

# Impressions Concerning Clefts in Montana Indians of the Past

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In two previous reports (14, 15) data were reported which indicate that the incidence of cleft lip and palate in Montana is much higher for the Indian population (1:276) than for the nonIndian population (1:578). This report concerns the findings of a clinical investigation designed to provide more information about the incidence of cleft palate in the Indian population, historical and current attitudes about clefts and other anomalies in that population, and beliefs in that population about causes of such anomalies.

The procedure employed involved conducting informal interviews with a number and variety of individuals who were either a part of or closely related to a total of seven Montana reservations (Flathead, Blackfeet, Fort Peck, Fort Belknap, Rocky Boy's, Crow, and Northern Cheyenne). Some informants were professional workers or business people who came in close contact with the Indian population. Other informants were tribal leaders or adults of various ages who live on the reservations. Many interviews were conducted with very old adults who could provide information about cultural changes in the Indian population during a period of years. In the majority of instances, the informants were cooperative and even eager to assist.

The procedure for interviewing was informal and unstructured. The intent was to establish rapport and to learn as much as possible about the topics under consideration. Frequently, with the elderly informants, an interpreter was needed. It is important to remember in reading this report that the impressions reported here are *impressions*, gathered and evaluated as objectively as possible under the circumstances but certainly subject to error. Inferences made here or by the reader must be made with care.

Finally, there are very real problems in defining the term *Indian* just as there are always problems in determining 'race'. Our concern is primarily with cultural differences but the possible importance of genetic differences must be considered also, to the extent that it is possible to do so. In our previous studies, blood quantum was checked. Currently, however, we have classified individuals as 'Indian' if the birth certificate lists

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him as such or, in the case of older Indians, if he is considered Indian in his community. Clearly, this is not wholly satisfactory but it seems adequate for our current needs. There are other problems concerning lineage for this group that will be described later.

### Terminology

Informants gave words for cleft lip and palate in the tribal tongues of the Kootenai, Flathead, Blackfeet, Cree-Chippawa, Sioux, Crow, and Northern Cheyenne. The Gros Ventre language is very difficult and is fast disappearing, and no word was obtained for cleft in that language, although it was reported that there was a word. Nor was the word obtained in Assiniboine. The Blackfeet use the word *pēē-sūt-sēē-pól-kāh* for such a condition as well as for other defects in a baby. The word was translated to me as 'funny child, unusual child'.

I found the word *harelip* in both an English-Cheyenne dictionary published in 1913 (10) and in a Flathead-English dictionary published in 1877 (2). Both of these dictionaries were compiled by missionaries for the two tribes. It is interesting to notice that the Cheyenne word given for cleft lip by the missionaries was *etovoaz*, meaning a gap or dent in the lip, while the term the Indians gave me was *e-vox-ko-he-viz*, which apparently comes from *voxko* or *rabbit*. The Indians said that the word meant 'rabbit lip' in their language. Again on the Flathead Reservation the word given me was *skuàkuze* meaning *hare*, while the word used in the dictionary was *tuchapòskön* with cross-reference to the word *tuich*, which seemed to refer to 'stiff' or 'cramped up' and *poskan*, which seemed to mean 'mouth' or 'lip.' It appears that though the missionaries may have set down relatively descriptive words for cleft lip, the Indians may have given me words connected with beliefs about causes.

### Knowledge of Clefts in the Past

On the Flathead Reservation I was told by many persons of two aged women who had unoperated cleft lips. At least one of these must have had a cleft palate also, since they described her as being difficult to understand. She was the great-grandmother of a child who currently is in the Montana Cleft Palate Program. It is undoubtedly significant that these two women lived on the Flathead Reservation to which missionaries and white people came very early and which has been most thoroughly integrated with white culture. This fact may well have altered their fates. Later, I heard the story of the ingenious manner in which one of these women was fed as a baby: she was fed broth through a tube made of a chicken gullet. Her lip was bound with rawhide. These two women were the only adults of past generations who were reported to me from all the reservations, other than a vague reference to 'some old women had this who lives over there,' which I heard on a second reservation and could never verify. There were very few living adults, mostly

younger people, reported in my inquiries. Incidentally, reliability of reporting seemed good, since the same persons were mentioned by several informants.

