I do not know just the date of the meeting of the Alumnae Association, but think this will reach you in time. With kind regards,

Yours very truly,

ELIZABETH REIFSNYDER.

The next letter is from Dr. Benn, of Tientsin, China.

A GLIMPSE OF CHINESE OBSTETRICS.

Only a glimpse, for, with but one year's experience and little knowledge of the language, it can be nothing more. And yet, a glimpse often reveals much.

Our first case was transverse presentation. We etherized the patient, performed version, and extracted the child in a room full of Chinese women, who took the whole proceeding as a matter of course. I wondered at their unconcern. It also seemed very strange that a woman in labor should come a long distance in a clumsy, springless, two-wheeled cart alone, near midnight, and place herself in the hands of foreigners who couldn't speak a word of her language. Subsequent knowledge of native methods made it all plain. The women were used to strange and extreme measures, and the patient fled from the hands of her own.

A patient presented herself at clinic for incontinence of urine. On examination, we found an elliptical vesico-vaginal opening that admitted the ends of two fingers. The os uteri was dreadfully lacerated, and what was left of the neck drawn to one side by a cicatrix, which extended into the body. The perineum was badly ruptured and the vulva torn laterally. Some years before she had been in protracted labor, and the midwife had cut and torn her in this horrible manner. That she lived to tell the tale seems incredible, especially when we take into consideration the septic influences under which it took place. "I should think they would all die of septicemia," I exclaimed, as, soon after arriving here, an old resident was describing the treatment given lying-in women. She replied, "Our women would, every one of them, but these women don't mind it and come out all right." I thought of that remark yesterday when called to the sixth case of septicemia within two months, all of which were past help and died, except this last one, and there is very little chance for her. One had been dead some hours when they called me. Died suddenly of eclampsia, and they thought her in a fit. Six cases in two months, and the percentage which calls a doctor is very, very small.

The manner of caring for the new-born is unique, or, perhaps, antique is a better word. Because of what superstitious notion I have not yet learned, the cord is left long enough to reach the child's heel. Through a
hole in a pad of cotton this is drawn and coiled round and round like a coil of rope. It is then well salted and covered over by the cotton. The arms are drawn down to the sides and the child wound up like a little mummy, leaving the shoulders, neck, and head uncovered. Finely-chewed walnut is then forced into its mouth, and it is covered up on the warm kong or laid between warm sand bags.

During the progress of a hospital maternity case in walked the all-powerful Chinese pô-pô, or mother-in-law. Utterly ignoring the existence of myself and assistant, she ordered her daughter-in-law to sit up. Placing a girdle about the patient's waist, just above the uterus, she fastened it as tight as two women could draw it, and was getting the obedient daughter-in-law out upon the floor upon her knees, when I made her aware of my presence and the desirability of her absence. My assistant explained that the girdle was to prevent the child from coming up and out at the mouth, that no woman is allowed to lie down for fear of bleeding to death, and all Chinese women must obey their mothers-in-law.

I found my last patient nearly exhausted and with complete inertia of the uterus. They had exhausted all their means except violence, and now were very curious to see what the strange doctor would do. With street and yard full to overflowing of men, women, and children, every crack and crevice of door and window full of curious eyes, the small room packed with women, the mother-in-law on one side and a one-eyed midwife with the face of a fury on the other, I applied the forceps and extracted the child. It was slightly asphyxiated, requiring my undivided attention for a few minutes, at the end of which I found the mother-in-law stuffing her filthy hair down the patient's throat, another woman pressing downward with both hands with all her might, while the midwife was pulling on the cord, all of which was their method of bringing the placenta to light. Putting a peremptory stop to these interesting proceedings, I handed the baby over to the midwife and turned my attention to the patient. When she was comfortable I took a look at the baby and to my astonishment found it had received no attention. Each face was dark about me, the midwife's eye shone with an uncanny light, and the mother was moaning, "I didn't want a slave. I didn't want a slave." The child was a girl. Tarrying long enough to compel them to care for the child, sick at heart I parted the crowd, and made my escape, sending up my daily and hourly thanksgiving for birth and home in a Christian land. A few days after, the woman who called me came on behalf of another patient, and I asked about this one. She replied that the woman was all right and the baby dead. It was a fine child, and I exclaimed, "Dead! how did that happen?" With such a look as only
centuries of heathenism can make the human face capable of, she replied, "The woman's husband didn't want a girl."

TIENTSIN, CHINA.

Moved, seconded, and carried that the report of the Corresponding Secretary be accepted.

President: We will now have the report of the Necrology Committee.

The report was read by Dr. Emma E. Richards, and is as follows:

NECROLOGY REPORT.

The first of our number to pass away during the year was Dr. Anna Eddowes, who died August 22, 1890, at her sister's home, at Tioga, after a lingering illness, which she bore with wonderful endurance. She was born June 25, 1827, at Wapley, near Fox Chase, Twenty-third Ward. She was a descendent of an old English family, who came to this country early in the Eighteenth Century. Her grandfather, Ralph Eddowes, was a founder of the First Unitarian Church. Her father dying while she was quite young, she was left with the care of a large family of brothers and sisters. From her early life she was of a retiring disposition. Her strong sympathy for suffering humanity led her to study medicine in the Woman's Medical College, from which she graduated in 1876. She subsequently became Resident Physician in a Staten Island Hospital, which position she held until she returned to her native city. For a time she held a position in the Friends' Insane Hospital, Frankford, from which she was compelled to retire on account of failing health.

Dr. Ida Florence Curry was born in Clearfield county, Pa. Having lost both her parents, she was adopted at the age of sixteen by her aunt, Dr. Elizabeth C. Keller, and went to Jamaica Plain to live. Here her education was continued in the public schools, where she soon took rank among the first in her class. After a year or more of observation and experience in the household of a medical woman, she expressed a well-considered desire to study medicine, and accordingly, in 1885, she entered the Woman's Medical College of Pennsylvania, from which she graduated in March, 1888. She received an appointment as Interne to the New England Hospital, where she went soon after graduating. Here she made an admirable record, showing marked ability in the duties devolving upon a hospital Interne, but was obliged to leave before the expiration of her term of service on account of the sudden development of symptoms of pulmonary disease, and in the following autumn she was urged