

# Stories of Obstetrics and Gynaecology in the 1960s

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I graduated from the University of Hong Kong in 1958 and received training in Obstetrics and Gynaecology in the University. After obtaining MRCOG I remained in the department as a civil servant at first and was appointed Senior Lecturer in the department from 1969 to 1975. I was therefore quite familiar with what happened in the department in the 1960s.

A story comprises the period, the place, and the people. The period has been specified in the title. The setting was in the HKU Department of Obstetrics and Gynaecology, mainly in the Tsan Yuk Hospital and the Queen Mary Hospital. Then who were the players?

## The Players

From the 1950s to 1970s the department was under the rule of Professor Daphne Chun. The structure of the whole department was simple, consisting of one professor, one senior lecturer, two lecturers, clinical assistants, and senior medical officer, and medical officers from the government service (Figure 1).



Figure 1. Staff of the Department in 1960. Front row from left: Dr Chew Wei (1st), Professor Norman Jeffcoate (4th), Professor Daphne Chun (5th), Dr Carol Braga (8th), Dr Dorothy Kwan (9th); Second row from left from 3rd: Dr Pun-Shui Kan, Dr Donald Chan, Dr Chi-Chiu Yu, Dr AC Lopes, Dr Therese Lu, Dr Shin-U Lok, Dr Kin-Hung Lee; Third row from left: Dr Hung-Nin Soo (4th), Dr Ho-Kei Ma (6th); Back row far right: Dr Pui-Han Ma



Figure 2. Dr Herbert Reiss, far left in the front row

The senior lecturer was at first Dr Chew Wei, succeeded by Dr Carol Braga. Dr Dorothy Kwan was the senior government staff. Dr Pun-Shui Kan and Dr Donald Chan were the lecturers. The Registrars included Dr Chi-Chiu Yu, Dr AC Lopes, Dr Therese Lu, Dr Ho-Kei Ma, Dr Sin-U Lok, Dr Pui-Han Ma, Dr Hung-Nin Soo, and myself.

When Dr Carol Braga emigrated to the United States in 1969 an additional senior lecturer post was available and Dr Ho-Kei Ma and myself were appointed to the two posts.

## Dr Chew Wei and Dr Herbert Reiss

Dr Chew returned from the United Kingdom and was appointed Senior Lecturer. He was a thinker and devised detailed duty lists for all grades of staff. Dr Herbert Reiss from the United Kingdom (Figure 2) was the lecturer on contract terms. The two were not always in agreement over many things.

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Figure 3. Kielland's forceps on the left

Dr Chew was the first one to try the vacuum extractor in Hong Kong. Together with the paediatrician Dr SC Hu from Queen Mary Hospital they performed the first exchange transfusion in a neonate at Tsan Yuk Hospital.

### The Kielland's Forceps

Dr Reiss from the United Kingdom brought his experience in the use of Kielland's forceps (Figure 3). But unfortunately the eyeball of two babies were injured and Professor Chun banned the use of Kielland's forceps ever since. She considered the pelvic cavity of the Chinese women too narrow and not suitable for forceps rotation. That was why the Kielland's forceps could only be found in the library of Tsan Yuk Hospital instead of in the labour ward.

### The Case of Prolonged Labour

There was a case of prolonged labour in a primigravida. The cervix remained half dilated overnight. During the Saturday morning grand round arguments broke out between Dr Chew and Dr Reiss on the management. Dr Reiss was more adventurous and proposed Caesarean section. Dr Chew was more conservative and advocated to start a Syntocinon drip. The arguments went on and we as junior staff were at a loss which way to follow. Eventually the case was settled by the patient. While they were still arguing she became fully dilated.

### The Case of Obstructed Labour

A multiparous woman had prolonged second stage. The head was not engaged. Dr Reiss came and applied the forceps. He succeeded in locking the blades but there was no descent on traction. Somehow he managed to perform internal podalic version and brought down a leg. The breech extraction also failed because the foetal pelvis was too big to get through the maternal pelvic brim. By that time the foetal heart was gone and the mother went into shock. The operating theatre staff and equipments were moved to the labour ward and Caesarean section done. When the baby was delivered it stood on the mother's abdomen like a small child. It weighed more than 13 pounds. Fortunately the mother survived. This was the only time when Caesarean section was done in the labour ward of Tsan Yuk Hospital.

