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fingers of the other hand over the forehead now covered by the perineum, on the side to which you desire to turn; and by then pressing, it will be no trouble to rotate the head.

Having now described this rotation in an O. A. P., it is only necessary to say of an O. P. P., that when that lateral rotation takes place by which the occiput presents under the pubis, it is only required in this case to turn it back to its original position. When this does not take place, then we indeed have a bad position, and unless the perineum has been well relaxed and episiotomy resorted to, rupture is most sure to occur. For this reason I would advise the use of the forceps in O. P. P's., where there is any delay; as the birth will most likely be tedious and exhaustive, while the forceps will save the patient a great deal of suffering. At the same time, the forceps can rotate the occiput to the front; and after emerging, can be again rotated backward and the perineum saved. I believe really that when forceps are used in this adverse position and the lateral rotations produced, the perineum suffers less, than in A. O. P's left to themselves; the head is allowed to deliver itself by extension.

In conclusion, I would say, that with proper precautions lacerations of the perineum will seldom occur. That the accoucheur who sits by, and trusts all to nature, fails in his duty. While on the other hand, cases will occur which, with the best of care, will rupture, and the physician who says he never has a lacerated perineum, is only making himself ridiculous.

Obstetrics Among Aborigines.

BY JNO. C. KING, M. D.

THE habits of primitive people are of fascinating interest to students of sociology, particularly their habits concerning physiological processes common to all races.

An article under the above caption appeared in the *Medical Record*, vol. 46, p. 690, which was widely copied. The author, Dr. Guy Godfrey, presented an epitome of customs and facts coming under his observation among the Arapahoes and Shoshones in the Northwest. It is my purpose to compare the methods of these tribes with those of our own mission Indians, under similar circumstances. We must not expect identity of customs among tribes widely separated from each other geographically, subjected to different climatic influences and exposed to unlike environments.

Our Indians vary greatly in degree of civilization. Those who have lived at the old missions, among the padres, and those who reside near settlements of whites, are much further advanced than others who remain in isolated villages of their own in the desert or upon the mountains. In a

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few years the influence of industrial schools and similar humanizing agencies will have eradicated the old savage instinct. I have been familiar with these Indians for nearly fifteen years, and the change among them, during that time, has been wonderful. Moravian missionaries, noble women in government employ, who conduct lonely schools miles distant from white associates, Catholic sisterhoods, one and all, are combining to elevate our red brethren. The stage of barbarism is barely passed. A few years ago at least one man suffered death at the stake within 30 miles of this county seat. You are all acquainted with the circumstances of the martyrdom, a few months since, of one of the women referred to above, and the destruction of her school. I am professionally cognizant of another whose mind gave way before the difficulties of her position, and of still others whose daily self-sacrifice compels admiration. It is becoming for us to assist in this great effort whenever opportunity offers, although no pecuniary recompense is possible.

The government physician, Dr. C. C. Wainwright, devotes his entire time to excellent work among these people, but as he must minister to over 3,000 of them, scattered over hundreds of miles of territory, it is impossible for him to respond to every emergency call.

Some four miles distant from my office, in Banning, is an Indian village; another is at Palm Springs, 30 miles away, and still another at Indio, some 40 miles across the desert. I am subjected to frequent demands for professional assistance from these people. I find the women, of course, less civilized than the men, as they are less in contact with civilizing influences. Furthermore, they naturally cling to old obstetric usages more tenaciously than to other ancient customs, because they have no opportunity to observe the methods in use among the white women.

Dr. Godfrey questions the virtue of his female acquaintances (Indian). So far as I can learn, our Indian women are as virtuous as women of the same, or even of a higher grade of intelligence and education in our Eastern cities. I am also convinced that improvement in this connection is manifest.

Girls begin to menstruate at an early age, 10 to 12 years as a rule. Many become mothers at from 12 to 14 years of age. School life, however, is gradually interfering with early maternity. Our warm climate is responsible for much of this precociousness. I have attended in labor two white girls, married, each but little over 13.

Contrary to Shoshone custom, the girls and women do not retire to the wickyup during menstruation, but pursue ordinary vocations. They will not, while the menstrual or lochial flow continues, eat salt or any food prepared with salt. Beef tea and other delicacies, salted to taste and prepared by my wife, were absolutely prohibited by the older squaws to a young girl who had undergone an obstetric operation.

