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Why
Women Die
IN
Childbirth.

BY
MELVILLE C. KEITH, M. D.

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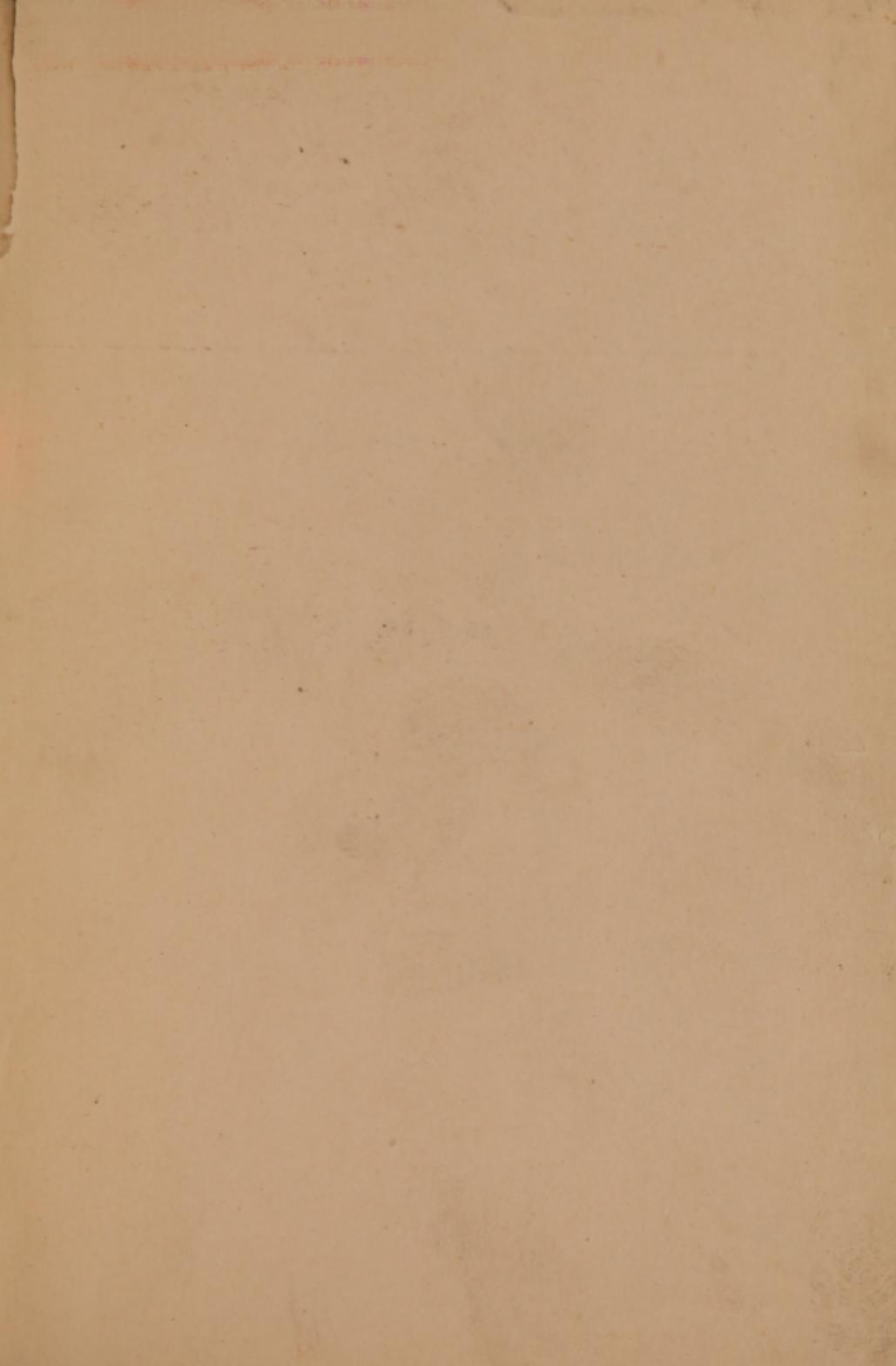
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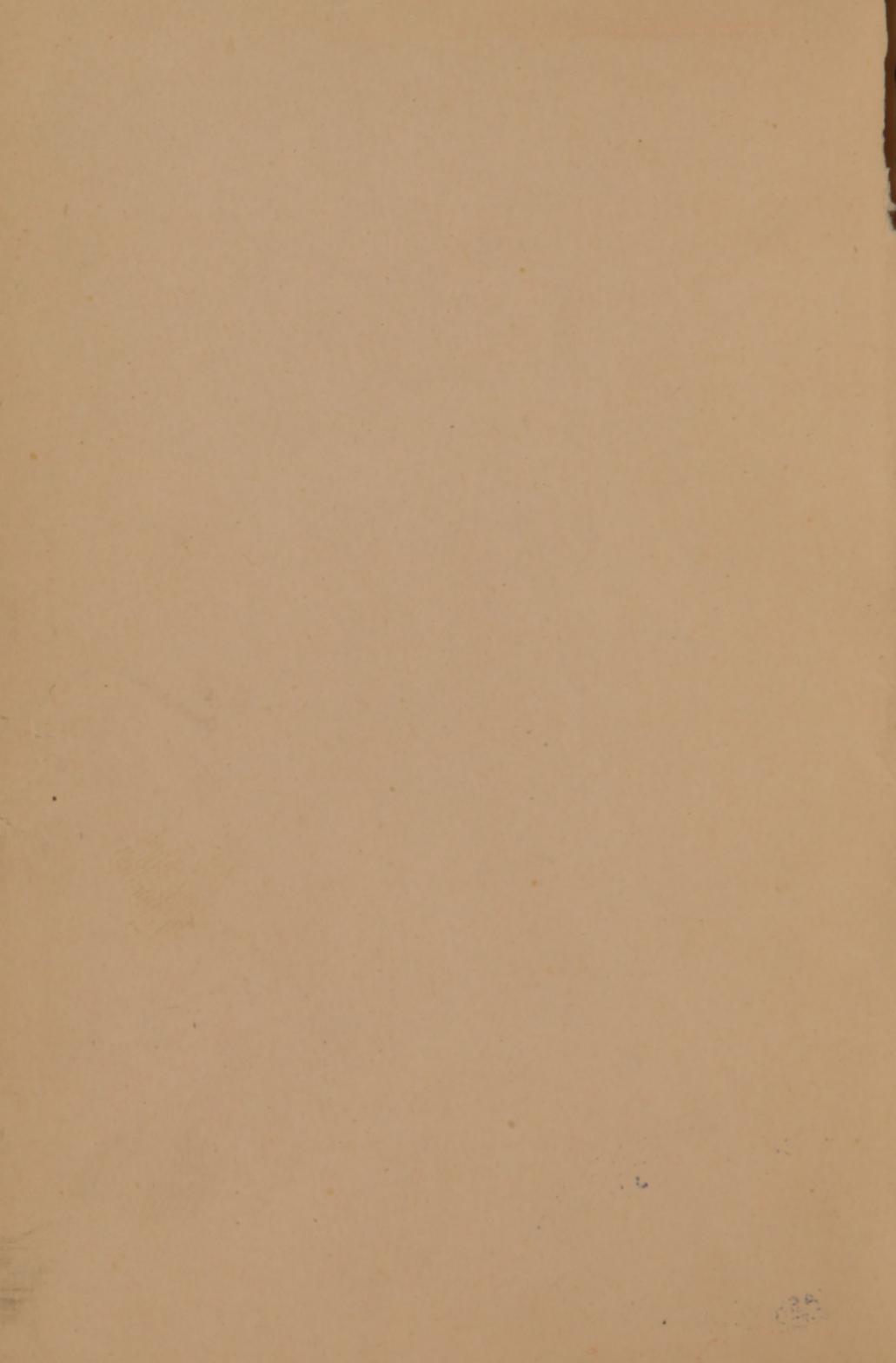
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WHY
WOMEN DIE IN CHILDBIRTH.

