

Original Articles

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

NATIVE MIDWIFERY IN SOUTH AMERICA AND MEXICO.*

BY PEDRO BATISTA, M. D., SAN ANTONIA, TEXAS.

AT the near approach of child birth among the common people of the West Indies and all of the South American countries, the method of treatment followed is about the same. When it happens that the confinement is heralded a few days in advance by false pains, they place the patient in bed and direct and encourage her to make every effort and exert all her strength in bearing down, so that premature labor may be induced. This effort at forced expulsion often brings about extreme exhaustion, a contingency which is met by lighting a candle in honor of some saint and at the same time praying to and invoking his power in aid of the unfortunate woman. Coincident to or immediately following this appeal to the supernatural, each old woman of the neighborhood falls to prescribing and judging by the time wasted, do so, less with an eye to administering their remedies than to praising their virtues and extolling their curative powers. Finally, when hope vanishes, a Catholic priest is brought in, renders his service and advises the woman to put her trust in God "the healer of all wounds." During this performance it may acci-

dently happen that some one of the woman's relatives calls in a physician, who, turning a deaf ear to the many voiced opinions and chattering suggestions of the aforesaid old dames, summarily hustles them out of the room; quiet having thus been restored he makes an examination, prescribes some soothing medicine to calm the patient and allay the nervous excitement and irritation produced by her fruitless efforts at labor; instructs her to remain quiet and patient for a few days when the real time for confinement may be expected, and then, on the reappearance of the pains, to send for him.

When the pains are strong and somewhat expulsive in character, they often hang a rope to the ceiling or roof of the room or fasten it to a trapeze. The patient woman, on her knees in the bed leaning her back against a relative, seizes hold of the rope and is encouraged to make strenuous efforts to deliver the child.

The relative, upon whom the woman leans her back, is seated upon the bed and holds the patient around the chest, while, also seated on the bed but facing the patient, is an old woman who with both hands at the pudendum does the principal encouraging.

In other cases a rope is hung from

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the ceiling or roof, a piece of cloth is laid on the floor, and the parturient woman, in a kneeling position on the cloth, holding fast to the rope, delivers the child which as it emerges is received by the midwife facing and in front of the woman.

When the child is born insensible or apparently dead those in attendance whip it or taking it by the feet strike its head against the mattress. Generally the umbilical cord is tied at two points near the navel, severed between those two points and the stump cauterized with a hot iron. Others, less intelligently tie the cord at one point only, near the navel, the placental end being left loose and bleeding. After the cord is cut the child is washed with tepid water and soap, is sometimes rubbed with oil, is dressed and placed beside the mother.

When this stage is reached if the after birth is not yet delivered, the parturient woman again takes hold of the rope and endeavors to draw or force down the abdominal organs to

aid in its expulsion. Snuff may also at such a time be introduced in the nostrils, the sneezing thus provoked often bringing about the after birth's expulsion. When all these means fail a physician is sent for. The woman remains in bed two or three days, perhaps as many as five, after which she arises and resumes her household duties. During the first day after delivery some alcoholic spirit is usually given.

A physical endurance most wonderful is shown by a certain class of Mexican women known as Mochas or Tapatias, being the wives or concubines of soldiers. These women follow the army whether in time of peace or war. If, during the march, one of these is seized with labor pains she at once goes to the nearest stream of water and aided by another woman of her class delivers the child, ties the cord, washes the child in the water, takes it on her shoulder and usually, in less than six hours, has overtaken the marching troops and is fulfilling her customary duties.

SOME OBSERVATIONS IN ABDOMINAL SURGERY.*

BY W. A. FORSTER, M. D., KANSAS CITY, MISSOURI.

II REALIZE the fact that this subject is well-nigh worn thread-bare and yet how many failures, how many poor suffering human beings we see almost daily, (to say nothing of those the gods loved and took to themselves) from imperfectly performed laparotomies, due to ig-

*Read before the Missouri Institute of Homœopathy.

norance, carelessness, lack of thoroughness, rough manipulations, want of dexterity, being either too timid or too aggressive, filthiness, and, last but not least, antiseptics.

No man, ignorant of the anatomy, normal and pathological, or incapable of selecting the case for operation whether or not to operate, has any right to take the life of the pa-