

## Obstetrics in Burma.

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**W**HEN in Chicago, I had the opportunity to speak on medical work in Burma. As a result I was requested to write out the facts then stated. I therefore in my feeble way will comply with the request, thinking what I write may interest the readers of THE WOMAN'S MEDICAL JOURNAL.

In all the Orient, child-birth is dreaded with horror by all classes of women, for none escape the torture which cruel ignorance is capable of inflicting upon them. The scientific, humane treatment of a poor woman is unknown among the people. As soon as labor pains set in, the native midwife, who is the concentration of dirt and ugliness, appears, and with her all her female relatives and friends. The patient is placed in the center of the group, all sitting tailor-fashion on the ground, of which the lower floor of the

but is generally made. She is closely watched by the group of twenty or more women, but most closely by the acting midwife and then it is decided that pains are real or false. If it is decided that they are real, this filthy woman, without any preparation whatsoever, proceeds to facilitate the birth of the child. Having made the woman lie down, she—the midwife—is supposed to be able to tell when the child is to be born and immediately takes steps toward that end. No attention is paid to the excreta from the bowels or the bladder. A very long piece of cloth is tied around the patient's waist, between the ensiform cartilage and the fundus uteri. It is drawn as tightly as several strong persons can pull it and tied. The muscles of the chest, diaphragm and the abdominal muscles are practically immobilized and helpless in natural efforts at expulsion of the child. The patient resigns herself into the barbarous hands of the midwives grouped about her, and who encourage her by telling terrible tales of woe and misery, pertaining to child-birth. The patient lies upon her back and when the midwife considers the time right she begins to tramp the patient with her feet, being held in her position on the abdomen by a rope suspended from a beam of the roof. This process goes on until the delivery, which may happen in a few hours or as many days.

I have seen women, who have been submitted to these maneuvers with the uterus extruded, still retaining its contents. As the midwife knows nothing of anatomy she cannot determine the presenting part and may go on with her tramping when a shoulder or a breech is presenting when the consequences are usually fatal to both mother and child.

One morning at 8 A. M. I was called to see a woman who, I was told by those about her, had been delivered of a "boy child"; but the head become separate from the body: the body of the child "had been taken away" they told me. On examination the neck was found protruding from the open os uteri and there it stuck, there were no pains and large doses of ergot—Squibb's Tinct—no impression whatever. Fortunately the head was so positioned as to form a wedge, so there was no alarming hemorrhage; it was short and easy work to grasp and deliver the head with the obstetrical forceps. This patient had been subjected to the treatment above described for five days. She made a slow re-

covery with an elevation of temperature of 101° for three days.

In Jan. '98, I was called to a Mohomedan woman who I was told had been in labor for a week. I arrived to find the woman thoroughly exhausted from heamorrhage. On examination found a shoulder presentation minus the arm, it having been pulled off. On inquiry I learned that the midwife having seen what she had done had disappeared, taking the arm with her. After hours of hard work, version was done and the head was delivered with forceps when all went well.

Another case, I was called to see a woman, who, I was told was having a severe heamorrhage; on examining the parts I found that the perineum, including more than an inch of the rectum had been cut through. The child was not yet born. At first I was puzzled to account for such a state of things. On questioning the women I was told "that as the woman had been in labor for three days, the midwife had decided to help her and had secured a common grass hook with which she had done the cutting". Forceps were applied and in a few minutes the child was born.

This will suffice to show that our work is not the usual, well planned work of our country, that is scientifically carried out. The results in these abnormal conditions are remarkably good if thorough cleanliness can be enforced in the after treatment, but that must depend on the physician, who must do all the cleaning at least twice a week for the first three days.

During '97 and '98 there were born in "Pegu House" 97 babies; all mothers made a good recovery, 1 had a temperature of 106° due to retained placental tissue because the consultant thought it wiser to let nature take care of it; the other 96 made good recoveries, temperature never rising higher than 100° and that only for a few hours. The Burmese women respond to scientific care as do any other class of women, when they can receive it.