A TREATISE UPON THE
PROPER CARE OF THE MOTHER

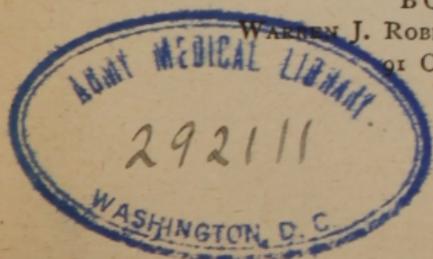
AFTER CHILDBIRTH,
AND OF THE NEW BORN CHILD.

BY MELVILLE C. KEITH, M. D.

*Honorary Member of the Indiana State Physio-Medical Association.
Member of the American Association of Physio-Medical
Physicians and Surgeons.*

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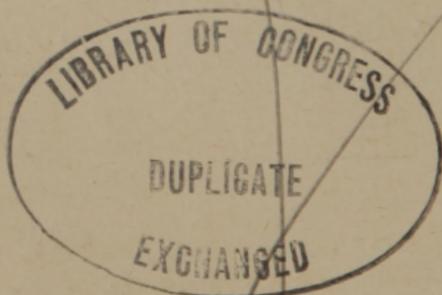


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PREFACE.

Thousands of women die annually in childbirth. Thousands of families are left desolate and heartbroken by the sudden death of the young mother, who leaves an infant a few days old to the care and solicitude of relatives or strangers. So uncertain is the tenure of existence in a woman that the great Life Insurance Companies of America state publicly that: "*No risks will be taken on the life of a female.*"

In the meanwhile scores of colleges are turning out graduates in medicine to practice upon unprotected families the false teachings and *errors of their schools*. These errors are many and fatal. How fatal these errors are may be seen by attention to the "fortune," "luck," or skill of young professionals in their first cases of childbirth. How these false teachings of medical schools affect the welfare

of the community may be inferred by the multitudes of weakly women *after* childbearing ; by the complaints of the patients visiting every medical practitioner's office. Complaints of every description and in the very large majority of cases arising from improper treatment in childbed. These errors I shall allude to in a future chapter.

But, if the errors of the schools are in a degree fatal, stupidity or ignorance, and the assumption of a knowledge of medical and surgical science by a set of men, who never saw the inside of a college, who never had a moment's experience, until they assumed the name of "Doctor"; men who to-day practice under the thin guise of "homœopathy" or spiritualism, ignorant of the human body, ignorant of chemistry, ignorant of the therapeutic, medical, chemical or physiological effects which are produced by the poisons they are habitually dealing out ; I say, that if the errors of the schools are fatal, then the errors of stupid ignorance under the thin veil of homœopathic quackery is the more to be deplored, avoided and shunned.

The writer asserts, that there should be no more danger in child-bearing than during the menstrual period. Childbirth is as much a process of natural law as menstruation. It is

true that a deformed pelvis, a monster at parturition, or an unnatural birth demands surgical skill of the highest order; but in ordinary cases there is no more need of manual interference in childbirth than there is of interference in any other mammalian parturition. The great fault lies in the gross and deplorable ignorance of the women themselves. If they knew of the natural laws, no meddling midwife, no fond and foolish mother would cry out for something to help her dear daughter during the necessary pains of childbirth. This ignorance of young mothers is from two causes: *First*. Because it is not fashionable to learn of the body. *Second*. Because of the high price of standard works on midwifery and child-bearing. To the first objection there is really no answer.

Fashion is a despot whose slaves obey without reason or thought. The writer is not wasting time for slaves or fools.

The second cause of ignorance is endeavored to be overcome by the low price of this work and by a succinct, plain statement of *what not to do, as well as of how to proceed during the birth of a child*, so as to have both mother and child in good health. The writer believes such a book is needed in the west. He has performed the task to the best of his

ability in the midst of a busy practice demanding every energy, mental and physical. Finally, to those who are desirous of knowing more fully of childbirth or human parturition the writer advises a perusal of Ramsbotham, Playfair, and Meigs on midwifery. These books are published by Henry C. Lea, of Philadelphia, and are standard works and authorities of the world upon this subject.

THE AUTHOR.

LINCOLN, NEB., September 16th, 1880.

WHY WOMEN DIE IN CHILDBIRTH.

CHAPTER I.

PREGNANCY.

Childbirth is the result of pregnancy. Pregnancy, or gestation, or being with child, is the result of conception. Conception is the result of a sexual congress between male and female in which the spermatozoon of the male finds a lodgment in the ovum of the female, and the ovum becomes attached to the uterus or its appendages.

There are two kinds of pregnancy.

Normal or natural pregnancy in which the ovum is attached to the uterus and grows in the uterus.

Abnormal, or unnatural pregnancy, in which the ovum is attached, to ovary (ovarian pregnancy), or where the ovum is attached to the Fallopian tube (tubular pregnancy).

Natural childbirth occurs where the child has been carried in the uterus until the full time of gestation has passed, (two hundred and eighty days), and the female is of natural form and has a well formed child.

Unnatural births are those in which the pelvis is deformed ; or where the child is a monster (as a child with two heads, extra arms or legs, etc).

There is no childbirth with tubular pregnancy, nor with ovarian pregnancy. The pains of labor (?) come on prematurely and the child invariably dies. If the ovum is ruptured the mother will die. If the child dies in its sac the dead body of the child may remain in the living body of its mother for twenty years.—Ramsbotham, London.

From conception until birth there will probably elapse two hundred and eighty days, or nine months.

A child is said to be “viable,” or able to live, at seven months. Instances have occurred where children have lived after being carried only six months. That is where the child is born six months, or one hundred and eighty days after

conception. Only a few cases are on record, and a child born at the sixth month is unlikely to live.

Children can live any time after the seventh month of pregnancy. An eight months' child is as liable to live as a seven months' child. There is no reason for the popular superstition that an eight months' child cannot live.

“Quickening,” or “feeling life” and “motion,” is the time that the child is in the uterus, and the uterus rises in the abdomen. “Life is felt” much earlier in some women than others. Usually it takes place at the fourth month, and the time of childbirth is reckoned from this time. It is not an accurate data, for, as before stated, it occurs at different periods in different women.

The time elapsing from conception to birth is more accurately reckoned as follows: Add six days to the date of last menstrual period and count nine calendar months thus: Date of menstrual period July 1. Add six days, makes July 7. Count nine months, August, September, October, November, December, January, February, March, April 7, the day the child will probably be born.

Much speculation has been indulged in as to the cause of the variations in times of pregnancy as many women carry their children longer

than the two hundred and eighty days. The national laws of France and England recognize the fact that a woman may carry her child three hundred days from the period of conception.

The probable reason of the difference between the number of days in which one woman may carry her child is this: At first both spermatozoon and ovum are very small, but the ovum is comparatively larger. On or about the ninth month, the child having grown so as to be relatively the largest, takes up into its general circulation more blood than is held by the placenta, and this forms a cause of contraction of the uterus, resulting in labor. In other words, when the child grows large enough to hold *more blood* than the placenta can furnish to it, the blood is drawn downwards to the child and emptying the placenta causes the womb to commence its contractions, which are the beginning of labor. This is of course a speculative reason, but one which will account for many hitherto unexplained phenomena of the parturient woman. That an intimate relation must exist between the size of the healthy placenta and a child supported by and growing from that placenta, will not be denied.

When a child is born it weighs from five to nine pounds. A boy will average eight pounds,

a girl seven pounds. The weight of a child is less a few days after birth than directly at birth. Then it commences to gain in weight and so continues until teething; thence until twenty years of age, provided no untoward accident occurs to prevent.

Differences of sexes can be produced by understanding the natural laws.

If sexual intercourse produces conception *directly after* the time of the cessation of the menses, or *within five days after the menses have ceased*, a *girl* will be the result.

If *six days* have elapsed between the period and sexual congress the result of the conception will be a boy.

In other words. Sexual congress directly after the menses have ceased, and up to the fifth day produces a *female*. After the sixth day a *male*. This rule with some modifications of time holds good in all the mammalia.

CHAPTER II.

PARTURITION, OR CHILDBIRTH.

Parturition (from Parere, to bring forth), childbirth, lying-in, delivery, and "being put to bed," are terms used to indicate the last part of gestation, or child-bearing, and describe that period of time when the child leaves the mother's womb for the air. It is also described as labor, and divided by some authors into six stages, by others into four, and by those of later date into three or two.

Dunghlison makes four stages. The first when the "show" approaches and the labia enlarge, with trifling, grinding pains in the loins or abdomen.

