

J Am Med Assoc 1912 V-58

OBSTETRIC EXPERIENCES AMONG THE
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The generally accepted opinion that obstetrics among the American Indian women is always a simple matter is, I think, hardly a true conception of the subject, as shown by the several cases cited below. The majority of labors are, of course, conducted without trained medical care, but the women nearly always have the assistance of native midwives, and it is now growing daily more common for them to call on the nearest white physician for aid.

I have prepared brief notes on a few cases which have come under my observation during a residence of several years among the Indians of southwestern Oklahoma, and which may prove of interest.

CASE 1.—A primipara, aged 16, only a short time out of one of the government schools on the reservation, was attended by an old woman who enjoyed an enviable reputation among her people as a midwife. The patient came under my care a few days after she had been relieved of a dead fetus and presented a pitiable condition. The placenta remained within the uterus, a putrid, decomposing mass; there was a rise in temperature, a burn of the third degree covered almost the whole of the abdomen, an area 8 or 10 inches in diameter; this had been produced by a hot, flat stone placed there by the midwife in the hope of stimulating uterine contractions. The perineum was somewhat torn, though not badly, and there was also a urethrovaginal fistula, through which the urine constantly dribbled and kept up a foul, urinous odor. After the uterus had been emptied and washed out, the patient was removed to the hospital at the Fort Sill Military Post, where, with the assistance of Assistant Surgeon Cloud, she was operated on for the urethrovaginal fistula. The first operation not proving a complete success, a second one was performed at a later date. The patient remained under my care for several weeks, the incontinence and abdominal burn both proving to be very persistent and troublesome, but finally made a complete recovery and has since borne children.

CASE 2.—The patient was a young woman, the mother of three children, fairly well educated and the wife of one of the most prominent and enlightened of the younger members of the Kiowa tribe. Her case appeared to be progressing normally when, about the end of the seventh month, I was hurriedly sent for; she was about to be confined. Her labor lasted several hours, when she was delivered of a fetus that appeared to have been dead for some time. The most interesting feature of this case was the condition of the placenta, which was much atrophied, small, quite hard and on section

was found to be granular and of a whitish color. It had undoubtedly undergone calcareous degeneration, which, I find, on referring to the literature, is rather an uncommon condition. There were no evidences of either syphilis or tuberculosis.

CASE 3.—A full-blood Indian woman was brought to my office from a long distance in the country on the third day after her confinement. On arrival she had a temperature of 105 F. and appeared very ill. After a rest she was brought to my office and prepared for operation. The uterus was carefully and thoroughly evacuated of its contents by means of a rather large, dull curet, followed by a thorough irrigation with sterile normal salt solution. Her temperature came down promptly after this, showing it to be a case of localized infection only. She was kept under observation for several days, the case soon ending in complete recovery. This woman was confined without medical care and surrounded, no doubt, by the most insanitary conditions possible for such cases, which resulted in a severe infection. The case is somewhat unusual on account of the curettement, without accident, so early post partum.

CASE 4.—This case was one of multiple pregnancy. The patient, also a full-blood Indian woman, was quite well advanced in age and the mother of several children. I was not called until she had been in labor four days. When I arrived, which was early in the day, I found the patient kneeling on the floor of her tent (it having been erected for the occasion near her house) with her hands grasping an upright pole in front of her that had been driven securely into the ground and fastened to the top of the tent. On examination I found one of the heads presenting within reach of the examining finger. She was given several rather large doses of quinin sulphate at regular intervals, and strychnin hypodermically, and by afternoon she was delivered of two healthy though somewhat undersized babies. She passed through her puerperium successfully. This woman seemed to be unable to complete her labor without assistance.

I might mention other cases of a similar nature, but those above recorded will suffice to show that the Indian woman, like her white sister, is frequently subject to serious accidents and complications attending the function of parturition.