

**Native Midwifery in Canton.**—Dr. Mary W. Niles writes as follows in the *China Medical Missionary Journal* for June:

During a seven years' residence in Canton I have gained an insight into the customs and practices of the Cantonese at childbirth—experiences not confined to any one class, but acquired in the houses of the learned and wealthy as well as in sampans and hovels. Superstition reigns supreme. The woman is placed in a sitting posture over a tub, and constantly urged from the first to bear down. In the case of a primipara, she may thus be deprived of rest and food for several days. Often exhaustion and uterine inertia arise from no other cause. The midwife is constantly shouting that the child is just ready to be born. She spends her time stretching the vulvar orifice. This may be advantageous when her statements are true, but when maintained for hours by relays of midwives, it causes, to say the least, excessive swelling. If there is any delay, the patient is kept in an excited state of mind by neighbors calling and advising this and that, by constant invocations to Kun Yam to save, by burning incense, and drinking tea sent by the idols. A sword and fish-net are laid upon the bed, to drive away the evil spirits. There are also many other idolatrous practices.

The fee to the common classes is \$1 for a girl and \$2 for a boy; to the poorest class 50 cents for a girl and \$1 for a boy.

The midwife has some nice tricks of her own to increase her fee.

She works upon the overwrought mind of the patient by causing her to believe there is some difficulty in the birth that *she* can only overcome, and, unless she has more money, will not stay. The more terror she can inspire, the more gain she expects. I must, however, say that all midwives are not so unscrupulous. I am acquainted with at least four who, with all their faults, have gained great favor in my eyes by always sending for me when they get into difficulty. It therefore does not behoove me to speak ill of those who sound my praises to their patients and enjoin a strict observance of my orders—to my face, at least. To proceed, immediately after the placenta is delivered the patient is placed upon the bed and compelled to sit erect. If she can bear it, this is very favorable to the expulsion of clots, etc.; if she can not, some one must assist her. Again, if she becomes faint, it is all the more important she should be held upright. A few months ago I witnessed the efforts made to revive a woman in a condition of syncope after childbirth. I had been called to the case, as one of difficult labor. But when I arrived, the child and placenta were already delivered. The woman was in the usual position. Perceiving that she was not in a condition to endure very much, I requested her to lie down.

When I myself have assisted at labors, my instructions are generally carried out—at least while I am present.

There seems to be a superstition that if there has been foreign interference some dire results may follow disobedience to orders. Once, when I had but left a few moments, a messenger ran after me beseech-

ing me to return, as the patient had fainted. I hastened back and beheld a scene. The very small room occupied by the patient was filled with people. The one window and the two doors were shut. The room was filled with smoke from fire-crackers, and the burning of a varnished umbrella. A lighted furnace was also in the room. Besides the noise made by the crackers, all were screaming at the top of their voices, calling to the woman's spirit to return. She was supported by the husband and midwife—one behind, the other before. They had their arms tightly around her, excluding almost every breath of air. A third assisted in holding her head up by keeping a tight grip upon her hair. Finding my voice could not be heard in this tumult, I struck out right and left, and soon made the attendants aware of my firm intention to make them let go their hold, even if it had to be done by force. As soon as she was in a horizontal position she revived. But, before I was aware of it, my efforts were seconded by holding over her face a large Chinese iron cooking vessel, heated for the purpose. Of course this was instantly removed. Immediately after a patient has been placed upon the bed the custom is to give a large bolus containing some very acrid substances, mixed with the juice of fresh ginger, followed by a bowl of rice and salted duck-eggs. The pill and ginger is continued to the second and third day, and afterward "ginger vinegar" is given with the rice throughout the whole of the puerperal month, a large jar of this being always prepared before the birth of the child.