The second stage is peculiar pains from lumbar regions towards the uterus, and breaking of the bag of water.

Third stage the head settles into the pelvis, and is presented at the vulva.

At the fourth stage the child is expelled. Delivery is completed by the expulsion of the secundines (afterbirth and membranes).

Ramsbotham, an eminent medical authority of England, divides labor into three stages.

First—When the pains come on and the uterus commences to contract with the regular pains of labor.

Second—When the head settles into the pelvis, and third, when the secundines are expelled. This division is also followed by many authors at the present writing.

Properly speaking, childbirth is an effort of nature to expel a child and its dependencies. It is acknowledged, in civilized society, to be the most trying ordeal of a woman's life. "Pangs of childbed," "women in labor," "the sorrows of travailing women," are familiar expressions, and are popularly supposed to be entailed upon all women because Eve ate the apple, and was told "I will greatly multiply thy sorrow, and thy conception; in sorrow thou shalt bring forth thy children." And it would be difficult to find a place where an equal amount of superstition and ignorance gather than at the bed of childbirth. Even the most fastidious and intellectual ladies of

the continent of America are content to remain in ignorance of themselves, and the coming child. We smile at the barbarism of the African who attaches a human skull above her lying-in couch of skins, or hires the fetiche man to drive away the evil spirits. But the difference between the refined lady who takes chloroform or ether and goes through the process of parturition DEAD DRUNK, and "permanently injures the mentality of her child," and the untutored African is not so wide as it would seem to be at the first thought.

The difficulty in overcoming this culpable ignorance lies in the lack of education among the females themselves. Here and there may be found a husband who is really innately careless of the well being of his wife; but in general, in the struggle for existence and the fierce competition in all business circles, the husband thinks he does well if he can provide for the house, and this matter of childbearing is left with the women "who in their turn leave it to the "doctor," who in too many cases is entirely ignorant of the subject from experience and trusts to what he may glean from his "hand-book for physicians," cheap, useless and often replete with theories rather than facts; and what he may chance to remember of his *course of lectures* while at college. Too often

the regular Doctor is a regular drunkard, and his brain under the influence of alcohol commits the most cruel and fatal mistakes. When women learn the facts for themselves and learn also that at the bedside of childbirth is the place for an *educated woman* and *not* the place for a *man midwife* we shall hear of fewer casualities and heartrending "accidents." But until the women learn personally, and until the young lady is as desirous of being taught as is the young man, we shall have man midwives.

Nor can it be asserted that childbirth is always dangerous or painful. The Hebrew women "were lively" (Exodus 1-19), "and were delivered ere the midwives came in to them." The Indians of the American continent are rarely an hour in labor; and they usually wash and dress their children the same hour. This is quite different from the usual routine of child-bearing. "Two days," "a week," "twenty-four hours" are commonly the times stated by women who have suffered the unnecessary protraction of these "labor pains." This is wrong. As previously stated, preparation for the coming childbirth should be taken during the preceding nine months, and with this preparation we may confidently believe that by far the greater number of labors

will be shortened, the pains comparatively removed, and the chances for the life of the child and mother increased.

In the time of parturition the bed should not be composed of feathers, hair or moss. A well stuffed straw bed is best. This should be covered by some thicknesses of quilts or blankets and again protected by a rubber at least a yard square, and better if two yards by one and a quarter yards wide. Over this a sheet may be placed if the weather is warm, or a blanket if the weather is cool. If the bedstead is a modern slat, or framed with iron sockets, it should be looked at previous to confinement to secure it against letting the young mother suddenly upon the floor. In America the doctor or midwife expects to be seated so that the right hand can be used. Warm water, soap, towels, napkins, sweet oil, and soft cloths (to absorb the "waters"), should be ready for use. If it is cool weather the child's clothes should be well aired, and hung on the back of a chair. It is best, also, to have a skein of surgeon's silk, white, ready to tie the cord, and to provide a pair of blunt pointed scissors. There should be a soft, clean and dry piece of linen ready for the surgeon's or midwife's hand, to wipe the child's mouth the moment, aye the second, that the mouth is in the world. Call

this the mouth cloth and keep it dry, separate and clean, away from everything else. Or, if this is not convenient, have an old, soft, linen handkerchief and keep it for this purpose. Know where it is and be ready to hand it to the midwife or doctor upon the instant.

Diaper pins should be guarded. So also the belly-band pins. Do not allow any pins about the child but what are guarded at the points. A case is on record where "A pin in a child's cap had penetrated the anterior fontanelle (the open place that apparently pulsates on the top of the head, between the skull bones) and although they had a distinguished medical adviser present they did not know what distressed the child until it died." I have several times seen sleepy headed nurses stick a pin through the skin of the belly, and pin the skin to the belly-band during the first few days of life. It seems almost incredible, and I could not have realized the fact unless I had seen it and relieved the child myself out of its horrible torture. Have all the pins guarded. See to this before the child is born.

It is also well for the expectant mother to have a number of old pieces of cloth near the bed so that the moisture can be taken up immediately when the waters break or to be used in case of flooding.

It is also my custom to have an old flannel skirt or a yard square of clean, dry, well washed *flannel* to lay the child on as it is born. I do this because in my practice the child has to lay some moments, and it is best to have the child on something which can be a cover to the child, and is at the same time clean, soft and dry. I prefer an old clean woollen skirt or one of the father's woollen shirts, although any piece of woollen that is clean, well washed and dry answers the purpose as well. It is much better to think of these things and prepare for them *before birth* than be unable to find them afterwards, and in this matter there is quite a time ahead, but all is hurry during the expulsion of the child.

During the first stage of labor the appetite is usually deficient, or entirely lost. Food should not be crammed down the throat "to keep the strength up" as some assert. A cup of tea, a bowl of light soup, or a slice of toast is sufficient. Meats, eggs, cheese, potatoes, are better out of the stomach. *Nature will need all her energies to expel the child*, and not spare any time or blood to digest and assimilate loads of food. As for the absurd statement of "keeping up the strength" it should be abolished. The strength is already in the system, and Nature will use it as she

sees fitting and proper. If nature does not demand food, it is evident that the body does not need it, and therefore it should not be forced down to gratify a bystander's whim.

The lady who is about to be confined should have one confidential friend in whom she can confide. One who is not a gossip, nor a croaker. A lean woman dressed in black is always an object of suspicion. A fat fool is to be shunned. Don't have any one whose breath smells badly, nor one who does not brush her teeth and keep her finger nails clean. Get a lady; if possible, one who has some little knowledge and courage for you and the child to come. Better be without any one than have a pug-nosed cry baby, a drinking brute, a woman with a mouthful of tombstones, a snuff dipper or a black robed mourner ready to cry or scold on the first provocation. This world is too fast and too hard for that breed to do any good for you or the child.

I am led to make these remarks from a somewhat bitter experience with the classes named. For example: I was sitting in my office when Mr. — rushed in excitedly and exclaimed, "For God's sake come down to my house!" On reaching the room I found Mrs. — in the first stage of labor induced by falling from a

chair on a bed where she had been trying to nail a piece of board over an aperture in the ceiling. She was a few days over eight months in her pregnancy. A lean croaker sat by and frequently made the cheering remark that "it was such a pity, as eight-month's children never lived." I had a nurse obtained, but when the nurse came it seemed that I had changed the witch for a devil, as she added the "experience and authority" as to the inability of eight-month children to ever live and become anything. The pains kept on, however, and the child was born alive. I paid extra attention to the prolongation of the time the child should lay on the right side, but the cord was very short and it ceased beating almost as soon as respiration was established. Placing my hand upon the abdomen I discovered *another* child in the womb. I tied the cord securely, wrapped it up in flannel and handed it to the croaker with the voluntary remark that it would seem to be in no wise different from a nine-month's child, rather small perhaps, but that I would insure the life if well nursed. The nurse whom I will call Mrs. Croaker, because that was not her name, took the child to the kitchen, and the pains coming on immediately the *feet of the twin* presented. I told the father, who was standing on the opposite side of the

bed, that he might expect another child. It was bitter cold. I had him rub the abdomen lightly. Pains came on again, and the thighs of the child came down. I used no violence whatever,— did not dare to administer any parturient, and perhaps three minutes elapsed with the child in this manner, *protecting the pulsations* of the *umbilical* cord with my two fingers (as advised by Ramsbotham Playfair, et al.). The child was born apparently dead, limp as a rag, and of a purplish color from cold and compression. I used cold water sprinkling, rubbing the abdomen *until the pulsation grew stronger in the navel string*, and the child cried well. Then as soon as the pulsation at the placental end of the umbilical ceased, I cut the cord and the placenta was almost immediately expelled. I wrapped up the child and gave it to Mrs. Croaker, who volunteered the remark that it was a “poor weakly little thing.” For a few minutes I was intensely busy with the young mother. When I visited the kitchen, Nurse Croaker was about to *strip the twins and wash them*. Of course I stopped that. Directing her to hold the youngest I warmed sweet oil and rubbed the warm oil over the body of the child, wrapped it up well in flannel, and proceeded to oil the second one who was making the piti-

ful moan so common to prematurely born animals.