### The Low Perinatal Mortality Rate

For a long time the perinatal mortality rate in Hong Kong had been low, lower than that in the United Kingdom. In 1950, the figure per 1000 total births was 36.1 which decreased to 26.6 in 1960 and 18.7 in 1970 (Table). This low figure caught the eye of the President of the Royal College of Obstetricians and Gynaecologists, Professor Dugald Baird of Aberdeen, a good friend of Professor Chun. So Professor Baird sent his lecturer Dr AM Thomson to Hong Kong in 1959 to investigate. He was given a small room, the Sister Tutor's office, and he stayed there for 6 weeks and looked over the patient records of a whole year.

When Dr Thomson returned to Aberdeen he published a paper in the *Journal of Obstetrics and Gynaecology of the British Commonwealth* entitled "Perinatal Mortality in Hong Kong and in Aberdeen, Scotland" (October 1963, 70:871-7) by Thomson, Chun, and Baird. He found that the statistics were accurate and the standard at Tsan Yuk Hospital was comparable to that in Britain. We truly had a lower perinatal mortality rate and it was mainly due to two factors, namely less

Table. Maternal and perinatal mortality rates in Hong Kong

Year	1950	1955	1960	1965	1970	1975
Total no. of births	60 600	90 511	110 667	101 110	79 132	79 790
No. of maternal deaths	105	107	55	34	15	2
Maternal mortality rate (per 1000 total births)	1.7	1.16	0.49	0.33	0.19	0.02
No. of perinatal deaths	2190	2239	2989	2380	1460	1236
Perinatal mortality rate (per 1000 total births)	36.1	24.7	26.6	23.5	18.7	15.5



Figure 4. Dr Carol Braga (left) with Professor Daphne Chun and Dr Kin-Hung Lee



Figure 5. Dr Gerald Choa, Director of Medical and Health Services visiting Tsan Yuk Hospital on Christmas Day

pre-eclampsia and less lethal congenital malformations.

### The Cases of Bacteraemic Shock

Maternal deaths had been rare at Tsan Yuk Hospital, usually one to three each year. But in the year 1966 there were seven maternal deaths and four of them were caused by bacteraemic shock. The typical story was the patient requiring a Caesarean section was given an intravenous blood-giving set. Soon she developed chills and rigor and went into severe peripheral circulatory failure with disseminated intravascular coagulation and bleeding. Despite rigorous resuscitation with fluids, blood, fibrinogen, antibiotics, and hydrocortisone, four of those patients died.

One day when a medical student was watching such a patient she saw a layer of dirt like material on the gauze tube of the blood-giving set. Dr Braga was alerted. She sent that for culture and obtained pure growth of *Pseudomonas*. At that time the rubber intravenous drip sets were not disposable, but washed, cleaned, and autoclaved by the hospital. These sets were therefore immediately thrown away and disposable sets introduced. And there was no more bacteraemic shock thereafter.

Dr Carol Braga (Figure 4) was a Portuguese, graduated from the University of Hong Kong in 1952. She speaks perfect Cantonese and was clinically responsible for the whole department during the most part of the 1960s.

### Air-Conditioning for Tsan Yuk Hospital

For a long time there was no air-conditioning



Figure 6. Tea reception after Christmas visit

in Tsan Yuk Hospital except the offices of the Medical Superintendent and the Matron. On Christmas day the Director of Medical and Health Services used to visit Tsan Yuk Hospital, go around one or two wards and shake hands with the patients (Figure 5). Afterwards he sat down with the staff in the conference room for tea (Figure 6). Professor Chun made use of such opportunities to request the installation of air-conditioning. But year after year there was no news at all. Then Professor Chun found that the reason for the request put forward by the Medical Superintendent was “for the comfort of the doctors”. No wonder our request was at the bottom of the list. After Professor Chun made the correction we finally got air-conditioning.

### The Case of Cutting the External Iliac Artery

I was assisting a case of hysterectomy for carcinoma corpus uteri. When the left round ligament was picked up and divided a huge gush of fresh blood followed. The source of bleeding was immediately clamped and identified to be the external iliac artery. As

this was a case of malignancy it was thought advisable to divide the round ligament closer to the pelvic side wall. Professor Chun was called in. She asked Dr John Chan, the government surgical specialist, to come and he performed an end-to-end anastomosis.

