

ordinary way disease of the Fallopian tubes. We cannot get at the seat of the disease except by laparotomy. But with regard to the uterus it is different; yet I venture to say that if you take up a text-book, which you may have bought, on the diseases of women, you will not find a single line on drainage of the uterus. How in the world one would expect, in the light of modern surgery, to treat a diseased and closed canal, except by drainage, is more than I can understand.

To sum up: if a patient comes to you, try, if possible, to make a complete diagnosis; differentiate the cases which are complicated by disease of the tubes and ovaries from those which are not; if there is no disease of the appendages, you will be justified in using clean instruments, clean hands, and having the vagina clean, in examining the uterus with a sound. If the touch of the sound causes bleeding or pain, or if

the uterus is enlarged, and remains enlarged after boro-glyceride treatment and improved pelvic circulation, then divulse, scrape, drain, and make a simple application. Never use anything which is really destructive of the mucous membrane, or which will leave a scar. Recollect that the uterus is filled with glands and follicles, which are deep-seated in its tissues, so that any escharotic, any caustic, any electric current, which may cause destruction of the mucous membrane, will leave a scar, and do more harm. in the course of time, than good. Although you may cure the acute symptoms by burning out the uterine cavity, yet the after-results from stopping up the mouths of the glands and follicles will do more harm than any possible good. But if you will treat the chronically diseased uterus as you would treat a sinus, and keep up drainage, you will get satisfactory results.

Concerning American Indian Womanhood.—An Ethnological Study. *Am Gyn. Ped.* 5, 330-341,

1891-92

BY WM. THORNTON PARKER, M.D. (MUNICH),

BEVERLY, MASS.

Fellow of the Massachusetts Medical Society, and of the Boston Gynecological Society, late Acting Assistant Surgeon U. S. Army, formerly Surgeon in the U. S. Indian Service, etc.

DR. HENRY T. BYFORD, in a paper read before the Chicago Gynecological Society, February 20, 1885, quotes Professor Gross as asking, "Why did not the Almighty create, simultaneously with woman, a competent gynecologist to meet the in-

evitable evils?" Dr. Byford adds that "it seems indeed like a reproach upon Him, the crowning work of whose intelligence was the creation of woman, that she should be the most poorly prepared of all beings for the reproduction of her kind.

Was it always thus, or was child-bearing originally a physiological phenomenon not beyond the power of a healthy woman to patiently endure?" It is the purpose of this paper to show that among the North American aborigines, childbirth *has been* a peculiarly easy function, seldom attended with inconvenience of any very great moment or of danger to health and life. Where we find Indian tribes only recently confined upon reservations, and where the wild or blanket Indians are in the majority, there we can, without doubt, most readily ascertain the habits of the aborigines. The past fifteen years have brought about very remarkable changes in the lives of our American Indians, and as matters stand at present we can hope for only a very little more time remaining for investigation in this interesting study.

Ethnology is defined by Webster as "the science which treats of the division of man into races, its origin and relations, and differences which characterize them." I think we may therefore consider these investigations concerning Indian womanhood an ethnological study more than an anthropological research. We cannot fail even in this superficial paper to observe how closely related is the human race. An experience covering some years of service on the frontier has convinced me that while the tribes of North American Indians differ as widely from one another as the tribes and nations of pale-faces are distinct from each other, yet there is a wonderful similarity observable in all. This is especially noticeable when we come to investigate the condition of infancy childhood and ma-

ternity. In such a research we can not fail to be impressed with a decided respect for our native Americans.

Nowhere on the face of the earth can we find aborigines to be compared with those of the North American continent. Much, indeed, of their history and tradition has passed away, and when we seek for records of the nations who occupied this great continent, comparatively little is to be found. There is, however, some material within reach to-day, but in a very few years almost every remaining vestige will have disappeared forever. That oblivion should be the destiny of such remarkable nations is a misfortune. We have a right to be proud of our aborigines. Those who know most of our native American or so-called Indians respect them most. Those who have lived longest with them like them the best. My experience has brought me in contact with many different Indian nations, both in peace and war. Among these the Ojibways are the most interesting for investigation. Dr. Hoffman, lately an acting assistant surgeon in the United States Army, in a recent article in the *University Magazine* concerning Shamanistic practices, states that "the area of country formerly occupied by the immense tribes consisting of the Algonquin linguistic stock, extends from Nova Scotia southward to the James River, and westward to Montana. To these divisions belong the tribes first met with by the French traders in Canada as early as 1634, by the Puritans in Massachusetts, and by Captain John Smith's band of colonists in Virginia. They are believed to be considerably in advance of the tribes

