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Article abstract

Cette étude est consacrée à une sage-femme franco-américaine du Madawaska (Maine), qui exerçait son métier à la fin du XIX^{e} et au début du XX^{e} siècle. Dans cet article, sont mises en lumière les pratiques et les croyances qui la concernent, de même que sont décrites sa personnalité et ses attitudes à l'égard de son travail. Enfin, la position qu'elle occupait au sein de sa communauté et les relations qu'elle entretenait avec la profession médicale y sont aussi examinées.

*Henriette, la capuche: The Portrait of a Frontier Midwife**

ROGER PARADIS

Midwifery must be reckoned as one of the most ancient and noble vocations, and we all owe our presence here to the intervention, at one time or another, of some kindly midwife. The oldest known discourses on midwifery in America were those of Anne Hutchinson of Puritan, Massachusetts. This was privileged information which was transmitted *viva voce*, and because of its private nature and associated taboos, it remained shrouded by a profound veil of mystery. The midwife became the subject of prejudice and derision, maligned by historians who were not privy to this knowledge.[1] In our time, she remains unstudied and unsung except in the memory of a few elderly folks. The study which follows is a modest tribute to one such humanitarian who laboured on the Madawaska frontier for some three score years.

She was born Henriette Blier in 1861 at Sainte Alexandre, Quebec. When she was thirteen, her family moved to the Madawaska Territory where they took up a residence in Saint Luce Parish, later named Frenchville, Maine.[2] At seventeen she married Damase Pelletier and together they repaired to a back settlement home where, in nature's good time, thirteen children were born to them. All of her children were born at home, delivered by an accomodating midwife. It was through her that Henriette acquired the knowledge of her vocation.

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*This paper was presented at the Conference of the Northeast Council for Quebec Studies held at Yale University, Oct. 1-3, 1981 and will appear in *Quebec Studies*, the Proceedings of the Conference to be published in 1983.

[1]For example, Harvey Wish states in *Society and Thought in Early America*: "The midwife, whose ignorance frequently went beyond the limited field of abstetrics, accounted for many a premature death." New York: David McKay Co., 1966, p.49.

[2]The Madawaska is a lush and verdant valley extending some eighty-five miles westerly from Grand Falls, New Brunswick, and otherwise known as the upper Saint John River Valley. It was settled in 1785 by Acadian exiles who were subsequently joined by their cousins from Quebec who squatted on the land, confident that they would be confirmed in their property when the Anglo-American boundary dispute was settled. After much controversy, the embroglio was finally resolved in 1842 by the Treaty of Washington. Unfortunately, the Treaty decapitated an otherwise thriving and homogeneous community, which remained, notwithstanding, an enclave of Quebec-Acadian culture. For further information see my article "John Baker and the Republic of Madawaska," *Dalhousie Review*, 52(1978), 78-95, which has an extensive bibliography.

After a few years' apprenticeship, she started making deliveries on her own. She was then twenty-four years old. In her lifetime, she would deliver over five hundred babies, including twins, without the loss of a single child.[3] Probably half of these deliveries were performed by candlelight or kerosene lamp, which certainly compounded the difficulties of her occupation.

When Henriette visited the sick, she sometimes ranged over a radius of some fifteen miles from her home on *côte vitrée, deuxième rang,* all the way to the *cinqième rang.* Regardless of the hour or clime, she answered the call, even when she was herself heavy with child. Weather permitting, she would return home in a few hours or a couple of days. Arriving home, she might find another anxious husband on her doorstep. Once she performed three deliveries in four days, a record by any reckoning. When the family was heard to grumble, she would say, *"On ne laisse pas mourir du monde quand qu'on peut y'eux aider."* (G-1) And off she went with her scissors and thread. Her husband, fortunately, was a patient and understanding man. Himself a seventh son (*un septième*) and faith healer, he occasionally had clients of his own. People sometimes remarked that they were fortunate to have two doctors in the family.

Henriette visited her patients however she could - on snowshoes, riding hard *en voiture,* or by dog sled. Most of the time she just walked - *marcher aux malades,* as the people said. She was a strong, buxom woman with an iron constitution (*une santé de fer*), but there were times when her strength, if not her courage, was sorely tested. Plodding through knee-deep snow against an icy blast could become a test of endurance.

A mother and a midwife, Henriette had some novel experiences which she would rather have been spared. One time she had consented to assist the doctor attending one of her sisters. The sister occupied a lonely cabin with her husband in one of the more isolated settlements some three miles away. One morning, the unsuspecting husband left for the fields as usual. On his return, he discovered that his wife had brought forth twins. one of the older children had gone for Henriette, who worried about all manner of complications as she hurried along her three-mile route. But her cares were for naught: the babes were already born when she arrived. When the children demanded explanations, they were told simply that the twins had been found (*une trouvaille*) in their mother's straw mattress.

