

Malay midwifery. The conditions of life on a Torres Straits island / by Charles S. Myers.

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MALAY MIDWIFERY.¹

BY

CHARLES S. MYERS.

In every *kampong* (village) there is a midwife. During the seven months of pregnancy the Malay woman calls her in. The midwife pays frequent visits until the commencement of labour-pains, determining meanwhile the position of the foetus from the hardness of the foetal head, ascertaining its viability by feeling its movements and by listening (with the ear directly touching the abdomen) to the sounds of the foetal heart.

The Malay midwife considers the vertex-presentation to be the most favourable. Breech cases are uncertain. The oblique position of the foetus is always dangerous. She thinks it a bad sign when the head is felt to be backwards (? occipito-posterior cases).

When the pains first come on, the midwife attempts to convert a dangerous position into another more favourable. "Sometimes" she is unsuccessful, and the mother is left to take her chance. Version is performed by the external method; under no circumstances does the midwife introduce her hand into the vagina. The woman is confined in an ordinary dwelling-room. A binder is put around her belly. Her back is supported so that it assumes a semi-recumbent posture, whereby the blood is prevented "from rising out of the womb." A cloth is hung above her head for her to pull upon. On each side of the woman the midwife places an assistant, whose duty it is to press on the abdomen, so as to keep the legs of the foetus from separating. As the head is passing over the perineum, a stone wrapped in cloth is pressed into the mother's anus by the midwife.

¹ I am indebted to Mr. Charles Hose, the Resident of Baram, Sarawak, not only for frequent aid as an interpreter, but also for affording me an opportunity of meeting the midwife, from whom, during an afternoon's talk, with the use of as few leading questions as possible, I obtained the somewhat fragmentary notes that form the basis of this paper.

Immediately after child-birth a draught of certain herbs is given to the mother. This is repeated frequently, serving her as food until she is able to eat rice, and making the lochia flow more readily.

Should the placenta be retained, the cord is cut within a few inches from the child, and an axe is tied to its end, in order to compensate for the weight of the child. If part of the placenta remains behind, pressure on the uterus is maintained from above to prevent the placenta from being drawn farther up. If the placenta is not expelled entire—a careful search is always made in the after-birth for missing portions—pepper, ginger, and other drugs are rubbed on the belly, while hot drinks are given so as to cause a rapid flow of blood on which the placenta can ride out.

In the minds of the Sarawak Malays, the character of the after-birth is associated with the condition or fate of the child. A dead child has a black placenta. A sickly child has a placenta spotted with black. The child will certainly suffer from some severe abdominal disease if the placenta bears bright-red spots which washing will not remove.

When a child is cyanosed at birth, water is blown upon it, or its ears are blown into through a tube of bamboo. In difficult labour the foetus is never destroyed, nor is the mother's abdomen opened. Aperients are the last resort.

In post-partum hæmorrhage warm drinks are given; the woman generally faints. Ante-partum hæmorrhage is a bad sign if severe; a little does no harm. Ginger, salt, and sour drinks are given, and the patient is kept quiet.

After delivery a stimulant powder is rubbed all over the mother's body morning and evening, and a piece of red wool is tied to her toe, serving as a mnemonic of rest during the puerperium. This should properly last twenty days, but such a period is rarely kept. Meanwhile she wears a broad binder tightly wound round her belly, and is not allowed to bathe until at least the seventh day after delivery. The child is washed at the same time, and smoke is passed over its body to keep it from crying.

THE CONDITIONS OF LIFE ON A TORRES STRAITS ISLAND.

BY

CHARLES S. MYERS.

During a residence of four months in Mer, I was frequently treating the inhabitants for various diseases. Although the investigation of disease was not the purpose of my visit, I nevertheless made various notes on the subject, of which this paper is the outcome. It describes, of necessity very imperfectly, the diseases which appear and the conditions of life which produce them.

