FOOT-BINDING IN CHINA.

AN ACCOUNT OF THE PROCESS AND ITS EFFECTS; AND A CORRECTION OF MANY ERRONEOUS STATEMENTS WHICH HAVE BEEN MADE, CHIEFLY BY TRAVELLERS, IN REGARD TO IT.

By

ROBERT P. HARRIS, A.M., M.D.

[Read December 3, 1879.]

CRITICALLY examined in all their various peculiarities, it may well be said that the Chinese are the most singular people upon the face of our globe: a composite nation, consisting mainly of two Mongolian races, the Manchu Tartars, or reigning power, and the Chinese proper, who have been conquered and subjected by them. To the former, belongs the custom of wearing the queue; and to the latter, that most singular, pernicious and unaccountable one, of binding the feet. The queue, although the evidence of subjugation, and originally forced upon the Chinese, has been adopted by them from taste, and is now universally worn. The foot-binding has never been accepted as a fashion by the Tartars, who allow the member to grow as nature intended it should.

The custom or fashion of dwarfing the feet of Chinese women by the use of a bandage first applied in childhood, is of so ancient an origin, that nothing reliable can be learned as to the date of its introduction, or the reason why it was ever commenced or founded.

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It certainly dates back to a very remote period, possibly to the middle of the tenth century, as has been repeatedly claimed, with some show of truth: but the earlier claims of the Chinese, dating back to 1100 B. C., and before the Deluge—in regard to the existence of which, they have only tradition to rely upon—belong to their national credulity.

I will not attempt to give any of the various historical reasons for the origin of this fashion, as they are in the main simply conjectural: it is sufficient for our purpose to know that it is almost universal with the true Chinese throughout the empire, and that it comports with the taste of this singular people, and their idea of the beautiful; being adhered to with a tenacity that nothing short of an imperial edict will ever be likely to destroy.

Our antipodes, according to our ideas of taste, must have very strange conceptions of the ornamental and beautiful, as evinced in their carvings, bronzes, porcelain figures, paintings, and idols. The grotesque and the stunted, have a large share in their conception of what is worthy of admiration. A crooked, gnarled and dwarfed pine or oak tree, grown in a pot for one hundred or one hundred and fifty years, is one of their favorites. A lion, whose mane and tail are all that bear the least resemblance to the contour of the king of beasts, the rest being a contorted burlesque upon him, is a frequent and choice work of art. So likewise is the mythical dragon, and so is the uninviting toad; so are the reptilia, and numerous conceptions belonging to nothing in nature, except so remotely, that we are at a loss to tell exactly what was the prototype. This being the natural taste of the race, we can readily

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conjecture with some show of foundation, that the custom of foot-binding came originally from a desire to imitate the natural deformity known as *talipes calcaneus*, to which it bears a close resemblance; the most remarkable question at issue being, how did they ever conceive the plan of bending the foot in the tarsus, without any knowledge of its anatomy, or of the power of the bandage? It must have been at first simply an experiment to imitate by art a physical ugliness, which in the eye of the operator was, as the Chinese now speak of it, "*very good looking.*"

The custom belongs to no special age or condition in life, being a matter of gentility and ability, rather than of wealth or rank. With the rich it is begun earlier, and is more universal, but with the poor in the heart of cities, it is as commonly practised as they can afford to have it; necessity alone preventing it from becoming universal. A large proportion of the inhabitants of the country have their natural feet, and in the suburbs of cities, the dwarfing practice is less common than in the densely built portions. There are sections where the fashion is said to have entirely died out within the past twenty years, as for example the villages bordering upon the Hakka country, and brought under its influence; the Hakkas not binding the feet, although in Tie Chiu, which adjoins it, the practice is said to be almost universal.