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[3]Some midwives were more prolific than others. See Marcella Belanger Violette's doctoral thesis, *Le Fait Français au Madawaska,* (St. Louis College, Edmundston, N.B., 1954), "Les Étapes de la Vie," pp. 220-225.

Henriette knew from long experience that babies come in assorted sizes, but she never expected anything like the thirteen-pound baby she delivered one evening. The labour was long and pitifully difficult but, in the end, all were quite gratified with the result. Recalling the incident many years later she would muse jokingly, *"C't enfant là était quasiment prêt à marcher quand qu'y à venu au monde."* (G-1)[4]

One evening a daughter, with whom the now elderly Henriette was living, began experiencing labor pains. the husband had alerted the doctor who lived some seven miles distant, but a severe snowstorm precluded his venturing forth. The physician felt confident in the knowledge that Henriette, despite her advanced age, could substitute for him in this emergency. By custom midwives were forbidden to deliver their own kin, and Henriette had been retired from midwifery some years, but the choice was not hers to make. Before the night was out, a strapping eleven pounder was born to her daughter — quite a night's work for a seventy-seven-year old grandmother, especially considering that the baby was a primipara, a first-born child.

One might expect that raising a brood of thirteen children and being a midwife would more than occupy any individual, but not Henriette. She not only delivered babies, but also regularly visited the sick and dispensed her services in a multiplicity of ways. At home, her pantry was a well furbished pharmacopia of herbal medicines which attracted the folk for miles around. The term *sage femme*, being a literary expression, was unfamiliar to the people around. They called her simply *la bonne* or *la capuche*, which was a generic term used in reference to anyone who visited the sick. While the focus of this study is on the techniques and procedures of midwifery employed by Henriette Pelletier, the truth is that she ministered to many other patients. She had a remedy for almost every ailment, and if she did not, she could cook one up without too much fuss. Resourceful and self-reliant, this simple pioneer woman had the humility to acknowledge her limitations, and had frequent enough occasion to apologize for her shortcomings. In a trying situation, she was sometimes heard to remark defensively, *"Je suis pas un docteur, mais je vas faire de mon mieux."*(G-1)

Another service she sometimes accorded her neighbours, but only to the least fortunate, was to shroud (*ensevelir*) the dead. Custom demanded, however, that this service should be accorded only to those of her own sex. The practice involved washing and perfuming the body of the deceased, and dressing it in its Sunday best. If the deceased was

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[4]In the course of field research, I heard of two very large babies who literally had to be dismembered before they could be delivered. Both women survived the ordeal to tell about it and both deliveries were by doctors. See Lina Madore, *Petit Coin Perdu*. Rivière du Loup: Castelriand, 1979, p.36.

lacking proper funeral attire, she might stitch an entire dress for the two-day wake. Boards were laid on chairs which were draped with a white sheet over which a black crucifix was hung. The rustic homemade casket was usually lined with cheap muslin and laid on the boards for the wake (*être sur les planches*). For all of her services she never once received so much as a farthing: by tradition such services were performed as acts of charity. "*J'fait ça pour l'amour du bon Dieu*," she would say. "*C'est rien. Un service en attire un autre.*" Her charity was truly proverbial. (G-1)

Henriette was a corduainer 'to boot', a skill she learned from her mother. She repaired harnesses and saddles with the same facility that she made mocassins (*des souliers passés*), shoe-paks (*des moussailles*), workboots (*bottes à chevilles*), and calked boots for the timber drive (*des bottes calkés*). The revenue generated from the sale of these shoes helped to supplement the family's meager income.

Short years after her marriage Henriette suffered the loss of a son, carried to an untimely grave because of a faulty prescription. Confronted by the evidence, the doctor admitted his error. Malpractice suits were not in vogue then, and Henriette would have been the first to admit that to err is human. So she bore her sufferings in silence as was characteristic of this stoic people.

There were still young children at home when Henriette lost her husband. At fifty-seven, he suffered a stroke and was partially paralyzed, dying five years later. Added to the task of caring for her husband was the burden of looking after the family farm. She remarried but was widowed again a few years later.

The years of caring took their toll. Henriette was still spry at seventy-four, when she accepted an invitation to sleep overnight at the neighbours because there was a suspicion of a possible miscarriage, but she no longer had the buoyant energy of yesteryears. (P-2) The woman aborted during the night and called to her old *tante*, who was just across the hall, but Henriette was deep in slumber. When she awoke the next morning, she found her patient well but thoroughly drenched with blood. She reproached herself for this lapse of vigilance. "You could have bled to death," she insisted remorsefully. That incident convinced the benevolent old *capuche* to hang up her scissors and retire from midwifery, though for a few years more she continued to assist the local doctors with deliveries in the back settlements.

