

Dr. Misshaba (lady doctor), and in spite of what she finds she will be assured that the Dais have not touched the patient, who is probably quite exhausted. She has had nothing except water since labour began, which has been some days ago.

In spite of all this, some of them make wonderful recoveries. When we think of the treatment the wonder is, not that so many die but that so many survive.

The death-rate from childbirth is very high, and among the survivors there are hardly two out of every twenty women who can be said to be perfectly free from uterine troubles. Laceration, fistula, and prolapse are very common.

I knew of a great strong young Hindu village woman who, after being in labour for days, was brought in a village cart over rough roads about twenty miles to hospital. As she slipped off the cart the head was born, the child was dead, and had to be removed piecemeal. The smell was something terrible. She recovered without a rise of temperature, and was well on leaving the hospital within a fortnight. She came in again in exactly twelve months in the same condition, and made the same uneventful and rapid recovery.

In return for her services, a Dai receives from the poorer class of patients about eightpence if a boy is born, and about fourpence for a girl. Then there are perquisites, which vary according to the position of the patient.

It is usual for the Dais to come daily for about 10 days after the confinement to press the patient. This is a kind of rough massage, and may mean anything from simple kneading of the muscles of the legs and thighs to having the patient lie on the floor on her face while the Dai walks, or rather jumps, up and down her back. The latter is recommended if she suffers from backache.

I saw a patient brought to hospital with her pelvis very badly fractured. She had been delivered about ten days. After much cross-questioning, the friends admitted that she had had a very hard time, and that afterwards the Dais got her on the floor and jumped on her.

Although the number of women doctors—both Government and Missionary—are increasing, and every year sees new hospitals and dispensaries entirely for women being opened, yet they only touch the fringe of the people. Fancy a town of 60,000 inhabitants without any medical relief for its women, and this is only one of thousands. In all these places the Dai practises her cruelties.

(To be concluded.)

The C.M.B. Examination Paper.

The following are the questions set at the examination of the Central Midwives' Board, held in London on April 22nd, 1908:—

1. What are the symptoms and signs of pregnancy at the eighth month, and under what conditions must a midwife advise medical help in the case of a pregnant woman?
2. What are the varieties of hæmorrhage during the later months of pregnancy, and what would you consider it your duty to do in such cases?
3. What are the causes of obstructed labour, and how would you recognise that labour is obstructed?
4. How would you know when it is necessary to pass a catheter during labour? What kind of catheter would you use? Describe exactly how you would use it.
5. Name three antiseptics in common use in midwifery. Give the advantages and disadvantages of each, and state how you would prepare solutions of them.
6. What are the causes and dangers of a discharge from the eyes of a new-born baby? How can this be prevented, and what would you do in such a case?

The Bona-fide Midwife.

At a meeting of the Midwives' Committee of the Cornwall County Council, held at Truro on Thursday in last week, a letter was received from Dr. Sharp, of Truro, who wrote that there was not the slightest improvement in the method of practice by midwives. None of the uncertificated midwives had any knowledge of the use of a thermometer, nor did they use any disinfecting lotion for their hands. The committee approved of a scheme for the training of midwives which had been previously outlined by the County Nursing Association. At the meeting of the County Education Committee the same day it was decided as an experiment to train three young women as midwives at a cost not exceeding £75.

Milk Sterilisation.

The system of milk sterilisation introduced by Mr. Nathan Straus in New York fifteen years ago is just now being demonstrated at 67, Berners Street, Oxford Street, London, W. Demonstrations are given every afternoon from 2 to 5 o'clock. The special points claimed for the Nathan Straus system are simplicity and the capacity for dealing with milk in great quantities. The milk is first bottled, then immersed in steam heated to 157 degs., and then cooled in running water. Two machines are required for these operations, while a third cleans the bottles which have been returned empty. In addition there are small and cheap apparatus for private use. In the first year of the undertaking 37,000 bottles of sterilised milk were issued by Mr. Straus and his helpers, but last year the number had grown to nearly four millions in New York alone.

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