A common impression prevails, that the process is commenced in early infancy; and some have been taught to believe that the foot is encased in a strong shoe of leather or iron, and its growth thus arrested, without materially altering its form, the ankle being made to grow compensatively to a size much larger

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than natural. I have seen within a few days a work containing, in illustration, a pair of minute but normally formed feet upon a Chinese woman, such as cannot be found in the whole empire, except in infancy. It has been also stated that the feet are bound with silk bandages, and that these, instead of removal, are often after a time encased by a new roll, which is also an error. It is possible that strong pongee may be sometimes used by the wealthy, but I have seen no reliable statement to this effect. The fact is, that a strong white cotton cloth is specially woven for the use of foot-binders, and is almost exclusively employed as the bandage material.

Among the wealthy, and those who can afford to have it done, the first binding takes place at the age of five, six, or seven, varying somewhat in different localities; thus, according to Dr. Flemming Carrow, of the Medical Missionary Society's Hospital of Canton, it is at five in that city: in Tie Chiu, on the authority of a teacher of a girls' mission school, it is at six or seven. I have no direct account from Ningpo, where it is said that the feet are reduced to a very small size, and it is probable that the inhabitants there may begin the process before five, if the size attained is correctly reported. To make otherwise a three and a half inch foot, from toe to heel, would seem an impossibility, as the adult heel alone is seldom under two inches in diameter. Chinese shoes may be of this length, or even less, but it is a common practice to wear them much shorter than the foot, the heel of the latter projecting an inch or more behind the end of the sole, and being covered with a long silk heel piece. I have within a few days

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seen it stated by a traveller in China, that the feet of infants are bandaged at the age of three months, and that the suffering only lasts for six weeks; both of which statements are certainly incorrect.

The reason given for not binding until five or six years of age is, that the child must first learn to walk, and do certain acts, or kinds of work, in which walking is essential, or it will not be able to learn. Among the poor, children have the process commenced as soon as their parents can afford it, though as a general rule not before twelve, and seldom later than fourteen. Servants with very rare exceptions have their feet as nature made them, and these are often small and remarkably well formed, with a high arch and instep. Parents who through poverty have been obliged to sell a daughter as a family slave, are sometimes under improved circumstances enabled to buy her freedom, in which event her feet are bandaged, even if she has reached the age of twenty, so that she may obtain the badge of gentility, and be married as a lady.

Feet dwarfed at five or six years of age, are much more successfully done than those at twelve or fourteen, when the bones are larger and more matured, and the tarsal articulations more strongly united. The suffering increases also as the age advances, and the attempt in a grown girl is much the most severe, and accomplishes the least. In such cases, the toes are partially bent under the sole, and the heel and instep somewhat approximated, so that by a high inside heel and a little counterfeiting, the foot is dressed to appear small. Small feet advance the matrimonial recommendations of the owner, and parents having daughters thus crippled, are enabled to ally them

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with more respectable or literary families, than if their feet were normal in size and form.

The process.—There are three points to be gained by the binding, which collectively, and under the influence of an atrophic action, the result of defective nutrition, make the feet small, and give the skin of both feet and legs a shrivelled appearance. The first step, and that to which the parts make the least resistance, is the bending of the four smaller toes under the sole of the foot, and the narrowing of the parts supported by the metatarsal bones. The second step is best accomplished in early childhood, when the tarsal bones appear to move with a joint-like flexibility upon each other; and consists in a forcing together of the plantar portions of these bones, whereby they are subjected to a continuous pressure, and in an opening, or rather attempt at opening, of the articular crevices of the instep, keeping their ligaments constantly tense, at the same time. The third step is the last to be accomplished, and can only be completed in the young subject. The os calcis, with the astragalus, is forced downward until the heel is vertical, and its bone on a line with those of the leg. The calcis is rounded in form, losing its processes, which are so marked in the normal bone; and its anterior articulating face is brought up near to the high, instep-like arch just in front of the ankle-joint, while at the same time the point of attachment of the tendo Achillis is made the base upon which the girl stands when erect, and steps in walking.