of other divisions; and one of the most interesting bodies from an ethnological point of view is the Chippewa or Ojibway tribe of the Lake Superior region."

A prominent and highly educated Indian, who probably knows as much concerning the practices and customs existing among Ojibways as any man living, and whom I have known very well while serving at White Earth reservation, writes me as follows: "Indian girls usually begin to menstruate from 14 to 16 years of age. The mother carefully watches her daughter as the age of puberty develops, and makes frequent inquiries as to any peculiar symptoms appearing, and advises her to keep good watch upon herself and to note the appearance of anything unusual. She is directed when the hour arrives of the function of menstruation, whether it be in the stormy hour of the day or in the coldest midnight, to immediately leave her home and the village, and retire to a little wigwam, which has been prepared for her in some lonely, unfrequented place about a quarter of a mile or more away from her home. This temporary shelter has been built as comfortably as possible, as here she is expected to spend many days and nights alone. Here she is not allowed to receive cooked food from the family. She has been provided with a small tea-kettle, spoon and tin dish for her own use. Under no consideration must she pass over any public highway. She is strictly forbidden to speak to any men or boys. During the period of menstruation she is considered *unclean*. During this lonely period of hours and days of isolation she is encouraged to fast for full five days. Many

eat nothing and drink only cold water. It is considered among these people that the longer they abstain from food the better, and during this period of fasting the more important dreams of their sleeping moments are to be remembered and, if possible, recorded."

Concerning the care of the pregnant woman he writes: "During this period she is required to take more out-of-door exercise. Her work is by no means diminished. She must cut wood, make rice, make sugar and carry wood on her back. My wife, when her first delivery took place, was tapping sugar trees all day. After going to bed a daughter was born at 2 o'clock in the morning. At 10 o'clock the same day she went out tapping trees again with her little babe on her back. Chief Manadowabe's wife, Rebecca by name, had been gathering rice away from home. She was then heavy with pregnancy. Starting on the way toward the village, returning with a sack of wild rice on her back, when about a half a mile from home, she felt the symptoms of delivery. Putting down the load near the road, she went a little farther away among the bushes. Here, unattended, the mother gave birth to her child. She wrapped the new-born babe in her blanket, returned to her load, and, placing it on her back, started again for home. I and my wife were building a very large wigwam when Rebecca reached us. We saw her coming with a load—sack of rice and something under her arm. My wife went and met her and took the new-born babe, and all that day Rebecca was on her feet to help us finish the wigwam. I called Dr. Breck to come and see the new-born babe. 'Just born two hours ago,' I

said. "Rebecca was all alone, alone by herself," said I. "You don't say so!" says he. "Yes, alone." "Wonderful!" he said. "Rebecca did not stay long in bed—one or two weeks, like the pale-face women."

The same writer informs me that before the delivery the woman is given some medicine to insure safe delivery.

The husband is seldom, if ever, present unless in an emergency where no woman can be found to assist. Diseases peculiar to women are not common among Indian women, but there are many native medicines which are highly prized for the relief of such troubles. Usually these remedies are administered through the friendly advice of some experienced women. Not infrequently in more difficult cases aid is sought from the medicine man. There are, however, in every tribe some women of reputation as "treaters," who undertake the treatment of cases such as falling of the womb. In Indian women from 30 to 40 years of age these displacements sometimes are found. The clothes worn by women during menstruation, or when suffering from disease of genital organs, are burned. The Indian mother very frequently wears a broad band around the waist before the child is born, and also a belt known as the "squaw belt" during confinement. The cloth worn as a napkin after confinement is also carefully burned. The after-birth, called by the Indians "cunoc," together with the membranes and cord, are carried away some distance and burned. After the birth of the child the mother carefully washes it. The ligation and care of the cord, or rather the stump, receive the most careful attention from her.