Even allowing for possible poor reporting, it appears that there are few living adults with clefts and very few were known to have lived in the past years. One of the individuals reported to have lived in the past was a young boy who was mentioned to me by several adults. He went to the Mission school and wore rawhide bound around his cleft lip. (He died at 12, apparently from other causes.) No one knew where he came from and he could well have been brought to the school from out of the state. Fourteen different babies who died were mentioned. One elderly lady told me about her 'nephew' who had no top to his mouth. She said that milk came out of his nose, that he couldn't suck, and that he died when four days old. Most references were made to children known to have been born to families other than the informant's. One tribal council member told me he had heard old people speak of clefts so he knew the condition existed, although he knew of no adults in his tribe.

### **The Practice of Infanticide**

If the assumption can be made that infants with clefts were born and if there are few adults with clefts currently living, the question arises about the fate of those babies. The Indian culture was a successful culture which endured for centuries because it adapted to the environment. There was no place in it for the weak, sick, or old and those who were weak, sick, or old were eliminated either by nature or by the tribe, in one way or another. Unless an ingenious method such as 'the chicken gullet' was devised, it may be that the babies would have had difficulty surviving with the feeding problem which cleft palate may present. In that case nature would have eliminated many. There is evidence, however, that defective young were frequently destroyed in most primitive tribes, including Montana Indians.

A child with gross deformities is quietly disposed of. The same happens occasionally to the second born twin, as twins are thought to be unlucky, not only for their family but for the whole countryside. (13)

(Concerning the Cayenne Indian) If anything is wrong with it, it is killed and buried without pity. (12)

Apache, Pima, Mohave, Navaho, Zuni, and Tepecano . . . no deformed or monstrous child is allowed to live. (7)

Gumilla has recorded that if an infant is born with any defect or monstrosity, minus a hand or foot, or with a harelip as commonly happens, boy or girl . . . is put to death without any objection being raised. (12)

Infanticide would appear to have been more or less permissible under one or other of at least three circumstances, whether the child were one of twins, a cripple, etc., or a female. (12)

Modern man welcomes quintuplets wholeheartedly, but primitive man has

mixed feelings about such things. The Igogot Tribe of Northern Luzon, Philippines, would not be so happy. They, as many primitive peoples do, believe that multiple births are a return to the animal state. It is not human to bear a litter of babies, they maintain, so the Igogots allow only one of the babies to live and to be a human child. Other persons not quite so harsh merely refuse to support the mother of twins or 'super twins' or to take part in planting or harvesting. Their reason for this is: No man can father more than one child at a time. A woman who has more than one child at a time has been unfaithful to her husband. (9)

Navajo twins are rare. Formerly they were feared as having occult powers; however, if one was adopted, this spell was broken. Navajos believe the mentally afflicted or those seriously injured have been bewitched. (5)

I delivered another set of twins recently and lost one, which is perhaps as well. In the old days twins were considered unlucky and were killed. The law forbids that now. (1)

Flannery tells of a woman who was reported to have given birth to a 'little dog' and one wonders if this baby could have had a bilateral cleft. She speaks of the shame the Indians felt in deformity and of infanticide in such cases and also in cases of twins. There are indications that the Montana tribes destroyed defective young also. An Indian adult reported that the attitude of his people about anomalies was one of shame. An elderly lady on the Blackfeet Reservation told me that her mother told her on several occasions that some had had a *pēē-sūt-sēē-pōl-kāh* child, but that it had died. The inference made from her tone and manner was that they were not allowed to live. A tribal leader told me in a very furtive manner that a certain family of whom we had spoken had a child with a cleft who is now a young adult who subsequently had two other babies with clefts who did not live.

