

[From Fernelius' Universa Medicina, Geneva, 1679.]

BOOKSHELF BROWSING

BOUND FEET IN CHINA

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FOOTBINDING of Chinese females, a practice that fortunately seems to be rapidly disappearing from many of the Eastern provinces of China, is still rather prevalent in the country's interior, where the number of better educated females is too insignificant to exert any influence upon the communities in which they live, and where the inhabitants have hardly any contact with foreigners or foreign civilizations. Should China, however, keep up its present pace of progress, the custom in another century or so will inevitably become nothing more than one of the sad reminiscences of an agitated and tumultuous past.

The practice, which may possibly date much earlier, is believed to have been started by the Empress Taki about the year 1100 B.C. Having been born with club-feet, the Empress is said to have issued an order, on ascending the throne, exacting the binding of all female children's feet living in her domain, so they might thereby aquire an appearance analogous to that of their sovereign. Thus the style is supposed to have begun, and in time came to be handed over from mother to daughter as a fashionable practice. Again, some say that Emperor Gangti, completely fascinated by the graces of his most favorite concubine, had her feet bound. When their size was reduced to what seemed to him the most pleasing proportions, he presented her with a pair of very small shoes upon whose soles was carved a lotus flower to decorate her tiny footprints. It is, however, the belief of many Chinese that the custom was initiated and propagated by a desire among men to encumber their females in walking, in the hope of limiting their freedom and in coercing them to stay at home. But even at that, the men seem to have had little success, as in time women learn how to hobble about, without minding much the difficulties encountered in attempting to balance the body on their deformed extremities. Their gait, however, changes considerably, becoming peculiarly stiff and non-elastic, simulating one of a person who tries to walk on his heels over a wet floor.

The evils of this operation seem to have been realized time and again in China, and various attempts have been made to abolish this practice, without much avail. As early as 1664 the Emperor passed a law prohibiting footbinding, but the unsuccessful result occasioned by the lack of cooperation on the part of the subjects led, after a trial of four years, to its amendment.

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The binding usually begins between the ages of four and eight, most often about six or seven, after the child is thor-

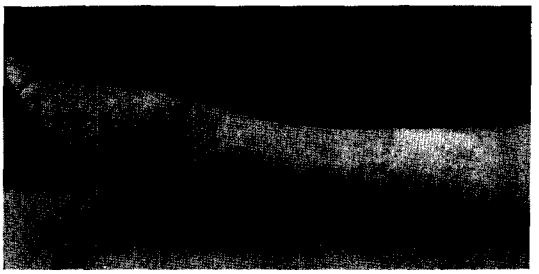


Fig. 1.

oughly well able to walk, and is continued throughout the entire life of the individual. No periods of rest or intermission, not even an overnight's relaxation is allowed and the victim is eventually placed in her coffin with the bandages tight on her cold feet. So when the time comes, the mother, especially if she is young and inexperienced in binding a youngster's feet, or if she is afraid lest her sympathy should betray her at the sight of her own child's tears, she calls to her aid an older and more experienced neighbor or possibly her customary midwife. In the case of the very rich, the bandage material is of silk, though usually strips of ordinary native cotton cloth or pieces of imported muslin are employed, each measuring about 3 to 5 feet in length and from 2 to 3 inches in width, depending largely upon the size of the foot. The number of strips is determined by the amount of tension to be exerted, but two to four usually suffice for each foot. The cloth is ordinarily plain, sometimes oiled. No preliminary preparation is required, and after the foot is kneaded a little, the cruel strips of cloth are tightly bandaged on. More vigorous kneading however is done after the bandages are applied. So severe are the manipulations that a fractured bone or the dislocation of a joint may occur.