During the ward rounds on the following days the patient was quite surprised why the doctors paid more attention to her foot than her abdomen where the wound was. The doctors were eager to watch whether the foot would become gangrenous and felt the pulse on the dorsum of the foot every time. And then Dr John Chan remarked that the external iliac artery could safely be tied at that level.

## The Charge of Manslaughter

In one winter evening in 1965 a teenage single girl suffering from high fever, abdominal pain and shock was brought to the Casualty Department of Queen Mary Hospital by her parents. The Casualty Officer, a fresh graduate Dr Lau, made the diagnosis of septic abortion and admitted her to the gynaecological ward. Despite active treatment she died the same night. Autopsy revealed perforated typhoid. The parents were furious and complained vigorously. A coroner's enquiry returned the verdict of manslaughter. Dr Lau was then posted in the Castle Peak Hospital. The police went to the Castle Peak Hospital in the evening, handcuffed Dr Lau and brought him to the Court and charged him for manslaughter.

Only when Professor AJS MacFadzean, the Professor of Medicine, gave evidence that he too would not have made the correct diagnosis that Dr Lau was acquitted. He soon went abroad.

This was the only case in Hong Kong where a doctor was charged with manslaughter in the course of medical practice.

## The Flying Squad

In the 1960s home confinement was already a rarity, mostly in the New Territories. But there were still a number of maternity homes both in the government maternal and child health centres and in the private sector. Tsan Yuk Hospital was their back-up. When the Senior Registrar received the call he could decide to send the Flying Squad to the maternity home, mostly in

the Wanchai District.

Forceps were frequently required for cases of prolonged second stage. The textbooks always say that forceps are used without any force. You just need to use two fingers to lift the foetal head lightly. In practice we all know that this is far from the truth. I was told of the case of forceps in a private maternity home during a Flying Squad mission. Dr Sin-U Lok (Figure 1) was the tiniest obstetrician I know. She applied the forceps and pulled. The foetal head did not yield. Dr Dorothy Kwan (Figure 1) took her position behind Dr Lok and put her arms around Dr Lok's body. With her feet against the wall, Dr Kwan pulled on Dr Lok. Together they managed to deliver the baby in this tug-of-war fashion.

## Dr AC Lopes

Dr Lopes (Figure 7) was an interesting person. He was also a Portuguese and could speak imperfect Cantonese. He looked fierce but inside he was rather timid. He had six children and drove a very old small Auto-Union car. The car had a big hole in the floor so that people inside the car could see the road not only through the window but also through the floor.

One night he was called to the labour ward for a retained placenta. He scrubbed up and was prepared to do a manual removal of placenta under general anaesthesia. In those days the anaesthesia was ether inhalation administered by another registrar. After a while the anaesthetist asked whether the patient was already asleep. We looked around and found that the only person fallen asleep was Dr Lopes.

Dr Braga is a devoted Catholic and goes to church every Sunday. Dr Lopes was also a Catholic but he never went to church.

In those days postpartum sterilisation (PPS) was very much encouraged as Professor Chun was the Founding President of the Family Planning Association of Hong Kong and grand multipara was commonplace. Dr Braga certainly would not perform sterilisation. When Dr Braga was doing a Caesarean section and PPS, after the uterine wound was closed she would pick up the fallopian tube with a pair of Ellis forceps, hold up the tube and ask her assistant to tie the tube. Dr Lopes was different. He did PPS left and right. That was why



Figure 7. Senior staff of the Department at the end of the 1960s. Front row from left: Dr Hung-Nin Soo, Dr Ho-Kei Ma, Professor Daphne Chun, Dr Kin-Hung Lee, Dr AC Lopes; Back row from left from 2nd: Dr Kai-Him Ng, Dr Pang-Ling Chan, Dr Effie Chang, Dr Shing-Kwan Yip, Dr Kwok-Keung Yeung

Professor Chun used to say “Dr Lopes is a good Catholic. He does PPS.”

## The Textbook “Practical Obstetrics”

Professor Chun initiated the idea of publishing a bilingual textbook for medical students and especially for midwives because there was no suitable Chinese textbook on midwifery. She decided on the chapters and asked everyone in the department to contribute a few chapters each. In the beginning some of the staff did not believe the project could succeed and were not enthusiastic about it. Professor Chun had my support and I finished the chapters left over by others. My wife Dr Hung-Pien Lau took over the Chinese translation and the First Edition was published in 1970 (Figure 8).