Despite her advancing years, the people continued to consult Henriette about their various aches and pains. She was eighty-four when she saw her last patient. Six years later she died, survived by several generations of people to whom she had given the breath of life and care and comfort during sickness — a splendid harvest. Hers was a spartan existence,but she knew life from experience and drank deeply of its

waters. her load was never light, but she bore it with patience and a stout heart. Her life was simple and independent, magnanimous and trusting, and unencumbered by superfluities. She was a product of the frontier, and her ruddy face beamed with integrity and character. She was blessed with a long life throughout which she found meaning and fulfillment through serving others.

Henriette was rather typical of others of her persuasion, but she was among the last of her kind, the final link in the long chain of midwives from ages past. Gradually, but inexorably, civilization caught up with Henriette and her ilk, and her passing marked a hiatus in midwifery, for the practice has a certain vogue today.

As a rule, women did not consult with Henriette until pregnancy was well advanced. Babies were born like clock-work on the frontier and the whole matter was nothing to get terribly excited about. Mother or a mother-in-law was frequently just next door, if not sharing the same roof, and advice, then as now, was always cheap. Pregnancy was something to be kept hidden as long as possible, with women living in near total seclusion from the public. Some women even absented themselves from religious services during the final months of their pregnancy. To avoid gossiping among the neighbors and embarrassing questions from the children, pregnancy remained a carefully guarded secret. Women accepted repeated pregnancy with resignation, but they nonetheless resented losing their maidenly forms. Halfway through pregnancy women donned a drab, loose-fitting dress, sometimes a dull gray homespun garment, which they wore faithfully until parturition. *"Ah! qu'on pouvait tu regarder mal,"* admitted one grandmother.(L-2)

Despite the secrecy there were well defined customs and practices relating to prenatal care, and *la capuche* was familiar with most of them. (H-1) She always constrained her patients from running, leaping, crossing over fences or lifting heavy objects. She expressly forbade the use of all alcoholic beverages and certain medicinal herbs such as blood root (*sang de dragon/saguinaria canadensis*). With respect to diet there were few restraints. Expectant mothers were counselled to use salt sparingly because of water retention and to refrain from too much pork, which was fattening and likely to cause indigestion. Otherwise, the rule was three moderate meals a day. *"Mange honnêtement,"* she advised her patients. (G-1) Henriette knew that women's work is never done and that a good diet was necessary for a strong and resiliant patient. As regards sexual activities, moderation rather than abstinence was the rule.

The frontier abounded with superstitions, and Henriette was not one to tempt fate. *"Faut mieux prévenir que guérir,"* she believed. (H-1) She admonished her patients not to bite their fingernails for fear that the

newborn would be crippled, or to raise their arms above their heads because of the dangers of *cordonner l'bébé*. Birthmarks were thought to be the unhappy consequence of being frightened during pregnancy, and she advised mothers to guard against this eventuality. She recalled the example of a woman who had an unexpected encounter with a moose, and whose baby had an ugly patch of hair on her face. Likewise a woman who was frightened by a mouse had a baby who bore a resembling mark. The frontier was understandably susceptible to such beliefs. Superstitions lurk in every society, however, and frail civilization is never much more than skin-deep.

A major preoccupation of the prenatal period, expecially for a primipara, was that the baby should place itself properly in the womb for the delivery. Here, too, superstitions mingled with sound practice. As a first measure, Henriette recommended swallowing three small balls of red silk with egg white. If that was unsuccessful, she might recommend drinking an infusion of boiled wheat, about a handful for a quart of water.(H-1) Failing that, she cut a paper bag so as to fit snugly over the patient's abdomen, leaving only a hole for the umbilicus. She then applied garlic cut into slivers to the paper (*une sirouenne d'ail*). This cataplasm was placed on the abdomen and strapped over with a cloth. The *ceinture* was removed at bedtime in the belief that the baby became more cooperative as the mother slept. Within a few days, the garlic poultice became dry and shriveled, ready to be removed.(G-1)

As a final recourse, Henriette could undertake to postion the baby manually. This procedure was usually carried out around the thirtieth week of pregnancy before the baby got too big. Through palpation, she could discern the location of baby and, with her magic hands, turn and place it properly. Not all midwives were up to this task which required a good deal of *savoir-faire*. Henriette was sensitive to the dangers inherent to this painful procedure; a short umbilical cord, expecially if twisted around the neck, could be fatal. Caesarean sections were out of the question: Henriette, like other midwives could not perform them and the operations were inevitably fatal. So, the alternative to Henriette's ministrations was the increased risk of a miserable death in childbirth.

Another complication was that of the overdue patient. When a woman was at term and if nature failed to respond to the full moon, alternatives had to be seriously considered. This became the more urgent if the woman was spare of frame, lest the birth canal be too small for a normal delivery.