“Poor thing,” said Mrs. Croaker, “It can’t live. It is better off dead! It will be a little angel. It is a pity it couldn’t be baptised for it can’t stay here,” and a series of pious ejaculations indicative of resignation and piety. Meanwhile I opened the oven door of the stove, bared my arm, oiled the little moaner with warm oil. Allowed it to rest on my warm arm with its feet to the fire, until it stopped its moaning, and I knew by its breathing that the *foreman ovale between the two auricles had closed*, when I laid it on its right side and covered it warm. In the morning bright and soon I obtained an English nurse. Mrs. P. and those twins are *both alive and well to-day*, (1880). I do not hesitate to say that Mrs. Croaker would have had one if not both those children little angels, especially as she has since lost a grandchild, and her own daughter’s twins died a few hours after birth. Don’t get a croaker when you are going to have your child. In my practice I avoid the presence of gossip or immoral women. It is true one cannot always choose, but a severe silence is the physician’s refuge, while the lady being confined can usually choose her special companions quite a time in advance of her confinement.

An attendant should not giggle on the one hand nor tell stories on the other. *Rest between the pains* are golden words, and an absolute quiet is a much safer condition during childbirth than any other. Neither should the husband be allowed every few minutes to prophesy that "in a few minutes it would all be over." Usually this is a lie, which the young mother gets dreadfully tired of hearing before it is over. It is far better to understand that at first the pains are trifling and grinding; next the pains settle in the back and loins, next in the sides (hollow of the thighs), or over the pelvic bone (front bone), and lastly on or about the coccyx and perineum, etc. It is well to mark successively the steps of childbirth, and encouragingly tell the woman in labor precisely what to expect, and note the steps already passed than to encourage her with false hopes.

All classes of heavy, indigestible food should be avoided during the latter months of gestation. By heavy food I mean sausage, Irish potatoes, tomatoes, blood pudding, liver, brains, pigs feet, oysters, salt fish, cheese, pastry generally, and sauer kraut. Rich and indigestible food deranges the stomach, renders the blood impure and the coming child weakly. During any stage of parturition vomiting

may come on and continue only present during the first and second stages. It is a good symptom during the first and second stage, but is indicative of mischief during the last stage. During the second stage vomiting is usually followed by a momentary cessation of the pains, but they return with more force and effect, and the child is soon after born. The reason of vomiting is, that there are obnoxious materials in the system which nature throws off previous to the final effort to expel the child. It should not usually be stopped. Especially should the so-called Homeopathic narcotic poisonous remedies, Aconite, Belladonna, Nux Vomica and Arsenic be stoutly avoided. If given in the high potencies which the Homeopathic quacks pretend to use, they are valueless and inert; and if in alcoholic tinctures they are absolutely poisonous to mother and child.

Should there appear to be spasms or tremors *with the vomiting*, an *injection to the bowels* should be used; and this, if it comes immediately away should be repeated until there is an *action of the bowels*. Should some one urge the administration of medicine let it be of a harmless nature, as a spoonful of peppermint tea or a strong infusion of sage tea. But there is nothing to be alarmed at when the patient

vomits. Vomiting in the commencement of the second stage of labor is a good symptom and does not need any medicine. Meigs says (page 237, on obstetrics) :

“Nausea and vomiting are frequently met with in the lying-in room, as symptoms of approaching labor; though it is true they mostly present themselves when the Os Uteri (mouth of the womb) is almost one-third dilated.” Dr. Meigs offers no remedy, and as before stated none is necessary, as the symptom is favorable. Sometimes tremors, tremblings or shaking spells, as if the lady had the ague, will come on after the vomiting has subsided. This is usually the symptom for which some meddling nurse advises a “warmin’ tea.” But it is perfectly safe not to take anything. The pains will return shortly, and the attendants will have enough to do to take care of the child. Large beads of perspiration, sometimes over the entire body, follow these tremors, and to the inexperienced seem alarming. There is really no danger unless *with the chills* flooding should commence. This, however, does not occur once in thirty thousand cases.

Should the pains continue without regularity and apparently without intermission, it is advisable to learn what causes the continuance

of the pains. For instance, if the bowels are constipated the female attendant should prepare an injection of warm water, which may be used to the bowels by means of a rubber syringe (being careful not to inject any air), and this repeated until the bowels move freely. If, however, the water of the injection comes away without inducing a motion, a pint of water (warm), in which an even teaspoonful of salt has been dissolved, or one-fourth teaspoonful of the tincture of ginger dissolved in one and one-half pints of water, may be used until the motion is free. After the operation of the bowels the pains may cease for a time. No medicine is to be allowed, as sleep and rest are better restoratives when naturally induced than all other medication. At length there is a movement of the child, and its head is "turned down." It can be felt directly over the pubic bone. When this occurs with the first child it may be some days before the child is born; but with the second, third or fifth child, this turning down usually precedes the *completion of the first stage* of labor by not longer than two hours. I have known mothers who felt as well as possible at seven o'clock in the morning and the head of the child "turned down," and the child was born in one hour from that time, viz: at 8 o'clock, A. M. The moment

a pain comes on when the head of the child is turned down, all motion is stopped in the child, because the *pressure of the uterus* against the child's head renders it insensible and motionless. Heretofore, the embryo child has floated in a bag of water, but now the uterus appears to press the bag of waters out of the mouth of the uterus into the vagina, and to keep the child's head down towards, or on, the brim of the pelvis. In this condition the pains commence to have regularity and are harder. The woman should not repress any natural desire to pass urine or fœces, as it is best that she should have the bladder and rectum as empty as possible, as this is the most favorable condition for the head of the child to pass into the pelvic strait; or, as it is called, into the *second stage of labor*.

Should the pains cease or appear very irregular, and above all seem to be slight and "not doing any good," as the nurse will say, and the attendant is satisfied that the bladder and the rectum are empty and the person is weak and faint, mix ten to twenty grains pure pulverized capsicum in a glass of cold water, and give a teaspoonful every ten minutes. I believe this to be the best permanent stimulant on the face of the earth.

This brings on regular labor pains.

The pains are now to be more severe. At every pain there will be an intense desire to pull down, or to grasp and hold on to the hand of the husband or friend. This is to be encouraged. Advice is sometimes given to "hold the breath." Some instances of "swelled neck" have come under my observation, which were said to have resulted in holding the breath. It is my practice to advise them not to let the voice go out too soon, as I believe the abdominal muscles aid very materially in the expulsion of the fœtus, but not to strain or overdo in any manner. Especially is this "holding the breath," straining or pulling down to be deprecated if the mouth of the uterus is not fully dilated. It is this condition — this travailing condition that requires so much patience and courage. An acquaintance of mine of the regular medical school has just lost three women in childbirth within a few weeks of each other, each of whom left a child, by the incautious use of spurred rye or ergot. The os uteri probably was not sufficiently dilated; the doctor thought he could not wait, "had not time." He gave a dose of Ergot which RUPTURED THE WOMB, while the child was being expelled alive, and in one case the woman died in one day, another in a week subsequent to the birth of her baby. In the last case the woman lived

four days and died from the effects of "hastening" medicine.

Another case where a very busy doctor could not wait the operations of nature and gave a very large dose of Ergot (SPURRED RYE), and the child was born very shortly. This child is now seven years of age and cannot talk, *and has no control over its bowels*. I saw this victim to Ergot only a short time since. Other children had been born all well, for the unfortunate mother after the first child had a superstition against doctors and *against medicine*.

