THE VIEWS OF PRIMITIVE PEOPLES CONCERNING THE CARE OF THE PARTURIENT WOMAN*

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WE now may turn our attention to the methods of care for the parturient woman. We have already seen that not infrequently she gets no care. Ratzel50 says: "We are told of the Kirghises of Semipalatinsk that in extreme cases they will place the woman on horseback, with a rider, in order that a wild gallop may accelerate the operation of nature. 'Sometimes it does good, sometimes she dies.' At Nij Noukha they leave a woman in childbirth to herself; among the Mussulman Georgians in the province of Zakataly * * the poor woman, when her pains come on, is even driven from the living rooms as 'unclean,' and has to seek some stable or barn, where she must bring her child into the world without any help, nor for a period varying from five to seven days may she return to her family and go about her household affairs." "In Africa," Livingstone51 says, "the poor creatures are often placed in a little hut built for the purpose and are left without any assistance whatever. women suffer less at their confinement than is the case in civilized countries; perhaps from their treating it, not as a disease, but as an operation of nature, requiring no change of diet except a feast of meat and abundance of fresh air. The husband on these occasions is bound to slaughter for his lady an ox, or goat, or sheep, according to his means." In Western Thibet, "the mother always goes through her time of trial alone, unless, which is frequently the case, there are other married women near by, who can conveniently attend her."52

While the woman is thus occasionally left alone at this moment of her extreme need, according to our notions, this is not usually the case. Help, or the attempts to furnish it, is usually at hand, but it can scarcely be doubted that much which is furnished had better be left unperformed; but the readiness to supply such as is in their power or knowledge, sharply differentiates the treatment of the human female from that of the brutes, and it is worth while to note this in studying the origin of altruistic and humanitarian practice. When a

^{*}See Review of Literature on Menstruation in this Journal, January, 1921; on Conception and Purrperium, May, 1921; and on Labor, August, 1921.

child is born to an Esquimaux woman "the mother is attended by one or more of her own sex; even the husband is not allowed to be present. If it is a first child, the birth takes place in the usual tupic or igloo; if it is a second, or any other than the first, a separate tupic or igloo is built for the mother's use and to that she must remove."53 At the Antipodes, in South Africa, the Kafir woman also used a separate hut for her confinement. Shortly before the birth of her child "she cuts · · The husband grass on which to lie while secluded in her hut. is not allowed to be in the hut while the baby is being born, but several women act as midwives, the woman's mother being the most important person on such occasions."54 In Polynesia "the woman is isolated in the bush in a newly built hut, a poor protection against the weather; any married woman attends her for pay-all others are excluded and the father doesn't see the child for at least fifteen days."55 In Alaska, "in former years the universal practice was for the Thlinget⁵⁶ mother to lie outside of the house in a booth or in the hushes. A hole was made in the ground and lined with leaves or moss, and the newborn babe was deposited in it." In Central Africa "a Yao woman,—sometimes at any rate, if not always,—used to go out into the bush a few days before the birth of a child. One or two women would go with her, to put up a little grass shelter and look after her."57 In Australia "when the time of her trouble draws nigh, some one of the old women is selected to attend her and the two withdraw from the main camp and shelter themselves in a little rudely constructed 'Miam.' "58 "Among the Giljaka the act of parturition is looked upon as partly unclean, and cannot under any circumstances take place in the house, at the domestic hearth. Therefore, not only in summer, but even in winter, in the fiercest frost and snow storms, the women about to have children are taken into buildings for them near their dwellings. The place chosen for this purpose is, for the most part, in the private part of the grounds reserved for the women, so that it is quite plain that it is due to no reverence for the act of parturition that the women are thus isolated. The men are obliged to keep entirely away from the neighborhood."59