The Murray Islands are situated in the Torres Straits, south of New Guinea and close to the northernmost portion of the Great Barrier Reef of Australia. Of the three islands composing this group only one, named Mer, is inhabited. It is hilly owing to its volcanic origin, measures about five miles in circumference, and in one part especially is very fertile, producing an abundance of coco-nuts, yams, bananas, and sweet potatoes. These afford the main food supply among the islanders, supplemented, however, occasionally by varieties of fish, rarely by turtle-flesh, and in bygone days by the flesh of the dugong. Between January and April the north-west wind blows, storms are frequent and the rainfall is enormous. Between October and December the air is damp, hot, and often very oppressive. The island is fanned by the trade-wind from the south-east from April to October. This was the time of our visit, when the temperature ranged between 72° and 87° F. in the shade, and the barometric pressure stood almost invariably at 29.8 inches of mercury. The excessive rainfall in the early part of the year gradually diminishes, so that from August onwards drought is not uncommon.

The natives are an intelligent, unreserved, excitable people,

¹ Dr. Myers was a member of the Cambridge Anthropological Expedition to the Torres Straits and Borneo, 1898-99.

of medium English stature, with dark frizzly hair, a chocolate-coloured skin and Papuan features, which the most favourably impressed European could not term handsome. They are of spare build; save in the case of a few women, there is no obesity on the island. The population may be estimated at 450, and seems at present to be distinctly increasing, although in the past disease (epidemics of measles, dysentery) and other causes have certainly played great havoc. The islands of the Torres Straits are under the Queensland Government, who in Murray Island have appointed two of the natives as kings and a European as teacher in the school. The latter is the sole white man on the island. The children, with few exceptions, attend school daily. The missionary is a Samoan, under the control of the London Missionary Society. All the natives are professed Christians.

The old beehive type of hut peculiar to the Torres Straits is now extinct in Murray Island. It is replaced by the more roomy structure of South Sea origin. Several families sleep in one hut. The few windows which the Scotch teacher has induced some of the islanders to put in their houses are invariably kept shut; the atmosphere at night is frequently almost intolerable.

In spite of the appointment of kings by the Government and deacons by the Church, the conditions of equality and communism among the islanders continue unchanged. Perhaps bathing is less common since the enforced wearing of European attire. The women wear a hideous long loose-fitting gown; the men's dress varies from a mere loincloth to a complete European suit of clothes. The men rarely, and the women never, dream of changing their clothes before or after bathing. The houses are little used during the daytime save in the wet season. The islanders (save the women with small children) are generally to be found outside their houses, on the beach, or in their gardens. All that is necessary to support life is a little gardening; some of the younger men leave the island to dive for pearl-shell and *bêche-de-mer* in the luggers that occasionally put into this secluded reef-bound island.

As to the existence of fixed times for meals, a native informed me, "Sun he come up, sun he go down, eat and drink all day before missionary come. Missionary he make him eat, breakfast sun there, dinner sun up here, and supper sun down there. We go sleep midnight. We get up along sun. We go sleep sometime two, sometime three hours, sun up high. Suppose we tired, we sleep longer." As a fact, although there are three definite meals in the day, natives may be seen eating

at any hour. The children especially are rarely about for many minutes together without finding a piece of sugar-cane to chew or a banana to munch. Tobacco-smoking is very general, but by no means universal, among the adults, male and female. Children do not smoke. Coco-nut milk is the universal beverage. Alcoholic drinks are scarcely ever brought to the island.

It was difficult to obtain information as to how many times daily the bowels are opened. Twice (morning and evening) seems to be the average.

Menstruation commences at about 13 years of age. Irregularities of menstruation appear rare.

