

no uncertain sound. By the time the second stage is reached, the woman is often too exhausted to work, and even if inclined to do so, she is in such an œdematous condition that progress is seriously delayed. The membranes are never artificially ruptured, and so often there is still more delay. As soon as the vertex appears stimulating amounts to bullying and excitement grows. The perineum is not taken seriously—the above-mentioned big toes come into action in dilating; sometimes I have seen the patient swung off the ground on a sling of woven raffia, this giving appreciable assistance in guarding the perineum.

In any difficulties at this stage the natives are helpless. If, when the head is born there is delayed rotation, they are frantic and futile, and sometimes the baby dies. If the baby is born in very feeble condition, he awaits the birth of the placenta, and is then taken by a woman to the village drum, on which he is laid and held, while another woman beats the drum. If he recovers the distress turns to wildest rejoicings, the message has been heard! The child is always called Kungu.

This is the only occasion on which a woman may beat the drum, that office being the prerogative of the other sex. Sometimes stinging nettles are applied to the feeble baby, and in some parts of the district they puncture the lobes of the ears, and the upper lip, with a kind of fine stiletto. If there is bleeding from the ear wounds witchcraft is indicated.

After the birth of the child the helpers suppress their excitement, and await the termination of the third stage. Any delay in this is met with various proceedings, the patient is made to crouch and cough, and she may be tapped on the head with brooms! Great confidence is reposed in this last method, I have been asked to administer it more than once!

The cord is never cut until the placenta is born, and many babies die awaiting this process. We once admitted a woman who had given birth to a child four days previously, and the placenta was still retained—the dead child still unseparated! After manual removal of the placenta, this patient, in spite of some complications, made a good recovery. The cord is usually cut by the mother herself, and her friends then spit on it. If the patient has already born many children, and she does not wish to have another, and her friends agree, they take the placenta, bury it in the doorway, cord upwards, and stamp the earth with their feet; that is supposed to insure the patient against any further increase in the family!

After a safe termination of labour, the whole town can rejoice with song and dance and compliments. "Oh!" exclaims one friend, "you say a child? Rather an elephant!" "Ah!" says mother, "a fine child, and he has no eyes!" (a great compliment!). Twins are sometimes welcomed, if so the house is surrounded with banana leaves and herbs for protection, but often they are not at all welcome, sometimes owing to superstition, sometimes the bother of rearing two children at once.

When the mother and child both survive these adventures, they retire to a tiny windowless room in which there is a fire. The mother during pregnancy has collected firewood and no one can persuade her to work until it is finished, so it pays to lay in a good stock if one wants a good rest! The cord is dried off near the fire, it usually comes off in four or five days, and, as a protruding umbilicus, or an umbilical hernia, is considered ornamental, that part of the infant's anatomy is duly pulled by admiring friends. Many babies die owing to infection of the cord.

It is considered necessary to give the child milk from the beginning, and as the mother seems unable to produce it, he is handed round to various accommodating females, perhaps Grandma, until the mother can oblige. A further battle to face!

For three months they may stay there only taking fresh air in a small leaf-made enclosure and only going out in darkness to avoid curses of enemies and evil influences. This rest is admirable for these hard-working women. It is the duty of the husband to provide good food for his wife, and specimens of these dainties are hung up on a line for exhibition to the public, lest his wife accuse him to the world that he is starving her!

The child is often called by a sentence uttered by the mother, such as, "The spirits have no pity"—"He is not a child"—"I am surprised!" One baby born here was nameless for three months; his mother had lost all her previous children in infancy, and, lest the evil spirits should hear his name and call him away as well—he had to wait!

Many are the unnecessary sufferings heroically borne by these women, and we welcome a happier era. It is quite a mistake to think that an African woman is immune from the sufferings endured by her white sisters—she is subject to quite as many complications and difficulties, the only difference, I think, being that her nervous system suffers less.

In some parts of Africa inversion of uterus is not uncommon; torn organs untreated are frequent, bringing with them their subsequent miseries.

To us comes the opportunity of kind, tactful co-operation with their well-meaning midwives, replacing their more harmful methods with our own of a safer and a more merciful nature.

Here I have only touched on a few of the conditions of midwifery as practiced in the dirty mud hut—so ill-lit, ill-ventilated—infested with undesirable pests which drop off and jump on to "pastures new,"—where equipment consists of a log, a calabash and a banana leaf—where one is surrounded by noisy company, and I cannot close without referring to our efforts in Hospital. We have excellent equipment and accommodation; our Hospital is no longer a place "where those queer white people do their queerer treatment"—it is becoming popular, and now there are many women looking back with gratitude for Doctor's assistance, instead of swelling the appallingly large numbers of precious lives lost in childbirth.

We have girls in training, they are a very potent factor of our work, and, last but not least, we have obtained the services of one of the most influential midwives here, she works with us, acquiring many of our methods, and discarding many formerly practised with good intentions, but in the dark ignorance of native life in Central Africa.

PHYLIS LOFTS.

TRAGIC DEATHS.

Our sympathy is with Sir Charles T. H. Mappin, Bart., in the tragic death of his six-months-old son which was the subject of an inquest at Paddington on December 28th. Sir Charles said that the nurse on Christmas morning said she gave the baby its bottle containing food prescribed by the doctor, and afterwards found it dead in its cot.

Baby twins, a boy and a girl, were also found dead in bed in Glasgow after the mother had given them bottles of milk and barley water.

No infant should be left alone while taking the bottle.

ANY MOTHER AND CHILD.

No star, no three wise men, no fragrant myrrh
To make the place where helpless new life lay,
And yet, above the babe, the face of her
Who wrought this sacred miracle of clay
Shines with inner glory, and we see
Another Mary, gentle-eyed and mild;
So it would seem that there must surely be
Something of Christ in every new-born child.

MARGARET FLORINE, R.N.

The Pacific Coast Journal of Nursing.

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