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PREGNANCY, PARTURITION, AND CHILDBED AMONG PRIMITIVE PEOPLE.

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As I have already called the attention of the profession to some of the peculiar features in the obstetric practice of savage races, I will now, for the better understanding of these details, completely describe that most interesting period in the life of woman, so important, socially as well as professionally, —the time of pregnancy, labor and childbed.

We will find among the natural habits of primitive people many points of resemblance to the customs of our more advanced civilization. In their views, in their methods of treatment of the parturient, we see rudely depicted the lying-in chamber of to-day; indeed, many a labor in the cellar or the attic of a crowded city, or in the log cabin of a secluded country district, differs but little from that which we will find in the *tepee* of the Indian or the hut of the Negro; in fact, it is here that we often see customs which are rudely indicative of some of the very best of our modern improvements upon which obstetricians greatly pride themselves; observation has taught these children of nature many a lesson of which, in their natural shrewdness, they have profited.

PREGNANCY.

We can trace a certain resemblance throughout; thus a great deal of interest, and I may say of importance, attaches among many tribes to the pregnant state, be it in the jungles of India, in the wilds of Africa, or upon our own prairies. It is to the woman an eventful period of her life, and is appreciated as such by her tribe as important, not only for herself but for all her people. The Andamanese, for instance, are extremely proud of their condition, which in their native state

is of course very evident to any beholder, and if a stranger shows himself in their villages, they point with a grunt of satisfaction to the distended abdomen. Among the Hebrews and other people of ancient times, sterility was a disgrace (Gen. xi. 30; Exod. xxiii. 26; Kotelman), and the mother of many children was a greatly envied woman. Conception was favored, although no laws existed upon the subject, by coitus soon after the cessation of the menses, the act being forbidden only during religious service and upon the days of the high feasts.

Abortions as a rule are not numerous; the African tribes in the main are fond of children, and hence rarely destroy them. Among some of our Indians, especially those in closer contact with civilization, laxer morals prevail, and we find abortion quite frequent; some tribes have a reason for it, on account of the difficult labor which endangers the life of the woman bearing a half-breed child, which is usually so large as to make its passage through the pelvis of the Indian mother almost an impossibility.

In old Calabar, medicines are regularly given at the third month to prove the value of the conception. Three kinds of conception are deemed disastrous: first, if resulting in twins; second, in an embryo which dies *in utero*; third, in a child which dies soon after birth; and it is to avoid the further development of such products that the medicines are given; the idea being that, if the pregnancy stands the test of these medicines, it is strong and healthy. In case the ovum is expelled, it must have been one of these undesirable cases of which no good could have come. The medicines are first given by the mouth and the rectum, then *per vaginam*, and applied directly to the *os uteri*, provided that a bloody discharge follows the first doses. For this purpose they use one of three herbs: a Leguminosa, an Euphorbia, or an Amomum. The stalk of the Euphorbia with its exuding juice is pushed up into the vagina; on the same part of the leguminous plant is placed some Guinea pepper, chewed into a mass with saliva: in a few days the abortion takes place. The measures employed are frequently too severe, as constitutional disturbance, and sometimes death follows. Among Indians and Negroes abortion is now and then practised if a suckling mother conceives, as they

reason that the living child is the more important and would be harmed by the drain which the new pregnancy necessarily exerts on the strength of the mother.

The seventh month is not unfrequently regarded as dangerous, as many abortions then occur. For this reason, in Old Calabar, the patient is generally sent away, as pregnancy advances, to a country place where she can live quietly and free from the excitement and bustle of the town; and above all where she can be out of the way of witch-craft. A great many superstitions exist among all peoples in reference to this important epoch, more especially among some tribes of the Finns, for instance the Esthonians; one of the most amusing of these ideas is the weekly changing of shoes customary among pregnant women, which is done in order to lead the devil off the track, who is supposed to follow them constantly that he may pounce upon the new-born at the earliest moment.

The same great wish prevails for a boy among savage races as among our own people, even to a much greater extent, and naturally so, as in the male child the warrior of the future is looked for; our own Indians, as well as the Negroes of Africa, have numerous ceremonies by the faithful observance of which they hope to produce the desired sex; but, however interesting they may be, we cannot now enter upon their further consideration.