The procedure consists in first diminishing the size of the foot by flexing the toes down upon the sole around its long axis. This is accomplished by the primary circular bandage started on the dorsum and wrapped around from the inner to the outer border. The great toe is the only toe



Fig. 2.

left in its position of normal extension, though it inevitably becomes compressed with the rest of the foot. After the binding, the girl is made to walk in order to help re-establish circulation and, with tears in her eyes, the child attempts to help support her body on the tender feet by holding on to the furniture about the room. The bandage is applied for the first few times by the experienced neighbor until the mother aquires the technique herself. The constantly reducing size of the foot tends in the beginning to loosen the bandages quite rapidly, consequently they have to be changed about once every day.

The toes being successfully flexed to a position beneath the sole, which operation may take a year, the second step in the process is more vigorously undertaken. This consists in diminishing the length of the foot by flexing it upon itself, thus approximating its front half to the heel. For the purpose, a figure of eight bandage is applied which compresses in its anterior loop the front of the foot and the heel in its posterior one, bringing them as closely together as possible. Thus, in addition to the actual interference with the normal

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growth of the bone, the length of the foot is diminished by exaggerating the height of the plantar arch; the resulting fold in the



Fig. 3.

integument of the sole may be 2 to 3 inches in depth. Once the foot has been reduced to somewhere near the desired form, the various layers of bandage are secured together by a number of interrupted sutures. The bandage is then left for several weeks or months without being changed or reapplied unless it becomes loose or wears off; or unless the odor becomes exceptionally offensive, in which case a bath becomes unavoidable (a poor woman may not take a bath in the course of a whole year); or, unless the excruciating pain caused by the excoriation of the skin is rendered intolerable. By the age of eleven or so, the girl usually (acquires the art of applying) her own bandage as she begins to appreciate tiny feet and boasts of her own if they look any smaller than those of her companions.

The anatomical changes that take place in the foot are quite obvious and distinct. Viewed from above, the foot presents the appearance of a closed fist with a slightly hyperextended thumb. The projecting distal heads of the metatarsal bones resemble the knuckles of the fist when viewed from the same angle. The foot is very small and may be 2 inches at its broadest diameter. The nail of the great toe is almost cylindrical from lateral pressure. The contour of the dorsum is acutely angular. The tarsal bones curve sharply downward; the metatarsals run in an almost perpendicular plane. The sole is about triangular in shape

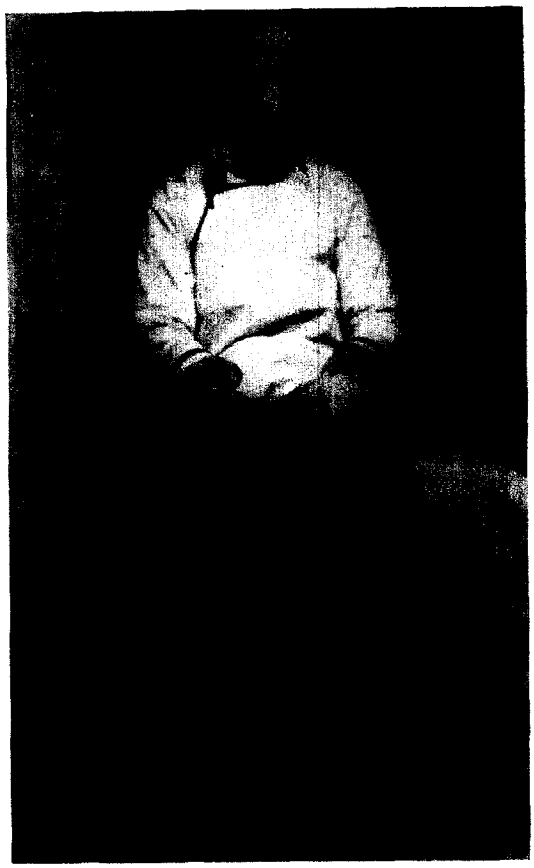


Fig. 4.