It seems certain that the men marry at an earlier age than formerly. The ceremony is performed in church by the missionary. The complex native rites of bride-stealing are now obsolete. The possession of wealth has a very potent influence on the Murray Islander's choice of a wife. The extent of adultery can be estimated with difficulty, but several cases were brought to light during our visit. The practice must be favoured by the conditions under which the people live and sleep. Ante-nuptial sexual license is probably more restricted now than formerly. From the fact that many children are given away, often only a few days after birth, to be adopted, and thus grow up in ignorance of their true parents, it would be expected that incest is frequent among them. I am informed, however, that the older men always intervene when such an occurrence becomes likely. Inbreeding must take place to a certain extent, nevertheless. Only occasionally a woman is brought from New Guinea, Darnley Island, or other places with which they used to have trade. Three seems to be the average number of living children in each family. There is one family of ten children on the island, but this was looked on as something very unusual. There are several cases of sterility, some of which are associated in the mind of the Scotch school-teacher with former gonorrhoea. Sometimes long intervals occur between the births of successive children. Child-birth is not more common at any special time of the year. One pregnancy in three years seems to be the usual frequency. Abortion is undoubtedly known. Shame and the dislike of too many children are its main causes. The islanders have various drugs by which they profess to be able to procure it; and when these fail, recourse is had to forcible measures. One native described to me how during coitus he had bounded heavily on the body of a pregnant woman, so that "baby come out black." Twin pregnancies are rare: there are only two on record. But

the scarcity of such records may be due to the fact that in former times one of the babies was always killed. To the native mind a litter of babies indicates loose morality on the part of the mother. "Mother much 'shamed. She all same dog." A birth of twins occurred during our visit. Later, one of them "died."

Pregnancy is diagnosed by vomiting and by the increasing pigmentation about the nipples. During parturition the woman squats on her heels and holds on to a post firmly fixed in the ground, while a friend (usually a relative) rubs the body from back to front. The duration of child-birth seems as variable as among Europeans; it is usually a few hours. The uterus of a woman, whom I was asked to see three hours after she had given birth to twins, could be felt to reach three inches above the level of the pubes.

Other than vertex-presentations are rare. The retention of the placenta seems the commonest cause of death in child-birth. If labour be difficult, the husband goes out into the sea, while the woman's belly is rubbed with sea-water. If the placenta cannot be expressed, the mother goes out herself into the sea. A daughter of one of the present kings of the island died a few years ago under this treatment. After delivery, the placenta is thrown into the sea. The women walk about immediately after child-birth. Save in the case of primiparæ, who do little until their child can talk and walk, the mothers perform their usual work six days after parturition.¹

Milk usually comes into the breasts on the day following. The mothers frequently complain of lack of breast-milk. Lactation is prolonged until the second or third year: it is not uncommon to see a woman nursing the children of two successive pregnancies. I saw myself a child of five years old at its mother's breast; but such instances are rare. As soon as the babe cuts a few teeth, it supplements its supply of food with bananas and yams. To stop the child from suckling, the mother rubs her breasts with a leaf which has a bitter juice.

The skin-colour of four infants which I saw (two within a few hours and two within a few days after birth) was distinctly paler than that of the adults. Their palms and soles were red. On the fourteenth day the skin of one of the infants was desquamating. Their hair was black, wavy, and silky—apparently of the same nature as the light down covering the face. Their eyes appeared to make parallel movements.

¹ For much of the information in these two paragraphs I am indebted to notes made by my colleague, Dr. Rivers. A paper, in which some space was devoted to the midwifery of Murray Island, was read by the Rev. A. E. Hunt before the Anthropological Institute in March 1898, and will be found in the *Journal* for that year.

As to post-natal deformity, a native informed me, "When piccaninny born, him head too long, too wide, too round. Woman she lay hand on sides of head or on front and back. She press sometime one hour, sometime more. That old-time fashion, that no longer."

The children are extremely bright, active and intelligent. In the opinion of the school-teacher their aptitude for arithmetic surpasses that of European children. They are taught to read and to write English; the monotony of the morning's work is relieved by an occasional song, which they render excellently in English words with accurate rhythm and intonation.

My impression is that the children walk earlier and are generally far more precocious than our Western children. As is common in the East, their bellies are very prominent. I never saw a rickety child on the island.

The children are well cared for by their parents. The father intrusts himself with the new-born babe when the family is out gardening. It is not uncommon to see the return of a household in procession from the bush (the gardens) headed by the father, who bears in his two hands the precious infant, while behind come the wife and daughters staggering under heavy loads of coco-nuts and bananas. Children are not often disobedient, but they are never beaten by their parents. In return, for their care, the children show scant affection for their parents in old age.