Here and there signs of pregnancy are carefully observed: in Old Calabar, as well as in the interior of Africa, pregnancy is counted from the suspension of the menses, and the time is reckoned by lunar months; among Slavonians the appearance of freckles is looked upon as a safe sign of pregnancy.

The care which is taken of pregnant women depends, of course, greatly upon their surroundings and increases with the civilization of the people. We see this best illustrated among the North American Indians: very little or no distinction is made among the nomadic tribes, but as soon as we come to a more sedentary population, such as the Pueblos, or the natives of Mexico, we see that they become more considerate. No over-exercise is permitted, warm baths are frequently taken, and the abdomen is regularly kneaded in order to correct the position of the child. This is also the case in Japan, and whether the diagnosis of a malposition is made

in the early stages of pregnancy or not, it is a fact that the abdomen is subjected to this treatment, and, unquestionably, in many instances, the position is thus rectified. This is done by massage and manipulation among these somewhat more advanced people, whilst the nomadic Indians of the prairie accomplish the same end by hard work and horse-back riding. The great danger in labor, and to the savage woman *the one* great danger, is a transverse position of the child. This they must use every means to avoid, as with them death is certain if labor is inaugurated with the child in such a position.

I have already described in full the method of rectifying malpositions as practised in Japan, in my paper on "Posture," and will only say that the process, mainly massage, is repeated every morning after the fifth month, the practitioner making the patient stand up and put her arms around his neck. The Andamanese and the Wakamba of Africa, many of the nomadic Indians, and undoubtedly almost all of the women of savage tribes work up to the very hour of labor. Rigby states that he finds the easiest labors, and the best results, when the women work or continue their wonted employments until labor pains are upon them; it always goes worse with those who idle beforehand, with the view of saving themselves and making labor easier. This statement we find constantly verified in our ordinary practice; we know that the working women—and we have many such—who continue their wonted employments until the very moment of delivery, have the easiest labor. It is the lady who is so conservative of her strength and anxious to do everything in her power to promote her health and the welfare of her offspring, who suffers most. At all events we shall not fear evil, and the pregnant woman will fare best in the coming labor, if she will continue as long as possible in the exercise of her usual duties, whatever they may be.

In Mexico, as the old histories tell us, the pregnant woman was forbidden to yield too freely to the desires of the husband, although coitus was indeed ordered to a certain extent, so that the offspring might not prove weakly. In Loango coitus is not forbidden. Some regulations with regard to the act exist among other tribes, and the too free exercise of matrimonial rights is often cautioned against.

The well regulated government of old Mexico was careful of pregnant woman in many ways; the Burmese women wear a tight bandage about the abdomen after the seventh month of pregnancy, to prevent the ascent of the uterus, under the idea that the higher the child ascends in the abdomen the farther it will have to travel in labor when it descends, and hence the more painful the delivery will be. In Japan, the midwife is consulted at about the fifth month, and she then binds the abdomen with a cloth which is not removed until labor begins, it being kept there so that the child should not grow too large. It is the same procedure which is followed in India, although the underlying idea is different, and three times a month the abdomen is rubbed. The Nayer women bathe a great deal during pregnancy, taking good care of body and soul. In fact, the frequent bathing of pregnant women is common also to all the higher castes of India. The Nayer perform a ceremony during the first month of pregnancy, but as it so frequently happens that a woman erroneously considered herself in that condition, this ceremony for the preservation of the pregnant woman against the wiles of the devil is usually delayed until the fifth or even the seventh month; and upon the following morning she very properly drinks the juice of tamarind leaves mixed with water.

Here and there some preparation is made to ease the intensity of the coming labor pains. Upon the isle of Jap, in West Mikronesia, they begin to dilate the *os uteri* at least one month before delivery is expected; the leaves of a certain plant, tightly rolled, are inserted into the *os*, moistened by the uterine secretion they distend, and when fully dilated a thicker roll is introduced. They are to act upon the principle of laminaria or sponge tent, slowly dilating the mouth of the womb and making labor more speedy and less painful.