with the apex of the triangle at the tip of the great toe and the base towards the heel. Due to the weight sustained in walking, certain broad callosities are to a greater or lesser degree noticeable on what is now the plantar surface of the flexed toes. A deep fold divides the foot transversely and the skin of the sole looks tough and corrugated. The heel scarcely projects backwards and instead of the heel, a projection is usually noticeable over the posterior border of the ankle joint due to a backward displacement of the astragalus. Besides this forcing backwards of the astragalus, dissection reveals the peculiar position which the os calcis acquires. Instead of lying almost horizontally with its long axis running anteroposteriorly, the bone is found to have

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rotated into a nearly vertical position whereby its long axis becomes almost continuous with that of the tibia. Its posterior surface to which the tendo achillis is attached becomes the inferior surface on which the weight of the entire body is sustained. The other points of support on the plantar surface of the foot are usually the distal head of the first metatarsal bone and the once dorsal surface of the fourth and fifth phalanges.

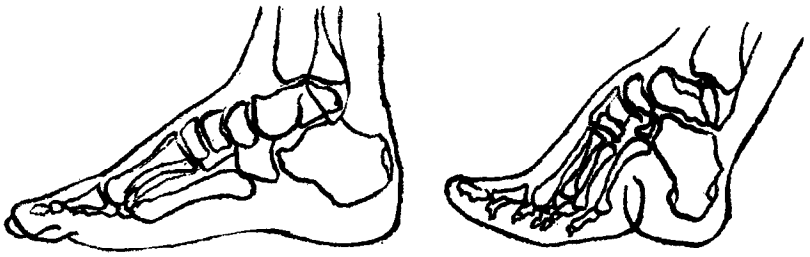


Fig. 5.

The pain resulting from the manipulations is terrific and the Chinese proverb which says "each bound foot costs a tubfull of tears" seems to be no exaggeration. The mother may often, in the beginning, take a stick along with her to bed to beat the child to sleep should she wake up and cry, or the child may be left in some shed outside the house for the first few nights in order not to disturb the rest of the household. Later on in life, the unbound foot becomes the painful one for, as the bandage is removed, the foot looses its habitual support and the contracted structures give rise to a great deal of pain under the stretching-out influence of the weight of the body. For this as well as for other reasons, the binding is kept up all through life, more so because any negligence for even a few days may allow the foot to regain somewhat its normal contour and form. Some people use wooden mallets to help reduce the foot to the desired shape, some go, though rarely, as far as extirpating the scaphoid in an attempt to properly fold up and rigidly pack the foot. In some sections of the country, those who can afford to, use a semi-cylindrical piece of metal inserted transversely in the plantar fold and bind the foot firmly to it. With such measures, an adult foot may come to measure as little as 2½ inches from the tip of the great toe to the edge of the heel. Should excoriations of the skin develop, the foot may be bathed in plain warm water and a dry bandage applied. No particular medicine is used despite the variety of applications ranging from powdered tiger's bones to mortar from the Great Wall which native medicine men prescribe. This probably may be due to the fact that women are very much ashamed to talk about their feet, more so to show them to any one. As a matter of fact, they would consent to subject their genitals to an examining physician much more willingly than they would their feet; thus an excoriation may quite commonly develop into an ulceration and necrosis of the skin. The latter is more apt to occur in cases where the binding has been started rather late in life, apparently because the readjustments in circulation are so much more difficult then. The atrophy of the muscles of the calf is marked and the women, unable to balance themselves on the deformed feet, may often be seen kneeling down to perform the various exigencies which require the erect position.

Where footbinding exists, it is prevalent among all classes of people, more so among the well-to-do than among the poor. The Chinese consider small feet the outstanding feature of aristocracy and their largeness the extreme of vulgarity and plebeianism. The size of the foot, besides, seems to constitute the chief criterion of a woman's

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commercial value. For when the woman is taken in marriage, her money is paid in inverse proportion to the size of the shoe she wears. If the shoes are small, the wooer usually has to settle the account in silver, if large the deal may be concluded in coppers with the loss of so much profit to the parents. It was this state of affairs that had for so long agitated the French sisters of Charity who, realizing the difficulties girls with large feet have to contend with in trying to find a suitable husband, consented most unwillingly to the footbinding of their orphans and boarding students.

