

INSTITUTE OF CURRENT WORLD AFFAIRS

WW-19 Sickness in San Pedro Mixtepec

Oaxaca, Oaxaca  
Mexico  
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Mr. Richard H. Nolte  
Institute of Current World Affairs  
535 Fifth Avenue  
New York, New York 10017

Dear Mr. Nolte:

Since I first came to San Pedro Mixtepec in March, I have been increasingly occupied with supplying medical help to the people here. The nearest doctor is a hard day's walk from San Pedro, in the town of Miahuatlan. Laboratories, x-ray equipment, and modern hospitals are found two days away, in the city of Oaxaca. I can drive patients to a doctor or hospital, but often the families of the critically ill do not want me to. They are afraid their kin will die during the mule ride to the next village, where I must leave my jeep, or during the long, rough ride out of the mountains. They do not want their kin to die away from home. So while the ambulatory sick may visit medical doctors in Miahuatlan, the critically ill stay in San Pedro, where I am on my own.

I am one of hundreds of missionaries, anthropologists, and other non-Indians giving stop-gap medical treatment to Latin American Indians too isolated, poor, and mistrustful to seek help from ladino medical professionals. I have no formal medical training. What I know I have learned from my physician father, physician friends, and books I have acquired since coming to San Pedro: a medical field manual for Protestant missionaries, two comprehensive manuals published as reference books for physicians, a pediatrics manual, an anatomy textbook, a textbook written to prepare candidates for examinations admitting them to practice medicine in the State of New York, and a medical dictionary.

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Woodward A. Wickham is an Institute Fellow concerned with the condition of Indians in North America.

Usually I am far from certain what is ailing the person who comes to see me. I make the best guess I can and begin the appropriate treatment if I have the medicine at hand. The people and I have to talk in Spanish, in which they cannot explain their experience precisely and I cannot question and counsel them effectively. Besides, there are profound differences between their concepts of disease and cure and mine.

All these circumstances make the work frightening and difficult, but also sometimes gratifying. For the first time since I began visiting Indian communities three years ago, I think I am giving the people something in return for the privilege of intruding. A Mexican friend from Morelos recently characterized my work as a Fellow as balconeando, looking on from a balcony. Through the medical work I come down to the street.

So far I have been consulted by about 50 people out of a village population of about 1500. (Five people have also come from neighboring villages.) About half of these 50 I diagnosed as suffering from one or more of the following: common cold, tonsillitis, pneumonia, tuberculosis, middle ear infection, cystitis, prolonged labor, pregnancy, dermatitis of the newborn, scabies, cataracts, pterygium, insect bites, dog bites, yeast infections, muscle sprain, and epilepsy. Many people also come with toothaches. I give them aspirin but do not venture into dentistry.

The other half of the people who come to me complain of gastro-intestinal troubles, usually one or more of the following: diarrhea, nausea, loss of appetite, abdominal pain, distention, a bitter or foul taste in the mouth, often accompanied by fever, dizziness, and listlessness. I have been preoccupied with these gastro-intestinal problems. From my own experience based on laboratory findings I know that we are exposed to the protozoan parasites Entamoeba histolytica and Giardia lamblia. There is presumptive evidence that we are also exposed to the parasitical roundworms Ascaris lumbricoides and Strongyloides stercoralis. Doctors in the Valley (who are sympathetic to my work) say that various Salmonella bacteria account for a substantial part of the dysentery in these areas. Without the aid of laboratory analyses, one must base a diagnosis on data like the nature and schedule of bowel movements, fevers, and headaches; the locations, degree, schedule, and pattern of movement of abdominal pains; etc. Medication indicated for each organism is usually effective against that organism alone. Most of the medications have unhappy side-effects, must be taken several times daily, some of them for three

Municipal President  
of San Pedro Mixtenec.



weeks. These medicines are often expensive: the full course of the World Health Organization's drug of choice against amoebas (metronidazole) costs 270 pesos. It would take a San Pedro manual laborer more than 20 days to earn that amount. Often the only way I can help people suffering from what I call "Eva's disease," encompassing the whole jumble of symptoms and implying a degree of dehydration and anemia, is to give them analgesics for the pain and then courses of medication against what my best guess has determined to be the responsible organism, changing from one medication to another as each proves incorrect. I can best tell you about gastro-intestinal sickness and my attempts to deal with it by describing the instance that seems to typify it, together with the setting in which I have tried to cure it.

A short, dark man with matted silver hair came to my door and pronounced one of the formulas with which people in San Pedro approach me.

"Good day, sir. Pardon me for bothering you."

"Good day, sir," I answer. "Come inside." He stands outside the door with his small, thick hands clasped at his waist.