The first priority was to induce labour (*la forcer*) medicinally with an infusion of blood root which the patient drank. Because of its toxicity, only a very small length of root, "*la longeur de la première jointure du petit doigt*," was used per cup of water. Another parturifacient was

wintergreen (*gros thé/gaultheria procumbens, petit thé/hispidula procumbens*). Delightful to the taste and entirely edible, this drink might be consumed without restriction.[5] If the patient failed to respond to these remedies, an enema of worm water was administered every two hours. The water was taken from the kettle, but it was strained through a clean cloth to remove potentially harmful dregs. If the intestines were known to be in a weakened condition, the enema given was different, consisting of three cups of milk, three-fourths cup of molasses, and three-fourths cup of warm water. The last resort was to rupture the amniotic sac, a procedure accomplished with the fingers, for *la capuche* was utterly lacking in obstetric equipment.

Miscarriages were particularly insideous because of the dangers of hemorrhaging. Henriette always remained several hours with her patients after a miscarriage. Left to herself a woman could bleed internally, go into shock, and die without a whimper. Intensive care was required for such patients. To arrest the bleeding, the foot of the bed was elevated on blocks about six inches, and a concoction of nutmeg (*myristica fragrance*), milk, and hot water — a spoonful of each — was fed to the patient. To keep awake and alert, the patient drank strong coffee while cold towels were applied to her forehead, and her abdomen was strapped firmly with a common hand towel (*un rouleau*)[6] to keep the uterus from descending into the pelvis. As an extra precaution, some black wool was placed on the patient's toes.

Henriette expected at least a modicum of privacy when making delivery, the more so for a primipara or when complications were expected. In keeping with tradition, the children were bundled off to the neighbours, the arrangements having been made months in advance. If the neighbours were too distant, the children repaired to the barn or were taken for a long walk. Getting the children out of bed on a cold winter night required some fast talking by the parents. A plausible rationale was needed to frighten the youngsters into prompt obedience, so adults invented the story about *les sauvages*. The children were told that the Indians were coming, and the story was rendered more vivid for those who were inclined to tarry. Their cries had been heard from the forest, the children were told, and shortly the Indians would be converging on the house to make a meal of them lest they hurried.

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[5]Some midwives recommended castoreum (*rognon de castor*), an acrid tasting libation made from beaver casters steeped in rum. Two castors were needed to make a half gallon, and these had to be perfectly dry. Alcoholic drinks of any kind were otherwise forbidden, however, because of the risks of hemorrhaging.

[6]The *rouleau* was a strong linen cloth about fourteen inches across and three feet long which was suspended on a roller on the inside of the kitchen door. Its size was appropriate for strapping patients.

The following day, the children were told the glad tidings — *les sauvages ont passés*, leaving behind a new baby. To queries about why mother had taken to bed, Henriette responded that the Indians had fractured her leg. When asked why the older children had not been gobbled up by the Indians, she replied simply that *"il garde les grands pour faire les petits."*(G-1) Such a fanciful story hardly enhanced the image of the Indians in the minds of these impressionable youngsters, but in good time oral tradition would teach them all they needed to know about the birds and the bees.

The origin of this maternity legend remains speculative. One explanation is that the dutiful chief occasionally found it necessary to visit an errant *coureur de bois* to return his Métis offspring.[7] In practice, however, the children of such unions remained with their Indian mothers and were subsequently adopted by the tribe. More than likely this legend was but a popular contrivance to frighten the little ones into obedience.

La capuche would sometimes tell the children that mother had bought (*acheté*) the baby from the Indians, and failing to agree on an equitable price, the Indians had broken her leg. Or she might tell them that the baby had been found in mother's mattress or in the garden under a giant cabbage leaf (*faire une trouvaille*). Regardless of the explanation, the implication was the same, the birth of a baby. The *'trouvaille'* stories were used only when it was impossible to dispatch the children to the neighbours for reason either of distance, the inclement weather, or an impatient baby. Such circumstances happened only rarely, however, which may explain why the *'sauvages'* stories were more popular.[8]

A clean and freshly filled straw mattress traditionally appeared after the birth and a general spring cleaning commenced. As straw mats were routinely changed, nary a child raised an eyebrow when the father trudged obligingly to the barn to accomplish this task. And while *la capuche* may have been unfamiliar with antiseptic procedures, cleanliness was a tradition which she imposed on herself and her patients.

Henriette was such a familiar and beloved figure that the children knew her for miles around. On seeing her well known figure, the children would shout *"ma tant Henriette,"*[9] and run outside to greet and walk a distance with her. She was everyone's favorite person — *"la tant*

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[7]Lina Madore, *Petit Coin Perdu*, Tome I, pp. 21-23.

