thermodynamics, photochemistry, the phase rule etc., together with a most useful appendix consisting of questions and problems (with answers) on the subject matter of each chapter.

The first chapter on the constitution of matter gives a concise and clear account of the modern atomic theory.

The treatment is up to date, including mention of the positive electron, neutrons and the disintegration of light elements by bombardment with rapidly moving protons.

Perhaps the best praise that the reviewer can give is to say that the high standard set up in the first chapter is maintained throughout the rest of the book.

The author's works are all written in an attractive style and the book under review is no exception.

As regards the type, the diagrams and the quality of the paper, there is no need to say more than that they are worthy of the publishers, who must be congratulated on producing the book at the modest price of seven shillings and sixpence.

For the ordinary medical student the reviewer considers that Findlay's "Physical Chemistry for Students of Medicine," is the more suitable book, but for a student of chemistry or a medical student who has the inclination and the time to study the subject more fully, the "Introduction to Physical Chemistry" can be heartily recommended.

G. T. B.

"Aids to Qualitative Inorganic Analysis." By R. G. Austin. Pp. X. 204. Figs 9. Price 3s. 6d. London. Bailliere, Tindall & Cox.

There are so many modern elementary text-books on qualitative inorganic analysis that the only justification for adding to the list is the inclusion of novel features which distinguish the book from its contemporaries.

The following features characterize this work.

1. It is compact, its size (4 × 6½ inches) is such that it can be placed in a pocket.

2. The larger number of analytical tables scattered throughout the book.

3. The concise manner of presentation of the subject matter, whereby the maximum of information is contained in the minimum of space.

The last chapter of the book, occupying 25 pages, contains instructions for the preparation of thirty five substances, from which it may be gathered that the descriptions are characterized by brevity, which is satisfactory so long as the book is used under the guidance of a teacher.

Some portions of the book invite criticism. The statement that arsenates give with ammonium molybdate solution a similar precipitate to phosphates "under the same conditions" is somewhat misleading, since the arsenate precipitate comes on boiling and the phosphate precipitate generally appears in the cold or at least on gentle warming. Sodium cobaltinitrite might have been mentioned as a reagent for potassium, and Deniges characteristic test for citrates might have been mentioned as a reagent for potassium, and Deniges characteritic test for citrates might have been included.

The formula for sodium aluminate is $Na\ AlO_2$ and not $Na_3\ AlO_3$ as given on page 52.

The statement on page 67, that "Heated with concentrated $H_2\ SO_4$ permanganates give off oxygen", is injudicious, because any student who tries the experiment will not be inclined to repeat it.

This book in the hands of an experienced teacher is likely to prove useful as an introductory text-book on qualitative analysis.

G. T. B.