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A STUDY RELATIVE TO THE FUNCTIONS OF THE REPRODUCTIVE APPARATUS IN AMERICAN INDIAN WOMEN.

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A STUDY RELATIVE TO THE FUNCTIONS OF THE REPRODUCTIVE APPARATUS IN AMERICAN INDIAN WOMEN.[1]

BY ANDREW F. CURRIER, M.D.,
OF NEW YORK CITY.

A CAREFUL examination of the Indian question as it is presented to the people of the United States, will lead to the conclusion that the Indians must submit either to civilization or extermination. Civilization and savagery cannot coexist. In close contact savagery always has to yield. To break up tribal distinctions, give the Indians land in severalty, educate them, abolish polygamy, barbarous costumes, and heathenish practices, and to keep whiskey away from them, is the present policy of the Indian Bureau, and it is wise, just and hopeful.

The author's investigations were made with the approval and coöperation of Hon. Thomas J. Morgan, Indian Commissioner, the late Surgeon-General, Dr. J. D. Baxter, and the present Surgeon-General, Dr. Charles Sutherland, to whom he wishes publicly to express his gratitude. He also desires publicly to thank the Indian agents, physicians employed at the Indian agencies, and army sur-

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geons, who have coöperated with him and advised him, and without whose generous assistance the studies could not have been made. The data were obtained in the face of the greatest obstacles, for Indians are ignorant, superstitious, prejudiced, and suspicious, and the time required in many instances was considerable, perhaps more than was warranted by the results to be obtained. From twenty-eight Indian agencies and army posts interesting facts were gathered, and since all the correspondents were in immediate communication with the Indians, some of them for many years, and all being entirely reliable, the information may be considered trustworthy. The Report of the Indian Commissioner for 1890 was also freely consulted, and was the source of much valuable information.

The subjects upon which information was sought included menstruation, conception, gestation, parturition, the puerperal period, the menopause, sexual appetite, pelvic disease, including venereal and malignant diseases, and a variety of kindred topics. In children the great frequency of glandular, including venereal, disease was noted, and the great mortality among infants. Puberty was reached in the southern tribes—the Apaches, Mojaves, and others—quite early, the average in a given number of Apaches being $12\frac{8}{10}$ years. In the northern tribes it was reached later, the average in a given number of Cheyennes and Arapahoes being 17 years. In a large number of Sioux the average age was 15.11 years. In most of the other tribes the average age was under fifteen, and it is believed that savage life *per se* neither hastens nor

retards puberty, but that climate, occupation, and hereditary tendency were the factors of greatest importance.

The advent of puberty is celebrated by barbarous dances in some of the tribes. At the Quabaw Agency (Ind. Ter.) the "stamp dance" is thus celebrated. At Round Valley Agency (Cal.), the menstruating girl joins in a furious dance with older women, keeping it up until thoroughly exhausted. At the Neah Bay Agency (Wash.) the menstruating girl fasts three days, then is stripped naked and washed in a stream in the presence of her friends and relatives. After this her parents give a *pil potlach* (giving away of blood), which is very disgusting, and is said to be somewhat of the nature of a birthday party.

With very many Indian women, especially the more degraded, the coming, course, and going, of menstruation were alike matters of indifference; they neither knew nor cared as to its duration. At four agencies the duration had been observed, and the limits given were two and six days. Seldom was there any pain in menstruation, though in some of the tribes it was said to be present with the first menstruation, but rarely afterward. Among the civilized Indians painful menstruation was not infrequent. The quantity of blood lost at menstruation was almost invariably a matter of indifference. Only a single case of amenorrhea was reported.

The menopause seldom causes any trouble. The age at which it comes shows as wide a diversity as it does among civilized women, and there was also the

same variety as to duration. It may come abruptly, or it may require several years.

Marriage is said to be mainly a matter of convenience or inclination in most of the tribes, with nothing especially serious or binding about it, either party leaving the other as the notion may prompt. Polygamy is still common in some of the tribes, though the Government is endeavoring to break it up. Virtue and chastity are ignored altogether, or but lightly esteemed, in all but a few of the tribes. A change for the better in such matters is most marked, and most gratifying in some of the localities that have been under educational and religious influences. Cherokees are said to be more virtuous and more strict in regard to the marriage relation than whites.

Among the Klamaths (Oregon) young men are not infrequently married to old women.