[8]Another maternity legend was *la pelle à feu*, but my informant, Pelletier, was unfamiliar with it. (P-1)

[9]*Ma tant* was an expression reserved for folk heroes. For example, *'tant'* Marguerite Blanche Thibodeau is remembered for her prodigious acts of charity during the great famine of 1797 (*la misère noire*); and *'tant' coup croche* was a Métis woman who worked well nigh miraculous cures among the people of Connors and Saint Francis, New Brunswick, during the early twentieth century.

de tout le monde," — and the folk always extended to her every deference and courtesy. (P-1) Every door was open to her which was no small matter in an area where winters are unrelenting and pitiless. And for those awaiting her arrival, she could never come too soon. To catch a glimpse of her through the window, or hear the sound of her footsteps on the porch, was always a tremendous relief.

From the moment of her arrival, Henriette occupied herself with her patient, offering what comfort and reassurance she could. If the membranes were not ruptured at this point, she might proceed to break the waters. Having experienced the anxieties and pangs of childbirth herself, she had no difficulty relating to her patients. Besides, she was of the same cloth as her patients, and always on a first name basis with them.

The patient was encouraged to void herself and no food or fluids were permitted her afterwards for fear of vomiting or distending the bladder and possibly delaying her labour. An enema of warm water was also administered to empty the bowels and aid the progress of labour. Shaving or 'prepping', however, was not part of labour management, and vaginal examinations were infrequent, when they were performed at all. The interval and duration of the contractions were watched very closely. Whenever dilation was checked, the results were communicated to the mother to encourage her along. Mother was told that she had one finger or two finger, twenty-five cents, fifty cents, one dollar, a little apple or a big apple or *grand comme la pomme de la main!*[10] Dilation was usually checked only when labour was not progressing well.

The people were occasionally hasty in sending after Henriette. While she waited for nature to run its course, she would sometimes gather the children to her, and adults too, and launch into one of her numerous folktales. The atmosphere was peaceful and relaxed, and reassuring to the mother.

Henriette insisted that her patient remain on her feet and walking until parturition, if that was possible, even if she had to have someone at her elbows. This activity both shortened and facilitated the delivery, making it possible for the woman to save her strength for the final stages of labour. If there was unusual bleeding, however, the patient was removed to her bed. While the labour was progressing, Henriette would check the mother's bed and if she found it too low, it was elevated on blocks. Boards were also placed under the mattress for extra support.

When at last *la capuche* announced, *c'est prêt*, the woman was placed crosswise on the bed with her legs bent and held, if necessary, by

[10]Doctors and nurses were also using these prosaic terms until the more accurate but less colorful metric system was adopted.

her husband and an assisting woman. Most deliveries were routine, but occasionally there were complications. A presentation of the arms or legs was always serious, but a breech presentation was critical. A prolaps of the umbilical cord or a looped cord could also hold up labour and even be fatal if the neck was constricted. When this happened, the cord had to be slipped over the head and shoulder. Then, as now, babies came in assorted sizes and the big ones usually meant trouble. In difficult circumstances, Henriette used the only tools at her disposal — her hands. These she rubbed with olive oil, while calling forth her many years of experience to see her through any difficulty. With a big baby, the trick was to deliver it one shoulder at a time, exerting gentle pressure on one side while the other came through.

When the birthing process was difficult, as in the case of a breech presentation or a big baby, pressure was sometimes applied with the hands on the abdomen just below the chest. If birth continued to be delayed, the woman might be placed on the straw mattress mentioned earlier. This mat being smaller than a regular mattress, the prospective mother's head and legs hung over the sides, stretching the abdomen and facilitating the delivery. If birth did not follow, Henriette would direct that *un rouleau* or some other sturdy linen be slipped under the patient's abdomen and the husband at one end and she at the other would gently raise the mother-to-be off the mat. In emergencies, and only as a last resort, Henriette might draw gently on the baby's head. This procedure was rarely necessary except for very large babies. Although she was familiar with the use of forceps (*les fers*), having assisted the local doctor on several occasions, she would have none.[11] She always worried that forceps could cause injury to the baby, as they did on occasion. She was steadfast in insisting that nature could not be rushed except at serious risk to the mother and her baby. "*Y faut que ça faise son temps*," she would say. (G-1) By using her hands, she could sense the progress of labour with each contraction, and the dangers of lacerations and bruises to the baby were nil.

Like other midwives before her, Henriette was ignorant about surgical sutures, but that may have been fortuitous given the absence of anesthesia or analgesia. This ignorance should not be misconstrued as helplessness. With minor lacerations, healing was rapid and entailed no special attention. Major lacerations were different, however, requiring that the legs be strapped together for ten days during which healing normally took place. If healing failed to occur, a woman could be handicapped for the remainder of her life.