Yet this poisonous Ergot and spurred Rye is what the old regular school of Mineral Poison Doctors depend upon to *hasten labors*. They would not dare to ever give another dose of poison medicine, but they depend upon the ignorance of the people. Is n't it time the people learned something for themselves? What are commonly laid down as "puerperal convulsions" are brought on by the use of this *Ergot before* the child is born. An old regular has just wasted some paper and ink in trying to prove that *Corn Smut, Ustilago Madis*, is a good thing for a woman in labor. *How* would it do for a well woman to take?

There is no stage so intensely wearing as the first stage. Nothing can be hastened with

any degree of safety. Especially is this to be borne in mind with a living first child. What has been said about "meddling," "touching," and all the teas, ergot or spurred rye, and other remedies, applies with renewed force here. Haste is waste. Have patience. Have courage. At each pain the uterus does a little towards the expulsion of the child. Sometimes even in the midst of the hardest pains in the first stage of labor the pains will cease, and the lady fall asleep, awaken without pain, and have the birth prolonged for a week. Such an occurrence happened under the care of the writer very recently.

Mrs. E. had one living child by her first husband, and after that lost in succession eight children, all born dead or only living a few days. She married the second time and became pregnant. At the sixth month her husband placed her under my care. Rest, moderate but not laborious exercise, and strict attention to the evacuation of the bowels, brought her to within a few days of her full time. She had severe pains; the os uteri was dilated to the size of a twenty-five cent piece, but the head of the child remained above the brim, and the bag of water did not protrude to any extent. At night her pain subsided, she slept soundly until the next forenoon, when

the pains were repeated. These pains again subsided, and arose again on the morrow. This occurred for several days. The uterus and its contents apparently settling lower into the pelvic cavity each day. The neighbors, those dear good souls who drink tea, carry on gossip and love their neighbor's business better than they do their own, together with tonguey women who attended her thought "a great shame and a great pity, so it was, that the Doctor would not give the lady something to cut her pains and bring the child into the world." I was satisfied, however, that the uterus was not ready to expel its contents, and also believed that when Nature—our great master,—was ready, that the child would be born. I explained the matter to the lady, and as she was desirous of having a living child, she waited patiently. The child, a healthy boy, was born quickly a week afterwards, the lady had an excellent delivery and a rapid recovery. The child is alive and well at this writing. I am satisfied that had a dose of Ergot been administered the child would have been as the previous children, "BORN DEAD." Patience saved the child.

Dr. Meigs says: (page 254), "The effects produced by the pains and efforts by labor upon the constitution are very striking. The

mind in the beginning is anxious, irritable, fearful, and full of the most gloomy anticipations ; but as the process goes on, and the expulsive efforts become more violent, it acquires courage and firmness, and the most dogged resolution. The patient seems like one who has a task set for her, which she is resolved to execute as rapidly as possible ; and she therefore bears the pains of expulsion far more submissively, or rather courageously, than the small or dilating pains." That is, she will endure the second and third stages of labor better and with less anxiety than she bears the first.

CHAPTER III.

THE SECOND STAGE OF LABOR.

Usually the waters break just before the labor passes into the second stage, but this is not always the case. The head of the child settles into pelvic cavity; the mouth of the uterus dilates or enlarges, and the bag of waters may even protrude out from the vagina like a finger of water, or a small sack, push-

NOTE.—It will be seen that the writer has paid no attention to the PRESENTATIONS of the child, which he has left unmentioned for the following reasons:

1. That every work on midwifery has the names of the different positions, with a very full text of explanations.

2. Some of the authors on midwifery have very many, as for instance Bandelocque had *one hundred and two* distinct positions.

3. It is most natural and frequent in all animals for the *Head to present*.

Ordinarily, and to one who may chance to be called upon to attend a delivery, the *presentation* of a child does not

ing out visibly, and receding until almost the last pains in the second stage.

Here some of the wiseacres propose to *rupture the sack*. I do not believe in doing this as I conceive the *bag of waters* helps to easily dilate the mouth of the uterus and render the descent of the child easier. I knew of a Homœopathist in Lincoln, Nebraska, who was trying to rupture the sack of waters with a hairpin, and accidentally tore off the scalp of the infant.

This was also a "*dispensation.*"

Sometimes a "flow of waters" appears, and the lady, especially if it be the first child, is "sure the waters have broken." But flow of water in some cases results from the outer sack not being in contact with the inner sack and the cavity between the two sacks containing a small quantity of water (called hydro-

matter, *provided the pelvis is large enough*. Besides, it is not safe or always wise to try to change a presentation, even if it appear to be wrong. Nor can it always be accomplished. Moreover, if one desires to know about these matters, Meigs, Cazeaux, Hodge, Ramsbotham and Playfair are to be purchased at the bookstores.

But the facts are that in *any position* "A MEDDLESOME MIDWIFERY IS BAD." The writer is of the opinion that in far too many instances where nature has been "*assisted,*" the child or the mother or both have been killed. Some years since the writer was called to a case which the midwife declared was "progressing too long; but as

perione), which gushes out during the first or premonitory labor pains. I believe serious mistakes are often made by the physician who depends upon the statement of the woman who is excited, nervous and unduly anxious, or an ignorant, inexperienced nurse. The Hydro-perione may appear during the first stage, or during the commencing of the labor pains, and should not be confounded with the liquor amnii, which almost invariably precedes the second stage by a short period of time. This Hydro-perione is also the cause of "little gushes of water" from the uterus and vagina, which sometimes occur several weeks previous to childbirth.

I remember a case where there were two very old physicians in attendance and the lady was "perfectly certain" the waters had passed. Eighteen hours of watching, ergot and opium

she "had done all she could" she sent for a physician. The "doing all she could" consisted in anointing her hand with lard, and trying to *grease the mouth of the womb*.

It was a breech presentation, slow and tedious enough, any way, but rendered yet slower and more tedious by the rude efforts of the nurse to forcibly dilate the womb. After a time the child was born *dead*. The lady slowly recovered, but her urine incontinently dribbled away for many months. The nurse's hand and her dreadful *greasings* had lacerated the structures of the vagina. "*A meddling midwifery is bad.*"

convinced the patient that she *had not* passed the *liquor amnii*, but only the hydro-perione had passed. The doctors killed her baby and came near killing her, but as they were *regulars* nothing must be said.

When the waters break there is usually a decided amount of water discharged *at once* and the person of the lady is flooded. This is not always the case as sometimes the liquor amnii is very much reduced in quantity.

When little gushes of water come, and an examination shows that the bag has not broken, quiet and rest, not medicines, are needed.

Here is the great secret of the success of the Physio Medical School. They *do not give poisonous opiates*, and when the child is born it is healthy.

The Allopaths give opium and when the child is born it is unhealthy. In the second

Not very long since a medical man of the Eclectic stripe, being called to a case of Primipara, decided he could *Assist Nature*, and proceeded to turn. He crowded his arm into the womb, and after fishing awhile brought out the child *in pieces*. The mother died shortly afterwards. When the body was opened it was found that the womb was ruptured, and a portion of the rim of the pelvis had been scraped off, leaving the *bone entirely denuded*. "A MEDDLESOME MIDWIFERY IS BAD."

And the writer believes that child-bearing is *only dangerous* where it is *meddled* with. And the more it is meddled with the more dangerous it becomes. The time

stage, when the waters break, the moisture should be immediately absorbed by means of dry cloths, and a dry cloth spread underneath the hips of the woman; also a dry bunch of cotton or linen placed near the vulva and anus to absorb the moisture.

