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Palm-Hut Medicine

José Luis Rementería, M.D.

In the eastern mountains of Guatemala exists a group of Mayan Indians known as the Chorti. They live off the soil as best they can and through the years have managed to survive one hardship after another. As a group they are quite malnourished and possess their share of regional diseases, which doesn't distinguish them from other groups of Indians in Central and South America. They live in very rugged, mountainous terrain in villages which are not the classic, well bunched group of huts that one would expect in a typical Indian village, but rather their villages are made up of huts widely scattered over a vast area. To go from one end of a village to the other would necessitate a two to three hour walk. These villages are isolated from the outside world, except for the many narrow, steep and treacherous footpaths.

Through the Placement Service of the Catholic Medical Mission Board, it was my fortunate experience to have been assigned to this area of Guatemala. In a small town called Jocotan, the Belgian Fathers ran a mission which included a 28-bed hospital, a dispensary and a pharmacy. The medical program was only a small part of the mission endeavors of the priests, as they also had a school, agricultural program, and did much of their teaching through the use of radio sets. 50,000 people (60% were Chorti Indians and 40% were Ladinos or Mestizos) were in this mission area of 1,600 square kilometers.

A good part of my work was accomplished right at the hospital. During most of my two years in Jocotan, I was assisted by two American registered nurses and an American medical technician. However, each week we spent one, two or three days in the villages for public health work and an extensive vaccination program. It is about our work in the villages that I would like to relate in this article.

Our vaccination program consisted in taking D.P.T. vaccine to the villages every Thursday morning. One of the nurses went to one village while I went to another, thereby vaccinating two different villages on each trip. After the youngsters were vaccinated, there would be sick call during which time we tried to examine all the sick. Medicines were dispensed to the sick as well as to those too ill to present themselves for examination. We charged the Indians five cents for consultation and physical exam and two cents for medicines. As poor as these people were, they had enough pride not to accept everything free.

A few days before we would go to a village, word was sent out so that preparations could be made for our visit. Some area in the center of the village was chosen, preferably a schoolhouse or oratorio (chapel), in which a small clinic was set up. Many of the villages had neither, so our dispensaries were set up in a palm hut, which some Indian would offer us. The palm hut consisted of just that — palm leaves spread out

like fans and used as shingles to cover the roof and walls. It was dark on the inside, but the ventilation was good. The only furniture in the hut would be a "tapesco" (wooden bed), a bench or a hammock. When such was not available, it was necessary for the patients to lie on the ground. This was especially necessary for abdominal examinations, which were not very feasible on a hammock or narrow bench. With the patient lying on the ground, I was able to kneel down and palpate the patient's abdomen.

The huts had no running water. The Indian who lent us his hut would provide two "barcos" (bowls made from plants) filled with water. These were used for cleaning our hands after examinations and for cleaning our gear.

Since the villages were given prior notice of our visits, as soon as the people saw us approaching, the word spread about very quickly and immediately many began to congregate outside the palm hut dispensary. There was always a line of patients waiting for treatment. (Sometimes as many as 20 at a given time.) It would continue like this through the afternoon, the evening and well into the night. As dusk approached, it became necessary to use candles in the hut. The medical services in the village would continue that particular night as long as the candles held out. Doing examinations by candlelight was romantically adventurous, but I've often wondered how many things were missed because of the poor light. However, the little we could do at times for these people,

was much more than they had ever had before. In most villages, I was the first physician that these people had ever seen.

Those Indians still waiting after midnight had "lodging" in the area so that they could return to the dispensary the next morning. And even though they knew we would be on our way to another village the next morning, they would be waiting at the dispensary hut when I awoke, knowing that if they were there, the doctor would see them.

It was always necessary for us to improvise and, of course, made our palm hut medicine ever more exciting. Sometimes we had to improvise because of our own oversights, such as the time I forgot to bring my stethoscope. Unable to find any cone-shaped substitute, I did the next best thing — by pressing my ear against the chest and back of the patient, I was able to auscult his heart and lungs. Not very esthetic by any means, but "improvisatorially" practical.

Of course we had our frustrations and difficult moments. Often a villager would ask us to visit a very sick relative. In the beginning, we got to see all such individuals even though it took us away from the dispensary for as much as an hour. However, as more and more village visits were made, it became evident that not all could be seen. So those requesting "house calls" were told that their relatives had to be brought to the palm hut dispensary. This necessitated that they be carried on stretchers or chairs. Some could not be brought to the dispensary. I had

to let a few die in order to assist a greater number to live, a situation to which it was hard for me to adjust, as a new missionary doctor.

Another difficult situation presented itself when a very sick or dying child was brought to the hut. These children needed hospitalization, but when we tried to convince the parents to bring the child to our mission hospital, they would flatly refuse. They told us that they preferred to treat the child in their home. Despite all our efforts to convince the parents of our point of view, the youngster was kept in the village. We would leave medicine for the child, hoping against hope that the youngster would make it. Most didn't. We soon learned that the Indians believe that sick and dying members of the family should be treated by their loved ones in

their home. To die away from home, away from their loved ones would affect the happiness of their journey in the world of the dead. Not being able to force our beliefs on these people, we did try to guide them by instruction and counseling on better ways to care for their sick loved ones.

The palm huts served as our shelter during the short but heavy downpours during the rainy season. However, we could never stay dry, for all these huts leaked and the wind would blow the rain through the sidings.

At night these very huts were our sleeping quarters — we slept where we practiced our medicine. After the many hours of attending the sick, we would plop down on a tapesco, a hammock, a bench or — the ground. It's amazing how comfortable the ground can be after a long, hard day!