During labor the expectant mother usually wears a dirty calico dress, or a shirt and muslin skirt. She lies on the bare ground or on a few old barley

sacks; nothing is too old or too filthy for such use. When pain becomes regular or severe she assumes a position on her haunches, or sits with her head and shoulders supported by her husband or by some squaw. This semi-sitting posture is maintained until birth of child. When labor is tedious, in order to facilitate delivery, a thick band of calico or hemp is passed around the abdomen over the fundus, the woman still squatting on her haunches, the two ends are grasped by a stout squaw who sits behind the patient, oftentimes with her knee braced against the patient's back, and who pulls with all her strength, thus adding *vis a tergo* to the contractile power of the uterus. It is certainly a less dangerous expedient than the stick described by Dr. Godfrey.

Contrary to Dr. Godfrey's experience, I find the men, not only husband but relatives and neighbors, are apt to be present. They are inclined to be useful, in a stolid way, will support the woman by turns and do errands. Indeed, it is sometimes difficult to scatter the crowd of both sexes that impedes operative work by mere crowding. One black night I traveled 30 miles to deliver a squaw and found nine men and six women in a wickyup about 12 feet by 1 ., many of them smoking, some asleep, others gathered around the fire burning on the floor in the centre of the room, with no means of exit for smoke. The air was thick enough to cut—the odors pungent.

Ordinarily the women are speedily delivered; duration of labor varying from one to twelve hours. On the other hand, a large number of labors are delayed and not infrequently women die from exhaustion, undelivered. I am almost never sent for until all other means known to them have been unavailingly tried. Of the dozens of cases I have attended, to only one was I summoned within the first 48 hours. Often four or five days elapse from the commencement of labor before I am notified. It is, therefore, rarely that I meet a case not requiring operative interference. In fact, in only three cases have I ever effected delivery without instrumental assistance. The reasons for this state of affairs are not clear. Only once have I encountered a narrow pelvis; twice, I think, occipito-posterior positions, never any form of cross presentation. The women are apparently strong and well nourished. In a few cases I have attributed the difficulty to the extreme youth of undeveloped girls, and in one case to the fact that the squaw was old and wornout by frequent accouchements. In this case I was called on the fourth day to find an exhausted woman, with child's head still movable at the brim, membranes intact, suffering much from ineffectual contractions. Rupture of membranes did not accelerate matters, so I did a high forceps delivery through a capacious outlet in a very few moments, no obstacle existing. The placenta was adherent and required peeling off. In most of my cases no earthly reason for delay could be discovered. I am inclined to think the transition from the free, active life of barbarism to a state of semi-civilization is the responsible factor. This transition state is marked by the development of tuberculosis and other diseases, and by a large increase in the death

rate, especially among children. While outwardly these people appear fat and hearty they have lost resistant power, and readily succumb to disease. My obstetric mortality among them, however, has been zero, except the loss of two children who died in-utero before my arrival, in one case the cord having been prolapsed for two days.

Some years ago the "medicine man" was always sent for in cases of dystocia. He would make very outlandish noises, do all sorts of conjury, perhaps administer medicine composed of burnt snakes, etc. He would suck the patient's skin over the seat of pain, even applying his mouth to the vulva, he would then withdraw from his buccal cavity a worm or lizard or other disgusting object, and pretend to have extracted it from the patient. Upon one occasion I had the pleasure of meeting one of these colleagues in consultation. Upon my arrival I found him engaged in his work, but he immediately withdrew with the same apparent sense of injured dignity I have myself experienced when unexpectedly confronted by some physician whose conduct I considered unprofessional. He remained within the wickyup, however, and furtively inspected the instruments that soon gave relief to his patient. In later years the squaws have seemingly denied him their patronage. When they must have help they want forceps. Dr. Godfrey complains that Shoshone women have no conception of the obstetric aid a physician can render. Our own squaws have given recognition to this aid with the result of putting my charity to a great strain when I am engaged with more profitable business. When I offer medicine to one of their parturient women she will often rebel and demand instruments. About thirteen years ago I delivered the first squaw to whom I applied forceps, the cord was prolapsed and the child died. The little mother was only 13, and laid on the bare ground outdoors. I compressed the child's head as much as possible, in order to relieve the mother, and when born the forcep marks were very distinct. I proceeded to attend to the placenta, when a "buck" touched my shoulder. I looked up. The old squaws had the child and had fitted the forcep blades to the indentations in its head. They were carrying it around showing the "bucks" how I had killed it, and urging revenge. The "buck" who had touched me told me to "run quick," that he would return my things next day. I cheerfully complied with his advice and started for my horse without regard to professional dignity. The crowd followed but a short distance, nevertheless I did not draw rein for ten miles. Next day I visited Capt. Jno. Morongo, explained the situation to him and through his good offices arranged all things satisfactorily. The strange part is the squaw did not know the child was already dead. Prolapsed and pulseless cords must be a novelty among them. Of late years no Indian woman has been allowed to die from exhaustion within reach of my office. They have developed altogether too much confidence for my own comfort.

