

The Midwife.

Echoes from India.

HEREDITARY MIDWIFERY.

In India the right and practice of midwifery is considered hereditary.

It has been handed down in certain families from mother to daughter for generations. If you ask why this is so, they can give no more satisfactory answer than "It is, and always has been, the custom," and certainly, judging from our standpoint, there seems no other reason. We have all been more or less acquainted with the "handy woman," who, in country districts and villages, did the work of midwife. From a professional standpoint she had nothing to fit her for the post, and yet none of us can deny that many of these women to whom the words aseptic, antiseptic, and septic conveyed nothing, while totally ignorant of the theory of midwifery observed the simple rule of cleanliness in their person and work, and so were often wonderfully successful.

Between the "handy woman" of our country villages and the indigent Dai (midwife) of India there is no comparison. Our Indian specimen spurns the very idea of any necessity for cleanliness in the practice of her calling. On the contrary, it is something to be avoided. Why should clean clothes be worn at such a time when they are sure to get soiled, and so, as soon as a labour begins, her patient will put on her dirtiest and most ragged suit. If any bedding is left on the bed it must be something so dirty that it can't be made dirtier.

The Dai is usually dirty enough. If she is not too poor, her wrists are covered with glass or silver bangles, which, as a rule, are never taken off, so that they carry a fair amount of dirt. She will not even wash her hands before or during the labour, and in order to thoroughly appreciate what that means you must see some of these pairs of hands.

Amongst the Hindus the women are unclean for a certain period after childbirth. They are separated from, and are not visited by their friends. You will often when called to the house of a rich Hindu, find the woman wearing dirty clothes on a bare bed, in a dirty, dark outside room, with only a servant in attendance.

Indian women are delivered lying on their back with their legs drawn up. The Dai seats herself on the bed in front of the patient, with her feet pressed against the buttocks. As they have no technical knowledge they never know

if the case is to be normal. Their great idea is to get hold of whatever part presents and pull on it. They make frequent vaginal examinations. Between the examinations the Dai will wipe her hands on her skirt or any rag that is convenient. She will probably also scratch her head, which is usually thickly populated. Then she is ready for another examination. If the os is not dilating as she thinks it ought, well, ground glass tied in a rag and put up into the vagina is one of the many treatments used. Should there be further delay, the patient's husband washes his big toes in a little water which the patient drinks. This fails, and milk, corn, money, and jewellery are put in certain positions under the bed. These are the Dai's prerequisites when the case is finished.

Should there be delay in the third stage, the end of the patient's plait of hair is put into her mouth. This makes her vomit, and so helps. If this fails she may be made to stand against the wall, and the Dai butts her abdomen with her head. There seems to be no idea of the danger of post partum hæmorrhage. They think something must be wrong if there is not a copious discharge for the first few days. This they say "clears away all the bad from inside."

As a rule the cord is not cut till the third stage is over. Should the baby be apparently dead, they try to revive it by putting the placenta over a fire, practically frying the maternal side. I have been told by two doctors that they have seen this method tried with success. They know nothing of artificial respiration.

Any dirty piece of string will do to tie the cord, and there is neither dressing nor binder of any kind used. Needless to add, the death-rate from tetanus is high. Women are often allowed to go on for days in labour; one Dai fails and another is called. Should anyone suggest calling the doctor, they are told that if the Mem Log (European ladies) are called they will either cut open the woman or cut up the child, and the patient will surely die. Alas, this prophecy too often comes true, for these women have practically killed the patient before the doctor is called. Doctors know that a call to a midwifery case, especially out in the country, generally means something is very wrong. They often find that different Dais have been working for days. They have disappeared on the approach of the

[previous page](#)

[next page](#)