When one considers Indian beliefs and customs, such thinking becomes more understandable. One informant told me that he felt members of one of the tribes were afraid of anything deformed or even of someone with a very bad temper. This fear apparently grows out of beliefs that the deformed one is bewitched, cursed, or is an evil thing or else that the baby is evidence of the parents (mother usually) having done something wrong. (When we think of the feelings of guilt which parents of handicapped children frequently have today, we are reminded that primitive tribes are not alone in this feeling.) The twin superstition is interpreted often as being related to the mothers's probable unfaithfulness.

### **Beliefs about Causes**

One informant related that the father of one of Montana's well-known chiefs had been killed in battle and his mouth slashed. His wife, who was pregnant, ran out and saw her dead husband and her baby was born with a cleft lip. Many others spoke of the care a pregnant woman must take to avoid looking at various things. One woman told me of a child whose eyelids had been burned off in an accident. She said that a pregnant woman whom she knew saw this child and that one of the infant's eyes

had a scar across it because of this experience. Another belief reported was that if a pregnant woman looked at a dead person, her baby's eyes might be crossed or might have something wrong with them. Many of the informants expressed fears about a pregnant woman's need to avoid unusual or frightening sights lest her child be marked. These are similar to the apparent basis for the old Norwegian law prohibiting a butcher from hanging a hare in public view for fear that the sight of it could cause a pregnant woman to have a child with a cleft lip (11). One of the Montana tribes which translated their word for cleft as 'rabbit lip' seemed to have such a strong shame and reluctance about speaking about clefts that one can only assume that their beliefs about the cause must be very strong also. (This is a proud and noble tribe and they may have feelings of shame about a member of the tribe not being everything they would desire.)

I heard a tale which gives some indication of some of the feelings the Indians have about how a baby could be affected before birth. On one reservation several elderly persons told about an old man who goes by the name of Beaver and about the circumstances of his birth. He was apparently the only living adult in that tribe with a congenital anomaly. It seems that a young beaver who had caught his paw in a trap broke away, leaving part of his paw in the trap. The 'ghost' of the beaver then floated down the stream and a young pregnant Indian woman dipped it up as she dipped for water. She then drank the water and, like the beaver, her baby was born with one partially-formed foot. The informants told me this man's face is wide and his eyes are set far apart like a beaver's also. Some of the elderly persons insisted that 'Beaver' says he remembers having been a beaver.

### **Indians of the Past**

Many Indians told me how healthy and strong their people had been in the past. One of my informants reported that, in the past, boys and men could run for 10 miles without tiring. He said building up the people physically, especially the boys, was important to the tribe. They were not allowed to become fat and were fed only lean meat. I was told many tales which illustrated the strength and endurance of Indians of the past. Another elderly Indian told me that he remembered running naked out of the teepee each morning down to the river where a man was waiting to toss the little boys in to the icy cold water.

Other Indians spoke of the common practice of tribesmen rolling in the snow to keep themselves tough; one informant told me that the older Indians on his reservation still do this. Several advanced the idea that defects in babies might have been less common in the past because the people had such physical strength and endurance.

Regarding diet, the Plains Indians of the past lived mainly on meat, roots, and berries. Montana Indians had periods of starvation and hardship in the late 1800's and earlier 1900's when the buffalo became scarce.

It is difficult to estimate the adequacy of their current diet, although there is probably a wide variance. One of my very old informants and his middle-aged son were eating raw kidneys with their fingers as I talked with them. In a clinic interview about a child with a cleft in her family, one grandmother blamed the lack of 'good' food as the cause of the cleft.

The Indians of the past (and in some areas, present,) had radically differing values from white culture. They had no word for 'time' as we know it, for it was not considered important. They did not feel that work is a virtue, as did whites, and worked only for their needs. Indeed, there was and is a feeling that whites are most selfish to accumulate things. In most tribes, it was virtuous to share with others, and a chief was usually a poor man because he, as a virtuous man, shared much. A man who could kill enemies (or, in later years, steal horses) was an honored man in the tribe. Children were not treated harshly, and only infrequently would an Indian strike a child. They were gently taught by ridicule, example, and encouragement. Deep cultural beliefs are difficult for one from another culture to grasp and as one Indian author said, 'Only a person who is a blood member and has lived close in contact with his people is able to understand thoroughly the true meaning of the customs and ceremonies of the Indian.' (8) They are now caught in a changing culture and in this change seem to be losing the old 'solid' values of Indian life which held them steady, yet not quite assimilating the white ways. This makes for a confusion and conflict in the younger generations.