It is carefully anointed with an oil made antiseptic (?) by the use of herbs gathered by the Indians for that purpose. After the stump has fallen off the parts are washed and again anointed. Umbilical hernia among Indians is very rare. I have never seen a case; neither can I find any report of such an accident in the experience of other physicians.

Dr. A. I. Comfort, acting assistant surgeon, United States Army, whose experience with Indian tribes covers a period of not less than a quarter of a century, and whose contributions on aboriginal archaeological Indian mounds to the Smithsonian Institution, as well as his valuable contributions to the Army Medical Museum on Indian crania and skeletons, have given him such a wide reputation as an investigator, writes me as follows:

"Among the Dakotas, Algonquins, Navajos, etc., the age of Indian girls at the appearance of menstruation is from 12 to 14, though it is modified by climate, tribal habits and other causes. White girls at frontier posts on the prairies menstruate at an early age. Diseases peculiar to the sex are, according to my observation, uncommon among Indian women—or, at least, they are not expected to, and do not, complain. I once saw an Indian mother of but 12 years of age.

"The occurrence of parturition rarely takes place after 30, and I have no recollection of any case over 35 years of age.

"The mortality of parturient women among the Indian tribes is, according to my observation, less than among white women, though I have observed no difference between them and half-breed women subject to the same

tribal influences. I do not recollect having seen more than six children in one family of Indians, and the number rarely exceeds four, though where a plurality of wives exists each wife may have four, rarely more. The Indian warrior finds the exigencies of the chase a meagre support for a large family; and the Indian women become very expert abortionists, though they sometimes push their remedies too far, and terminate their lives by their rashness.

"Post-partum hæmorrhage is, according to my observation, rare.

"There is no systematic position assumed by Indian women during labor; they stand or walk, sit or kneel, though in the second or third stage they prefer a dorsal decubitus."

A fair description of parturition among Indian women may be found in Clark and Lewis' Travels, who describe the pregnant Indian women as falling into labor while on the journey, leading the pony attached to the travois. As the pains become unbearable she transfers her charge to her husband, runs to the river, gives birth to her child, washes it, swathes it in swaddling clothes, and runs and joins her husband, who has not halted in his journey.

In Bancroft's History of the United States, Vol. II, pp. 420, you will find the following quotation: "In one quarter of an hour an Indian woman would be merry in the house, delivered, and be merry again; within two days abroad, and after four or five days at work."

Dr. Carlos Montezuma, agency physician at the Western Shoshone Agency, Nebraska, writes me that the Piutes and Shoshone girls menstruate at the average age of 13 years.

Some years ago while attending physician at the Indian Industrial School in North Dakota, he found the average at menstruation among the Gros-Ventres and Arecharees and Mandans as high as 15 years, while among the Apaches of Arizona he estimates the average at 12 years. In his experience he finds that Indian girls menstruate about one year earlier than white girls. Concerning uterine diseases, displacements, etc., he reports that in his experience these disorders are more frequent than is generally understood. Owing to timidity on the part of the women, digital examinations are not allowed, and for this reason fewer gynæcological cases are reported. The youngest mother he ever attended was 15 years of age, and the oldest 45.

"The mortality among the Indian women during childbirth is less than among their white sisters, which is due to more perfect development of their reproductive apparatus." The largest family of Indian children, he reports in his experience, is eight. Post-partum hæmorrhage he reports as uncommon. The position at confinement is that of squatting or kneeling, in the majority of instances in the tribes among whom he has been stationed.

Dr. Montezuma states that the Indian women tie the cord twice—the first knot about four inches from the navel, the second two inches—the point of severance between the two knots being close to the one first tied.

Dr. George W. Era, a surgeon in the Indian Service at Santee Agency, Nebraska, writes that his experience places the average age at menstruation in Indian girls at 14 years. He does not find diseases of women com

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mon among the full-blood Indian women. He attended one Indian woman in confinement as young as 14, and another as old as 47. He finds the mortality among full-blood Indian women very much less than among half-breed or white women. The largest number of children in any one family in his experience has been sixteen. Post-partum hæmorrhage he has found a "very rare" complication.