"I came to your house to bother you to see if it is true, as they say, as the people say, that you know how to cure. I came to bother you to find out if you would be so kind as to come to my house to cure a sick person. Pardon me for bothering you. That is what I came for: to see if you would do me the favor of coming to my house to cure a sick person."

He leads me along the footpath from my house towards the water spigot at the main trail, then down the trail toward the village center. Rain water is running down the trail with us. It has cut deep into it, exposing a new layer of stones and rock. The man picks his way carefully among the islands of earth and stone, straddles the running water and hops on stiff bowlegs across piles of fresh mule dung. He is breathless when we arrive at his house.

The door is of hand-hewn shingles lashed to a frame of poles. We leave it as far open as the rut in the floor lets it swing, half-way. Until my eyes adjust to the dark interior from the high-altitude sunlight, I am blind. I stand holding my hat. The man-- I will call him Abram-- brings me a stool, the standard stool, eight inches high, four-legged, rectangular, of wood. I sit down where I had been standing. I begin to make things out in the room.

Along one wall stands a high table, the altar, spread with a sheet of plastic and adorned with pictures propped against the wall, candlesticks without candles, and flowers now dried out. Along another wall are stacked six wooden beams a foot thick and ten feet long, old, massive pieces under thick dust. In the corner behind the door I see a platform of loose adobe bricks, and on top of them, some indistinct bundles covered with a cloth. In the furthest corner of the windowless room I think I can make out a form lying on a straw mat on the floor. It is Eva. She lies on her right side, facing the center of the room. She groans with each exhale. I carry my stool to her side and greet her in Zapotec. She does not answer. I turn on a small flashlight.

She is draped in pieces of wool and cotton cloth now barely recognizable as former parts of shirts, shawls, skirts, and coverlets, their colors and textures now mingled into a single dark, soiled drab. Her head and feet are swathed in



strips of linen in the fashion of the soldiers at Valley Forge. Her pillow is a length of cloth rolled up tight. Under the near corner of it is tucked an egg. On the mat near the egg lie some fragrant herbs, recently picked.

Of Eva herself, all I can see is the face between her eyebrows and her upper lip, and her left hand lying on her neck below her left ear. On each cheek a cross has been drawn in charcoal, from the high point of her cheekbone through the deep hollow of her cheek to the cracked corner of her mouth. Her mother comes in and scrubs away the crosses with a wet cloth.

Eva has not eaten anything in six weeks. She has not drunk anything in 24 hours. Until yesterday she would drink a little atole (corn gruel) or soda pop, but now she will drink nothing. According to Abram, her illness began six weeks ago with diarrhea, which lasted a week. Since then she has not wanted to eat. "No pide la tortilla." She is emaciated. She complains of pain in her belly, centering around the navel. She has had a fever about once a week, for a few hours in the morning before dawn. Abram came to get me, he explains, because today she turned worse: she became "privada," confused and unresponsive.

Eva's eyes are open. She does not blink. Despite the darkness of the room, her pupils are contracted. The corneas are dry, yet tears leak from the corners of



her eyes. The inner surface of her lower eyelids is pale pink. She slowly looks at me, then slowly to her father, then lets her gaze rest at some point in the darkness. The groan is soft and regular. Her mouth is held nearly closed. I ask her in Spanish to open it. She makes sounds in Zapotec that her father translates: she cannot open her mouth because of the pain below her ear. Her mother comes out of the shadows and roughly pulls away Eva's hand, which until now lay below her ear. There is a swelling about as big around as a silver dollar, and exquisitely tender. Glands on the left side of her neck and chin are slightly enlarged. The swelling has been painted with a dark, staining liquid, now dried. Eva groans loud when her mother pulls the hair away from the swelling. The pain seems to make her privada. She mumbles, but Abram does not understand her.

I crouch low, my beard touching the dirt floor. At her father's urging, Eva opens her mouth a little. I can see inside with the flashlight: her tongue is shrunken and red; her teeth, gums, and lips are coated; her gums are gray where they touch her teeth; her tongue shows patches of white. The breath is fetid.

I ask her to give me one of her hands. The left one slides down from her neck, along the bedclothes, and onto the mat like a thing apart from her. Her pulse is distant, weak, and racing, 140 beats per minute. The flesh on her

forearm is wrinkled like that of a woman of 90. Eva is 40. Her blood pressure is very low, 80 over 51. I pinch the skin of her forearm between my thumb and forefinger, and release it. It stands for a moment like pinched pie dough, then slowly subsides. I lay her hand back in its place below her ear, and tuck her elbow under the bedclothes. By now I know the smell that wafts up. I associate it with wasting.