Much importance is attached to the "ginger vinegar," and it is the gravest question as to whether the patient will be allowed to take it. If at the time permission is not given, a day must be set apart when it can be taken. Friends come to me a number of times during the month to know if the "ginger vinegar" may now be given. Some drink a cup of child's urine every day for three days. Having witnessed these pernicious practices, I was surprised, while reading a Chinese book on midwifery, to see how many of them were condemned, and what sensible advice it contained, and given by people, too, who are ignorant of the very mechanism of parturition. I understand the pamphlet in question to be considered an authority. I know not why the educated forego its advice, to follow the superstitious practices of ignorant old women. The book . . . is probably the treatise on midwifery translated by Dr. Lochart. It was fully translated by Dr. Kerr thirty years ago. The *Practice of Obstetrics among the Chinese*, written by Robert P. Harris, M. D., of Philadelphia, and published in the *American Journal of Obstetrics and Diseases of Women and Children*, July, 1881, drew its information and made extensive quotations from Dr. Kerr's translation. The book evinces the greatest ignorance of the facts of gestation, the mechanism of labor, and the causes of difficulty in the delivery of the fetus and secundines; yet its mission "to restrain the activity of the midwife, and to educate the people, that she is not in any manner to assist in the delivery of the fetus," is most laudable.

I will make some extracts, which would be really helpful if native midwives would follow their advice:

"There are three important principles to be borne in mind: 1. Lie down. 2. Endure the pain. 3. Be slow about the delivery. If these rules were obeyed, at least three fourths of the difficulties I have met would have been avoided. The first pains are in the abdomen. The woman should have her mind made up to this as necessary, and not to be feared. If the pains do not increase in severity, she need not inform any one of them, but lie still and be at peace. The foundation of all difficulty lies in sitting over the tub . . . when the pains are but slight."

"When the pains are beginning, the woman should eat and sleep as usual."

"The rapidity of the pains will show the course of the labor. It is most important not to consider the tub and the straw very early, and hence bear down and put pressure upon the abdomen. The body should be kept straight, neither in lying or standing should it deviate to one side."

"The woman should take matters into her own hands, and not allow herself to be governed by others, such as midwives or meddling neighbors. This matter is of the greatest importance to herself. She must nourish, and not waste, her strength."

"It is the best plan to go to bed and lie there with eyes closed. If wearied with lying, rise and walk about with the support of friends, and

then return to the bed. The woman should lie upon her back. After prolonged efforts at expulsion, the strength of the fœtus is exhausted, and when the proper time for birth arrives there is no strength for delivery." (Write "mother" instead of "fœtus" and the remark is correct.) "In a case in which the arm or foot presents, direct the woman to lie down. Gently push up the arm or foot. Have her remain quiet for one night, and delivery will be accomplished normally." The author gives a case of shoulder presentation, where he replaced the arm, and the child was born normally the next day. We know that spontaneous evolution or spontaneous version might take place. Last year Dr. Kerr replaced the arm, when spontaneous version took place and the vertex became the presenting part. Certainly the recumbent position and quietness would be most favorable to spontaneous version, and would tend to delay impaction and exhaustion.

"The doubter says, 'Shall we not have a midwife?' Yes, but remember the midwife is *your* servant, and you not *hers*. Midwives are stupid, not acquainted with the doctrines."

"Late, or early, they call upon the patient to exert her strength. They rub the back, and push down upon the abdomen, and call out, 'The head is here.' They pass the hand into the vagina and do injury. All this as though they, and they only, were responsible for the whole matter. Her duty is simply to pick up the baby."

"After the birth it is not necessary to take any medicine. The pill of . . . (rats' kidneys and rabbits' brains) injures the spirits and destroys the blood when the patient is in the weakest condition and least able to bear it. The . . . is very unwise to take, as it impoverishes the blood and gives puerperal fever."

"The diet should be good, but not fat; chicken or duck broth, from which the fat has been removed. No one should be allowed to visit the room. All should be very quiet. Do not pray to the idols in presence of the patient. Let only one midwife be present, and let her sit at one side, not allowing her to interfere with the course of events. If cold, have a fire in the room. If hot, have a pail of cold water to absorb the hot air."

These extracts indicate common sense in the management of labor, and would, no doubt, have greater influence if it were not for the superstitions which are so universally prevalent.