The bandage at first is about six feet in length; and a width of about two inches is generally used at all ages. The end of the roll is placed on the inside of

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the instep, and the strip is then carried over the four smaller toes, taking them with it under the sole of the foot: the bandage is then brought around the big toe, over the instep, and along the outside of, and then around, the heel, to the point of starting, when another turn is made over the toes, and the foot is compressed longitudinally so as to extend the front part, and bend the heel approximatively toward it. This figure-of-eight binding is continued to the end of the bandage, which is then sewed to the turn beneath it, and the child left to endure the torture without removal of the pressure for a month.

When the first dressing is to take place, the feet are put to soak for a long time in water as hot as can be borne by the hand, and the bandage is then slowly unwound. The uncovered foot presents an abundant exfoliation of dead cuticle; is often ulcerated from the pressure; always bleeds; and sometimes is affected with a circumscribed gangrene, by which one or two toes are lost, and portions of skin and subcutaneous tissues are separated. The sloughing out of a portion of the infolded sole is not uncommon, but the loss of toes is said not to occur in more than one or two instances in a hundred. The odor of such a foot when unbound, can be better imagined than described: even when well, the feet are anything but pleasing objects to the sight and olfactories of an "*outside barbarian.*" At the first binding, and in many cases throughout life, finely pulverized alum is placed under and between the toes, and in the creases of the sole, to harden the skin, prevent ulceration, and lessen the offensive odor, which is very marked on passenger

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boats, and wherever a group of Chinese women is assembled.

After the first ablution, the parts are dried, dusted with alum, the toes still more pressed under the sole, the foot kneaded to make it more flexible, and a clean bandage quickly applied before the foot can have an opportunity to recover its true form and swell out, for the rebinding in that case becomes much more severe.

The shaping of the foot by the bandage requires from two to three years, during which period there is more or less pain. This is most severe in the first year, and gradually diminishes after the bending of all the joints and articulations is completed. During this period, and in fact throughout life, the feet are unbound but once a month.

The suffering at first is very severe, and is located chiefly in the toes, joints, ankle bones, and instep, and is compared by those who have endured it, to that produced by the puncturing of sharp needles into the flesh. At night the girl lies across her bed, putting her legs over the edge of the bedstead, so as to make a pressure under the knees, and thus benumb the parts below them. In this position, on her back, swinging her legs backward and forward, she passes many a weary night. Febrile disturbance is said to be an accompaniment of this torturing process.

If the feet are firmly bound, and the girl young, they will cease to ache generally in about two years, the parts being then denominated "*dead.*" By this time the calf of the leg, for want of use, has disappeared, the skin is shrivelled, and the whole extremity below the knee presents an atrophied and shrunken appearance, being little more than skin and bone.

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The bones eventually become attenuated, and the ankle measurement of a dwarf-footed woman is about the same as that of her wrist. In adult life, the leg frequently becomes rounded and enlarged by adipose deposit, and the muscles regain their form in a measure; but the ankle always remains small.

A girl under the process of foot-dwarfing seldom walks within a year, but moves about the house on two stools placed under her knees, first sliding one forward while she throws her weight on the other, and then alternating the movement. If she goes out, she is usually carried on the back of a strong woman. A dwarf-footed woman hobbles along with short, quick steps, bearing her weight mainly on her heels, and balancing herself with her arms, or leaning upon a malacca cane, or the arm of some one with normal feet. She is unfitted for an active life, although some with great effort can walk six or seven miles in a day. The toes that are turned under the feet, become flattened when walked upon, and the fourth and fifth are deeply imbedded in the sole, and often present corns at points most subjected to pressure. Such feet blister easily, and are subject to frequent abrasions, which, from the necessity of always wearing the bandage, are very difficult to heal. To take off the weight from the anterior part of the foot, the heel is made to rest upon an elevating block, or high insole and boot-heel. Where the dwarfing has been commenced very early, the heel of the foot is not much elevated above the level of the sole; but in those bandaged late, the difference of level is sometimes an inch, or an inch and a half.