A very pretty idea exists among the Pahutes with regard to the coming of the child; they recognize the approaching time for the addition to their household and tribe, and seek to make preparation for the advent of the young stranger; that is to say, they endeavor to make his journey easy and expeditious with the least possible pain to the mother. Their ideas are crude and fallacious, yet to them sufficiently convincing to be universally practised. They consider the sojourn of the off-

spring *in utero* as a voluntary matter, and after a given length of time, say nine moons or the lapse of certain seasons of the year, the child is to be starved out of its maternal quarters as a wood-chuck or other game is to be forced out of its hiding place; hence, for weeks before the expected event a fast begins with the mother, which becomes almost absolute as the time approaches, so that by the end of the allotted period of gestation the fetus will not only be ready, but anxious to come to the world in order to reach the supply of milk which the mother has now in waiting for the child starved in the womb. They of course act on the presumption that the child is nourished by ingestion from the mother. But another reason or object they have in view is, that this treatment, this fasting, reduces the maternal tissue over the genital organs and thus opens a wider door for the exit of the fetus. After this preparation, when labor has actually begun, they regard its phenomena as due to voluntary efforts on the part of the child to leave its inhospitable quarters for exterior life, and everything in their rude philosophy is done to facilitate and help the little fellow along on his journey.

#### LABOR.

Among primitive people, still natural in their habits and living under conditions which favor the healthy development of their physical organization, labor may be characterized as short and easy, accompanied by few accidents and followed by little or no prostration; the squaw of the Modoc Indians—a tribe which has been but little affected by the advance of civilization—suffers but an hour or even less in the agony of childbirth; the Sioux, the Kootenais, and the Santees are somewhat longer in labor, not, however, over two or three hours; two hours being about the average time among the North American Indians. The period of suffering is very much the same among the natives of Africa and of Southern India, the inhabitants of the Antilles and the Caribbees, of the Andaman and the Australian islands, and other savage people.

What little fear exists as to the occurrence of this event, which is so much dreaded by many of our delicately constituted ladies, may be judged from the instances of speedy and unexpected delivery so often related by those in contact with

the Indians. Dr. Faulkner, who spent some years among the Sioux tribes, tells me that he has known a squaw to go for a pack of wood in mid-winter, have a child while gone, wrap it up, place it on the wood and bring both to the lodge, miles distant, without injury. Dr. Choquette says, that two or three years ago, an Indian party of Flat Heads and Kootenais, men, women, and children, set out for a hunting trip; on a severely cold winter's day, one of the women, allowing the party to proceed, dismounted from her horse, spread an old buffalo robe upon the snow, and gave birth to a child which was immediately followed by the placenta. Having attended to everything as well as the circumstances permitted, she wrapped up the young one in a blanket, mounted her horse, and overtook the party before they had noticed her absence.

It seems to be an equally easy process among all people who live in a perfectly natural state. As civilization is approached, the time of labor is more extended. The Mexican Indians, half-civilized, require three to four hours for delivery, and the same is true for all such tribes as are in closer contact with the whites, as well as of other half-civilized people. Accidents rarely occur; thus a physician tells me that during a residence of eight years among the Canadian Indians, he knew of no accident, and heard of no death in childbed. Another professional brother, who lived four years with the Oregon Indians, was not aware of any irregularity occurring in that time, nor was he ever called upon to perform a more serious operation than the rupture of the membranes.

This may be accounted for by the active life which women lead among these people; all the work is done by them, so that the frame and the muscular system are developed, and the fetus, by constant motion, may be said to be shaken into that position in which it best adapts itself to the maternal parts, into the long diameter, and once in such a position it is held there by the firm walls of the maternal abdomen, and the birth becomes easy. Moreover, they do not marry out of their own tribe or race, and the head of the child is adapted to the pelvis of the mother through which it is to pass.

As soon as there is any deviation from these natural conditions, trouble results. Positive statements from several of the Indian tribes indisputably prove the truth of this rule; thus

many of the Umpqua squaws die in childbed with half-breed children, whose large-sized heads do not permit of their exit. The Umpqua mother will be easily delivered of an offspring from an Umpqua father, but the head and body of a half-breed child is apt to be too large to pass through her pelvis. Unquestionably this is the case also among other savage tribes.

We can then readily account for the rapid and easy delivery of savage women who live in a natural state, and the rarity of accidents from these facts: First, they marry only their kind, and thus the proportions of the child are suited to the parts of the mother; secondly, their more healthy condition and vigorous frames; while, thirdly, from the active life they lead, head or breech presentations result. Should this latter fact not occur, the mother is generally doomed, or at best, the labor is extremely prolonged and fatiguing. If the child lie transversely in the pelvis, it cannot be born, and death follows.