"She's going to die?" Abram asks in a loud voice.

"I don't know."

We sit on stone benches on either side of the doorway of one of the other houses in the compound. "Then she's going to get well?" he asks.

"I don't know."

He looks puzzled and grave. "She is going to die?"

I say that I think she can get well if she begins drinking a lot of liquids. She has been dried out. One can see how dried out she is. Can he see that?

"Yes, yes." He does not say it as if he sees.

"Frankly, she is in danger of dying," I say.

"Yes?"

"But she can still drink and urinate. That is good. Others have died here from the same problem that Eva has because they could no longer drink and urinate. But she can. Her body can cure itself by building up its energy through liquids, building up the strength of the blood, and washing away poisons in the urine. If she drinks alot, she may get well. If she does not, she will probably die."

"What should she drink?" he asks.

"Anything she wants to drink. It is up to her."

"You mean she can drink soda pop?"

"Yes, whatever she wants."

"What? Really? She can drink coffee?"

"Well, it is not the best thing for her to drink, but it is better than nothing."

"Then she is going to get well?"

"I don't know. If she drinks, yes. If she drinks six or eight or more cups of soda pop or tea or broth every day beginning today, yes, she may get well."

"But she does not want to drink," he says.

"But she can, and we must get her to," I say.

"Then she is going to get well?"

"If she-- if God wills it."

"Yes, if God wills it." He seems satisfied.

I tell him I will be back shortly with some pills for Eva's stomach and an injection for the swelling below her ear. He thanks me profusely, and asks,

"Is she going to get well?"

"I don't know." He looks grave again. "Right now," I say, "you should have the señora make something for Eva to drink, something sweet, and give it to her with a spoon every few minutes, a little at a time. Will you see to that?"

"Yes, yes. Right away."

I say in Zapotec, "Good. Well, I am leaving now."

He answers in Spanish, "Very well, goodbye."

I come back in the late afternoon. The father and mother are both in the low, wattle-and-daub cookhouse between the two sleeping houses.

"I come to your house," I call in Zapotec.

"Come inside," the señora calls back in Zapotec.

I turn sideways and stoop to pass through the doorway. I stand bent under the low tile roof, my head just under the thick coat of soot that lines the ceiling. Always inside the cookhouses my head is up where the smoke from the woodfire accumulates before it leaks out between wall and roof. My eyes tear. Abram brings a stool, dusts it with his handkerchief, and urges me to be seated. Now I am sitting eight inches off the ground. My boots and all my bulk seem to have crowded him and his wife into the clutter of chipped enamel cups and crockery and blackened cook pots around the low stone hearth. The señora kneels beside the fire and grinds corn.

"I have brought the pills and the injection."

"Oh, good. Many thanks," Abram answers. He says something to his wife in Zapotec, and she answers.

"Has Eva ever received an injection before?" I ask.

"No, never," he answers.

"Fine. Now then, what has she had to drink since I was last here?"

"Nothing."

"Nothing? You didn't give her anything to drink?"

He puts on a serious, worried face. "She says she doesn't want any, you see." He stares at me.

A knot of rage starts to move in my gut. I look at him fixedly and pronounce the words sharply, without raising my voice:

"But she can drink, can't she?"

"Yes."



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"Then you and the señora must get her to drink something. You two are responsible for her. If she does not drink--" the señora has turned from the grinding stones and looks toward me-- "well, she may die."

"Is that so?" says Abram, as if he has heard of that possibility now for the first time. He clucks and says something to his wife. She turns back to her grinding.

"Si," I say with a hiss. "Just as I explained this morning. You two can save her life. You must get her to drink, all through the day, a little bit at a time, something sweet." I direct this toward the señora.

We go into the sleeping house where Eva lies. Nothing has changed, except the darkness, which is thicker, and the air, which is colder. Abram brings the stool, then a light made from an empty beer bottle with a piece of rope and some kerosene in it.

"Eva, you can drink a little something, can't you?" I ask in Spanish.

"Yes," she moans in Zapotec.

"What would you like to drink-- soda pop, tea, what?"

Her father translates. She answers.

"She says 'tea.'" he reports, raising his eyebrows.

"Then we must make some," I say.

Abram speaks loud in Zapotec and stares at the ground, frowning. There is silence. From the cookhouse comes his wife's voice, muffled.

He looks at me and smiles with a helpless expression. "There isn't any," he says.

"But one can get some, no?" I say sharply.

"Yes, yes, of course," he says, as if the idea were a novelty. He speaks loud at the floor and waits. We hear the señora's bare feet pad quickly out of the compound.

