

The Midwife.

"The Great Pain and Peril of Childbirth."

Usually "the great pain and peril of childbirth" is estimated at its full extent by white races—indeed, one may almost say it is over-estimated, for while the doctor, midwife, and nurse must keep them ever in mind in order to minimise the one and to avoid the other, for the patient, the use of chloroform during the second stage of labour now deadens, if it does not abolish, pain; prompt and skilled medical assistance is available in cases of malpresentation, malformation, hæmorrhage, and other obstetrical emergencies, while the strict asepsis increasingly practised in the care of the lying-in patient by trained midwives and nurses has reduced the peril of childbirth to a minimum. Thus the maternal mortality of all cases attended by the nurses working under the Queen Victoria's Jubilee Institute is just under one per thousand. Peril diminishes to a vanishing point as knowledge increases, and as skilled care is given to mothers in childbirth.

What is the position in regard to native races? There is a good deal of misconception here. As regards India, owing to the beneficent work of the National Association for Supplying Female Medical Aid to the Women of India, supported by the Countess of Dufferin's Fund, and of the Church of England Zenana Missionary Society and others, the grave peril of the women of India in childbirth is tolerably well understood, but this is usually attributed, and in part attributable, to the child marriages so terribly common in our Eastern Empire.

But when one speaks to people of maternity cases in Africa, one often finds quite a different opinion is held. "Do they want much attention?" asks one. "Is not labour an easy and natural process; are not the more uncivilised nations much in the same position as animals, attending to themselves and speedily resuming their ordinary work?"

Let me briefly describe two cases within my own knowledge of native women in East Africa, both well known to me, who died at the birth of their first babies.

The first was a well developed and apparently strong and healthy girl, safely delivered by a native midwife of a baby boy in the island of Zanzibar. I was asked to go to see her on the evening of the third day, and found her with a temperature of 109 degrees. Medical help, which was immediately sent for, was unavailing, and the patient died, the

symptoms conclusively pointing to eclampsia as the cause of death. The child lived for a year or more, and then died also.

The second case was that of a girl educated in the mission school on the island, who afterwards, until her marriage, was trained in nursing in the hospital of the Universities Mission, where she proved valuable and trustworthy. She married and went up country, and it was hoped had a long life of usefulness before her. To the grief of those who knew her, news of her death was received after a while, and the cause was lack of skilled assistance in her first confinement. There were twin children, and she died of exhaustion undelivered. A doctor or skilled midwife could have effected delivery, and probably saved both mother and children. The facts appear worthy of record in order to emphasise the importance of a thorough knowledge of midwifery in all nurses proceeding to work abroad, whether as missionary nurses or in connection with hospitals and private nursing associations. It must not be supposed, however, that their skill and knowledge will necessarily be immediately and gratefully sought. On the contrary, they may often find that the women they wish to help still call in native midwives, and that it is a work of time and patience to gain their confidence. Why, indeed, should we expect it to be otherwise? If a foreigner of a different colour to our own, speaking our language very imperfectly, with alien methods and ways of living, settled in this country, and endeavoured to explain to us that his ways were superior to our own, and that we ought to discard the traditions of a lifetime and trust him implicitly for the future, should we do so? I think not. He would have to prove very conclusively his claim to our confidence, and this is what we must do also if we are to be successful in work amongst native races. But that our help is needed, that child-bearing amongst native races is often not the uncomplicated, easy, and safe process which some would have us believe is certain, and midwives and nurses possessed of a love of humanity and a desire to alleviate suffering will not regret the step if, in their endeavour to lessen the avoidable and unnecessary suffering in the world, they devote themselves to the service of the women of the dark races of the African continent, on whom, notwithstanding their sunny temperament and gaiety of spirit, are deep graven the unmistakable marks of sorrow and oppression.

M. B.

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