The nearer civilization is approached, the more trying does the ordeal of childbirth become, as in the case of the Umpquas just cited. I am told that among the women of the Green Bay Indian Agency many deaths take place, and yet a physician states that he does not know of monstrosities or deformed pelves, but attributes the misfortune to malpositions; a greater number of half-breeds is to be found among them, and the resulting disparity between the child and its mother may be a cause of the trouble; again it may be the less active lives which they are supposed to lead, and the consequent cross-births. Dr. Williams has observed that the Pawnees are more exempt from accidents than the Mnemonees, and inquires whether it is on account of the squatting posture assumed by the Pawnee women in labor; I should rather ascribe it to the more active life led by the Pawnees, and the less frequent intercourse of their squaws with the whites.

We see then certain differences and an increase of the difficulties of labor as civilization is neared. How different are the conditions upon which I have laid stress as existing among savage tribes, from those which we find in our centres of luxury! People intermarry regardless of difference in race or frame of body, and the consequence is the frequent disproportion between the head of the child and the pelvis of the

mother. In addition, the system suffers from the abuses of civilization, its dissipations, and the follies of fashion. On account of the idle life led, and the relaxed condition of the uterus and abdominal walls, there is a greater tendency to malpositions; additional difficulties are presented by the weakened organization, and the languid neurasthenic condition of the subjects in civilized communities. We do, however, sometimes find in our cities, more frequently in our rural districts, strong hardy women, who lead more active lives, and who pass through labor with an ease and rapidity much more like that displayed by their savage sisters.

I can hear but little of labor troubles from physicians who are in contact with our Indians, as they rarely have the opportunity of witnessing a confinement; it is only in the most desperate cases, and hardly then, that even the Agency Physician is called in, and Indians are extremely reticent upon such topics; but I should judge from the robust health and hardiness of their squaws that mishaps are few. The most serious accident which occurs is the shoulder presentation, and that must necessarily prove fatal. This rarity of accidents is most fortunate, since neither our own Indians nor other savage tribes have any means of meeting them, save incantations or the howling of the medicine men.

The Papagos and some other tribes seem to have a philosophical way of regarding accidents in labor; they think that the character of the fetus has a good deal to do in causing the obstruction, and the more severe the latter the worse the former; hence, they deem it better for mother, child, and tribe that the mother and child should perish, than that so villainous an offspring should be born and grow up to do injury to his people.

Rigidity of the perineum has been occasionally mentioned, and in a case of this kind among the Dakotas the attending squaw relieved her patient by inserting her open hands, placed palm to palm, within the vulva, and making forcible dilatation, an assistance which few other uneducated people seem to have the knowledge of rendering. No attention being paid to the perineum, rupture is probably frequent; I know this to be a fact only of the negroes of Loango, as the information gathered by travellers does not usually extend to these subjects.

The prolapse of an arm is managed, among the Nez-Percés, and undoubtedly among other tribes also, just as it is by some of our midwives, by pulling upon it, as they do upon any part which chances to present.

Prolapse of the uterus is not unusual in Mexico and quite frequent in the interior of Russia. The Sclavonians, for instance, who are not unlike some of our Indians, endeavor to shake the child out of the womb in cases of prolonged labor; the natural consequence is that both the child and placenta drop out, to be followed not unfrequently either by prolapse or inversion of the uterus. In Russia, these accidents are so common that people are always prepared to correct them; the poor sufferer is at once brought into the bath-room and stretched upon a slanting board, the feet higher than the head; then the board with the patient upon it is successively raised and lowered in order to shake the uterus back into the pelvis, precisely as one would shake a pillow into its cover.

Hemorrhage, of which I do not often hear, is treated in some instances by sousing the patient into the nearest stream, or rather more tenderly by the Santees, where the attendant gives the patient a shower-bath by filling the mouth with water and blowing it over the abdomen with as much force as possible until the flow of blood ceases.