The Chinese must obviously see certain beauty in small feet, hence their appreciation and predilection. Not only does the attraction seem to depend upon the mere smallness of the size, but also upon the consequences and after developments. The shortened pace and the slightly swaying coquettish gait seem to hold their special fascination and grace; so much so that in certain Tartar provinces where footbinding is prohibited, women use a peculiar type of footwear where the heel, instead of being at the back of the shoe, is placed about the middle in order that the Mongolian woman may be able to imitate her Chinese sister's gait by balancing herself on this centrally located heel.

Apart from this, there seems to be a strong sexual factor accountable in part for the long persistence of footbinding. The resulting atrophy of the muscles of the calf and the hypertrophy of the thighs, hips and mons veneris in particular is said to give the body a peculiarly exciting form. This probably is the reason why prostitutes attend to their feet with such fastidiousness and form the habit of bringing them together and sitting down on them when they want to rest, thus augmenting the pressure on their packed feet by the weight of their bodies.

Despite the many condemnations and all that may be said against the practice of footbinding, there unquestionably is a certain amount of taste in the underlying idea. The Chinese poet who wrote: "A large foot is a disgrace" must have had his reason; and despite the tendency to exaggerate the diminution of the foot's size, the notion may have been dictated by good esthetic sense. Even among Westerners, the tendency is to make the foot look as small as possible; and many a foot has been compressed and toes jammed together to the point of over-riding inside the diverse forms of narrow pointed shoes. Then again, should the theory so often quoted that man and the monkey come from a common origin be true, the Chinese would be assisting nature in diminishing the size of a foot no longer used in grasping branches or climbing up trees. Not only does the binding diminish the size of the foot, but by exaggerating the plantar arch and erecting the os calsis, it increases the length of the entire leg. The woman's waist is thus raised and her legs aquire a more artistic proportion to her trunk; Chinese women being certainly much more in need of that correction than white women.

The ill-effects of binding sustained by the foot as well as the system in general are innumerable. The legs which develop a variable degree of external rotation are spread apart in walking and the slightest mis-step may result in a severe fall. Thus walking and particularly running are greatly interfered with, the latter becoming practically impossible. Defecation is rendered very tedious and trying, for the stabilization of the body in the squatting position becomes exhausting if not impossible without some kind of support. The loss of the springiness of the normal foot exposes the spine to jarring if any amount of hurry is attempted. In addition to the excruciating pain, the various inevitable complications resulting from interference with the circulation are horrifying. Excoriations of the skin are to a greater or lesser degree present in every case. These may develop under the merciless persistence of binding into ulcerations which unavoidably become infected. The infection may travel down to the mutilated tissues and osteomyelitis may spread

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rapidly in the devitalized bone once it has set in. The interference with circulation may be complete, in which case gangrene of one or more toes occurs. The gangrene may be dry or wet and may spread to the rest of the foot which not uncommonly drops off. One or more complications of sepsis in the foot may set in and end the victim's life. The ulcers may undergo malignant degeneration; suppurative inguinal adenitis, metastatic abscesses, erysipelas and septicemia may bring about a fatal issue. Should the individual however survive all these, the anemia and devitalization occasioned by lack of outdoor life, proper exercise, fresh air and sunshine in addition to the loss of appetite due to the obnoxious odors the feet emit, are most inviting to tuberculous infection which is always lingering somewhere in the filthy and unhygienic atmospheres of dwelling places and of which 10 per cent of the Chinese poor die yearly.

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REFERENCES

1. Cooper, B. Anatomical description of the foot of a Chinese female. *Trans. Roy. Soc. London*, 1829, Vol. II.
2. Vincent, E. La Médecine en Chine, 1915.
3. Maxwell, J. P. The evils of Chinese footbinding. *China M. J.*, 30: No. 6, 1916.
4. Harvey, J. L. Chinese bound feet. *Am. J. Roentgenol. & Rad. Therap.*, 10: No. 11, 1923.

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