Insanity is very rare. One islander, of whom we saw little, who had prominent eyeballs, was said to have a voracious appetite and to be wanting in intellect. We found one boy to be unusually dull. Another, aged fourteen, the son of an undoubtedly syphilitic parent, never went to school, was said "to steal, cry like a child when lightly struck, and to eat dung." Suicide is unknown on the island.

We became acquainted with one suspected albino, but one of us discovered that his family and one other family in the island were distinguished in the eyes of the rest by the possession of a lighter coloured skin.

The nine oldest men on the island at the time of our visit were aged between fifty-five and sixty-five years; they were all reckoned old men. Their hair was at least tinged with grey. I cannot remember a case of premature baldness or greyness. The old men frequently died enfeebled after long confinement to their huts and with large ulcerating sores on their legs. The islanders attributed everything evil to sorcery, and as death followed sorcery, so sorcery was invoked to ward off death.

But this mode of treatment of disease has been almost entirely displaced by the giving of herbs and by massage. Probably the South Sea islanders were the first to introduce the present popular panacea, viz., scarification of the skin over the affected part in long lines by means of pieces of broken glass.

I saw and heard of no case of gout, osteo-arthritis, rheumatic fever, elephantiasis, beri-beri, jaundice, malignant disease, disease accompanied by hæmorrhage, disease of the urinary organs, intestinal worms, anæmia, diphtheria, the exanthemata, goitre, cretinism, chorea, epilepsy, neuritis, or chronic cerebral or spinal disease among the Murray Islanders.

Dental caries was not uncommon. The older men had frequently lost several teeth. I examined twenty-five children to discover the time and order of eruption of their temporary and permanent teeth. The results show no marked deviation from the European standard.

One of us saw a man with a complete inguinal hernia. I saw a child of eight with a right funicular hydrocele. The only solid tumour I saw among the islanders was a soft swelling at the outer canthus of the eye of a man aged thirty, which I believe was a fibro-cellular tumour.

Of congenital deformities I saw the only examples in the twins, which I visited a few hours after birth. The elder was without the two terminal phalanges on its right hand; the younger and smaller had well-marked talipes varus. No child had hare-lip or cleft palate.

I was struck with the quick healing of wounds when kept aseptic. I treated one fracture, that of the clavicle, in a girl of six. Six days after I had set the fracture she took advantage of her parent's absence to go bathing and to play games. Crepitus was obtained the following day. I put up the arm again. A week later she was doing well. A large lump of callus had formed uniting the fracture. A native told me, "Suppose man break him leg, I go out, cut leaf (spathe) belong coco-nut. I bind him round leg. I leave him six weeks. Man no walk about. I make him leg fast with lager (the stem of a certain bush). That old-time fashion; that (pointing to my finger bandage) white man fashion."

Certain abrasions (among ourselves, especially those produced by mosquito bites) were very prone to ulcerate. Small intractable circular ulcers were very common in children. They occurred most frequently on the elbows, the chest, the feet, and occasionally in the finger clefts. The patients all gave me the same history, that "he first swell up and burst." Both parents of a child so affected had died with similar sores.

Some of us were of opinion that these sores were the result of the disease called yaws or frambœsia; they certainly did not answer to the description given in the text-books. A cover-glass smeared with the discharge of these ulcers and stained showed numerous cocci and bacilli. Round the edges of the ulcer there was always much heaped-up callous tissue. The ulcers almost invariably healed under the action of corrosive sublimate lotion; a few required to be touched occasionally with solid copper sulphate. In the leg of one young islander, aged 17, ulcers apparently of the same nature were associated with considerable œdema and a swelling of the underlying lower end of the tibia and fibula. No bare bone could be felt. Large pieces of washleather-like slough wore their way through the skin before healing commenced with the use of antiseptic lotions.