The second stage of labor is distinguished from the first stage, by the fact that during the first stage the woman walks about, or can sit up. During the second stage she can neither walk, sit nor stand with any ease. Playfair (midwifery, page 256), says of the first stage:

“The position of the patient is a matter of some moment in the first stage. It is a decided advantage that she should not then be in a recumbent position on her side, (on the side is the English method), as is usual in the second stage; for it is of importance that the expulsive force should act in such a way as to

was when the members of the Eclectic School were thought to be very good accoucheurs. But at the present writing the Eclectics, with their ERGOT, their BELLADONNA, their “Specific” and “Direct” medication, have become nearly as proficient in Child Killing as the Little Pill Poison dosing Homœopaths. A MEDDLESOME MIDWIFERY IS BAD, and the animal, whether be of Old School or New School, who cannot keep his fingers from dosing down poisons to the mother and child, nor his hands from the delicate structures of a woman, should spend the balance of his natural life in a solitary stone cell, with a bread and water diet.

favor the descent of the head into the pelvis, i. e., perpendicularly into the plane of its brim, and also that the weight of the child should operate in the same way. Therefore the ordinary method of allowing the patient to walk about, or to recline in a chair is decidedly advantageous; and it will often be observed the pains are more lingering and ineffective if she lie in bed.

If the patient be a multipara (signifying a woman with any child after her first), or if the abdomen be somewhat pendulous, an abdominal bandage, (not too tight), by supporting the uterus will greatly favor the progress of this (the first), stage. Keeping the patient out of bed has the farther advantage of preventing her from being unduly anxious for the termination of the labor."

In the second stage this is changed. "The waters broken, the pains may for a time seem to have left. They will return more severe, and with greater effect. The proper and true bearing down pains come on with regular intermissions of rest. The pains change their positions from the back to the sides; sometimes directly upon the pubes, at others in one or both hips, and finally lower down, changing until the few indescribable "terrible pains" that precede the expulsion of the head of the child.

But if these pains are severe and no progress seems to be made, a very good plan is to allow the *lady* to *kneel down beside* a chair during two or a dozen hard pains as this changes the position of the child and favors its expulsion from the uterus.

It is in the SECOND STAGE OF LABOR that so many cruel mistakes are made because of ignorance. If the young mother knew her own being and knew the *mechanism of labor*, no person could startle her with the absurd stories so commonly retailed by the gossips. It is true some women have a very *hard time*, but they live and do well, if properly treated and Nature is given a chance. Very recently a lady weighing *ninety-two pounds* when she was married, was delivered of a child weighing *twelve and one half pounds*, yet in a few days she was attending to her household duties. The old idea was to exhaust a woman by bleeding her *until she fainted*. This, I say, was the "*old school*" or "*regular*" way before the practice of the reformed medical school of America. Indeed the mothers of America owe a debt of gratitude to the advance system of medication since, if it were not for their persistent fighting against the errors of the old allopathic mineral poison school, who so conceitedly assume the name of "*regular*" we should now be daily

witnessing the bloody and cruel methods which they have been forced out of by enlightened public opinion. And it is the idea of the writer that as soon as the women are educated to understand themselves the *man midwife* and the "regular" poison allopathic bigot will be among the things of the past.

Between nations and individuals the habits of childbearing are widely different. Some have children upon their knees. Others on the side. Others alone by the brook, washing and dressing their child without aid or companionship. A shortly built person may find relief in the kneeling posture. Thin and fragile females prefer to recline on a rocker to the last moment. The Europeans bear children lying on the left side. The Jewish women seem to have a predilection for a chair or a stool. The writer believes the second stage is usually easier and safer in a reclining position and that one most comfortable for the patient at the time. If proper care has been taken of the body no fears are to be apprehended either of the birth of the child, or lingering labor. Many physicians are in the habit of administering anaesthetics to deaden the labor pains, as chloral, chloroform or ether. These drugs are pernicious poison and should not be used if the health of the mother or child is to be regarded. I be-

lieve that chloroform injures the mentality and stature of the child, and produces an irreparable injury upon the mother. The most eminent authorities in the world advise against its administration. I may mention Chas. D. Meigs, M. D., of Philadelphia, (Obstetrics, published by Henry C. Lea, of Philadelphia), as perhaps the most eminent and successful obstetrician who ever lived in America, as an earnest and cultured opponent of chloroform and ether. He says, (page 325, op. cit.): "To be in natural labor is the culminating point of the female somatic forces. There is, in natural labor, no element of disease — and, therefore, the good old writers have said nothing truer, nor wiser, than their old saying, that 'meddlesome midwifery is bad.' Is chloroformization meddlesome?"

But chloroform in reality *does not remove* the pains. It may *deadens* for a time, but the absolute *amount* of *pain*, both on account of *lingering labors* and *after pains*, is NOT LESS-ENED. A still weightier reason is because all narcotics *lower the mental energy* of the *child*.

Of this there is not the least doubt, as it is susceptible of proof of the strongest kind.

I remember a lady in Lincoln, Nebraska, who boasted quite emphatically before her first childbirth that *she* would never suffer the

pangs of childbirth. She had a lady midwife during labor, and chloroform and ether were freely administered. The baby was BORN DEAD. During her next confinement she changed physicians and did not take chloroform. The baby lived.

I advise every one who is fearful of the approaching pains of labor, and is premeditating the inhalation of chloroform to obtain and read carefully Dr. Meig's views as well as the letters urging its use from the eminent Dr. Simpson, of Scotland. Dr. Meigs computes the mean duration of labor pains at *fifteen minutes* as follows: (page 252 op cit.)

“If this computation be a correct one, then it may be said that in the first hour the woman shall have a pain every twelve minutes, which would give five pains for the first hour. If she should in the second hour have a pain every six minutes, she would have ten pains in the second hour; pains every five minutes of the third hour would amount to twelve pains; and if she should be affected with them every three minutes during the fourth and last hour she would suffer the pains twenty times during that period.

So that twenty, twelve, ten and five pains would make up the sum of forty-seven pains for the labor. The whole duration of the

labor pains, supposing each one to last only twenty seconds, under this computation, would be about *fifteen minutes*; so that, in a labor of four hours the woman would be fifteen minutes under the labor throes, and three and three-quarters without them. It is to be understood, however, that much pain and distress may be present, notwithstanding the womb is not actually contracting." With this calculation, which may be relied upon as correct for an average labor, any lady can see whether, for the purpose of relieving herself of fifteen minutes pain she would run the risk of losing her child, and ruining her health. A remark made some years since by a very high church dignitary to the effect that he "knew of no reason why one should suffer the agonizing pains so common as long as there were such agents as chloral and chloroform," led the writer to ask himself why pains were necessary at all. Why did our Blessed Saviour allow himself to suffer pain?

Why do we not have a constant life of enjoyment and pleasure?

All obstetric writers consider pain as a symptom and ordained for a wise and beneficent purpose. In the case of childbirth all the writers of note agree in declaring that a labor pain is for some purpose. They do not differ

as to the cause of the pain which is in the contraction of the uterus against or on its contents and the *resistance to that contraction*, but they differ as to *what the benefit* may be.

“I have been accustomed to look upon the sensation of a pain in labor as a physiological relative of the power, or force; and notwithstanding I have seen so many women in the throes of labor, I have always regarded a labor pain as a most desirable, salutary and conservative manifestation of life force.” (Meigs, page 323.)

As I have previously stated I do not believe that labor pains need to be prolonged as they usually are. And I may say emphatically, that having at my period of life devoted some attention to childbirth and the care of pregnant and parturient women, I am of the opinion that ignorance kills half the women who die during childbirth and mal-advised medicine that kills four-fifths of the other one-half.

The lady who has taken good care of her body during the period of gestation need not fear the result of child bearing if she will shun drugs and ignorance. In the countries where drug stores abound as in London, Manchester and other parts of England, there is relatively a larger population of hunchbacks, rickety

and deformed children than in America. I attribute this to the fact that the mothers, during gestation, have habituated themselves to narcotic drugs, and these drugs had a direct and far reaching effect upon the body of the child. Weak lungs, asthma, and spinal disease are flippantly accounted for as "visitations of Divine Providence," when in fact they are the direct result of drugs taken during the intra-uterine life, or taken at the moment of child-birth, and thus depressed the vital powers of the child so that it cannot grow up in its natural perfect form.

