PRIMITIVE MIDWIFERY IN SOUTH CHINA.

To the Editor of THE LANCET.

SIR,—In the very interesting paper by Professor J. B. Hellier on the Methods of Primitive Midwifery, published in THE LANCET of Feb. 8th, p. 419, the suggestion was made that some readers who have the opportunity of first-hand study of the practices referred to should record their personal experiences. The following observations apply to South China where I am engaged in hospital work. In North and Central China the conditions are different. There, as a rule, women only are allowed to attend to cases of childbirth. Here it is customary for midwifery operations to be undertaken by men as well, and no objection is made to their presence. Naturally, in a Chinese inland town one sees cases which, owing to prolonged labour without assistance, are rarely met with in English practice. One of my first introductions to Chinese midwifery work took place in a village where the woman had been in labour for some five days. The child was a monster with one head, two bodies, four arms, and four legs. The uterus was already ruptured and two of the legs had gone through the rent. Fortunately the resisting powers of the Chinese peasant woman are great. She lives a much more natural life than her Western sisters, and if she has to do more than her share of the rough work in the fields she reaps the benefit when the time comes for the birth of a child.

Professor Hellier divides the development of obstetrics into three stages. China is undoubtedly still in the primitive stage, characterised by an entire absence of knowledge of anatomy and the mechanism of labour. Native doctors, for instance, are taught that in normal labour the child makes its first appearance with the face looking to one side. If it looks downwards it portends the death of the father; if upwards, it portends that of the mother. The treatment resorted to is often cruel in the extreme and as senseless as cruel. It is indeed a wonder that the inhabitants of a country which has been civilised for so many centuries and has shown so much ingenuity and inventive power in the past should have failed to grasp the very elements of midwifery practice.

There is probably no race more fond of all sorts of medicine than the Chinese. Pills, plasters, ointments, concoctions of every variety are always acceptable by the sick Celestial. Consequently one is not surprised at the large number of internal and external remedies for difficult labour. Most of these are given with a view to strengthening the pains. The administration of urine, mentioned by Professor Hellier, is not confined to the Dutch East Indies. In South China it is a well-recognised remedy. But it is always children's urine that is drunk, and almost invariably that of a little boy. Contrary to what one might expect, opium is rarely given. A pheasant ripped open while still alive and placed on the abdomen is supposed to be efficacious, but not so much so as a tiger's intestines. These are worn round the neck with the ends hanging down. Being an expensive remedy, they are usually borrowed for the occasion from some neighbouring medicine shop which keeps them in stock. The midwife is usually an old woman of most uncleanly habits who probably has been summoned from her fields for the occasion and who has had neither time nor inclination to first wash her hands. Even in normal labour she is responsible for a lot of suffering, but it is when delivery is delayed that she does most harm. There are no forceps in Chinese native practice. If the child does not appear after what is judged to be the proper time the midwife inserts her hand and attempts to pull at the first thing she can catch hold of. On one occasion I was called to a case of placenta prævia where the woman had been bleeding badly for some 60 hours. Largely owing to the attentions of the midwives, I found presenting at the vulva the cord, a piece of the placenta, one foot, and two arms. If pulling at the first part which comes to hand prove unsuccessful recourse is had to a knife and the whole vulva is often torn and cut in a most barbarous manner, the urethra not infrequently being irremediably damaged. On two or three occasions I have seen the vulva and the rectum made into one large cavity and the woman almost pulseless from loss of blood. I have felt incisions all round the cervix comparable to the first steps of vaginal hysterectomy. Once I found that somehow or other the native doctor had forced apart the symphysis pubis so that there was a space of an inch between the two pubic bones and a finger could be inserted for two and a half inches into the cavum Retzii.

With such methods of treatment, transverse presentations are naturally very dangerous, and as a matter of fact such cases, not within reach of a foreign-trained doctor, almost invariably die. The treatment pursued is to place a little rice or a few cash into the hand and then to push it back with the idea apparently that having received a present the child will consent to come down in the right way. The next step is to pull on the hand. Sometimes the other arm is brought down, making delivery more difficult still, but I have only seen this once. Usually the further treatment of the case resolves itself into pulling more and more energetically until the woman dies from exhaustion or ruptured uterus. Embryotomy is never done purposely. Sometimes an energetic midwife will open the head in her endeavour to deliver, but this is considered bad practice. As a rule, in cases of impacted head injuries to the child due to the midwife are confined to the scalp, which may be torn right off.

The Chinese have a great horror of a woman dying with the child still unborn. In not a few cases the foreign doctor arrives upon the scene when the woman is just on the point of death. Naturally, in these circumstances, one does not like to interfere, especially if the woman happens to live in a distant village where no foreigner has been before and where consequently there is a crowd of some hundreds of interested onlookers outside the door. The greatst pressure is brought to bear upon the doctor to undertake the case. The oldest man in the family, of most venerable appearance, will come personally to make the request. Once I have had my chair sent away with the intention of keeping me in the house until the child was born. The death of the woman seems unimportant compared to the necessity of delivering the child. A woman who dies in childbirth with the child undelivered is supposed always to remain in hell, and her spirit, never at rest, is believed constantly to harass the family and bring all manner of ill-fortune upon each member. With a view to avoiding this the Chinese sometimes perform Cæsarean section. I have never heard of the operation being attempted when the woman is alive. It is done after death. The operation is performed by one of the local coffin-bearers who form, perhaps, the most degraded class in Chinese society. A nurse informs me that the customary fee is five Mexican dollars, about a month's wages for an ordinary coolie.

A curious superstition among the Chinese women is that sometimes the child is born viâ the rectum. To prevent this some Chinese women refuse to lie down for delivery but sit firmly on their wooden bedboards until the head appears. A few months ago at the house of the local chief magistrate we had for this reason great difficulty in persuading a woman to allow us to attend to her in the ordinary position. I remember this case well as the chief lady of the Yamen was herself an amateur Chinese doctor. She dosed the other women of the establishment with their children, like Mrs. Squeers, and they dare not refuse. I was told privately that she had already killed five or six infants in this way. At the time of the operation it was not etiquette for her or the other wives to be present. I thought I heard some breathing behind my back and looking round found a screen through which several holes had been bored. At each hole there appeared an eye!

As a rule the Chinese midwife does not pull upon the cord in a case of normal labour, and it is to her credit that she will wait for two or three hours for the placenta to be delivered naturally. The woman is given various drugs and

history-of-obgyn.com

foods. Sometimes she is made to vomit and then, as mentioned by Professor Hellier, her own pigtail may be used for the purpose, being thrust down the throat. Should this be of no avail the cord is pulled upon or a special midwife is summoned who, without any previous cleansing, thrusts her hand into the uterus and brings out parts of the placenta. The umbilical cord is left long. It is not cut with a knife or scissors but severed with a broken piece of crockery or bitten through with the teeth. A large number of children die from infection at the umbilicus. The child is usually washed on the third day after birth. When the next bath is given is very indefinite. The baby is fed with rice and cakes on the first day of its existence. I have noticed that the boat women sometimes chew the rice themselves before giving it to the infant. No doubt this assists the child's digestion by supplying some of the starch-converting ferment which is lacking in the infantile economy, but as a rule the rice and cakes are given in the same way as they would be given to an adult. It is not to be wondered at that in these circumstances the mortality among new-born children from digestive complaints is very great.

I am, Sir, yours faithfully,

PHILIP REES, B.A., B.Sc., M.B. Lond.,
Surgeon to the Customs, Wuchow.
Wesleyan Hospital, Wuchow, China, April, 1908.

history-of-obgyn.com