"On the Bonin Islands, as formerly in Japan, there are special lyingin-huts."60 It is convenient to cite these two excerpts in close apposition. From what has preceded, the almost universal isolation of the parturient women, usually in a fresh hut, sometimes in the bush, we may conjecture that out of what may well have been some blood taboo, as was the case with the Giljaka, and perhaps for some similar magic reason among the Mexicans, we have arrived at a very close conformity with the best modern obstetric practice. Occasionally of course there was a faulty technic. At a much higher stage of civilization, among the ancient Mexicans, as with us, Bancroft⁶¹ says, on the authority of de Sahagun: "The 'hour of death,' as the time of confinement was named, having arrived the patient was carried to a room previously set in order for the purpose, here her hair was soaped and she was placed in a bath to be washed." This, however, is only a flash of a suggestion of modern ideas in a civilization, doubtless much higher than we are accustomed to attribute to prehistoric Mexico. Among the Ovaherero in South Africa "immediately after a woman has given birth to a child, a small house is built for her, at the back of her own house, where she remains until the navel string has separated from the

child."62 In an Australian tribe, she remains in her husband's hut but "during her confinement her husband lives elsewhere; the neighboring 'wuurns' are temporarily deserted; and every one is sent away from the vicinity except two married women who stay with her."63 remains in the living hut until confined, but this is exceptional. It is interesting to see again how out of an entirely false theory grew up a practice, buttressed no doubt by the observation of favorable results, which under the limitations of the environment could scarcely be improved by a modern obstetrician. Not on account of aseptic doctrine, but because of the taboo based on the theory that the woman was "unclean," not the hut. On the Lower Niger women are under the care of a particular deity. "Even after confinement the greatest care is taken of the mother and infant."64 Of asepsis and antisepsis in the strict sense of the words, there is little or no trace. In Abyssinia in spite of the complete absence of aseptic precautions and of ordinary elementary cleanliness, in spite of lack of care of the linen, for on this occasion the woman puts on her oldest nightdress reserving the new for her getting up from bed, in spite of the fact that the chamber where the birth takes place is the common room, where they choose the most obscure corner, shielded by means of curtains against the light and prying eyes, in spite of the fact this common room is full of dust, of chaff and even of manure, since the mule, the goat or the sheep are often lodged beneath the same roof (true scene of Bethlehem), separated from the family sometimes only by a thin wall broken and pierced by a door-in spite of all these things, almost never does one observe any puerperal infection and still less any tetanus of the mother or of the infant through the umbilical cord.

One of the most striking things to be gleaned for the modern accoucheur, from the obstetrical practice of the primitive woman is the position assumed by her during labor. A wife of a King in Baganda "was confined in the same position as ordinary women. She was held in front by one of the midwives, while the other was behind ready to receive the child, a barkcloth only being spread on the floor for her to kneel upon. When delivered, the child was laid upon a plantain leaf, and those present waited for the afterbirth. When this came away, the umbilical cord was cut, with a bit of reed taken from the doorway, if the child was a boy, and from the fireplace, if it was a girl. The midwife washed out the child's mouth with her finger and a little water, and blew in the child's mouth for a few moments, to cause its breath to be sweet."66 A very circumstantial account is given of the actions and customs* attendant upon childbirth in this region by the Rev. Mr. Roscoe. They concern the mother as well as the father, but they are painfully disgusting to read and without special interest which cannot be more comfortably satisfied in other ways. Currer says that in Australia "aboriginal women always bear their children while they kneel; and sit back on their heels, their feet being laid on the ground, soles uppermost—a common posture always with them when sitting. One of the women attending sits behind the woman in labor, and puts both her arms around her waist, thus forming a support for her back. The other midwife will attend to her as

^{*}The literature of these is of great interest and very voluminous and may be found extensively abstracted in the various volumes of the Golden Bough of Sir J. G. Fraser.