In this place it is no more than justice to pay a tribute to the industry of those ignorant thieves who style themselves "Homœopathsists." These people believe in Aconite, Belladonna, Veratrum and Nux Vomica, which remedies being acro-narcotic poisons have a direct and an appreciable effect upon the nervous system of the mother and child. The "nervous fluid" or the atoms which compose the nerves, are undoubtedly decomposed or disintegrated by these acro-narcotic poisons. The result is seen in the weakened, small statured, nervous children. The Homœopathsists claim that "like cures like." But the saying is untrue and should be changed to "poisons produce death." But the industrious

liars of the Homœopathic persuasion catering to the taste of an ignorant public, will have run their course just as soon as the people wake up long enough to see the result in the nervous systems of those victims who constantly are dosing with the "delicate potencies" or acronarcotic poisons. Indeed, if it be faithfully looked at in any community it will be seen that there are no more unfortunate obstetricians than the Homœopathists, *especially when one examines the record and life of the children that are ushered into existence* under the professors of that diluted school. More especially is it a fact that: the system which has previously been treated by homœopathy shows its inherent weakness during the second stage of labor.

In making these statements I speak from a very bitter personal experience with the hypocritical untruthful and ignorant men, who *claim* to be Homœopathic Physicians and Surgeons. At the same time were the choice to be made between a *drunken* "regular" Mineral and Potash, Calomel and bleeding, blistering drug store prescribing Allopathic Gentleman (?) and a sober man avowing himself a homœopathist, the writer would choose the sober homœopathist.

The safe way is to avoid all medicines, unless given under the administration of an

educated and *sober* physician. And it is safe to assert that no experienced, sober well educated physician will give drugs for the deadening of a pain, or for the reduction of the pulse, when the pain is beneficial, and that pulsation is aiding to usher a new life into the world. The authorities of the world, as Hodge, Meigs, Ramsbotham, Playfair, and others will sustain this assertion.

If the head is presented all right, as may be known by the touch, we shall see a gradual descent of the head and a corresponding dilatation or softness of the parts. In some cases it apparently comes down and recedes nearly as much. But it is safer to wait during this time than to do any meddling. Some obstetricians support the perineum. Some do not. Assistance can be given at this point, but what that assistance may be is determined by the patient and condition of the child. If no doctor or midwife is there when the head comes down, press as lightly as possible with a napkin over the hand against the membrane between the vulva and the anus. Have your piece of flannel ready to lay the child on; have a soft cloth to wipe its mouth at your hand. The head at this stage may go back ten or more times, but it comes out at last and then is the moment when the child may absorb some moisture to its

imminent danger of being strangled. Of this period the eminent English obstetrician (Ramsbotham), speaks, in the following eloquent manner :

“At that period of labor (Second stage), it (the head), may be almost entirely expelled by the urgency of a pain ; and when remission (of pain), occurs, it will recede, and be again perfectly buried within the genital fissure, so that the labia close around it. To such an extent is this sometimes carried, that it may give those not well acquainted with the process an idea that the uterus has ruptured, and that the child's body has past partly into the abdominal cavity. And here again we cannot help remarking the beauty of Nature's ordiances ; it is impossible indeed to contemplate a single provision, even of the minutest character, adapted to the exigencies of gestation and labor, without being fervidly and awfully impressed with the extent of that wisdom, power, and beneficence which established the laws and controls their operations. (Human parturition, p. 104.)

It would seem that advice to have patience until the child's head had emerged would be superfluous. Waiting patiently at this stage is of the utmost importance. The writer knew of an inexperienced physician, who, in his desire to assist the parturient woman, dug his fin-

gers into the scalp of the child and hastened its exit. The mark of the physician's nails, and the flabby bunch of scalp, were evidence as to the causes immediately producing the death which followed. Neither should the forefinger be placed between the head of the child and the perineum, as too many midwives are apt to do for the purpose of "Lightening the child's head." A napkin between the hand and the perineum may assist in supporting the perineum, and thus relieve some of the distressing pains as that membrane is being placed on its tension. But no pulling, hauling nor punching should be allowed.

The moment the head passes out it should be *instantly supported* by the palm of the hand, right or left. A soft piece of cloth removes all the moisture from the child's mouth, eyes and nostrils.

You will see also *that the head at the moment of its emergence appears and does turn from you, or towards you.*

You must not try to stop this turning, as this turning is necessary to allow the shoulders of the child to pass.

Be ready to follow this turning, so as to be certain to *keep the child's mouth and nostrils clean and free from all fluids.* AT THE SAME TIME OBSERVE carefully *whether the cord is*

around the child's neck. If it is, slip your finger under it and pull on the *loose end*, and slip it over the head, one end of the cord is loose and the other tight, you can tell which end you can pull on gently by its ready yielding being a free end. (In reality neither end is free, but is looser than the other.)

You must not endeavor in any manner to make any traction, nor must you pull in the slightest degree on the child. The pain will cease, probably, upon the emergence of the head, but *you must not pull it* unless you wish to pull its head off or break its neck. In short, leave the child to be expelled naturally. Have all your patience and your mind perfectly under control. All is well if there be no haste. I am aware that this advice is opposite to the practice of some eminently unsuccessful obstetricians. And I am also aware that the father, and other lookers on, are in the greatest excitement when the head seems to stop. The mother should be quiet; or, better, she should be informed before hand of the steps that Nature makes in childbirth. Let the head be in an easy manner, supported by the hand. Keep the mouth of the child free from the fluids, and Nature will not require much time to complete her labor. Playfair (midwifery, page 261,) says:

“The expulsion of the body should be left to uterine contractions. If we display undue haste in withdrawing the body, we run the risk of *emptying the uterus* while its tissues are relaxed, and so favor hemorrhage and perhaps death.”

In a moment the pains will return. Meantime we have examined the neck to see whether the cord is around or not. If it is, place the finger underneath it quickly and gently, and pull on the free end until there is enough loop to pass over the head of the child. *Do not pull hard*, and do not crush, or jam, or pinch the cord, because it is THROUGH THIS CORD that the child receives its life. Only by practice and observation can one learn this step, yet it is necessary, and is really not dangerous, unless the midwife or nurse is too hasty, ignorant, or drunk. The free end of the cord can be known by the slightest pull. It is always the end that yields, and a loop is easily pulled down. It is important to know this, since in cases of severe uterine contraction from stopping the circulation in the cord and thus producing death. Meigs (obstetrics, page 295), writes of the cord around the neck :

“The head is born; perhaps the cord is turned once, or even more than once around the child’s neck, which it encircles so closely

as to strangulate it. Let the loop be loosened by pulling the yielding end sufficiently to enable it to be cast off over the head. This cannot always be done; if so, in any case, let the child pass through it by slipping it along its body, over the shoulders. If it seems impossible to slip the cord over the head or shoulders either, it should be let alone; and in a great majority of cases it will not prevent the birth from taking place, after the occurrence of which the cord can be cast off. Should the child seem to be detained by the tightness of the cord, as does rarely happen, or in danger of compression of its jugular vessels, the funis may be cut with the scissors and tied after delivery."

I have never seen a case of this kind, and while it is undoubtedly *possible* it is one of the most uncommon occurrences in the course of a lifetime. If the cord is cut at this time the child is as good as dead, sooner or later, and I introduced this passage to show that the habit, or even the allowance of a thought as to the premature cutting of the cord, is in direct violence to Nature's laws. Even Dr. Meigs acknowledges this, as he further says: "Under such a necessity as this, a due respect for one's own reputation should induce him to explain to the bystanders the reason which rendered so considerable a departure from

the ordinary practice indispensable. I have known an accoucher's ability called harshly into question, upon this very point in practice. I have never felt it necessary to do it but once."

It may be doubted whether any American obstetricians had greater practice or more uniform success than Dr. Meigs. And it may be added that the child so prematurely separated would not be likely to live to maturity. In case of such an accident so remote and so unlikely, I should advise rubbing across the lower part of the abdomen gently and rapidly for the purpose of promoting uterine contractions, and more quickly expelling the child. The great difficulty in such moments is to learn not to lose one's head. In short, not to get excited nor lose precious time by trusting or running for some one else. Try again. Pull gently, and if this does not yet answer, and the pains do not return by rubbing, insert two fingers in the vagina so as to protect the cord. That is one finger one side of the cord and one on the other, thus preventing the pressure upon the cord that causes cessation of life. It is proper to state that these cases are unusual, for usually a moment only elapses, at most not over three moments elapse, when the child is expelled by the returning contraction of the uterus.

