

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON.

Wednesday, January 12th, 1887.

MIDWIFERY AMONG THE BURMESE.

DR. T. F. PEDLEY, of Rangoon, read a paper which described the occupation, dress, and physique of Burmese women. The knowledge of the native doctors is handed down by tradition, and takes origin from fable, horology, astrology, etc., and dieting is followed according to a certain letter, date, name, good or evil spirit. The midwives are of the poorest and lowest class, their chief qualification being age and being the mothers of large families. The more decrepit, the more they are respected. All new methods are resisted. Nature is kind, as a rule, to the mother, and carries her safely through. In lower Burmah there is little real poverty, and the women lay by for the event from five to fifty rupees.

A large store of fire wood is laid in. If she cannot buy it, she collects it before her delivery. A room is set apart where the mother remains until convalescent. Regardless of all sanitary laws, every effort is made to keep out air, and especially the smell of cooking, which is supposed to be practically injurious. A fire is made of wood, no chimney being provided, and the smoke renders the air stifling. The patient, when in labor, is surrounded by female friends, and a crowd of men and women squat behind the curtain which divides the apartment and smoke or chew betel.

When the pains become severe, the patient squats on the floor, supported by a woman sitting behind her. The midwife assists in front by pushing with her hands on the abdomen, using more and more violence as the pains increase. A silk scarf or cloth is tied tightly round the body above the umbilicus, which is drawn tighter as the case proceeds, not with any idea of restraining hemorrhage or supporting the uterus, but to prevent its rising into the chest. As the head progresses, the woman is laid on her back on the floor, with her knees drawn up.

Her attendants press on the abdomen with all their might. When the head of the child presses on the perineum, the midwife leaves the pushing to others, and, in all first cases, tears the peri-

neum either with her thumb nail, which is grown sharp and long for the purpose, or with her great toe nail. In other cases, the perineum is retracted, and as soon as the head is born, the child is rapidly extracted. If the placenta does not follow quickly, the cord is dragged on, and this failing, it is removed by the hand or torn away piece by piece.

The mother is washed, and the whole body rubbed with turmeric, and saffron is plastered over the vulva. The fire is kept up, and hot bricks wrapped in rags, or bags of hot sand are placed on the abdomen, and twice a day the patient has to squat over smouldering embers upon which tumeric has been thrown, or over steam arising from hot bricks. The skin is often blistered by the application of heat, but heat is supposed to permeate the parts and heal them.

The food is hot water, hot broth, with fish and rice. The poor get up on the fourth or fifth day, but the better classes scarcely move for a fortnight, except for the daily steaming process and the calls of nature. On the seventh day, a hot "pack" is used for some hours which produces free perspiration. When the blankets are removed, the patient is bathed freely in cold water. The constant sweating during the first week brings out a miliary rash, which is considered a good sign. Shampooing or massage is used for hours together, often so excessive over the abdomen that displacements of the uterus are produced. Though Burman women are clean in health, washing is avoided during sickness, and their habits are dirty.

When delivery is not rapid, various barbarous methods are followed, such as standing on the patient's abdomen and pressing or kneading it with the feet, or a bamboo or plank is placed across the abdomen, while the attendants endeavor to expel the child by using all their force at the two ends.

This method is very usually fatal to mother and child and often causes rupture of the liver or bladder. Cases of tetanus often follow lacerations of the perineum, cervix, or rectum. One case of recovery was recorded under the use of chloral. In cross births, the part presented is torn or cut off and the child removed piece by piece, the head being extracted by means of a large fish hook. In all cases the object is to remove the child as quickly as possible and regardless of risk to the mother, owing to the superstition that if a woman dies undelivered the spirit of the mother and child haunt and bring misfortune to the relatives ever after.

Burman women really need little assistance if nature is left to herself. Their pelves are roomy and expulsive efforts strong. *The native system leaves little for perverted ingenuity to devise towards preventing recovery and is about the most severe and fatal in the world.* The only remedy is a supply of properly trained Burmese midwives which the Burman branch of the "Countess of Dufferin's fund" has determined to undertake.

The paper was illustrated with colored drawings by native artists of the most characteristic points mentioned.

DR. BOXALL mentioned many points of similarity between the Burmese and Chinese as regards sophistry and superstition in the practice of all the branches of medicine, and the description of the practice of Dr. Hua during the Han dynasty, about a thousand years ago, taken from the "Story of the three States," puts modern abdominal surgery into the shade.

MR. DORAN asked Dr. Boxall if he knew whether women in the East suffered from disorders incidental to menstruation and pregnancy in consequence of the habit of tobacco smoking to which it is said that they are addicted from an early age.

DR. BOXALL was not aware of any.

DR. W. GRIFFITH thought the paper of great interest as a record of most barbarous midwifery in the nineteenth century which would be still more interesting at some future time. There was a field open for gentlemen who had the opportunity of studying midwifery amongst various races to investigate the modifications of the process due to different conditions present which are peculiar and normal to these races. Sir W. Turner and others are investigating their crania and pelves and have shown such differences in them as to indicate the probability that the mechanism of labor, including the position of the head at the brim, must be altered accordingly.