There were undoubted cases of syphilitic ulceration, but syphilis was not a common disease on the island; it was introduced, like gonorrhœa, probably from the pearl-fishing centre, Thursday Island. One hoarse-voiced man had almost complete destruction of the bones of the nose and the tissues of the palate. When I left I was curing his daughter, aged sixteen, of commencing ulceration of the uvula and posterior pillars of the fauces. Another of his children, to whom I have previously referred, was too stupid to attend school. There was a man living on the opposite side of the island with the cheek so eaten away that one could look through it into his mouth. The confession of past syphilis was elicited from a man in whom the fingers of one hand showed partial necrosis. This was the only case which approached in any way to leprosy.

I had to treat in two men a slow lupus-like ulceration of the skin over and involving the nasal cartilages. One of them had a patch of apple-jelly appearance below the bridge of the nose.

Skin-diseases formed the greater part of my practice. There was not a pock-marked individual on the island. By far the commonest and one of the most repulsive forms of skin-disease had all the characters of *tinea imbricata*. This was most frequently caught by children. It did not appear to be as highly contagious in Murray Island as in other places which I visited later. The painting of the affected area with tincture of iodine never failed to produce a cure. But the disease was too often so extensive that this treatment was not practicable: in these cases the activity of the parasite seemed finally to wear away, bringing about spontaneous cure. There were other forms of

scaly skin-disease. One of these, in which the regularity of the resulting desquamation produced a tattoo-like pattern, was reckoned a precious possession by the islander so marked. It was a general belief that he could similarly improve the beauty of his friends if he gave them his coco-nut drinking-cup so that they might rub their faces with it. It appears probable, however, that this and the previously described desquamation are only two different stages of the same disease. The skin of many islanders showed lighter patches of pale *café-au-lait* colour, resembling our *tinea versicolor*. In others there were small black irregularly oval areas, which had a worm-eaten appearance.

Pains in the muscles of the limbs, accompanied by slight weakness, were common, but were never, so far as I saw, accompanied by articular swelling (solid or fluid).

Tuberculous disease is rare in the island. I saw one woman with a line of enlarged lymphatic glands along the border of each sterno-mastoid muscle. She had a cough, but no definite signs of phthisis. I attended one boy who died with the signs of meningitis, in whose abdomen just before death could be felt a small mass almost certainly of tuberculous origin.

I saw a woman who was reduced well nigh to a skeleton. She could not stand, she had no palsy, she had never spat blood, and had no cough. Her hands were slightly clawed, her mouth showed no scars, her reflexes were natural.

Slight fever was frequent, but I do not believe that true malaria existed on the island. I examined one man unsuccessfully for the protozoon; nor did we find it in the blood of one of us who had high fever a few days after his return to Murray Island from a visit to New Guinea.

Coughs and colds are said to be much commoner since the missionaries insisted on the adoption of European clothing. An islander who on the Sunday goes to church wearing several garments one over the other, is to be seen on the following day working perhaps merely in a loin-cloth in his gardens. Children, after bathing hurriedly in the sea, rush away to sit dressed and half-dry in the school. It is difficult to say whether the introduction of germ-laden clothing, unaided by such exposure, is responsible for the increasing catarrh of the respiratory passages. Epidemics of coughs and colds seem to arise in the island; they are attributed by the natives to the arrival of visitors from other islands.

I saw no case of adenoids. I attended one child with purulent discharge from the middle ear. While testing their auditory acuity, I examined with a speculum the ears of many

adults. In several cases frequent deep-sea diving had caused perforation, in others merely a thickening of the tympanic membrane.

Epidemics of ophthalmia were said to arise formerly, but there was not a child who showed signs of it. A few older men had long-standing corneal leucomata and nebulæ.

The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting.

1. Mr. J. H. Smith

2. Mr. W. B. Jones

3. Mr. T. C. Brown

4. Mr. R. L. Green

5. Mr. S. D. White

6. Mr. M. A. Black

7. Mr. N. E. Grey

8. Mr. P. F. Blue

9. Mr. Q. G. Yellow

10. Mr. R. H. Purple

11. Mr. S. I. Pink

12. Mr. T. J. Red

13. Mr. U. K. Orange

14. Mr. V. L. Green

15. Mr. W. M. Blue

16. Mr. X. N. Yellow

17. Mr. Y. O. Purple

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21. Mr. C. S. Green

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