Both Sides of the Border
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Published by University of North Texas Press

Abernethy, Francis Edward and Kenneth L. Untiedt.
Both Sides of the Border: A Scattering of Texas Folklore.
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Gregoria Arispe Galván (1901–1997) in 1940, a professional midwife certified by San Antonio's Board of Child Hygiene, who practiced in that city for sixty-two years.
Gregoria Arispe Galván was born in 1901 in Laredo, Texas, and moved to San Antonio when she was eleven years old. She came from a poor working class Hispanic family. She married at the age of eighteen, and in the late 1920s decided to become a midwife to help provide additional income for the education of her three children. She attended midwife classes that were given by local physicians, as was dictated by state and city regulations at the time. After three years, she was certified by the city’s Board of Child Hygiene to practice midwifery in San Antonio, where she did so actively for sixty-two years, from 1929 to 1991.

Gregoria always strove to attain and project a personal and professional image of expertise and sophistication. This was done by serious study—her main reference was a well used 1901 obstetrics text—competent practice, and attention to appropriate fashions of the day. She also conveyed her status through the firmness of her convictions, expressed whether or not one wanted to hear them.

Her professional life was well organized. She kept her certifications up to date, and was proud of the documents that testified to her training and authorized her occupation. While there was no standardized uniform, many midwives then wore a white dress that seemed suitable to the station. Hers were of “puckered nylon,” and with a set of five uniforms, she always had a clean and fresh uniform for every visit.

She carried with her on her house calls a black leather valise of a size that any physician would be proud of. In it were the tools of
her trade: one rubber glove (right hand only), paraffin-encased sil-
ver nitrate eye drops for the new infant, antibiotic eye ointment
nicely kept in a small box from Joske’s—then San Antonio’s most
fashionable department store—scissors and hemostat for cutting
bandages and umbilical cords, clean towels, a spool of encased ster-
ile umbilical tape for tying the cord, a pull-scale from which was
hung the newly diapered infant, a single pink tissue, and a small
record book in which was recorded the vitals of new mother,
father, and baby. (Or babies—she once gained local newspaper
attention by delivering quintuplets, a litter of five healthy chil-
dren.) All of these items except the lone pink tissue and the Joske’s
box were required by city and state rules. The right-hand rubber
glove was all she felt she needed, as it was the right hand that mas-
saged the vaginal opening and received the infant at birth while the
left hand pressed the mother’s abdomen. “The right hand does all
the work,” she once said.

Along with the up-to-date scientific and medical knowledge
that she applied in her consultations, home visits, and deliveries,
she also carried with her a parallel stream of religious and tradi-
tional folk beliefs. The practices and outlooks of both worlds came
to bear on her patients, many of whom were familiar with and had
confidence in the procedures and remedies that came from a
strong Hispanic Catholic tradition. She would often adapt stan-
dard medical practices of the day to forms—or philosophies—that
were more comfortable and acceptable to her clients. These under-
standings generally fell into four areas: fertility, prebirth/prenatal
care, the birth event itself, and post-partum care.

Fertility was something either to be encouraged or discour-
age. To promote fertility, an all-natural herbal tea was developed
by Gregoria. The tea was to be drunk for ten days, with the patient
avoiding sexual intercourse during this time. After the ten days
were up, one was allowed intercourse no more than twice a week
until the next menstrual cycle. I truly regret never learning all the
ingredients of this special tea which, according to written testimo-
nials, was said to be ninety-nine percent effective.
A “cold uterus” (frialdad) was believed to be the cause of menstrual cramps and thought to impede fertility. Belladonna ointment was used for cramping of the uterus; the ointment is known to be an anticholinergic, a smooth muscle relaxant. Cardui’s Tonic, a homeopathic preparation no longer available, made of herbs and iron, was also recommended for this, as well as for treating the symptoms of menopause. Patients were also asked to use Lydia Pinkham Tonic for the menstrual irregularities in menopause and infertility, another homeopathic medicinal liquid made from herbal blends and an iron supplement, a preparation still available and popular.

To treat a delayed menstrual period or prevent a possible pregnancy shortly after intercourse, a homeopathic preparation readily available in pharmacies then and still to be found today was Humphrey’s 11 tablets. A strong laxative of castor oil was another treatment for delayed menses or possible pregnancy to be used in the first two weeks. Gregoria never performed an abortion, but she did provide recommendations in times when women had much more restricted choices and information.

