

ON
MIDWIFERY IN THE EAST.

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CONSIDERING how fully the great principle of division of labour has latterly been recognised, and acted upon, in all the arts and sciences (a principle which, by concentrating the faculties of individuals on some one department of knowledge, effects a rapid and prodigious increase in the aggregate of human acquisitions) it was naturally enough to be expected that the peculiarly important subject of midwifery, and the diseases of women and children, should be made the especial and exclusive study of individuals, or of some distinct society whose inquiries should be solely directed to these branches of our profession.

I hail, therefore, with great satisfaction the establishment of this excellent association, and every one, indeed, who sympathises with his fellow-creatures, and is made acquainted with its main objects, must feel the same interest in its progress and success.

At the commencement of such a society, and before the intimate details for perfecting any doubtful point in physiology, or improving any plan of practice, have been entered upon, perhaps no objection would be made to a few remarks on the subject of "Midwifery, as it is Practised in the East, on both the European and Native Patient; with a brief sketch of some of the Diseases to which both Women and Infants are there liable."

It might be imagined that there are some peculiar difficulties induced by the earlier age at which girls marry in that country. Hindoo girls, of respectable parentage, usually marry between eight and ten years of age, to lads a few years older than themselves; and although they do not cohabit with their husbands at that time, yet after the ceremony is over, which is commonly a most expensive one (frequently entailing much distress and sometimes ruin), they pass part of the time at the house of the husband's parents and part at their own, care being taken that the first catamenial period should happen at the house of the husband; otherwise the father of the girl would be considered to have incurred some sin, and the girl also might be degraded. About the time of the catamenial period, which in the native girl may be about twelve years of age (in the European girl thirteen), the husband and wife come together; and it has happened at this early age amongst the Mohammedans, with whom the husband is much older, that most severe injury and even death has resulted from cohabitation.

Instances are unknown of any Hindoo woman marrying after the age of thirty, and late marriages are uncommon amongst the Europeans in the East.

The relaxing character of the climate and the looser fibre it engenders seem to prevent such unusual occurrences as above noted often taking place, as well as those lingering and tedious labours which are of such frequent occurrence in cold climates. These are never to be met with, except in the case of some early, undeveloped pelvis, and in a few instances of obesity. On one occasion it has been reported to me that great delay was experienced from a cicatrized state of the os tincæ, when the uterus and its contents were said to have been protruded beyond the vagina, and delivery took place extra-vaginam.

The first months of arrival for the young European girl in India are of more importance to her after-health than they are for the youth who comes out as a member of the Government service, or to seek his fortune as a merchant. During the period of shipboard in a lengthened sea voyage,

unless under judicious care, the young girl has, perhaps, paid no regard to her health during the usual monthly periods. Moreover, it frequently happens that after the first period is over on board ship there may be no return of the discharge, and she will arrive in India in a highly plethoric state, with flushed face, and become an immediate victim to the irritating and venomous bites of the mosquitoes, which torment her and create a series of ulcers of the most troublesome character; and possibly until she has had an attack of fever, and undergone the discipline of free purgatives and cooling medicine, there will be no relief. It may not be until some months have passed, and the natural period has returned, that she can be considered to be restored to health. Sometimes it happens during this period that the young European girl is obliged to make a long journey of 1000 or 1200 miles to the upper provinces; or she may have come out to India engaged to be married, and thus she enters upon her new life with her system in this deranged condition.

If the young girl remain at the presidency and is married, within a short period her medical attendant may be called in for consultation respecting her state, and a calculation may have to be made as to the time of her confinement and the engagement of the nurse.

It may be supposed that all will go on well, and that with the exception of some mild aperient, nothing will be needed until the labour is at hand; the medical attendant may be the first sent for, and his carriage not unfrequently is dispatched for the nurse. The labour generally lasts but a few hours, and may be completed before the sixth hour is over. No opiate or other medicine is administered; but there is an old-established custom which succeeds very well, and the office of the nurse is to attend to it, namely, to apply by means of friction warm anodyne liniment to the abdomen twice during the day, and to bandage the body firmly afterwards with a binder. A dose of castor oil is given to the baby; and this, perhaps with an occasional dose of the same useful medicine to the mother, is all that is

requisite. The patient is kept in the recumbent posture, in or on the bed, until the tenth or twelfth day, and not allowed to put her foot to the ground until after that time. It will, however, happen that the patient occasionally considers herself so well and strong that she insists on getting up and standing, and thus either produces prolapsus or suffers in some other way for her rashness. Indeed, much of the illness of married women arises from the circumstance of their getting up too soon after childbirth.