[11]She would not have known where to procure such an instrument even if she had desired it. Traditionally, women were in awe of *les fers* because they were known to bruise of maim the baby. One woman confided to me that one of her babies was paralyzed by a laceration caused by the forceps.

Once the infant was born, *la capuche* tied the umbilical cord with three strands of white thread at the abdomen and distal one half inch, and then she cut between with a pair of scissors. She never sterilized her scissors, being unfamiliar with antiseptic techniques. We can readily forgive her for this shortcoming if we recall that pasteurization and sterilization were late nineteenth-century medical advancements.

In keeping with tradition, Henriette always held her babies by the heels, slapping them gently on the back until they gave a cry. If any mucus was caught in the respiratory tract, it would normally be dislodged by this procedure. Nutmeg was sprinkled on the umbilicus to hasten the healing, and a light piece of cloth was tied loosely over it. Sugar could be used as a substitute for nutmeg, and when baby powder became available, it also was utilized. (T-1)

The use of eyedrops was unknown and would have been superfluous anyway since venereal diseases were almost nonexistent in the community. Henriette was careful to wipe the eyes clean, however, always working from the inner to the outer side of the eyes. And the eyes were never forced open; nature would see to that moments after birth. She derived a good deal of satisfaction, in later life, in the knowledge that none of her babies had ever suffered any impairment of vision.

The immediate care of the baby required only minutes after which the newborn was swaddled and laid in his preheated crib. *La capuche* was now free to complete the post-partum care of her patient. If there was a delay in the expression of the placenta and membranes, an enema of warm water was effective in bringing about the completion of this process. If excretion of the placenta was still delayed, Henriette would exert gentle traction on the cord while pressing down on the fundus (top part of the uterus) above the pubus. This procedure was for emergencies only, because of the possibility of provoking internal bleeding or laceration of the placenta. For Henriette, there were no second chances such as a curtage, for example. Deliveries had to be done right the first time. In some cases, the uterus had to be lifted out of the pelvis and properly situated behind the birth canal. This done, the patient was girdled *"pour empêcher la matrice de descendre."*(G-1) A piece of bed linen was sometimes used for this purpose. Afterwards, the patient was cleaned and made as comfortable as possible. The baby was presented to the mother briefly, after which she was encouraged to take small amounts of fluids such as tea, coffee, or a delicious rice soup which Henriette usually made for the occasion. Upon Henriette's being satisfied that everything was normal, the mother was permitted to sleep.

Returning to the baby, Henriette would examine it carefully for abnormalities. For the first three days the newborn was washed with warm olive oil and in warm water thereafter. An abdominal binder was

applied to guard against rupture. Strips of cloth about six inches wide were used to encircle the waist. Baby boys remained *ceinturer* in this way for four months; the girls for only three months.

Women ordinarily breast-fed their babies until they began cutting teeth which, according to belief, was an effective way of spacing pregnancies, providing some respite for mothers and midwives alike.[12] For her part, Henriette insisted that breast-feeding be initiated as soon as possible after the delivery, believing that this heightened the contraction of the uterus and arrested the bleeding, a conclusion now upheld by medical research.

It was customary for Henriette to maintain a ninety-minute vigil after each delivery. She availed herself of this opportunity to review the post-natal care of the mother and baby with whoever was on hand to help the mother *à r'lever*.

Proper care of the umbilicus was of special concern. Once healed, it was covered over with a large raisin which was turned inside out and strapped to the abdomen for the customary three or four months. Parents always took great pains to prevent hernias which could permanently incapacitate an individual.

Mothers were also cautioned to remain bedridden for nine days, and to refrain from any physical exertion for another month. The legs and feet were to be kept warm and dry at all times to prevent phlebitis or what the folk called a milk leg (*une jambe de lait*). Phlebitis or edema was thought to be caused by the mother's milk having descended into the legs. A sovereign remedy was a tisane of alder bark (*alnus icana*). The bark was peeled upwards *pour faire monter le lait* and to increase lactation when nature proved ungenerous; it was peeled downwards *pour faire descendre le lait* in case of breast engorgement; and to wean the baby, the bark was peeled upwards and downwards. The bark had to be thoroughly dry, then rasped and boiled in water. The mother drank this infusion three times daily on alternate days until the problem was remedied.

A woman suffering from a milk leg was kept in bed and her legs were rubbed with a salve made of one spoonful of lard to which three or four drops of hot turpentine or vinegar had been added. Hot flannels of turpentine were applied to the leg every two hours to reduce the swelling and assuage the pain. It was common knowledge that smelling turpentine or vinegar could induce nose bleeding in horses and other animals. From this Henriette concluded that the heat and turpentine

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[12]This would seem to explain why women did not conceive during the twelve to fourteen months after parturition, the usual period of lactation. Breastfeeding was regular and extensive as well because mothers did not generally begin to feed solids to their babies until they were about a year old. (P-1)

would dilate the blood vessels (*ça force le sang*), causing the milk to be absorbed and dissipated through the blood stream.