Prenatal beliefs were many and widespread, and Gregoria adhered to some but not others. One she affirmed was that if one hears a baby cry before it is born, that is a sign that the infant will carry a distinctive talent. However, no mention should be made at all by either parent until after the birth to ensure the child will fulfill its special ability.

Other folk beliefs were that one must wear a key during an eclipse and avoid going out during any eclipse to prevent birth defects, such as cleft palate, Down’s syndrome, or similar anomalies. Further, one must avoid eating bananas, for they are too heavy to digest and might provoke a miscarriage or cause a stroke. Some of the mother’s food cravings could be allowed, but Gregoria discouraged excessive intake of fattening foods. She advised her patients to eat a balanced diet, but she didn’t care for the phrase, “eating for two.” The child could always get fattened up after birth, she observed. Still thought to be good sense today, we also
know that a large and heavy baby made for a more difficult and prolonged labor and delivery. It was also advised that mothers should avoid over-stretching during pregnancy, such as reaching overhead, for this might cause fetal strangulation within the womb or at birth by leading the umbilical cord to become tightly wound around the baby’s neck.

The birth event, of course, was the focus of Gregoria’s training and care. Another set of traditional beliefs and practices came into play if a thin transparent membrane that completely covered the head of the fetus, known as *El Velo* (the veil), appeared at birth. An infant born with the tissue was predicted to have a special ability or talent; the membrane became a signifier (*El Don*) of this. The parents were to wash the membrane very carefully, wrap it and save it in a box, and give it to the child when it became an adult.

Gregoria used olive oil to lubricate the vaginal birth opening to facilitate the passage of the child’s head, and also used it to cleanse the baby after birth. Olive oil is a natural plant product, not artificially produced in comparison to petrolatum, which is a chemical by-product. In the delivery, she felt forceps were not necessary for a normal home birth (as all of hers were), unless there were complications, in which case a doctor would be called or the patient would be taken to a hospital. Though she carried a set of home stirrups, a decidedly frighteningly looking apparatus, she felt they were also unnecessary and could even be counterproductive emotionally and physically for the patient. Staying in bed one whole day after birth, except for going to the bathroom, was insisted upon, for this allowed the mother complete rest after childbirth and prevented hemorrhaging. For many women, this was a decided luxury!

After delivery, a cotton abdominal binder fastened with large safety pins was prescribed to be worn for forty days to help preserve a woman’s physical appearance and to restore muscle tone. Elastic was not recommended because the skin could not breath, and also the cloth binder could be adjusted according to the decreasing abdominal girth of the woman as the weeks went by. A similar cotton binder was also put on the baby to prevent an
umbilical hernia. For lack of other material in many homes in that time, the binders were often made of old clean sheets, but they had to be without colors or dyes.

On the second day after birth, the breasts engorge with milk and the flow begins, and a fever may also occur. In Spanish, this is known as *El Golpe*. For many women, breastfeeding was not a realistic option as they had to work many days and long hours and could not take the baby with them. Some did not want to breastfeed at all. To discourage the flow of milk, a natural regime was prescribed in which fluid intake was decreased and a cotton binder was wrapped snugly around the breasts to gradually decrease the production of milk. During Gregoria’s time, women who wanted to speed up this process went to a physician who prescribed the drug Diethystilbesterol, abbreviated DES. Years later this was discontinued due to tragic side effects suffered by these women.

After delivery, the woman was directed to avoid sexual intercourse for forty days to help cleanse and restore the uterus to its pre-pregnancy state. This is now an accepted theory by many physicians. The traditional idea of “Bitter Mother’s Milk” does represent an actual condition where the milk is in fact bitter. It was said, however, that when a baby rejects the mother’s milk for this reason, it could mean that the child will be very headstrong or have a difficult personality. The mother was told to switch to standard commercial baby formulas and not to force the baby to breastfeed.

Gregoria Arispe Galván, the woman who raised me and home-delivered two of my own three children, continued consultations from 1991 to 1993, and died in San Antonio in 1997. By her wishes, she was buried with her official midwife’s pin.