It is difficult to be sure of family relationships in tribes. Adoptions were and are common, and a man's 'son' might be natural or adopted. Kindred relationships are not structured in the same way as those for whites. Although this differs from tribe to tribe, an example is the practice of the Northern Cheyenne Tribe to define relationships at generation levels rather than lineage lines. This structure is too elaborate to describe here but, generally, the Cheyennes draw no distinction between siblings and cousins. The Cheyenne calls his father, father's brother, and all known male cousins of his father *nihu*; and two generations below him all related children are *nixa* (grandchild). Establishing familial relationships for such groups by European standards is thus very difficult (6).

The fact that polygamy was frequently practiced in the past also makes genetic studies of this group difficult (4). Another difficulty is with names. Many Indians had several names and some still do (although governmental agencies demand that they take one and stick to it). Another practice of allowing children to live in other homes or 'loaning out' children for a long period of time confuses the tracing of parentage and ancestry. Presently illegitimacy also confuses the picture and several children of one mother may each have a different father, and that father may be unknown in some cases.

### **Present-day Montana Indians**

We have been making generalized statements about 'Indians' in Montana. It is important to make clear the fact that the 'Indians' described here represent seven reservations and ten major tribes. Each tribe has physical characteristics, customs, and beliefs that distinguish it from others. The majority of tribes, however, seem to have a common thread of similarity in past and present culture, and this similar culture differs greatly from white culture in America.

Currently, the people generally live in homes and under conditions which are considered substandard by white standards. Their income is, on the average, very low, and alcoholism and disease are major problems. Currently, there is apparently close intermarriage within a tribe. In the past, such intermarriage was prohibited within a band (extended family division within tribes).

### **Discussion**

As stated previously, inferences made from these impressions should be made with extreme caution. Not only was the interview technique very informal in nature, but there are certain almost inherent aspects of the American Indian culture, such as the relative casualness about blood relationships, that make careful investigations of this kind very difficult. The importance of findings such as those presented here is not in that they are definitive in nature but that they suggest areas for research and variables which must be taken into account in that research.

It seems quite clear that the Montana Indians have had words in their languages for clefts for many years and that all older persons interviewed recognized the condition immediately. It is also clear that the Indian culture viewed anomalies of any kind with great concern and probably practiced infanticide.

The material from interviews indicates that attitudes about causes of congenital abnormalities were generally superstitious in nature and related to experiences which the mother had while pregnant. In that respect, it should be noted, the American Indian tribes are not unique in any respect.

The material presented here raises some interesting questions:

a) How can the relatively high incidence of clefts among Montana Indians be explained if heredity is a major etiological factor in clefts and if, for many generations, individuals with clefts in that group did not live past infancy?

b) If heredity is a major etiological factor in clefts, did intermarriage within the individual tribes over an extended period of time contribute to the high incidence of clefts in the cultural group today? If so, would not the tendency to marry outside the tribe, observed frequently today, tend to decrease the incidence of clefts?

c) Are there diet deficiencies, both currently and historically, which may affect the incidence of clefts?

### Summary

Previous investigations indicate that the incidence of cleft lip and palate in Montana is higher for American Indians (1:276) than for non-Indians (1:578). Questions have been raised about the historical aspects of this problem and cultural attitudes towards clefts for Montana Indian groups. Findings of this clinical investigation indicate that the majority of tribes had words for clefts in their languages and that their attitudes toward the causation of clefts (and other anomalies) were superstitious in nature. In addition, although the culture viewed congenital malformations with such concern that infanticide was frequently practiced, a very few individuals apparently survived until adulthood. The findings of this investigation are to be interpreted with care, since it is not considered to be definitive in procedure or purpose but rather to suggest areas for research and variables which may need to be taken into account in further investigation.

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