Among the Crows and Assiniboines marriage arrangements are between a girl's parents and her suitor. The latter pays a horse for her, or some other object of value; the girl then measures the man for a pair of moccasins as a sign of acceptance, goes to his lodge, and is henceforth his wife. The marriage and divorce customs among the civilized Cherokees are much the same as among intelligent whites. The ceremony may either be a simple agreement between the man and the woman, or the more formal one of the Church or the State.

Marriage in most tribes is consummated very early in life, at seventeen or under, in many cases almost as soon as puberty is reached. Conception and gestation are favored in a majority of the tribes by

an ardent sexual appetite and an out-of-door life, and large families of children are of frequent occurrence. Abortion seldom occurs as the result of the severe labor and other trials to which Indian women are all subject, but is common enough as the result of syphilis and criminal interference. Among the more degraded and physically inferior tribes the families of children are small. In almost all the tribes the infantile mortality is very great. The struggle for existence on the part of an Indian baby is a severe one. Some of the women drink decoctions of certain herbs to prevent conception. The Crows and Assiniboines use the most violent means for producing abortion. One of these consists in thrusting a sharp stick into the vagina and womb, thus rupturing the ovum. Another consists in causing the patient to rest her belly against the top of a stake driven into the ground, and about two feet high, and to whirl around upon this until the fetus is expelled. In yet another the patient lies on the ground upon her back, a large board is laid across her belly, and upon this two or three of her female friends stand or jump until the blood gushes from the vagina; or the belly is kneaded or tramped upon until the fetus is expelled.

Among these Indians last mentioned, when a baby is born the umbilical cord is cut with a *new* butcher-knife, the stump is well greased, and the infant is then thrust into a laced sack made of blue cloth, containing pulverized bull's manure, or the inside bark of the cottonwood tree. This lining, with the child's discharges, is changed three or four times daily. When the stump of the cord drops off

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it is preserved in a beaded pouch, and worn about the neck or waist as long as the person lives.

Parturition is usually a natural and easy process with Indian women. One of my correspondents graphically said it was about as easy as for a cow to have a calf. With many women no assistance is required or tolerated. With others, midwives are employed, and these manifest varying degrees of ignorance and superstition. Occasionally an herb-doctor will be called to attend a woman in confinement, but as a rule no man, whether a physician or not, is expected or allowed near a woman at such a time. Where the Indians are becoming educated and civilized they are gaining more and more confidence in white physicians, and occasionally one will be called to attend a confinement, especially if any complication has arisen. The favorite position during labor is the kneeling one, the arms, chest, and head resting upon a support of some character, but by many the squatting position is preferred. The ease with which delivery is accomplished in these positions, and the simplicity of the whole procedure, is not without suggestiveness to those of us that are endeavoring to carry out the multitudinous details of modern antiseptic midwifery. The lying-in chamber and the lying in bed, for the tribes that have had little contact with civilization, do not exist. Delivery takes place in the open air, in the bushes, by the side of a stream, perhaps when the tribe is on a march. The regular duties of the squaw are not long interrupted by parturition, and if her party is on the march she hurries on to overtake them after the birth of her baby.

In some tribes it is the custom to aid in the expulsion of the placenta by tickling the parturient's nose, thus provoking sneezing.

Among the Sacs and Foxes the placenta is wrapped in the blanket on which delivery took place and secured to a tree to keep it from wild animals. Should a wolf or coyote eat it, it is believed that the child would resemble such an animal, and eventually be devoured by it. The placenta must not be thrown into the river, lest the child should resemble a fish, or be drowned and eaten by fish.

The accidents of parturition are few, occurring perhaps as frequently as in the lower animals. The physicians at the agencies have reported cases of faulty presentation, retention of the placenta, and rupture and procidentia of the uterus. The Indians are just beginning to appreciate the value of skilled assistance for such emergencies.

Puerperal diseases are said to be unknown among Indians. Malignant disease is of rare occurrence, especially among the full-bloods. Cancer of the breast was reported, but not of the uterus. Of course, it is possible that the latter might exist, unknown to any but the patients, owing to their extreme reticence concerning disease of the genital organs. For the same reason it is impossible to say to what extent pelvic disease may exist among these women. Cases were reported in which there was deformity of the uterus, ovarian pain, abdominal dropsy, leucorrhea, and gonorrhea, so that it cannot be said that pelvic disease does not exist among them. It is probable that they are less susceptible as well as less sensitive to such diseases than

civilized women. Those that are becoming civilized, or are already civilized, suffer from pelvic disease to about the same extent as the whites. Venereal disease was said to be very prevalent, and doubtless it has much to do with the feebleness of the children and the high rate of mortality among the infants.