Henriette drew little satisfaction from the fact that she lost only two patients in her lifetime; one woman died from severe bleeding, the other from the chills (*l'frisson*). Henriette surmised that the chills had been brought on by a cold orange given to the woman by her husband shortly after the delivery. Subsequently, she had begun to shiver uncontrollably. Hot ponces of yarrow (*achillea mille folium*)[13] to drink and, in the absence of hot water bottles, sticks of firewood heated on the stove and placed at her feet and sides to keep her warm were to no avail. By morning the patient was dead, probably from an infection of the birth track. Henriette was profoundly grieved by the loss of these two patients, and here was yet another salient characteristic of the midwife. *La capuche* was neither strange to, nor estranged from the people; she was of the people, bone of their bone. Therein lay her great compassion and empathy for her patients. They were all 'her folks.'

Occasionally babies were born with birth defects, but a number of these could be corrected or cured provided treatment was initiated at birth before gristle hardened into bone. Any abnormalities that were noticed were discussed with the parents and, if it was their pleasure, Henriette would commence treatment immediately. In one instance, for example, a newborn had a dislocated shoulder. The shoulder was set and immobilized within fifteen minutes.

The procedure for treating a club foot was more intensive. First, Henriette would rub the foot with olive oil to guard against skin irritation. Taking the foot in both her hands, she would slowly but firmly set it in place. A heavy padding of cotton batten was placed around the foot and ankle over which strips of heavy cardboard were placed and wrapped tightly to immobilize the foot. Every couple of days, a few drops of olive oil were added to the splint to keep the cotton from sticking, In three months time, Henriette could pronounce the foot completely healed.

Until the advent of anesthesia in the nineteenth century, hernias had always been healed naturally. Treatment for rupture (*crever*) and hernias (*estropier*) required both intensive and extensive care for as much as four months. Doctors could not be bothered with such cases because of the travelling difficulties of the time, as well as the prolonged care required. Besides, such cases could be corrected by what they considered minor surgery only three or four months after birth. *Les docteurs avaient pour leur dire que ça se guérissait pas un enfant*

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[13]The medicinal use of yarrow is discussed in J.B. Johnson and B. Fowles, *The Heritage of Our Maine Wildflowers*. Rockland: Courier of Maine Books, 1978, p. 277.

estropié," but Henriette knew otherwise.(G-1) For a simple, unruptured hernia, treatment was fairly simple. Raw wool (*laine grasse*), which had neither been cleaned nor washed (*ni echarpiée ou echaudée*) so as to preserve its natural oil, was placed on the hernia and a few drops of olive oil added. Over this poultice was placed a metal plaque or a large button about the size of a fifty-cent piece. This was strapped to the abdomen for at least one month during which time the hernia would heal completely.

A baby with hydrocele or a scrotal hernia might also be afflicted with inguinal ruptures. To reduce the swelling, Henriette resorted to applications of raw wool dipped in warm olive oil and electric oil. The mixture was three spoonsful of olive oil to one of the other. These applications were covered with a wool flannel to better retain the heat. The treatment lasted an hour and was repeated daily for ten days. The baby was also fitted with a special harness which was worn for a month to provide support for the scrotum. A cure was normally effected within that period.

A baby with inguinal hernias required even more extensive care. Henriette initiated the treatment first by placing a small pillow under the baby's buttocks. This distended the child's abdomen which facilitated pushing the protruding intestines back inside the belly, a procedure involving a piece of cotton batten or raw wool dipped in the same solution of olive oil and electric oil mentioned above. With this material, the intestines were pushed back by rubbing them gently in a circular motion, always in the same direction. The rupture was then covered in the usual manner with raw wool to which was added a few drops of the olive oil mixture. A plaque was placed over the rupture and everything was held in place by a waist bandage. Henriette preferred to make her own plaques, which she did from bits and pieces of lead accumulated from the seal on tea cans. She moulded these pieces to the desired shape, then placed it in a pouch she herself sewed before applying it to the baby's abdomen. She preferred using lead over money or buttons because it was more pliant and less likely to injure the tissues. This dressing was checked daily for a month after which the omentum (*la toélette*) was healed over. In another three months, the rupture itself was healed and the cure was complete. In Henriette's memory, hernias that were thus cured were never known to recur.

Babies were sometimes born with tonguetie, caused by the over extension of the frenulum (*la fillette*), resulting in a serious speech impediment. Only a minor incision was required to correct this problem. If snipped too far, however, the hypoglossal nerve or a major vein could be severed causing paralysis of the tongue or hemorrhaging.[14]

[14]Researching this article, I encountered two instances of malpractice involving tonguetie. One child suffered a paralyzed tongue which drooped and made speech impossible and feeding difficult. The other slowly hemmorrhaged to death. Both deliveries were by qualified physicians.