## The Beginning of Foetal Monitoring

For such a long time the foetus was simply “untouchable”. We could only rely on the stethoscope to assess the foetal condition before and during labour. We were all excited when intrapartum foetal monitoring became available. I was the first to use amnioscopy, foetal blood sampling and continuous foetal heart monitoring at Tsan Yuk Hospital. The management of labour and the teaching of medical students were completely changed.

From the study of these new techniques I took the opportunity to write my MD thesis on “The Use of Amnioscopy and Foetal Blood Sampling in the Diagnosis of Foetal Distress” (Figure 9). I was conferred the degree in 1971. I was the first one in the department to obtain the M.D. In fact I was the first one outside the

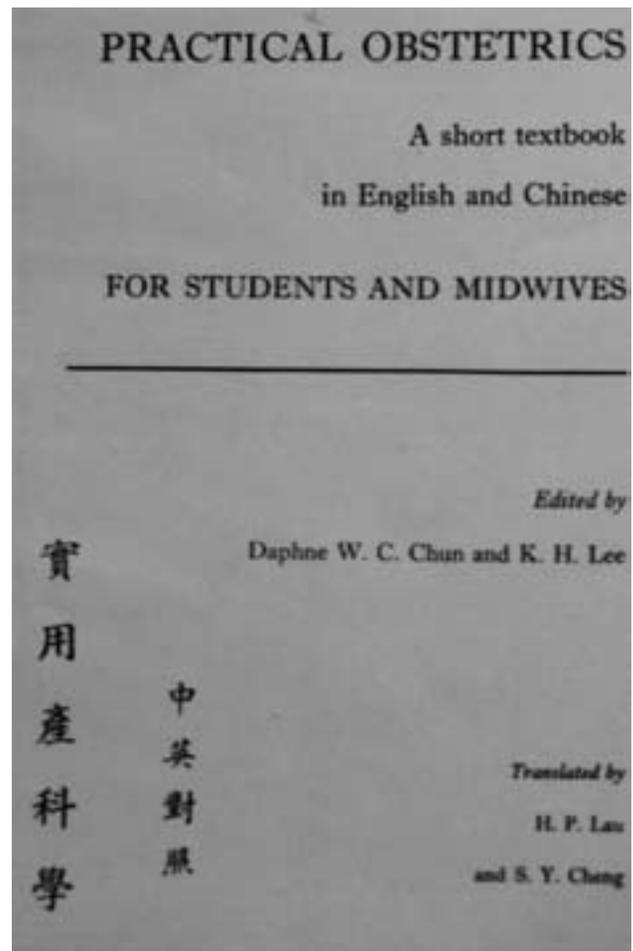


Figure 8. “Practical Obstetrics”

Department of Medicine to do so.

## The Cars that We Drove

Even the cars that we drove made stories. Somehow the male doctors all drove small cars. I drove a Volkswagen Beetle, Dr Hung-Nin Soo a Morris Minor, Dr Chi-Chiu Yu an Austin Healey, the most powerful sports car of the time. Dr Lopes’s car had been mentioned already.

The lady doctors all drove big cars. Dr Braga drove a big English car Wolsley, Dr Wai-Chee Li also a big English car. Dr Therese Lu drove an Opel Kapitän, the biggest of the series. Professor Chun’s car was not very big. But if you saw her come in the opposite direction you could see the car but not the driver. One day she did crash her car at Queen Mary Hospital. When she was driving down the slip road she crashed into a tree. But fortunately she was not hurt.

But the most wonderful car was that of Dr Kai-Him Ng (Figure 7). He got an air-conditioned Volkswagen. In



Figure 9. MD thesis of Dr Kin-Hung Lee

those days only big cars had air-condition. Dr Ng's car was the first small car in Hong Kong with air-condition. He bought it second hand and brought it to Tsan Yuk Hospital. We were all excited and crowded into his car. He took us for a drive and then we found that we could not go up the Garden Road.