A Chinese woman of the better class is averse to

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showing her feet in a bare state, even to members of her own household; and seldom exhibits more than the heel and an inch of the toe when they are dressed; covering the balance with a pantalet tied at the ankle. Very few Americans in China, except physicians and female missionaries engaged in teaching young girls, ever see even a bandaged foot, although frequently meeting those who have them. A gentleman who has resided two years in China, told me, a few days since, that he had never even seen the toe of one of their shoes in walking, so carefully were the feet covered by the clothing. Women of the lower class, however, in some districts, appear to take a pride in showing their feet to strangers, when well introduced.

Fig. 1. Fig. 2.

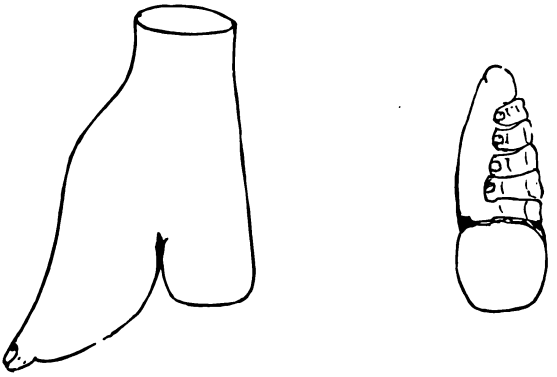

Fig. 1.—Represents the usual form of a foot in which the dwarfing process has been commenced at an early age. The original measured 4½ inches from toe to heel.

Fig. 2.—Sole of left foot of same length; showing how entirely the four smaller toes may be forced under the metatarsal arch.

Anatomical changes.—These are shown both externally, and by dissection. Three of the casts sent from Canton, measure four and a half inches from heel

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to toe, and one, four and three-quarters. Dr. Carrow writes that these are larger than the feet were when first unbound, as the parts swell and relax somewhat when relieved from pressure. The most marked changes noticeable, are the bending under of the toes, and especially the disproportionate size and length of the fifth toe, which reaches the central line of the sole, and sometimes extends beyond it; the deep indentation between the heel and the sole proper, which gradually closes under the binding until it appears as a mere fissure, in which, when perfected according to

FIG. 3.

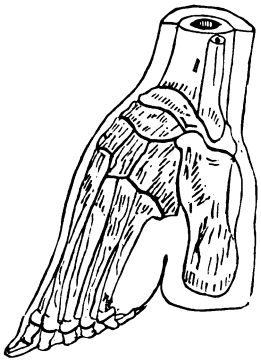

FIG. 3.—Shows the deformity of the bones, in foot represented by Fig. 2.

Chinese taste, a silver dollar may be entirely hidden when pushed in edgewise, showing this plantar fissure to be an inch and a half deep; the vertical direction of the heel, with its flattened base, and square edges; the extreme height and prominence of the instep; the position near the back of the ankle of the external malleolus, and its very slight elevation; and lastly the diminutive size of the ankle itself.

Dissections have been made of these deformed feet

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by Mr. Bransby B. Cooper, and others, and it will be sufficient to refer to Mr. Cooper's statement and drawing in the Transactions of the Royal Society of London, for 1829. The foot examined was that of a woman of the lower class, found floating, dead, in the river at Canton; and was sent as a present to Sir Astley Cooper. It was a fair specimen of the deformity, but not equal to those from which the casts by Dr. Carrow were taken, as it measured five and a quarter inches in length, and had a turned up great toe. Poverty had no doubt compelled the woman to walk on both heels and toes, bending back the big ones, and making callosities on their balls and several corns on the smaller toes. The position of the latter corresponded with those on the adult cast here exhibited, and the form of the os calcis, with that of the skeleton foot before us, obtained by Dr. Kerr at Canton.