If Henriette had not retired from midwifery when she did, she would have become a casualty of progress. By mid-century, improvements in transportation and medical facilities presaged the twilight of midwifery. Increasingly, women were opting for hospital deliveries for reasons of security and the promise of comparatively painless births. Moreover, home deliveries and midwives had become anti-culture and associated with everything primitive or *concession* which they wanted to forget. Ironically, area doctors also contributed to this cultural alienation. The doctors, for example, eschewed breastfeeding as *passé* or old-fashioned and advised their patients against it. Said one doctor to his patient, "ca se *fait plus* ça *à c't heure*." And, said another, "*c'est ancien*, ça."[15] Thus counselled, both women bottlefed their babies, but a generation later, they decry the loss of this wholesome and unique experience.

The testimony of one woman who had seven of her twelve children by midwifery offers a counterbalance. With perfect candor, she admitted that her recourse to Henriette was a matter of money; the midwife was cheap, and money was dear. On further reflection she insisted that birthing was easier, less rushed and more relaxed with *la capuche* than with her doctor. Lacerations had not been a problem before with *la capuche*, so she wondered about the practice of using injections to quicken her labour, and whether this allowed sufficient time for dilation. She also took exception to her doctor's precipitous exit only fifteen minutes after each delivery, but she reasoned that he probably had other patients to visit. While she was generally satisfied with her physician, she decidedly preferred the intimacy of the midwife and, it must be said, being delivered by a male doctor was always mortifying. When asked pointedly to voice her preference, she hesitated for a moment, then answered, "*Henriette*." She paused again, then continued more emphatically "*Ah, oui! J'aimais mieux Henriette*."(P-2)

To give credit where credit is due, the birthing procedures and post-partum care provided by Henriette Pelletier would appear to have been basically sound, and in some instances, to have exceeded the parameters of the field of obstetrics at the time.[16] As for the few innocuous superstitions which found their way into her vocation, they provided positive reinforcement when nature seemed to falter. So it is with oral tradition that generally only the tried and proven are retained and perpetuated. Otherwise, societies would be static at best, or worse, self-destructive and civilization, regressive.

In retrospect, *la capuche* must be reckoned one of our greatest

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[15]Names withheld by request.

[16]In the region, the popular belief persists, rightly or wrongly, that the medical profession originally acquired its knowledge of obstetrics from midwives.

benefactors, worthy of our plaudits and admiration. As the term sage *femme* implies, she was a repository of wisdom reaching across the aeone. Her courage was indomitable; her devotion, exemplary; and her benevolence, legendary. Wherever she trod, she brought hope and healing. In a lifetime of service to her neighbours, she always gave a full measure, packed down and overflowing. She was, in truth, the embodiment of the finest qualities of our society — a beautiful humanitarian.

Sources:

Phoebé Gervais of Frenchville, Maine (G-1), the seventy-nine year old daughter of Henriette Pelletier, was the primary source of information for this ethnological profile. From her mother she acquired an impressive store of folk remedies and, faithful to tradition, she visited the sick for over half a century. Day or night, doctors regularly called on her for assistance with home deliveries. Long after the doctor was gone, she remained to watch over his patient, to wash her and her baby, and make them both as comfortable as possible. The doctors overlooked paying her for her services, most unfortunately for she and her family were desperately poor. The grateful families offered no remuneration either as this was not customary, and they probably assumed anyway that she had been recompensed by the physician. A single exception was a thankful father who tendered her a roasting chicken and a piece of roast beef for having cured his son of inguinal and scrotal hernias. Phoebé had accepted this case only after repeated and costly visits to the doctor had failed to produce an improvement in the child's condition. Unlike her mother, she never performed a complete delivery herself from fear of legal prosecution by the very doctors whom she assisted. Sometimes she noticed an anomaly with the child, such as a dislocated shoulder, which she would call to the doctor's attention on a subsequent visit. When requested by the parents, she occasionally consented to treat post-partum cases such as club foot, hernias, and dislocations. Her last patient was a college student at the Madawaska Training School (University of Maine at Fort Kent) whom she treated for frostbite in 1955.

Her passing will mark another chapter in *la médicine populaire* in the Madawaska.

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Résumé

Cette étude est consacrée à une sage-femme franco-américaine du Madawaska (Maine), qui exerçait son métier à la fin du XIX^e^ et au début du XX^e^ siècle. Dans cet article, sont mises en lumière les pratiques et les croyances qui la concernent, de même que sont décrites sa personnalité et ses attitudes à l'égard de son travail. Enfin, la position qu'elle occupait au sein de sa communauté et les relations qu'elle entretenait avec la profession médicale y sont aussi examinées.