

## The Midwife.

### The Methods of Primitive Midwifery.

Dr. J. B. Hellier, Professor of Obstetrics in the University of Leeds, contributes a most interesting article on the "Methods of Primitive Midwifery" to the *Lancet* of February 8th. The scientific stage of obstetrics only began about the 16th century; before that time the methods were entirely empirical. The management of childbirth was left almost wholly to women, who were absolutely untaught. One burns with indignation in reading the writer's concise summary of the senseless, cruel, barbaric practices employed in primitive midwifery.

Here are some of the methods described by Dr. Hellier. He writes:

#### IN INDIA.

When a Hindu woman is in labour all her relations crowd into the room. In an ordinary case they may let the woman go on as best she can, but in any case of difficulty they call in a so called "barber woman." She is supposed to know something, and claims to know a great deal, but, as a matter of fact, is completely ignorant and filthily dirty. Suppose the labour to be primiparous, and that delivery does not follow as soon as expected then various expedients of cruel and brutal nature are adopted. For instance, they may jump on the body of the woman as she lies upon the floor. They may try to seize any presenting part and tear at it, perhaps even pulling off the scalp of the child. They may tear the vulva and vagina or use knives in a senseless endeavour to make a way for the child. The woman may be made to sit over hot ashes and burning twigs or charcoal. When she is very far gone they may at last send for the medical missionary, who may find the patient severely burned or lacerated, bruised and bleeding. The bladder may be ruptured, the abdomen greatly distended, the patient pulseless and insensible. She may die before anything can be done, or may expire immediately after delivery. If the burned cases survive the first shock they will very likely die from gangrene, or the whole of the vagina and bladder may slough, and tetanus is very common. After labour the patient is kept lying on the floor for three days without food or drink. The baby is given cow's milk at once, which upsets it. It is against their

religious ideas to wash the child till the tenth day. A large proportion of the newly-born children die from tetanus. The mothers are considered to be unclean until the eighth day, and are often kept outside of the house in a little shed, which is a dark room like a cupboard. After their first bath they are taken back into the house, but if fever set in the bath of purification is delayed until they are well, if they do get well. If these women are treated rightly in childbirth their labours are as easy and normal as are those of women in England, probably more so on the average. When labour is delayed, or they desire to produce abortion, a powerful and irritant poisonous drug is sometimes administered, the nature of which is not known to us. It causes severe pain and green vomit, and seems always to be fatal.

#### IN THE PHILIPPINES.

A second similar illustration is taken from the *New York Medical Record* for January, 1906, where Dr. W. D. Bell describes observations made during a residence of 13 months on the island of Luzon in the Philippines. He says that the so-called safety supposed to exist amongst savage peoples in childbirth was not found in these islands, for barbarous practices and tortures with far-reaching consequences were what were really observed. No attention was paid to the sanitary surroundings of the patient. As soon as the first real pains manifested themselves the patient was held on the ground and a cloth was passed around the abdomen and the four ends were pulled by four persons seated on the ground with their feet against her body. As soon as a portion of the child presented it was immediately seized by a fifth assistant and vigorously dragged upon, regardless of consequences. If any delay occurred a plank was laid across the abdomen on which a native assistant stood, raising himself on his toes and coming forcibly down on his heels. This was usually successful except in breech presentations, when a rude attempt at version was made with hands innocent of any effort to cleanse them. Few cases escaped laceration, and sometimes the uterus was ruptured. If the same means failed to expel the placenta forcible traction was made on the cord and very often parts of the placenta were left behind, with the usual consequences. Prolapse, inversion, and puerperal sepsis were frequent

[previous page](#)

[next page](#)