### Rarities Now

Conditions not uncommonly seen in those days have become rare now, such as:

1. The grand multipara (Figure 10);
2. Concealed accidental haemorrhage (Figures 11 and 12);
3. Hydrops foetalis (Figure 13); and
4. Congenital malformations (Figures 14-17).

### All Work and No Play Makes Obstetrics a Dull Day

Obstetrics is such an interesting subject it should never be dull. So what sort of play did we have?

Opposite the Tsan Yuk Hospital was a playground



Figure 10. Pendulous abdomen of the grand multipara



Figure 11. Retroplacental clot in concealed accidental haemorrhage

(Figure 18). We used to play football there. Figure 19 showed the football team when we were house officers in 1958. Dr Chi-Chiu Yu did not play but he used to bring along a small cylinder of oxygen and stood by the field. When we were running out of breath we would go to him, take a few breaths of oxygen and go back to play. But the most popular sport must be table-tennis. Figure 20 showed the lift lobby of the 6th floor in Tsan Yuk Hospital where the table-tennis table had remained until the 1980s.

Each group of obstetric clerks used to play a table-tennis match with the staff at the end of their clerkship. The ground floor lecture hall would be turned



Figure 12. Couvelaire uterus in concealed accidental haemorrhage



Figure 14. Anencephaly



Figure 13. Hydrops foetalis and placenta

into a table-tennis room (Figure 21). Refreshments were provided after the match and the medical students all enjoyed the clerkship. Believe it or not the staff team usually won. The lady partnering me in the doubles was none other than Dr Ling-Chui Wong.

### In Short

These are some of the stories that I can recall. If told by some other person it may be a different story altogether.

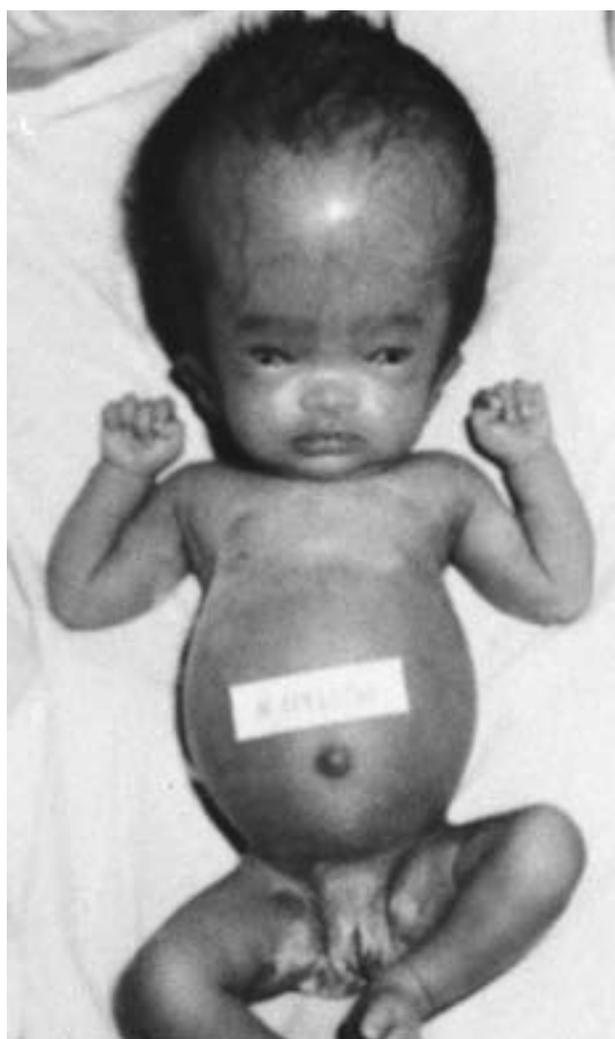


Figure 15. Hydrocephalus



Figure 16. Exomphalos



Figure 17. Meningocoele and hydrocephalus



Figure 18. Tsan Yuk Hospital and the opposite playground



Figure 19. The Tsan Yuk Hospital Football Team. Front row from left: Dr John Leung, Dr Kwong-Man Wong, Dr Lawrence Hou; Back row from left: Dr David Mok, Dr Hung-Nin Soo, Dr Kin-Hung Lee, Dr Yoi-Sun Soo



Figure 20. Sixth floor lift lobby of Tsan Yuk Hospital



Figure 21. Table-tennis match in the Lecture Hall of Tsan Yuk Hospital