Generally, during the labour a bandage, formed by a long sheet, is placed round the body, and tightened from time to time, as the uterus contracts and the foetus is being expelled, and thus the placenta is but rarely retained, but comes away in a few minutes after the child. A firm bandage is then fixed, and gentle pressure by the hand is made.

Two accidents occur sometimes during parturition amongst the European women who have been long resident in India and have borne several children: one being retention of the placenta from the imperfect contraction of the uterus, giving rise to hour-glass contraction and flooding; and the other, hæmorrhage after delivery, from a relaxed and weakened state of the walls of the uterus. I have found this latter to occur more frequently after the use of chloroform. The introduction of the hand for the removal of the placenta is requisite in the former case, with the use of ergot; and in the latter, the application of iced water from a height, so as to give a shock to the system, or even the introduction of ice itself into the vagina. But after this plan has only partially succeeded, the most perfect contraction has been induced by a mustard emetic. During the very hot weather, and sometimes during the cooler months, about the third day, the infant is liable to have trismus, which, when it has once set in, invariably proves fatal. Slight stiffness about the mouth shows itself on the morning of the third day; this increases with inability to take the breast and to swallow; tetanic symptoms set in, and death follows about the forty-eighth hour from the commencement of the seizure. The Eu-

European nurses are all well alive to the premonitory symptoms of this fatal disease, and the slightest stiffness about the lips or difficulty in sucking is watched with much anxiety.

European children, for the most part, thrive pretty well for the first few months, until the period of dentition arrives; and then, from the increased irritability induced by the climate, especially in some peculiar constitutions, every tooth has to be watched and free lancing of the gums to be made. The frequent necessity of employing native nurses, who, on the whole, are very good, and the irritating effects of their milk during the time of the catamenia in the hot weather, has, in several instances within my knowledge, induced an attack of convulsions, which has been more or less continuous for several days, and even weeks, in a mild form, and has established a habit of irritability that has lasted during the whole period of dentition. Convulsions coming on with the first teeth are not unusual; but the first double tooth is a more frequent cause for the attack, and in all such cases, if there be heat of head, and this be allowed for six hours to remain unattended to, or is unrelieved by brisk purgatives, warm bath, or leeching, there will be much cause for apprehension.

Uterine affections, as is well known, are not unfrequent amongst the European females in the East, and it has appeared to me that cancer of that organ, as well as of the mammæ, are less rare than is commonly supposed. Neither are the native women of the country exempt from these affections; and a more rapid progress of the disease is, for the most part, the case after operation than in this country.

The ready communication which now exists between England and India affords an opportunity for the more wealthy European female to return home, and thus prevent diseases of this nature, except in rare cases, being submitted for operation.

I may here remark a singular contrast in the character of the illnesses not unusual in the pregnant woman of the East, compared with her sister in the same condition in Europe, namely, in the frequent concurrence of diarrhœa

with the early period of utero gestation, and its continuance for some time after, even until quickening has occurred; also in the accompaniment, not unfrequently, of dysentery, both in the young and older resident; this latter disease occasionally proving fatal and inducing premature labour, or the mother, in other cases, continuing up to her full period, giving birth to her child, and then expiring within a few days.

There are some constitutions in which every child-bearing period is attended with dysentery, and I have known a mother on three separate occasions obliged to seek a better climate and to quit India, having had previously a miscarriage from the same cause, and nearly died.

When death occurs in the parturient woman suffering from dysentery, the post-mortem appearances will usually show that the rectum is the part most seriously affected with ulceration in the earlier stages of pregnancy. But when utero gestation has advanced to its full period, and death has resulted after the birth of the child, or miscarriage, the cæcum, as well as the sigmoid flexure, will be involved in ulceration and sloughing.