That day I spooned more than a cup of lemon-grass tea sweetened with Mexican brown sugar (panela) into Eva's parched mouth. Abram and his wife propped her up and watched with evident approval. When Eva had drunk about half the tea, I gave her the capsule, an amebicide. She puts her middle finger in her mouth with the capsule, forcing her jaws apart, patiently maneuvers the capsule to her throat, and with a grimace drives the big, dry thing down her gullet. It triggers a gag. Head bobs forward, tears run, and the capsule clicks against the inside of her front teeth. Now my eyes are wet.

"It didn't go down," her father says.



"She can swallow it," I say. "She should try again. Tell her that tomorrow or the next day the pain of the swelling will be less, and it will not hurt so much to open her mouth. But now she should try to do it in spite of the pain."

He translates. I give her another spoonful of tea, and then the capsule again. This time the gag comes after the capsule has passed. She says it sticks in her chest. I give her the rest of the tea. The capsule does not come back up. Abram talks with her in Zapotec. He looks at me with surprise, eyebrows up.

"It went down!" he says.

Later we are standing outside, Abram and I, talking about the cost of the medicine.

"You keep an account," he says. "I will give it to you when I have it. Don't worry about that. Just now we have no money. It is very difficult. The other daughter is dying, too. Perhaps you would be so kind as to see her. Perhaps you would cure her, too."

"What other daughter?"

"Maria, the one inside there with Eva."

"In the same room with Eva?" He seems suddenly senile.

"Yes. Do you want to see her?" he asks.



"Of course." He leads me back inside. The bundles I had seen lying on top of the stacked adobe bricks in the darkness behind the door are Maria, lying covered by a dark blanket.

"What seems to be the problem with her?" I ask.

"She is very weak. She says she is going to die."

Maria is Eva's younger sister, 37 years old. Like Eva, she is unmarried. Unmarried women are rare in San Pedro. There are a good many older women who have been abandoned as barren and not taken up by another man (they may become prostitutes), and there are many widows, but few women have never married. Most women in San Pedro speak a little Spanish. Eva speaks none. Maria is fluent. She tells me:

"It is a weakness that comes over me. It starts in my feet. Suddenly I feel a weakness in my feet, and then it goes to my legs. My feet go to sleep. Then it moves to my waist and chest, gives me pain all through my middle. Sometimes it gets to my head and arms. I went to the hot country five months ago to work at the coffee finca. Two weeks ago it came over me down there. I went to a clinic for three days. They gave me an injection and I got my strength back, but I could not work. I came home just last week. Now it has come over me again. I have no

strength. I do not want to eat. My feet ache, and last night I felt it in my chest."

She talks clearly and with animation. To show me where the weakness travels, she rolls up into a sitting position on the edge of the stacked adobes, facing me. She is hefty, with a full face. She has meaty forearms. I examine her as I had Eva. She seems healthy. I ask her what she thinks caused her illness.

"It began with muina (moo-EEN-ah), back in February. It is muina. It begins in my feet, then comes up to my waist, then to my chest and arms. I remember the time—I remember the person. I felt the muina, but I didn't say anything. Do you know how to cure it?"

Muina is one of the disease agents in Indian and mestizo Middle America for which there is no medical equivalent. In San Pedro it seems to mean a feeling of sharp anger, rage, or resentment, usually not given expression in angry words or action. The force of the unexpressed muina works injury to the body. Other such agents I have encountered in San Pedro so far are envidia (en-VEE-dee-uh, envy), espanto (es-PAHN-toe, fright), susto (SOOHS-toe, also fright, but somehow different from espanto), and sentimiento (sayn-tee-MYEHN-toe, grief). By the indigenous system of diagnosis, these and others like them account for much illness in San Pedro. Disease not caused by such 'psycho-social' agents are thought to be caused by an imbalance between hot and cold in the patient's body. A person is influenced by hot and cold foods, places, weather, moods, drafts of air. Whether a food, place, or other entity is hot or cold in terms of physical, measurable temperature does not determine its hot or cold nature within this system of classification. A person suffering from too much cold may exhibit either chills or fever, may be treated with heat in some cases and cold in others.

"No, I have no knowledge of this disease. To me you seem healthy," I say.

"Oh, I am weak," she says, and lies down on the adobes again. "I have been this way since February."

By my informal survey, about 40% of infants in San Pedro die before they reach age twelve. They may die within three days of the onset of diarrhea. The first man I treated in San Pedro died within twelve hours of my visit. He looked about like Eva. As of this writing, Maria is well and Eva is better. In the next newsletter I will tell you about their recoveries.

Sincerely,



Woodward A. Wickham