OBSTETRICS IN CHINA.*

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IT is a great pleasure to me to have an opportunity to speak to you this morning, although I was rather terrified when Doctor Peterson suggested it. One naturally shrinks, I think, from meeting a medical class, for although I have spoken before ladies, I have never before addressed a class of young men.

If anything that I say to you should convey the impression that the Chinese are an ignorant and uncultured race, I am not giving you the opinion that I hold myself. When Moses led the children of Israel into the Promised Land the Chinese were civilized and had a literature and government of their own. The Chinese and Jews are the only peoples that have been preserved from that time to the present, and while the Jews have no country of their own the Chinese occupy one-tenth of the habitable globe and constitute one-third of the human race. Some idea of the immense population of China may be realized when we stop to think that every third child that is born into this world looks into the face of a Chinese mother.

From time immemorial the Chinese have regarded education as of first importance. Every official from the highest to the lowest is selected by

*Notes from an address delivered before the senior medical class of the University of Michigan by a member of the class of 1887, of the University of Michigan, and for twenty years a missionary in the Celestial Empire.

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competitive examination and the Chinese love and reverence for the scholar is shown by giving him the highest place in their classification of the people. I have called attention to this fact because of its relation to the development of the brain and skull, and hence of prime importance in dealing with the subject of obstetrics.

The two things that are of prime importance to the obstetrician are the mother and the child.

With a race of scholars, such as the Chinese have been for numberless generations; with whom the ideal of every home was to have a man or boy who might become an official, we might expect that the head of the child would be developed both in the anterposterior and lateral diameters, and so if you look at a Chinese child you will see a head which is naturally very large and round.

The women are attractive and interesting and while they are usually well nourished, their muscular systems are often in very flabby condition. This is due to two facts, first, that it is not proper for them to go upon the street; and, second, between the ages of six and seven they begin to bind the feet. When this custom was instituted we do not know, but it is variously attributed to Yas Miang, a concubine of the Tang Dynasty, and to a club-footed princess who adopted this fashion to cover up her deformity. But in the primer for girls we find:

> Have you ever learned the reason for the binding of your feet?
> 'Tis from fear that 'twill be easy to go out upon the street.
> It is not that they are handsome when thus like a crooked bow
> That ten thousand wraps and bindings are thus bound around them so.

That the binding of the feet is a painful process is indicated by the proverb that "For every pair of bound feet there is a bed full of tears." It is painful to put the foot to the ground, and from the time the binding is begun a girl has no desire to run about and play as she otherwise would. The more quiet she can be, the less pain she will feel. Naturally she is poorly developed.

Every Chinese woman when she comes to maturity is married. There are no unmarried women in China. Long life, posterity, and wealth, with them constitute happiness. The desire of every home is to have a large posterity. There is no place in the Chinese social system for the unmarried woman. It is the rarest thing to find a woman who has passed the age of thirty years unmarried. And the question now arises what help has she in her time of maternity?

The Chinese have doctors, but they are not expected to come to a woman when she is in childbirth; nor would they be of any service if they did come, nor do the women desire them. A man is not allowed in the sick room of a woman, so that their only resort is a midwife. This is always a woman who has been a mother, and who has taken up this business as a profession. She is usually not clean. If she had clean clothes she would not wear them lest they become soiled. She receives a small remuneration from the poor home, and a larger sum from those who can afford it. When she feels that they are dependent upon her she may strike for a larger amount of money, and if called to a case of abnormal presentation she may say that she has something else to do and go away and leave the patient. The family then sends for another, who may give some of her little drinks or teas, and if nature will not do the work, she, too, leaves and the process is repeated again and again. She may refuse to

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come unless she is promised a certain sum of money. I have seen homes where all the available money had been used in securing midwives.

After the fourth or fifth day if they think there is no hope they dress the woman in her grave clothes and put her on a couch to die. I have not infrequently been called and found the woman, beautifully gowned, awaiting death. I have had cases where the woman had been eight days in labor, and all that would have been necessary was a pair of forceps to deliver her. We are constantly called to cases which have been in labor from three to five days, many of which are arm presentations. When I speak of the way in which a normal labor is conducted you will understand why we have so many abnormal presentations. Let me mention first the preparations for the labor.

It should be understood that the bed consists of one-half of the floor of the room being built up a foot and a half above the other half. It is built of brick with flues running under it, that it may be heated from a small fire-place in the front, from which the smoke, gas, dust and ashes all go up through the flues, and come back into the room, as there is no chimney to carry them off.