The instep of Mr. Cooper's specimen was three and a half inches in height; the arch beneath, two inches, and its span two and a quarter inches; width of foot at broadest point, barely two inches. The tendons did not appear to have undergone any change. The curve of the instep at its most prominent part was made by the round head of the astragalus and the cuboid articulation of the os calcis. All of the tarsal bones were more or less altered by the compression, and the tarso-metatarsal junctions bent anteriorly.

Dr. Gordon, in his "China from a Medical Point of View," advanced the opinion that the binding process was a fruitful source of disease, and mentioned particularly scrofula, and a carious state of the tarsal bones. Mr. S. Wells Williams, in his "Middle King-

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dom," gives a very different statement, in these words: "The practice of compressing the feet, so far as investigation has gone, is more an inconvenience than a dangerous custom, for among the many thousands of patients who have received aid at the missionary hospitals, few or none have presented themselves with ailments chargeable to this source." . . . "The evident freedom from distress exhibited in the little girls who are seen walking or playing in the streets proves that the amount of suffering and injurious effects upon life and health, resulting from this strange fashion, are perhaps not so great as has been imagined." . . . All the women seen by Mr. Stevens in Shantung, and all who came to the hospital at Chusan in 1841, to the number of 800 to 1000, had their feet more or less cramped, and some of them walked several miles to the hospital, and home the same day. Mr. Williams was for a number of years the Senior Vice President and acting President of the Medical Missionary Society, which has established many hospitals and dispensaries in China, and he ought to be good authority.

A search through the Chinese hospital reports, for a number of years, only tends to confirm the statement of Mr. Williams. There was no case of caries of the tarsal bones reported, and no indication that foot-binding induced scrofulous disease in any of the parts under compression. Dr. Peter Parker reports one case of gangrene produced by the first binding, as follows:—No. 23,944. A little girl of Honan, Luh Akwang, æt. 7, was subjected to the process of foot-binding on Feb. 9, 1847. Her sufferings from the compression were very severe, and became so in-

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tolerable, that at the end of two weeks her parents very reluctantly took off the bandages. Her toes were found discolored by commencing gangrene, and this advanced until both feet were involved. She was in this condition when brought to the Canton Hospital on March 8. Both feet became black; a line of demarcation formed at the ankles, and spontaneous amputation resulted; the stumps were treated at home, and she made a good recovery. Dr. Parker states in the report, that since he had seen this case he had heard of several others.

Gangrene from exposure to severe cold is an occasional occurrence. We might very naturally expect this to be quite common, but it does not appear to have been so by the hospital reports. Two cases are mentioned, both in the report of the Canton hospital for 1874. A woman of Pwanyü, æt. 53, lost both her feet in this way, and they separated about three inches above the ankle-joint. After her recovery she gave her feet to Dr. Kerr, who presented one of them to the Mütter Museum. The second case is that of a girl of six, the daughter of a wealthy man residing in the suburbs of Canton: one foot separated above the ankle before her admission, and the other a few days afterward. The cold was unusually severe at the time, so much so that a man in the same locality had his extremities badly frozen. Facts are better than conjecture, and especially with regard to the Chinese. What we feel sure would happen if American children were thus foot-bound, we must not presume to be the case with those of the Chinese, a nation that is but little subject to pyæmia, erysipelas, and traumatic gangrene.

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The power of the bandage is well shown in the foot-binding process, and teaches us a lesson in orthopædic surgery. If deformity is thus produced, the opposite may be, where the same is presented for treatment and removal. The *splay-foot* is the converse of the Chinese deformity, and might be removed by the same, or a modification of the same, method, and so of other unsightly or disabling natural defects of the feet.

One of the most singular results of the foot-binding is the extreme attenuation of the leg from the knee downward, involving as it does both bones and muscles. The latter are affected chiefly from want of use, the shrinkage of the gastrocnemius being most apparent; and the former appear to retain their childhood dimensions, or are reduced to even less than this, the tibia and fibula being no thicker than the radius and ulna, as shown in the dried foot here presented. Where the binding is commenced very early, this condition is much more marked than in the cases of the poor in whom it is begun at a much more matured age.