Whatever may be their social condition, primitive people preserve a certain superstition as regards woman and the functions peculiar to her sex. In many tribes it is customary to set apart a hut or lodge to which the woman is banished during the period of the menstrual flow; so also the child-bearing woman, as a rule, seeks a quiet nook away from the camp, or if the habits of the people are more sedentary, she is confined in a separate lodge a short distance from the one occupied by the family. Sometimes a house is erected for this special purpose, common to the entire village. Again, if better situated, she may have a separate room in her own house, sacred for these occasions.

On the Sandwich Islands, on the contrary, the confinement is more public and the performance is witnessed by all who happen to be about. The same lack of privacy prevails among the Mohammedans of India, who are as careless of the privacy of their confinements as they are of their copulations.

The wilder tribes of Southern India allow female relatives and friends to crowd around the woman, as do the Aborigines of the Andaman Islands. The Pahutes, the Brulé-Sioux, and the Umpquas conduct the labor in the family lodge, and the sympathizing as well as the curious crowd around at will. A very good idea of such a scene is given me by Dr. Ed. V. Vollum, Surgeon U. S. A., who attended the wife of an Umpqua chief. He states that he found the patient lying in a lodge, rudely constructed of lumber and driftwood; the place was packed to suffocation with women and men; the stifling odors that arose from their sweating bodies, combined with the smoke, made it impossible for him to remain in the apartment longer than a few moments at a time. The assembly was shouting and crying in the wildest manner, and crowding about the unfortunate sufferer, whose misery was greatly augmented by the apparent kindness of her friends. Not much better were the half-civilized Mexican inhabitants of Monte Rey in early days: but even in these cases where such publicity is permitted, men are, as a rule, excluded.

Commonly labor is conducted most privately and quietly; the Indian squaw is wont to steal off into the woods for her confinement. Alone or accompanied by a female relative or friend she leaves the village, as she feels the approach of labor, to seek some retired spot; upon the banks of a stream is the favorite place the world over, the vicinity of water, moving water, if possible, is sought, so that the young mother can bathe herself and her child and return to the village cleansed and purified when all is over. This is true of the Sioux, the Comanches, the Tonkawas, the Nez-Perçés, the Apaches, the Cheyennes, and other of our Indian tribes.

In winter, a temporary shelter is erected in the vicinity of the family lodge by those who make the solitude of the forest their lying-in chamber in milder weather.

The Chippewas, as well as the Winnebagos, also follow this custom. The natives of the Caucasus, the Dombars and other tribes of Southern India, those of Ceram, the inhabitants of Loango, of Old Calabar, and many of the African races, are delivered in this quiet way, and the women are not only kept apart from their husbands and the villagers during their confinement, but for weeks afterwards. The reason why we know

so little of Indian labor is the great secrecy which they observe regarding such matters, and their extreme reluctance to speak to inquisitive whites of these subjects which are to them enshrouded in a veil of superstition and mystery.

Some of the Sioux tribes, the Blackfeet and the Uncapapas, are in the habit of arranging a separate lodge, generally a temporary one, for the occasion, as also do the Klamaths, the Utes, and others. The Comanches construct a shelter for parturient women a short distance outside of the camp and in the rear of the patient's family lodge. This is made of brush or bushes, six or seven feet high, stuck into the hard ground, the branches intertwining so as to form a circular shelter about eight feet in diameter, an entrance is provided by breaking the circle and overlapping the two unjoined ends. In

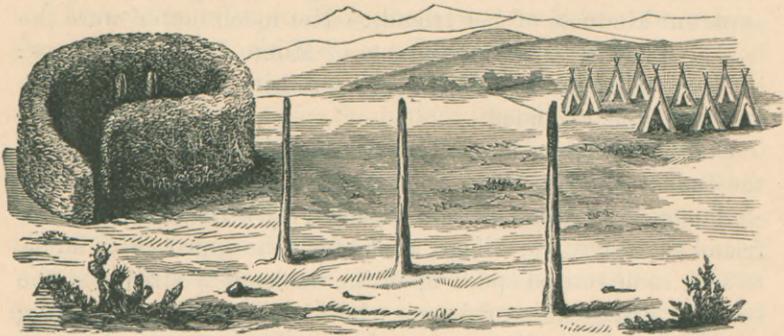


FIG. 1.—Temporary shelter for the lying-in woman, Comanches.