With regard to the most common position at delivery he has observed that the kneeling position is preferred by most Indian women; they are taught to kneel, bending forward over a chair or some other firm support. The services of "pale-face doctors" are seldom called for in normal labor, but "in cases of complications or difficulty, when called, they always under my directions readily assume either the left lateral or dorsal." They are ready to accept his instructions as to the advantages (?) of these positions over their own customs.

Dr. C. A. Wray, who has spent several years among the Yankton and Crow Creek Indians, and who is at present surgeon at Yankton Indian Agency, writes that the average age of Indian girls at the appearance of menstruation is 16 years. He finds that diseases peculiar to women are very infrequent among the Indians. He has attended one Indian mother at the early age of 15 years, and the oldest parturient is one of 48 years of age. He concludes that the mortality of Indian women at childbirth is much less than that of half-breed or white women, but post-partum hæmorrhage he finds of not uncommon occurrence. He reports one Indian mother who

had given birth to nineteen children.

Dr. A. E. Marden, surgeon in the United States Indian service at the Mescalero Apache reservation, New Mexico, writes that the average age of Indian girls at the appearance of menstruation is 13 years. He finds diseases of women very infrequent among Indian women. The age of the youngest Indian mother has been 14, and that of the oldest 44. The mortality among Indian women is found markedly less than that among half-breeds. Post-partum hæmorrhage he reports of uncommon occurrence. The largest number of children in any one family in his experience has been six. The position he finds most common in delivery is that of squatting on the hips.

"Lusk's 'Science of Midwifery,' page 203, says, in referring to Hohl's method as recommended by Olshausen: 'The patient should at the same time be directed not to hold her breath during the pains, *except when they are weak and powerless.*' We would naturally infer from this that holding the breath would increase the expulsive efforts. While Government physician at the White Earth reservation, Minnesota, I had several opportunities to notice the management of labor among the Chippewa Indians, although the 'pale-face doctor' is rarely called to attend such cases any more than the Indian 'Mus-kee-kee-winnie' (medicine man). Hohl's method reminds me of a practice which I have often witnessed of the attendant Indian midwife placing the hand almost violently on the mouth of the patient during 'the pains' whenever they seem to be

'good,' and omitting to do so when they were weak and powerless."¹

With regard to the posture of Indian women in labor, I have found it to vary in almost every instance. In Dr. Engelmann's work on Labor among Primitive Peoples, he states that amongst United States Indians the positions assumed in labor are mostly kneeling, clinging to a tent-pole, the body inclined forward, or to a rope or horizontal staff, body inclined backwards, often squatting; occasionally sitting, semi-recumbent in the lap or on the floor; semi-recumbent or kneeling erect; more rarely recumbent; standing erect, clinging to the neck of an assistant; tied to a tree or suspended, or in the knee-chest position. Concerning the position assumed in labor among the Chippewa Indians, Dr. Engelmann states that "if the parturient is of the wild or blanket Indians, a quantity of dry grass is spread on the ground of the te-pee or house if they have any. A pole, six to ten feet long and three to four inches in diameter, is placed on the backs of chairs or fixed across one corner of the room about the height of a chair, behind which, with it across her chest, the woman rests on her knees during the pains, sitting down in the interval. Those who are partly civilized assume a somewhat similar position, but use straw overlaid by quilts and blankets."

Dr. Engelmann also states that the Chippewa seems to draw horizontally from the cross-bar, and not to rest herself or raise herself as do those Indians who support themselves by staff or pole. This statement, al-

¹ From a paper by the writer in the New York Medical Journal, May, 1887.