The effect upon the emotional nature of the Chinese has been dwelt upon by some writers, who claim that the foot-binding changes the entire character of its victims, and gives even a peculiar expression to their features, bringing them in marked contrast with those in whom the feet have not been compressed. This is attributed to the sufferings of the formative period, and the life of forced inactivity which it entails as a result. No doubt the want of open-air exercise is a considerable drawback to the measure of health of the small-footed women, and renders them in many

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instances less cheerful than those whose locomotion has not been curtailed, and is not attended with more or less suffering throughout life. It would be interesting to know what is the true effect of this condition in determining disease in its subject in childhood and adult life: but of this as yet I have not been informed, and I see no reference to it in the Missionary Hospital reports.

We have now, in the collection of the Mütter Museum, the dried foot already referred to; a cast of a half-dwarfed foot remarkable for the extent of the underlapping of the toes and pointing of the anterior part of the foot, the heel-to-toe measurement being six and three-quarter inches; a model of a four and a half inch foot; a second miniature model of a bandaged foot with shoe and ankle-cover; and four casts of feet taken at the ages of six, thirteen and fourteen years, and in adult life, the first three being four and a half inches long, and the last four and three-quarter inches. These give a fair representation of the whole process of binding, and of its effect upon the form and size of the foot. For these we are much indebted to Drs. John G. Kerr and Flemming Carrow, of the Canton Hospital.

NOTE.—Since the above paper was put in type, I have seen a lady from Ningpo, who was engaged in teaching a mission school, in which there were twenty-six girls, all having bound feet. She says that the custom is, in one respect, quite different in Ningpo from what it is in Canton and Swatow, and that in consequence the feet are made much smaller. She has never seen an unbound foot, although anxious to do so, but could never persuade one of the girls or women to remove the bandage. When dressed, and with

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the embroidered shoe on, they make no concealment of their little feet. Binding is begun in infancy at Ningpo, and not at five, six, or seven years, as in Canton, Swatow, Tie Chiu, and, as a rule, in Southern China. The bandage used, is only about half the width of that in Swatow, or about an inch wide, and the tail of the strip is wound around the heel-piece of the shoe, which is put on before the binding is completed. The time when the first binding is done, she cannot state exactly, but she has often seen very small children with bound feet, carried about by their mothers—the youngest being certainly not more than thirteen months old. I have already stated that the Ningpo ladies are said to have the smallest feet in China; which is thus accounted for, as I presumed might possibly be the case. My informant saw the casts now in the Mütter museum, when at Dr. Carrow's house, in Canton, and was struck with their large size, as compared with the feet she had so often seen under shoe and bandage in her own school. She says that, in Ningpo, the bandages are removed from the feet every two weeks; but that even with this more frequent change, the odor in a closed school-room is enough to sicken the stomach of an American or European, and a very free ventilation is essential to the comfort of the teacher. She also says that scrofula is very common among the Chinese, but she has never seen it as a result of the foot-pressure; in which she confirms the opinion, before quoted, of Mr. Williams, now a Professor in Yale College.

In consequence of the very early foot-binding in Ningpo, which is almost universal in the city proper, women are much more rarely seen in the streets than at Canton and Hong Kong, and have a greater difficulty in walking; their step being like that of one upon stilts. Their feet are more upon a level than those bound at five or six, and the women wear a much lower heel than in Canton.

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FOOT-BINDING IN NINGPO, CHINA.

SUPPLEMENT TO A PAPER READ DECEMBER 3, 1879.[1]

By

ROBERT P. HARRIS, A.M., M.D.

[Read May 5, 1880.]