necessity requires. Parturition always takes place in this posture."* Among the Melanesians and the Polynesians, Brown⁶⁸ speaks of the woman being "delivered in a squatting position, sitting like a frog." Neuhauss⁶⁹ says that in New Guinea parturition ordinarily takes place in a kneeling posture and Pilsudski70 states that on the island of Sachalin the patient is delivered in a sitting position and is obliged, during the act, to keep herself perfectly straight. In the Andaman Islands' during the first two or three days the parturient woman remains in a sitting posture, propped up by articles arranged so as to form a couch. Of the Sinaugolo it is said: "Labour takes place in the bush, where the woman, half squatting on a cocoanut (to support the perineum?) grasps with her hand a young sapling or other convenient upright, or failing these, a rope hanging from the bough of a tree; should labour pains, however, come on suddenly at night the child is delivered in the house no attempt being made to convey the woman to the bush." It is for the modern obstetrician to explain to us why other postures are assumed today.

The manipulations of the midwife, and it is a woman who is almost invariably in attendance, are not extensively recorded, but for the most part it is explicitly stated that the mechanics of labor are not interfered with, though we have seen the horse-back riding of the Kirghis women to produce expulsion of the fetus, which, by the way we cannot help believing is not to be looked on as routine practice. The Australian woman who receives no assistance in any way in her expulsive efforts rarely dies in childbirth.73 It is exceptional to find primitive woman, as is related of her on the Andaman Islands, held by her husband "who supports her back and presses her as desired." 4 As we reach higher civilizations we find the ancient Mexican midwife, on the authority of Sahagun, quoted by Bancroft,75 rubs and presses "the abdomen of the patient in order to get the child into place." This perhaps might be considered meddlesome interference, but the extent to which this might go in emergencies is illustrated in a "The Teochichimes husband undertook the office of further note. midwife when the birth took place on the road. He heated the back of his wife with fire, threw water over her in lieu of a bath, and gave her two or three kicks in the back after the delivery, in order to promote the issue of superfluous blood. The newborn babe was placed in a wicker basket, and thrown over the back of the mother, who proceeded on her journey." In some tribes on the other hand the woman receives much careful attention after childbirth. On the Niger the African woman is "washed first of all with hot water; palm oilwhich is considered to be medicinal in its effects—is rubbed all over the abdomen and applied to the wounded parts, and the former is then bound very tight with a cloth by the old women midwives. A big fire is kept in the room, and the mother is fed three times a day, plenty of palm oil and pepper being put into her food. Besides this, she is washed three times a day, and spirit or palm wine, fortified by alligator pepper, is administered internally, in the belief that it warms and regulates the womb." In Polynesia77 the attendant women sometimes remove the placenta when adherent. Left to herself she adopts

^{*}This has an interesting connotation in the most ancient Egyptian literature, (Budge, E. H. M.: Osiris and the Egyptian Resurrection, 1911) and may be found alluded to in Galen: Natural Faculties III. 3. (Daremberg's translation, vol. II p. 288.)

such measures as she can to hasten the process. Women of the Central Esquimaux "in childbirth will try to cause vomiting by tickling the throat with the finger. It is believed this will facilitate the expulsion of the afterbirth." There can be no doubt this is far more efficacious than some of the magical practices, as for instance in Northern India. "'Among the Konkan Kunbis, when a woman is in labour and cannot get a speedy delivery, some gold ornament from her hair is taken to a Rûî plant (the Dhâk Callotropis gigantea of Northern India), and after digging at its roots, one of the roots is taken out, and the ornament is buried in its stead. The root is then brought home and put in the hair of the woman in labour. It is supposed that by this means the woman gets speedy delivery. As soon as she is delivered of a child, the root is taken from her hair and brought back to the Rûî plant, and after digging at its root the ornament is taken out and the root placed in its former place.' The idea seems to be that the evil influence hindering parturition is thus transferred to the plant." Again in the Mexican civilization we find advanced interference on the part of the midwife, who, de Sahagun says,80 "was very skilful and dextrous in her duties. When she saw that the baby was dead in its mother because it did not move, and that the patient was in great pain, she then placed her hand in the parturient canal, and with a stone knife cut the body of the baby and drew it out by the feet."

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