Irritability of the stomach and incessant vomiting are to be met with in India, during pregnancy, as in this country, and they there produce a state of extreme exhaustion, and in two instances that I have become acquainted with death was the result. In one of these cases there was such repeated denial of the possibility of conception having taken place, by both wife and husband, that a post-mortem examination was demanded, since every remedy had failed to procure relief.

The stomach was found to be healthy; no ulceration, or even redness. The intestines healthy, and the liver free from disease. The uterus was thickened from the early stage of becoming gravid, and increased in size; a detached coagulum was found on its inner surface; and an embryo foetus, between two and three months, with the appendages, in a perfectly healthy condition.

There is one other peculiarity to be met with, namely, in

the absence of any relief to phthisical symptoms on the supervention of pregnancy; indeed, the distressing symptoms are for the most part increased, especially if the lungs be far advanced in disease. By the ascent of the diaphragm the capacity of the chest is lessened, whilst the diluted state of the atmosphere, from the high temperature, seems unable properly to decarbonize the blood, at the same time it exhausts the muscular power and renders the heart's action feeble, and I have invariably found all phthisical patients to become worse during the period of pregnancy. Such a condition is contrary to what is observed in this country.

In regard to the native woman, the mode of conducting the process of parturition is simple enough amongst the poorer class, and it is astonishing how quickly they recover from the effects of the labour, being able to go about their household work on the third day. With the higher class of native women, where caste prevails, the poor creature is considered an outcast at this particular time; and instead of having every tenderness and affection lavished upon her, as in this country, she is placed during the pangs of labour in the meanest hovel in the yard, as an unclean creature, or she is put into a matted shed in a lower verandah of the house, where, lying upon the floor, she is exposed to the heated fumes of wood and charcoal fires, which induce a degree of stupefaction and anæsthesia; and thus, in their way, the Hindoos would seem to have discovered a plan which for ages has been in use before ether or chloroform, for a similar purpose, was found out. This process goes on during the whole period of labour; the temperature of the room is greatly raised, and it is filled with smoke; and were it not that there is free ventilation through the interstices of the matted walls and roof, the patient, as well as attendants, would run the risk of being poisoned.

At the moment of delivery the woman is placed upon her back, her legs outstretched, and the midwife, seated on the ground in front, continually applies oil to the vagina and soft parts with her hand. At the time of protrusion of the

head she places her feet at the nates and perinæum, and bending over, with her hands she supports the vertex and steadies the entrance of the head into the world.

At the time of delivery a firm cloth is tightened over the abdomen whilst the afterbirth is coming away. Stimulating warm powders, containing cloves, pepper, ginger, are administered, and the room kept warm for some few days. But she is considered impure for many days, according to the caste she has. A Brahminian woman is considered unclean for twenty days, other castes require twenty-eight days. The old Jewish custom required forty days for the period of purification.

There would appear to be rather more irritability in the native compared with the European female, as I have seen cases of tetanus occurring in them during the catamenial period, and proving fatal, which I have never known to happen in the European; although I have seen one case of fatal tetanus take place in a healthy European woman on the third day after the birth of a healthy child, during the natural performance of the functions of the uterus.

The Hindoo woman is, for the most part, a pleasant, gentle creature, very fond of her children, and very grateful for anything that is done for them, or for herself, which she testifies in such a manner as the state of subjection in which she lives will allow.

She always remains respectfully covered before a third person in the presence of her husband. It is incorrect, however, to suppose that they possess no power or influence over their husbands, for I believe that hen-pecked husbands are phenomena as common amongst the Bengalees as amongst Europeans.

Hindoo women are liable to diseases as much as Europeans, both in the uterus, ovaries, and mammæ, and hysteria is an occurrence by no means unfrequent.

