

### A Chinese Midwife.

Mr. H. J. Walton, M.B., F.R.C.S., Capt. I.M.S., 7th Rajputs, China Field Force, has an interesting article in the last issue of the *St. Bartholomew's Hospital Journal*, on "A Chinese Midwife," in which he says:—

Now that the position, status, and responsibilities of the midwife are attracting so much attention in England, it occurred to me that it might be interesting to interview one of the sisterhood in China, and to hear her view on the subject of obstetrics. Among the 'staff' of a dispensary for Chinese that I have been 'running' for the last few months in Pekin is an 'ex-Boxer'; at least, the British Police Commissioner kept him in prison for five months as such, and certainly his personal appearance is somewhat against him. On his release from prison he was handed over to me as a 'dresser,' and has turned out a great success, being very keen and energetic. He fairly revels in gore, and it is a sight to be remembered when he is allowed to open an abscess.

To return to the midwife. I asked my Boxer friend, whose knowledge of Pekin appears to be both 'extensive and peculiar,' to find out a midwife in flourishing practice, and to invite her to pay me a visit. None came for several days; all that I could get out of the Boxer, through an interpreter, was that it was 'very difficult.' However, one day he produced one triumphantly, and told me that she had one of the largest 'family practices' in Pekin.

The midwife was a withered old dame, with rather an intelligent face. She informed me that she had been 'in practice' for forty years, during which time she had attended, on an average, about a hundred confinements a month. I am afraid that I looked rather incredulous, and she appeared to be a little surprised herself when I reminded her that she must have attended forty-eight thousand cases. However, she recovered her self-possession and said, 'Well, I dare say I have.'

The profession appears to be an hereditary one; her sole 'qualifications' for it were that her mother and grandmother had both been midwives. She assured me that I might implicitly believe all that she said, and added that 'of course men-doctors could never understand the diseases and tribulations of women.' She herself knew the remedies for all the 'seventy-two diseases' to which women are subject, except that for 'shortness of breath.' The following are some of the facts and customs that I learnt from her:—

The sex of the child may be foretold at the end of the third month of pregnancy by feeling the pulse at the right wrist, and in the digital arteries of the mother. A male child is also

indicated by the mother's 'happy expression.'

During the second and third stages of labour the mother should sit up on the edge of a chair, with her legs widely open.

The umbilical cord is not to be divided until the child cries; it is not tied, and is left of such a length that the end reaches to the top of the child's head. If hæmorrhage occurs from the cut end, the cord is to be twisted between the fingers. It is then dusted with alum and wrapped up in a piece of paper.

If the third stage is not completed within a few minutes of the birth of the child, the cord must not be pulled upon; but the hand, previously washed, is to be introduced, and the placenta pulled out. My informant knew nothing about retained membranes.

The mother is to sit up for some hours after delivery, 'lest the blood should mount to the head.' If the child is born asphyxiated, it is to be 'dandled' on the palm of one hand; this never fails to resuscitate it.

If a hand or arm presents by the side of the head, it is to be manually replaced. Prolapse of the cord 'does not matter at all.' In cases of disproportion between the sizes of the head and pelvis, one should do nothing 'for several days.' Chinese women of the upper classes take very little exercise—how can they, poor things, on their absurd little feet? and their labours are usually tedious. If, after a long delay (*i.e.*, more than 'several days'), the child is not born, the sides of the abdomen are to be well squeezed. If the child is dead—and this is known by the mother's pulse—the head is to be broken up with the fingers. If this is impracticable 'it doesn't matter.' My particular midwife never uses instruments of any sort.

If delay is due to rigidity of the soft parts of the outlet, they are to be stretched with the fingers.

In breech presentations the arms are liable to become extended by the sides of the head; they are to be drawn down by digital traction on the elbow.

If the after-coming head is delayed, once more 'it doesn't matter.'

As regards transverse presentations, the old lady declared that she had never met with one (among all the forty-eight thousand cases!—H. J. W.) which she had not been able to rectify by means of one hand in the vagina. She never performed podalic version for any reason whatever.

Ante-partum hæmorrhage meant that the woman had been working too hard. It was to be treated with Chinese medicine. The midwife knew the name of this medicine, which could be bought at all the native drug stores, but

[previous page](#)

[next page](#)