a line outside the entrance are placed three stakes made from the stems of small saplings with the bark left on; these are set ten paces apart and are four feet high. Inside the shelter are made two rectangular excavations in the soil, ten to eighteen inches in width, with a stake at the end of each. In one hole is placed a hot stone, in the other a little loose earth to receive any discharges from the bowels or the bladder. The ground is strewn with herbs. This is their usual mode of constructing a shelter when in camp, and at other seasons, when boughs fail them, pieces of cloth are used to cover up the gaps, or else the leafless brush is covered with skins; but on the march some natural protection is usually sought, or one is hastily extemporized out of robes with, perhaps, a lariat

attached to the nearest tree for the woman to seize during the pains.

The Indians of the Uinta Valley Agency observe a similar custom. At the first indication of labor-pains, the parturient leaves the lodge occupied by her family, and a short distance from it erects for herself a small "*wick-e-up*," in which to remain during her confinement, first clearing the ground and making a slight excavation in which a fire is kindled; rocks are placed around the fire and heated, and a kettle of water is kept hot, from which copious draughts are frequently taken. The "*wick-e-up*" is made as close as possible, to prevent exposure to changes of temperature, and to promote free perspiration. Assistance is given by squaws living in the neighborhood, but no particular one is chosen, nor is any medicine-man called in to render aid. In Ceram, a temporary hut is hastily built in the woods, and in some parts of the interior of Russia a separate house is provided, as among our own Indians; such is also the custom of the Saniojedn. The Gurians make use of a special room in the house; the apartment set aside for this purpose has no flooring, but the ground is plentifully strewn with hay, upon which the bed is made; above this a rope is fastened to the ceiling for the woman to grasp when in pain. The usual and favorite place of confinement for the Laps and other polar tribes is the bath-room.

As the place of confinement varies, so does the couch upon which the labor occurs. Some care is devoted to its preparation by all people, even the Susruta, that ancient system of midwifery, tells us that "the parturient should lie on her back upon a *carefully spread couch*, that a pillow should be given her, the thighs should be flexed, and that she should be delivered by four *aged and knowing midwives*, whose nails were well trimmed."

The women of ancient Greece were delivered upon stools; the large arm-chair is still at home in the East, while in Syria a *rocking* obstetrical chair is used. The Kootenais employ a box covered with buffalo robes; the Sandwich Islanders, a stone; and certain of the tribes of Finns and Mongols, as well as many of our Caucasian race, look upon the lap of the husband as the best obstetrical couch. Many of our Indians use nothing but the bare ground, others a buffalo robe or old

blanket spread upon the floor of the *tepee*, or else some dried grass and weeds; in one way or other, however, they make a soft and comfortable couch upon the ground. A common method is to place a layer of earth beneath the buffalo robe upon which they are confined. Thus F. F. Gerard tells me that the Rees, the Gros-Ventres, and the Mandans, lay a large piece of skin on the ground, over which is strewn a layer of earth three to four inches deep, and upon this is spread the blanket or skin on which the parturient kneels.

The Japanese make their preparations for the coming event in the seventh month, so as to be sure of being in time. The bed which they then provide consists of a mat of straw about three feet square, on which is spread a layer of cotton or cloth. This simple arrangement upon which the patient is to be delivered is then set aside to be available at any emergency.

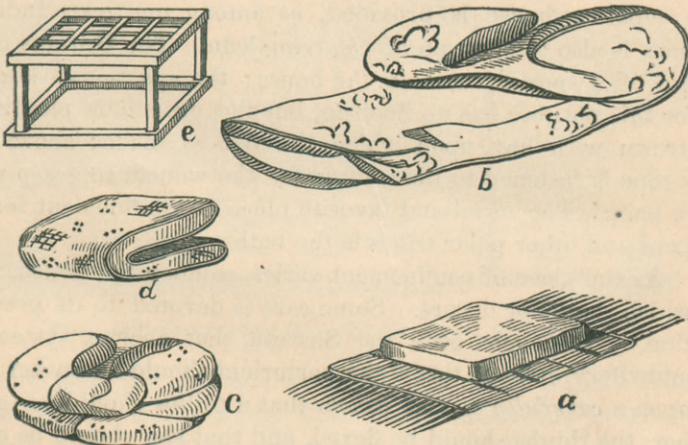


FIG. 2.—Japanese lying-in couch and supports used in childbed.