though in the main correct, gives a wrong idea of the mechanism. The parturient Chippewa rests upon the pole, and only incidentally draws upon it, and for this very reason the pole is carefully wound with many thicknesses of cloth. Blankets are spread upon the floor upon which, in the intervals, she rests. This is a customary position for these people in labor, and such poles are carefully cut and prepared for this purpose and are retained as one of the household implements, and are loaned from family to family as required. I have found great difficulty in obtaining information concerning midwifery among the Chippewas. The Indians send for the Government physician only in rare cases, and they object to any kind of operative interference except under the most urgent necessity. The midwives are exceedingly reticent and jealous of what knowledge they possess, but they show very keen interest in the pale-face doctors' methods of procedure in labor, and are very intelligent critics. I remember explaining to one Carl Braun's method of lateral incisions as in cases of impending rupture of the perinæum. To my surprise she seemed to think it might be a very good idea. She expressed great delight with my blunt, pointed bistoury, and seemed to comprehend how many hundreds of miles I had brought it over the "Big Sea Water."

Rupture of the perinæum seems to be a rare occurrence among the full-blood Indians, but among the half-breed women I understand it is becoming quite common. The Chippewas have no reasonable treatment for post-partum hæmorrhage. They attempt little to save the patient.

Upon my questioning my attendant, who had been in charge of a young woman who had bled to death after labor, she informed me that if the primitive methods they had used could not save her, she supposed nothing could be done. I mentioned this case to the head chief, a very intelligent man, and he expressed his regret that I had not been called in time to save the life of the young woman. At a council of the Indians held shortly afterward he urgently advised them to send for the pale-face doctor in cases of emergency. He acknowledged that our art was superior to their own old-fashioned ways. He recognized the fact that the Indians were dying off too fast, and that it was well worth while to do everything possible to save life.

"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 bank 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 Sonkawas, the Nez-Percés, the Apaches, the Cheyennes and other of our Indian tribes.

"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 deliv-

ered in this quiet way; and the women are not only kept apart from their husbands and the villagers during their confinement, but for weeks afterward. 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."

As soon as the Indian baby is born it is placed in a coffin-shaped receptacle, where it passes nearly the whole of the first year of its existence, being taken out only once or twice a day for washing or change of clothing. This clothing is of the most primitive character, the baby being simply swaddled in a dressed deer-skin or piece of thick cotton cloth, which envelops the whole body below the neck. The outside of the cradle varies with the wealth or taste of the mother, scarcely two being exactly alike. Some are elaborately ornamented with furs, feathers and bead-work, others are perfectly plain. Whatever the outside, the cases themselves are nearly the same. A piece of dried buffalo hide is cut into proper shape, then turned on itself, and the front fastened to a board, or in the most approved cradles, to two narrow pieces of board joined in the form of an X.

It forms a real "nest of comfort;" and as the Indians are not "sticklers" on the score of cleanliness, it is the very best cradle that they could adopt.

To the board or boards is attached a strap, which, passed over the head, rests on the mother's chest and shoulders, leaving the arms free. When about the lodge the mother stands the cradle in some out-of-the-way corner, or in fine weather against a tree; or if the wind is blowing fresh it is hung to a branch, where it fulfils all the promise of the nursery rhyme. When the baby is ten months to a year old it is released from its confinement, and for a year or two more of its life takes its short journeys on its mother's back in a simple way. It is placed well up on her back between the shoulders; the blanket is then thrown over both, and being drawn tightly at the front of her neck by the mother, leaves a fold behind in which the little one rides securely and apparently without the slightest inconvenience to either rider or ridden. I have seen a Nez Percé woman play a vigorous game of ball with a baby on her back.¹

The stature of the Indian woman is usually short; a well-built, sturdy frame, capable of incessant toil and able to endure great fatigue. The shoulders are broad, the arms long, and the hips large, suggesting a capacious pelvis. The whole bearing is one of fortitude, perseverance and unflagging devotion to womanly duty. When we consider how severe is their life, how uninterrupted their toil, we are amazed that their womanly functions do not break down under the strain of maternity and child-nursing. Diseases peculiar to women are rare among them. "Their theory of dis-

¹The above is taken from "Our Wild Indians," written by Colonel Richard I. Dodge, United States Army, and is a truthful description.

ease is that it all resides in the blood; to prove this they always recite the fact that the blood always collects underneath a bruise and makes it dark; also the fact that drawn blood coagulates, hence their favorite remedy was scarification with small flints" (Dr. Powell, "Contributions to N. A. Ethnology," Vol. III).