It is rarely that the aid of the European obstetric is demanded for the native female. The latter marry, however, so young, and at times there is such a disproportion in size

between the sexes, especially in the Mussulman population, that in such ill-matched unions there is delay in the delivery of the child, and the aid of the forceps may be required; but this is very rare. The Hindoo girl is in most cases married to a youth, as I have before mentioned, of her own age, at any rate not exceeding it beyond two or four years. (In a social point of view, it is easy to see the bad consequences of such early unions, and how destructive it is to the education of the Hindoo youth.) But where a suitable match can *not* be obtained, or the expenses attendant upon it are great, the parents, rather than suffer the disgrace of having their girl unmarried, will marry her to a Coolin Brahmin, who may have twenty other wives, and who stalks about the country, verifying the description of Homer's hero, who went through the pastures as a stalled horse amongst the mares.

Occasionally the native midwives in India, as elsewhere, make use of violence, and I have known the head of the infant to be separated from the body, or the body placed in such position that the aid of the European surgeon has been required, such as when the arm has been firmly drawn out through the vagina. One case, from a trustworthy authority, was related to me, where the uterus was entirely inverted, and the midwife removed the whole organ by dividing the parts with a knife. I have seen myself such cicatrization to have been caused as to have closed entirely the passage of the vagina, and thus prevented the escape of the catamenial discharge, which had been retained between the mouth of the uterus and the closed vagina. This case was brought to my notice by the husband, who stated that his wife had been delivered, after a hard labour, nearly three years before. A crucial incision was made, when two quarts of a treacle-like secretion poured forth, which had been pent up, and produced a distended state of the abdomen that had been considered by the native practitioner, before I had examined the case, to be one of dropsy, and as such had been under treatment some time. I have seen

closure of the vagina in a young girl giving rise to a somewhat similar condition.

Where infanticide is of such frequent occurrence as was formerly the case in India, and abortion so often produced, the native women, as might be supposed, understand thoroughly the means of accomplishing the end in view; but not unfrequently they go beyond their purpose and destroy the life of both mother and child, and thus become subjects for a police inquiry; and the records there afford numerous instances of these bad practices, where, after the failure of the internal remedies which they have had recourse to, they have introduced a portion of wood, generally of a particular kind (in their native language, the *lall chittra*), which they consider to be of peculiar efficacy in such cases; and instead of passing it through the os tincae and thereby rupturing the membranes, the body of the uterus has been penetrated, and inflammation or sudden death has been the consequence.

The natives of India are now well aware of the relief afforded by chloroform in destroying pain, and are never willing to submit to any operation without its application. I have seen it administered many hundred times, without one fatal result. Previous to its introduction to the profession by Dr. Simpson as the means of relieving the pangs of labour, an eminent judicial officer in Calcutta, noted for the kindness of his heart and his benevolence—a bachelor—seemed always so distressed to think that women should suffer so greatly at the time of childbirth, that he hoped mesmerism might be successfully applied to diminish it. He even went so far as to place in my hands fifty pounds, as a gift to any one who would devise some method for destroying the pain of childbearing. It was not until chloroform had been introduced that this was effected, in the Midwifery Hospital in Calcutta, under Dr. Duncan Stewart; when, with becoming liberality, Dr. Stewart presented the same sum for the purchase of comforts for the hospital, and by this and by other donations he obtained

rendered the Midwifery Hospital in Calcutta one of the most comfortable and convenient institutions I have met with.

In any case of danger during delivery of a native woman, it generally happens that the husband will remain in the room, from anxiety, or it may be from jealousy; and it has been reported to me on one occasion, that during the moment the surgeon was removing the placenta in a case of hæmorrhage in a Mussulman woman (which class is always most difficult to manage in sickness), the husband laid hold of the surgeon's arm, and pulled it firmly from the uterus, thereby producing an inverted condition which the surgeon was not allowed to return, and the result of which was not known.

From several specimens of partially inverted uterus that I have met with, and from others found in the bodies brought for dissection, it is, perhaps, not altogether an unfrequent occurrence in the native practice of midwifery.

The establishment for the last twelve years by the parental Government of India of an excellent Midwifery School and Hospital attached to the Medical College, Calcutta, and the efficient instruction there afforded to the native students, as well as the educating of a class of nurses and good midwives in the hospital, with the general distribution of the latter amongst the respectable natives in Calcutta, and of the former throughout the country, to most of the civil stations as well as the presidency, may, for the future, render such cases less frequent, and by degrees unknown.