

here, also chronic endometritis. Syphilis and gonorrhoea were also common.

#### IN CHINA.

Dr. J. C. Thomson tells us that Chinese women naturally suffer less and have easier deliveries than Western women, but owing to the violent massage and other manipulations to which they are subjected the severest ruptures and lacerations are seen, with all the inevitable consequences of sloughing, necrosis, sepsis, and death. The mortality in childbed is excessively high, and he says: "In the practice of obstetrics in China we see century after century of the blindest empiricism, with no ray of medical science to shine into the habitations of cruelty."

#### THE EVIL EYE.

As examples of the atmosphere of ignorance and superstition in which such races dwell I may remind the reader that many races recognise no death from natural causes, ascribing all fatalities to witchcraft or "the evil eye," or to the malevolence of some supernatural being. We find such absurdities as the custom of putting the husband to bed when the child is born, whilst the wife waits upon him. Amongst one tribe of Finns the pregnant woman changes her shoes every month to throw off her tracks the devil who is waiting to devour the newly born child. The Chinese hold that pregnancy may last for three years if the child does not wish to leave the womb. The Indian women will whisper to the unborn child that a rattlesnake is near so as to induce the child to leave the womb. Chinese women will wear stockings which have been blessed by the lama so as to expedite delivery, and will swallow pilules of paper on which magic words are written, while for cross-births a remedy is found in the ashes of the husband's hair. Examples of such puerile and ludicrous practices could be multiplied indefinitely.

#### THE EMPLOYMENT OF EXTERNAL FORCE.

Gentle finger pressure and massage, rhythmic and well designed, may really be of service in exciting pains and even in rectifying cross-births; and massage has been very widely practised in various times and amongst various races. The Japanese may be especially mentioned for their skill in this respect. As varieties and examples of the more violent methods of applying external force I may mention: 1. Violently kneading the abdomen of the parturient or giving blows with fists, knees, or feet, or by butting with the head. 2. forcible compression with the arms. 3. The pressure may be made with a bandage surrounding the abdomen, the ends being pulled by one or more women or by a man. 4.

Or pressure may be made by kneeling or standing on the patient's abdomen while she lies on her back, or made on her back while she lies on her face, while a pillow may be placed under the abdomen. 5. Pressure is sometimes applied by weights. Heavy weights are used by the Tartars in Astrakhan, great stones in Serang, and warm bricks with great pressure (Malays). A carved wooden idol of great weight is used in Siberia. 6. The woman may stand and compress her body against a bamboo or may lean over a horizontal pole or cord. These violent methods often result in internal injuries, such as rupture of the uterus and bladder and other viscera. 7. Shaking the woman in labour was much esteemed in ancient Greece as a method of expediting delivery. A cloth was passed around her and she was shaken violently at least ten times. Then they laid her in bed so that the head lay downwards and the feet upwards, and the assisting women, who held the legs of the patient placed on their shoulders, shook her repeatedly to and fro.

In conclusion Dr. Hellier testifies to the good work being done in educating native midwives in mission and other hospitals; his paper should lead to its extension. Every woman should be stirred to do something for those of her sex who are suffering coarse brutalities and the disastrous consequences of meddling and ignorant midwifery. The suffering entailed is regarded by its inflictors as of little moment, because woman is regarded as an inferior being, the meek submission of the victims only accentuating the idea. Here, as in a multitude of other life tragedies, failure to recognise sex equality is the root of the evil.

#### ROYAL MATERNITY CHARITY OF LONDON.

Mr. Cornelius Barham, Chairman of the Royal Maternity Charity of London, who has been one of its warm supporters for the last 30 years, presided at the Annual General Meeting of the Governors on Tuesday last, at 31, Finsbury Square, E.C. The adoption of the Annual Report, which showed a very satisfactory record of work, was moved by Captain Hunt, and seconded by Dr. C. St. Aubyn-Farrer. The addition of four new members to the Committee was then proposed by Dr. Sunderland, and seconded by Mrs. Owens, who is a Governor of the Charity, as well as being a midwife on its staff. A very warm vote of thanks was passed to the Secretary, Major Killick, for his able and efficient work, the Chairman saying that he was indefatigable in his work for the institution. On the hospitable invitation of the Chairman, the meeting then became an informal gathering, at which tea and other good things were enjoyed, and matters of midwifery interest informally discussed.

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