The use of inunction with oil by Indian midwives is quite common. A drink made from a root steeped in hot water to encourage easy and quick delivery is in use amongst the Ojibways.

The "squaw belt" is a broad bandage of buckskin or of some firm material, more or less ornamented. These belts or bandages are made use of just before, during, and after delivery. Dr. Engelmann states that "among many people there is a certain time of rest and isolation, which is governed more particularly by their religious belief of their uncleanness. The puerpera is said to be unclean during the time succeeding delivery as she is during menstruation."

Dr. Fields states concerning the treatment of the puerperal state that "it is not alike in all the tribes. Some require the woman to keep on her feet the greater part of the day, taking short walks around the camp, and resting only when she becomes very weary; for a period of three or four days the woman continues these walks, with an occasional hour in a reclining posture to rest her feet; then she is considered well. The object of this is to facilitate the flow of the lochia; they think that should the woman lie in bed the blood would accumulate in the abdominal cavity, and she must die." Among many of

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the Indian tribes both mother and child receive a cold water bath; invariably the child is bathed immediately after delivery and then secured in its pappoose holder.

That the robust condition and easy mode of child-bearing are rapidly disappearing from even the full-blood Indian women there can be no doubt. The bed has taken the place of the blanket or the pallet of straw, and the "puerperal state" that of the ready condition for renewed toil immediately after childbirth. The daughters and granddaughters of these sturdy aboriginal matrons consult the pale-face doctor, and are rapidly acquiring the methods of pale-face women. We can do little to prevent this evolution. One great stumbling-block toward success in this direction is the present physical condition of the Indians. From an out-of-door life of activity with plenty of fresh game and wholesome food and clear water, with a healthful te-pee for home, the change has been made to log cabins with overheated, close air. Poor food, with flour and salted meat of inferior quality, is mostly what is found in the modern Indian home. In exchange for an active life there is much of idleness and indoor confinement. Instead of being taught how to cook good, wholesome food, and to make the home healthy, happy and attractive, embroidery, poetry, music, sentimental and religious readings are given too much place. These efforts often made in so-called Indian education are certainly ill-advised. Partly on this account the naturally robust constitution is deteriorating, and miscarriages and diseases peculiar to women are noticeably increasing, to the surprise and disgust of

the Indian mothers and grandmothers. The changes made are too sudden and too radical—certainly they are not rational—and the inevitable result is just what might be expected—very general failure.

We find just such errors in the education of the colored people. Instead of teaching them first to learn an honest living, as our fathers did, by toil and physical labor, these misguided philanthropists wish to make "exhibition pupils" of them. If hygiene and manual labor could be looked after more carefully, then might follow the cultivation of the arts. It seems neither right nor wise to begin with embroidery and music in the education of an Indian girl, when kitchen and housework is so often totally neglected. The Indian, like the white man, should work his way up from the lower round of the ladder; and unless this be the method, disaster is certain to follow.

In every department new factors have been introduced. The whole system is abnormal and altogether opposed to the best interests of the betterment of the Indian people.

Under these circumstances, is it at all to be wondered at that, mentally and physically, so many of our Indians are degenerating? For the Indian, as well as for any one else, idleness can act only as a serious injury. To be sure, it is very difficult to find suitable teachers imbued alike with a sincere interest for their welfare and at the same time possessing ordinary common sense. Whether it be wise to stuff the Indian head with book learning and prolific religious teaching at the expense of his bodily health is a question which many good people seem to differ upon very de-

cidedly. The good people in charge of Indian training can hardly be accused of insincerity or of intentional neglect of the physical vigor of the Indian children; but it is beyond a peradventure that a visit to any of our Indian schools will convince one that the wholesale ignoring of the laws of nature must end only in physical injury, if not in general impairment of the bodies of the children, for whose benefit the Government is spending its millions.