The above figure represents this mat, together with the mattress upon which it is laid, and the cushions used to support the back during the puerperal state. I need enter no further into this subject, as I have frequently referred to it, and have treated of it fully in my paper on Posture.

With regard to the *assistants* who aid the parturient woman, there is some difference in the customs of the various races. In many cases she has no help of any kind. As a rule, the assistants, if any, are females, relatives, or neighbors, and the

aid they give the sufferer is about the same as that which is too commonly obtained by her more civilized sisters, the world over, often worse than none at all. Occasionally they have professional midwives, whose qualifications depend chiefly upon their age or the number of children they have borne. In case that the patient is a lady of quality, the wife perhaps of a chief, or if the labor prove a very difficult one, the prophet or medicine man is summoned. The physician is mistrusted and is only consulted in the most desperate cases; the medicine man is aware that the forceps of his white brother are more efficacious than the rattling of the tum-tum, and, actuated by that same professional jealousy which is occasionally observed in more civilized communities, he uses his influence to malign the stranger, and glorify himself.

In Siam and in Ceram, in parts of Africa and South America, among the Indians of Canada and some of our own—the Tonkawas, the Cheyennes and allied tribes, the Arrapahoes, and the Cattaraugus, there is no class corresponding to our midwives, and the patient has no help whatsoever; but usually relatives and friends aid each other, or there is some assistance rendered by the habitual old woman. This is true of the savage tribes of the vast Russian empire; each village or settlement has an old crone who possesses the power of second sight, and by this gift and other similar means drives away disease; but above all haunts the lying-in room, where she causes much harm to both mother and child by her rude and ill-timed manipulations. Other tribes have their particular old women, who, for various reasons, are supposed to be specially skilled. Thus the Navajos and the Nez-Percés have their *sages femmes*, and in Mexico there are midwives who are acquainted with medicinal herbs and their properties. The Indians of the Quapaw Agency, those in some parts of Mexico, and many of the Pueblos have women who make this a specialty. So also the Klatzops, the Klamath, the Rees, the Gros-Ventres, and the Mandans.

Whenever a midwife or some other old woman assists the progress of labor, one or more younger women are always on hand to perform the actual work, whilst the midwife sits in front of her charge to receive the child. In Syria, the assistant is an old woman who learned her trade by practising with

her mother who was a midwife before her; it is necessary for a woman there to practise for a long time before she thoroughly gains the confidence of the people. We find midwives also in Japan, in parts of India, where in ancient times only women assisted the parturient, whilst in ancient Egypt difficult cases were attended by surgeons specially skilled in midwifery, as it will be remembered that they had their specialists as well as we of the present day. Susruta speaks of *midwives* attending his patient, and the mention of midwives in Exodus i. 19 implies that these good women were as unskilful thirty-five centuries ago as they can still be found at the present day. From all that we have seen it appears that the *Yi* of India, the *Dye* of Syria, the herb-knowing hag of Mexico, and the midwife of the Bible are very much the same in their habits, their qualifications, and their knowledge. It is the same habitual old woman who figures in all countries and at all times, and with whose peculiar qualifications we are quite familiar. In cases where the midwife is at a loss, the aid of the medicine man is sought. The Baschkirs rely upon their "devil-seer" who discovers the presence of the evil spirit and drives him away if rewarded by the present of a sum of money or a fat sheep. Among others a priest is called who hastily mumbles a few verses of the Koran, spits into the patient's face, and leaves the rest to nature.

The *assistance* which is rendered to the parturient woman is very simple and consists entirely of external manipulations, support of the patient in whatever position she may be confined, together with compression of the abdomen for the purpose of expressing the child: in addition to this, the incantations of the medicine men as well as other means, by which they endeavor to act upon the imagination of the patient, must not be forgotten. How little actual help the lying-in woman receives, and how limited is their knowledge of correcting malposition or other of the accidents of labor, will be readily perceived if we state that but few of those primitive people, whose habits we have so far considered, ever manipulate within the vagina. I have positive statements to this effect from the Indians of the Pacific coast, the Umpquas, the Pueblos, as well as the natives of Mexico. The introduction of the hand into the vagina or into the uterus for any definite purpose is a mani-

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