In preparing for the labor the midwife uses a very coarse straw paper, not unlike that used by our grocers some thirty or forty years ago, only many times coarser, several layers of which she spreads out upon the brick bed for the purpose of absorbing the discharges. This paper is prepared from straw pulp by the simplest processes, in country places, and dried on wooden frames by the roadside, where it becomes covered with dust, and is anything but aseptic. Upon this paper there are placed two small stools or bricks covered with this same paper, and sufficiently separated that the buttocks may rest upon them.

The woman during her first stage of labor is encouraged to keep on her feet and move about the room. In the second stage she is seated on these two small stools or bricks and encouraged to use all her powers in expulsive efforts. The midwife, or some female member of the household, seated beside her, clasps her about the waist, thus supporting her by allowing the patient to lean back upon her, and endeavors to assist her by pressing down upon the uterus. This may help to account for the fact that we get so many arm presentations, the head being displaced before it became engaged in the parturient canal. As the child descends and is engaged, more force is used, with the object of causing the placenta to be born with the child. In case there is any delay in the birth of the placenta, the patient wraps her hair around her finger and sticks it down her throat, causing a severe gagging, which expels the placenta. This upright position of the patient has the advantage of the assistance of gravitation during the first two stages of labor, and the disadvantage of hastening birth in the third stage when the head is pressing on the perineum, and thus causing laceration. The hasty emptying of the uterus, together with the pressure from above by the midwife, sometimes causes inversion of the uterus, for which, as for laceration, the midwife has no remedy.

After the birth of the child the mother is still kept in an upright position for some time to prevent hemorrhage, their theory being that if the mother lies down the blood will (shang lai) go up, and she would die. Even though she should have a hemorrhage she is not placed in a recumbent position, though she becomes unconscious from loss of blood, and here again the midwife is without resource.

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The child is lying on the brick bed with the discharges. The midwife picks it up, and with her long finger-nails, nips the cord some twelve inches from the child, ties a knot in it, and sprinkles on the end a bit of powdered alum which the mother had taken the precaution to prepare beforehand. They then fold the cord upon the abdomen, and bind it there with a red ankle-band some two inches or more in width, which takes the place of the abdominal band ordinarily used in this country.

The child is then wrapped in swaddling-cloths and left for three days, when a feast is given, the child is washed by the midwife, and the female friends are invited to be present and have an opportunity to see the mother. In case any of the friends fail to call during these three days, or should not attend the feast, they are prevented from seeing the mother until the end of the first month, lest they should carry off the milk. Among the better class, where they can afford it, a wet nurse is always employed, and the child is kept at the breast from two to three years. Although the mother is up and about the house she remains in seclusion during the first month. Wet nurses in China are easily secured, though among the poorer classes, when the mother is unable to nurse her own child, and they cannot afford a wet-nurse, since they do not use cow's milk, the mortality among infants is very great. In such cases the poorer classes do not take the trouble to bury the child. It is wrapped in a bit of old matting, placed on a street corner and a black cart is driven along, and these little ones are gathered up, and taken out of the city and buried altogether in one hole.

It will be seen from what I have just said that the Chinese have little consideration for children dying in infancy. They hold that such little ones are not real children, but that they are evil spirits come to seek a temporary home. When a woman is suffering from an abnormal presentation, and the midwife is unable to deliver her, if the foreign physician is called, as she often is, the family is grateful to have the woman delivered even though she die in the operation. In most cases, however, the life of the mother can be saved. The reason for their gatitude is the belief that if she is not delivered the child as a small devil will go with her tormenting her throughout the entire transmigratory period.

Most of the cases to which the foreign physician is called have been in labor from three to eight days. In the more protracted cases not only is the child dead but in a putrefying condition, and one would naturally expect that the mother would be seriously infected. The Chinese woman, however, is immune to infection that would kill her more favored sister of the West, and so we are able to save cases in China for which there would be no hope in America. Not infrequently when we are called to cases the stench is almost intolerable, so that members of the family cannot enter the room without a handkerchief to the nose, and yet after the delivery of the dead fetus the woman will make a good recovery. In most of these cases where it is an arm presentation, the arm has been pulled off by the midwife.

The Chinese are without obstetric instruments of any kind. They have no science of surgery, of gynecology, of dentistry, of optics, of medicine, or indeed of any kind. I have often heard my husband say that no system of thought has ever been classified into a science by any people who have not been developed in a Christian country. People may be cultured without science, but without science they cannot understand the human system.

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