The Cheyennes and Arrapahoes have a curious custom which also obtains, though to a limited extent, among other of the Plains tribes. No unmarried woman considers herself dressed to meet her lover at night, to go to a dance or other gathering, unless she has tied her lower limbs with a rope, in such a way, however, as not to interfere with her powers of locomotion; and every married woman does the same before going to bed when her husband is absent. Custom has made this an almost perfect protection against the brutality of the men. Without it she would not be safe an instant; and even with it an unmarried girl is not safe if found alone away from the immediate protection of her lodge. A Cheyenne woman, either married or single, is never seen alone. Though any man has the right to assault her, she is required to protect herself, and this can only be done by always having some one with her. The sale of a wife is not unusual, though becoming less so every year. The Indians are very fond of children and anxious to have as many as possible. Should the wife not bear a child in a reasonable time she is liable to be sold.¹

¹ Colonel Dodge in "Our Wild Indians."

My experience with the Indians has been that except in the vicinity of military garrisons very little of acute venereal disease is to be found. For six months the hospital returns showed no cases of venereal disease treated at White Earth reservation. The record was broken at the end of that time by the return of a half-breed from the settlement with a case of acute gonorrhoea. The native Indian women are virtuous and faithful to their lovers and husbands. Adultery is severely punished and is commonly condemned. Bastardy is a crime even among Indians, and the reproach is an everlasting disgrace. It is safe to say that the standard of virtue is as high among the Chippewas as among their pale-face sisters. "The green-eyed monster is to be found in te-pee as well as in palace."

Colonel Dodge has translated a Cheyenne woman's song, which gives some insight into Indian ethnology:

"I will leave my husband, hah, ha, ha, ha,
ha, yo, O!
But attend to what I say to you, ha, ha,
ha, ha, yo!
You must be good to me, ha, ha, yo, e!
And not make love to other women, ha, yo,
ha, O!"

To discard an old disagreeable wife for a young and agreeable companion is not uncommon even among *good* Indians.

To investigate the habits and customs of our native North Americans is to demonstrate how closely allied are the nations of the earth. We are forced to concede that these people we regard as savages possess knowledge at least on matters of hygiene, if not in medical art, quite worthy of attention. We can find suggestions which may be useful in

our professional work among more cultivated individuals. The Indian woman in her humble sphere inspires even in savage hearts the respect for womanhood and motherhood which was once so prominently a type of the honor and manhood of the ancient Romans, and which is the natural characteristic of Anglo-Saxons. The source from which our aborigines derived their knowledge—it certainly seems more than mere instinct—must remain an unsolved riddle. We have shown enough to suggest the remarkable similarity in Indian customs to those of the ancient laws of the

Israelites. Possibly the theory that our Indians are remnants of "*the lost tribe*" may be a reasonable one. The reverence universally exhibited among Indians at the mention of the name of the Great Spirit—the bowed head and the open extended palms of the hands—is certainly very suggestive—when we add to this the laws governing uncleanness we are forced to wonder at the coincidence.

Whether so or not, we certainly can discover in our aborigines traits that are worthy of our esteem, and characteristics worthy of our sincere regard.

Abdominal Drainage.

BY DR. JOSEPH PRICE,
THE PRESTON RETREAT, PHILADELPHIA.

SINCE the introduction of drainage by Peaslee in 1855 it has passed without the limits to which he confined it—that of the treatment of septic peritonitis after ovariectomy—and has been carefully and scrupulously practised by surgeons of both our own country and Europe.

Sir Spencer Wells says: "In my own work I have from the first looked upon drainage as a practice to be *avoided if possible*, and have only put in a tube when I knew I had not been able to cleanse the peritonæum thoroughly, or thought that some oozing was likely to go on after the incision was closed, or when, some days later, I had reason to *suspect the presence of fluid in the cavity*. But I soon

began to think the tube acted as an irritant and led to the formation of the fluid which it served to remove.

"At first, when I was in doubt, I put in a tube; but very soon, when in doubt, I left it alone. More than once I was sorry I had not used it, but much oftener I was glad."

These statements of Sir Spencer Wells rather confuse than enlighten. Now I do and now I don't. Now I am glad and now I am sorry. Now I wish I had, now I am sorry I did. There is in all this something of the child game of hide-and-seek: "Now you are warm and now you are cold." We find the same scepticism and uncertainty in the following: "I can now add that I have only twice *flushed*