In my general paper on this subject, for the Empire as a whole, I stated that it was an error to suppose that the process was commenced in infancy, as had been claimed by travellers, and that I had never heard of its having been done in any part of China at an earlier age than five years. I also gave reasons for its not being commenced in infancy, as stated by the Chinese.

It having been reported, upon reliable authority, that the ladies of Ningpo had the smallest dwarfed feet in the Empire, some of them measuring but three and a half inches from heel to toe, I thought it not impossible that the practice might be commenced exceptionally early in that city, and therefore wrote a letter of inquiry to a lady who has been residing there for several years, and who has every advantage for obtaining the truth. This letter was arranged as a series of questions, twenty-one in number, all of which have been very satisfactorily answered in a reply received April 26, 1880.

[1] Vide supra, page 1.

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After my letter was sent to Ningpo, I accidentally met a female missionary who had been several months in a school in Ningpo, but had been obliged to return home on account of failing health. Her statements caused me to append a note to my first paper (page 16), to the effect that the habit of Ningpo mothers was to bind their children's feet in infancy. This statement, like those of many travellers not understanding the Chinese tongue, was not correct. No doubt this lady had seen infants with their feet bound up, but they were not bandaged as in the deforming process.

I will now give the statements of Mrs. Butler, who has been highly commended to me as a perfectly reliable authority :—

Among the wealthy of Ningpo, the binding process commences at six or seven years of age. When a child is large for her age, its feet are first bandaged when five years old. No child has its feet bound at an earlier age than five.

The smallest feet in Ningpo measure, as I had stated, three and a half inches in length. This is taken from the foot with its bandage on, and not from the shoe worn. The feet range from this length to seven inches, the average being about five inches. "There is at Ningpo a mild form of compression which only includes the toes; the direction of the heel is not changed. Some of this class wear the smallest sized shoe; this is accomplished by placing a heel of wood inside the shoe and letting the foot rest upon the heel, the heel of the foot being raised above the top of the shoe and covered by the pantalet. This form is not admired, as it is easy to detect the raised heel."

Dwarfed feet are universal at Ningpo, all women having compressed feet whatever their employment may be. It produces no caste distinction, and does not force upon them a

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life of shame, as there are many ways by which a living can be made even with small feet.

They bind their feet simply because it is the custom; it is not the least interwoven with their religion.

"Children are never born with feet like those dwarfed by the Chinese. They do not admire club feet as we see them from natural deformity; they consider that to be born with club feet is a great calamity."

"The Chinese themselves do not consider that binding the feet affects their health or spirits; and as there is no class of women in Ningpo with large feet, so that we could make a comparison, it is difficult to say whether the practice affects the health or not."

The compressed feet suffer from cold; children are often quite lame from its effects. The feet are subject to corns and partial mortification, but are not lost by gangrene.

"If the feet are well cared for, the girl ceases to suffer at the age of thirteen or fourteen years. Occasionally one is known to be a sufferer all her life."

The Chinese do not admire the sight of a bare dwarfed foot, but regard it as disgusting. The girls like to show their feet when dressed, and their dresses are made to expose the shoe. "They do not like any one to see their bare feet, not even the members of their own family. I have never met a Ningpo woman who would be willing to have her unbound foot exposed."

I wrote to Mrs. Butler to know if it would be possible to procure a photograph of a small Ningpo foot, but she answered that it would not. I wanted Dr. Carrow to get me a cast of a leg and foot together, but he failed to obtain one. Many very poor women could not be hired with a high price to allow a cast of a foot to be taken. A bare foot is longer and fuller than one under the bandage.

The wealthy, as a rule, have smaller feet than the

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poor; and the men have smaller feet than those of Europeans. It appears then, from reports received from three different parts of China, that there is very little difference in this peculiar custom in Canton, Shanghai, Swatow, and Ningpo; that the Chinese are wedded to it, but why, except that it is an old fashion, they do not know; and that it is not begun anywhere until after the child is old enough to have learned to walk, the age among the better classes being from five to seven years.

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