CONCLUSIONS.

I. PUBERTY.—The mere fact of living in a savage state has not much to do with the early or late appearance of puberty. The Apaches and Mojaves of the hot and desert regions of Arizona mature young, but so do the females of Southern Europe and of the tropics; the law is general that both animals and plants mature early under a tropical sun. The females in the northern tribes—the Cheyennes, Arapahoes, Crows, Assiniboines, and Sioux—develop more slowly, as is the case with women in Northern Europe.

II. PHENOMENA OF MENSTRUATION.—Savage life with its vicissitudes and hardships does not usually interfere with the regular recurrence of the monthly flow. Influences that would disturb or check it and possibly produce permanent injury to a woman in civilized life, seem to have no such effect upon Indian women. Excessive menstruation is practically unknown. On the other hand, there are occasional instances of dysmenorrhea or amenorrhea in connection with disease or deformity of the pelvic organs, so that savage life does not necessarily furnish immunity from such experience.

III. THE MENOPAUSE.—Indian women are ex-

ceptionally free from the nervous and vascular disturbances that so commonly accompany the menopause in civilized women. The duration of the menopause varies as greatly as it does in civilized life. It usually comes between the fortieth and fiftieth years, but not infrequently is delayed beyond the fiftieth year. Many gestations occurring in rapid succession, continuous hard work, and the exposure and physical suffering incidental to a savage life do not tend to shorten the menstrual and child-bearing periods.

IV. Marriage and the Sexual Appetite.—The social condition of Indian women is an anomalous one for this age and country. They must bear the burdens, do the drudgery, bring forth and rear the children, and then, perhaps, be cast aside at the merest whim of their husbands. Marriage among American Indians means, as a rule, communism, polygamy, unrestrained lust, according to circumstances—all of which must, of course, be abandoned as they emerge into civilization. Sexual appetite in Indians is the uncontrolled and uncontrollable desire of the wild beast, or in women of the degraded and debilitated tribes it is an indifference, except as it may be associated with the idea of gain.

V. Conception and Gestation.—The habits and manner of life in the more vigorous and well-developed Indian women are favorable to fruitfulness. But the facts that so many children die in infancy, and that the restraints of civilized life are fatal to so many more, show that the race is not a hardy one. The unhygienic condition of the homes in many tribes, their filth and degradation, and in

others the frightful abuses of the abortionists, are further tending to weaken the race and impair its future.

VI. Parturition.—The ease with which parturition is accomplished among Indians is an interesting fact. It must not be overlooked that the squatting or kneeling posture that they assume during labor is more favorable to muscular effort than the positions with which we are familiar in the lying-in chamber. This is a suggestive fact. So, also, is the apparently total absence of puerperal disease among Indians. This is the result of pure air and plenty of exercise, and not of antiseptics or even ordinary hygiene. The quick recovery and return to their usual duties of Indian parturients also suggests the possibility that we sometimes unnecessarily make invalids of our obstetric patients. Accidents occasionally occur, just as they do among animals, Nature's work being sometimes far from perfect. This means death to the mother or child, or to both, unless an intelligence beyond that of the savage can be summoned to avert it.

VII. Pelvic Disease.—That pelvic disease has not been treated among Indians does not prove that it does not exist. Those diseases that result from infection, deformity, mal-development, and faults of circulation probably exist, but they will go untreated, and more or less unheeded, until the suffering caused by them becomes keener and confidence in educated physicians stronger. The malignant diseases of the reproductive organs are almost unknown among Indians. This shows that neither privation, nor hard work, nor exposure, nor giving

birth to many children, necessarily result in the neoplasms that so often afflict civilized women.

VIII. Venereal Disease.—Both local and constitutional forms of venereal disease abound among Indian women. The frequency of syphilis, coupled with the great mortality among infants, and the great prevalence of glandular and pulmonary disease among many of those that survive infancy, are evidences of the inroads that venereal disease has made upon Indian vitality.

Finally, Indian women in the savage state undergo less physical suffering in connection with the reproductive apparatus than do civilized women. As a rule they menstruate, bear children, and pass the menopause with the minimum of discomfort. This is due to three causes: (1) Natural or racial insensitiveness compared with the far more sensitive Caucasian; (2) abundance of exercise; (3) life in the open air. With its complex conditions, civilized life will always present obstacles to the performance of the functions peculiar to women with the same ease with which they are experienced by savages, and when Indian women exchange the savage for the civilized state they must necessarily adopt also some of the ills that are inseparable from the latter.

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