The women bear pain well. Their sufferings are often intense, and sometimes accompanied by groans and cries, but usually they maintain

admirable self-control; partly because their nervous systems are less sensitive than the nerves of white women, but chiefly owing to the cultivation of the habit of self-control. I have never administered anesthetics to these patients because of lack of intelligent assistance. They will now allow me to do pretty much what operation I please, but they will not assist.

As a rule I find that multipara have suffered laceration in previous labors, but they have never, save twice, complained to me of the ordinary symptoms of the injury. While squaws do most of the hard labor, yet the child-bearing girls and women are, to a certain extent, exempt. The old women do the most laborious work. This fact may account, in part at least, for the apparent lack of uterine symptoms.

When the child is born and placenta delivered, the patient walks from outdoors, if the labor occurred there, to her wickyup. Hot stones covered by hot earth (which again is covered by sacks or by an old quilt) are prepared, and she lies upon them—prone on the abdomen. She maintains this posture for several days, only turning to nurse the child or arising to walk to some quiet place to attend to calls of nature. When on the march, the mother follows the company as soon as labor is finished.

I have never met a case of puerperal septicemia among Indian women, although Dr. Wainwright assures me it does occur. For some reason they appear remarkably resistant to it. I am often unable to exercise any antiseptic precautions, and very rarely can I do a decently clean delivery. Aseptic midwifery would be a mere dream. To illustrate, I was called to a patient who had been three days in labor. It was a simple low forceps case. The family was absent from the home village when the woman took sick some dozen miles from a neighbor. They camped at once. Water had been carried from a distance but had all been used. I could not even wash my hands—except in four ounces of alcohol I had with me. A terrible desert sand storm was blowing; the night was cold. The woman had not a rag under nor over her except the calico dress. I applied forceps and when the child was born the head was covered by a thick layer of sand. The sand blew into the vagina, which was gritty inside when I reached for the placenta. A chill followed immediately. While I meditated upon hot water bags and other domestic paraphernalia, the more practical husband, who had a shovel, at once dug a ditch, like a shallow grave. He brought hot earth and ashes from the fire he had burning near and with them covered the bottom of the ditch. He then rolled the squaw into the grave—on her belly—and covered her with hot earth, having first drawn her dress up around her shoulders. Only her head, neck and back of her shoulders remained exposed. In five minutes she was as warm as toast. Next day she was able to travel.

Another time I went 25 miles to deliver a placenta, said to have been retained five days. The weather was very hot. I found the cord tied around the woman's leg, as usual, (to keep things from slipping back). The afterbirth lay just within the vulva, and could have been pulled out by the

cord at any time before the latter became rotten. The placenta was decomposed and half an inch of it protruding through the vulva had offered an attraction to flies. The only attempt at antisepsis had been made by maggots, and I had a dirty mess to clean out. The patient's pulse was about 70, temperature normal and no unpleasant symptoms followed. I do not think one can study septic fever to advantage among Indian women.

Dr Godfrey has frequently met cases of mammary abscess among the Arapahoes. I have not seen nor heard of one, but no doubt they occur here too. Dr. Wainwright's experience among these Indians is very extensive and his observation keen. I hope to induce him to record what he knows of their habits and customs before advancing enlightenment shall have swept away all trace of the old primitive mode of life.—*Southern California Practitioner*.

Special Departments.

PRACTICE OF MEDICINE.

Under the charge of W. E. ROBERTSON, M. D.

IN 1889 E. Pfeiffer described a condition occurring in children, under the name of "glandular fever" (Drüsenfieber). He regarded it as an acute infectious disease which had not been recognised before. The patients are under 14 years of age. The disease begins suddenly, with fever, coated tongue, constipation, headache, anorexia and sometimes nausea and even vomiting.

The striking feature is the fixation of the head due to stiffness of the neck and the fact that movement causes pain. There are no throat symptoms to account for this. There may be slight injection of the pharynx, etc., but nothing more. In about 48 to 70 hours a few enlarged glandsc an be felt beneath and along the anterior border of the sterno-mastoid muscle. Those of the left side are first affected and before they have recovered those of the other side enlarge. Other cervical and even axillary and inguinal glands may enlarge, but they do not do so as a rule.

In some cases the mesenteric glands are enlarged and the abdomen is tender on palpation. None of the glands go on to suppuration. In a large majority of cases the liver is enlarged and in about half, the spleen also. The glandular enlargement lasts 10 to 14 days but the anemia and debility persist for several weeks. The condition *per se* is never fatal. It occurs in a limited epidemic fashion and attacks all members of the family below 14 or 15 years of age. An epidemic occurring in Ohio was reported by Dr. Park West in the *Archives of Pediatrics*, December 1896. The patho-