After the head is born and supported, the mouth wiped, we shall see the face turn slowly to the left or right (toward you or from you), and immediately the shoulders will appear. Here again it is usually the fact that all the body follows without stopping. But not invariably. The shoulders as well as the head should be supported, but *no pulling should be allowed* on the body of the child. I know of one child whose back was absolutely broken by this pulling at a child half born where the mother was on her knees at the time. The child died as a matter of course, but as the obstetrician was a Homœopathist it was also as a matter of course a dispensation of Divine Providence!

Not always does the body follow the shoulders. In some cases the child or the pain, or both of them, stop after the child's shoulders and arms are out, and here patience is necessary. It will seem to an inexperienced person as if the walls of the vagina or uterus would crush the child's abdomen into a pulp, but there is not a particle of danger to the child as it will have commenced squalling by this time. Watch the umbilical cord, however, and protect it, if it is liable to become jammed, squeezed or compressed between the walls of the vagina and the child's body. Only a short

period can elapse before the pain will return and the child will be born. The important point is to prevent every undue compression of the cord, and also to keep the mouth of the child free from any of the fluids which are usually abundant. Meigs (page 275) says: "If the shoulders should not rotate so as to bring one of them under the arch, that motion may be given by one or two fingers introduced and made to act upon the shoulder nearest the pubis, so as to draw it into the proper place." In other words, if the face does not turn of itself one or two fingers may give *gentle* motion to the shoulders.

But you must on no account try to turn the head yourself unless you desire to kill the infant by wringing its little tender neck, an experiment which is tried daily by too many of the fool midwives. As previously stated, it is not often with a healthy woman that any aids are necessary. In most instances, a series of severe pains expel the head; this cessation allows ample time for wiping the mouth and supporting the head, when the next long pain expels the shoulders and body of the child. During this period all haste, alarm, fears, idle stories, and especially the presence of hypocritical gossiping women and the mourning jezebels is to be avoided and shunned. Never have, in

the critical stage of labor, a female attendant whose mind has been warped against humanity. Don't have an unlucky woman in your house. One of the wisest of America's surgeons wrote (Dewee's Midwifery, page 181) :

“Ill directed measures will always have penalties attached to them; and it is only by a proper view of the nature of labor, that it can be conducted to a happy issue. There is no one circumstance that so largely and certainly contributes to divert Nature from her proper course as the persuasion that art can always benefit her, hence the constant employment of ill directed manœuvres by an accoucher or midwife. And unfortunately for the interest of humanity, it requires more knowledge *not to be officious* than falls to the share of many of those who pretend to practice midwifery.”

As soon as the whole of the body of the child has emerged, the child should be laid within a foot of its mother's vagina, face to the left knee, on a piece of warm, clean, dry flannel, and laid upon its *right side*. The cord should be lifted up out of the fluids, the mother covered as much as possible, the cord should be free and not pulled at in any manner, but held carefully on a level with the navel of the child. Keep the hands of the child out of its mouth. Be

certain that any fluids are not being soaked up by the flannel on which the child is lying. There will be a cry for the scissors ; some black robed mourner will hand you a cord. The child will be exercising in a splendid effort at elocution, and, what you need is patience, coolness, grit and a pair of good eyes. Get the black robed mourner to sit down in a rocking chair ; take the thread, put it in your pocket ; assure the mother that everything is lovely. Tell her the sex of the child. Assure the father that you know what you are about, or if you are the father of the child do not be the least particle excited. In short, if the child is born alive, as it will be in ninety-seven cases out of every one hundred, you have nothing to do, except to watch the child as it is drawing in its first breath, and watch the changes as they are occurring in the body of the child now lying before you.

CHAPTER IV.

THE FIRST BREATH.

When it comes to be soberly considered that the child just born has for nine months previous been growing *in water*, sustained by blood from the mother through the umbilical cord and through the placenta; that it has undergone all the varied changes from a worm (spermatozoon microscopic) to a human being; that the lungs have never been filled, previous to its exit from the uterus; that it was always *in the dark*, always *floating on or under liquid*, and that the *heart* in a manner *totally changes its circulation*; that the capillaries (the fine arteries of the skin where the blood atoms have to go in elongated rows because of the fineness of the capillary tubes) have never before been exposed to the action of the AIR or the oxy-

gen ; I say, when it is considered that an entire change is made from an animal living in water without breath, to an animal living out of the water and breathing many times in a moment, it must be conceded that the FIRST BREATH assumes a wonderful importance, not only to the CHILD but to the parents owning, and to the State of which it is about to become a member.

It is indeed lamentable that so many pretended doctors are apparently ignorant of these facts, but they are. It is less surprising that many midwives are grossly ignorant, since in many instances they are a lot of ignorant women who have "taken up" obstetrics as a means of "getting a living," and hence have never had an opportunity of reading, or of being taught. The parents, however, have no excuse. If it is urged that the doctor should know of the facts, we can, yes the doctor *should* know, but he *doesn't* know, and the billiard playing, cigar holder of a doctor, who is a regular doesn't care to know. The "Regular" licensed animal thinks he is perfect. He sticks to the Code of Ethics, why should he ever learn any more?

The past changes going on in a woman's body during the period of gestation (or pregnancy) should be a powerful incentive to the

study of the laws appertaining to her own body, and also to the being she is about to bring into the world. A part of herself and a part of the one she loves.

The lungs of an embryo at fifteen days are not yet formed. The Cephalic and the caudal extremities are to be distinguished.

At about the end of the sixth week of pregnancy the lungs can be discerned. From this period until birth the lungs constantly increase in size, in capacity for holding air, and the power to expel or inhale air is constantly augmenting until birth or death. In a well-formed child the lungs are in a manner like upturned trees, the trunks of which are in the bronchial tubes, and the branches go to every portion of the prescribed space. The branches divide until the finest are about one fiftieth of an inch, and upon these fine branches or upon their sides the air cells are placed. Some of these cells open into one another. They are composed of membrane very elastic, and also MUSCULAR FIBRES, which are interspersed in the membrane. There are various dimensions of the air cells, some larger, some smaller. The more the lungs are used in a healthy or pure atmosphere the larger the cells become, the more elastic the membrane and the stronger the MUSCULAR FIBRES which are

interspersed in this elastic membrane ; and this is an important fact to be remembered. The functions of the lungs are principally twofold,—1, to change the impure venous blood to pure arterial blood, and, 2, to carry off a portion of the effete and worn out material which is in the system.

The rudiment of a heart is found in the very earliest formation of the child. It is, during the intra uterine period of the life of the embryo, in a constantly changing and advancing state. At first, the rudimentary heart is a simple tube. At birth, it is an organ consisting of four cavities, viz: two auricles and two ventricles. In the fœtal child there is *no breathing*, no active opening into the cells of the lungs, and no changing in the body of the color or constituents of the blood from blue to red as a means of purification except *through the placenta of the mother*, which process is carried on through, or by means of, the umbilical cord. Hence, the blood from the mother is carried direct to the heart of the child, and returns to the placenta of the mother by means of the cord. The cord and the placenta are before birth therefore acting as the lungs, pulmonary veins and arteries act after birth. The heart therefore is not yet perfected as an established organ acting directly WITH THE LUNGS, but it acts, and is

dependant upon the placenta in the womb of the mother, and the purification of blood in the mother's placenta sustains and enables the child to grow.

To enable the reader to more distinctly understand this, which we consider the most important of all knowledge in a case of childbirth, we make the following statements :

Before birth, the blood from the placenta is carried from the placenta of the mother directly through the right auricle, to the left auricle of the child's heart, through the middle partition between the auricles, through what is termed the FORAMEN OVALE.

Of all points most necessary to be thoroughly understood this is the pre-eminent, namely : that BEFORE BIRTH, there is a distinct opening, aperture or foramen THROUGH the partition which divides the two auricles of the child's heart. And the blood from the mother, from the placenta, flows through the umbilical vein into the inferior VENA CAVA and empties into the RIGHT AURICLE, and is directed by the Eustachian valve towards and into the *foramen ovale*, through the partition of the auricles into the LEFT *auricle*; from there into the left ventricle, and thence into the aorta, the larger proportion of the blood passing to the head and upper extremities.

THE FIRST BREATH changes all of this.

The opening of the mouth, the filling of the air cells in the lungs makes a large space in the blood cells of the lungs, now opened for the first time. These open spaces, cells or cavities are now filled with BLOOD FOR THE FIRST TIME. And the venous blood enters the lungs for the FIRST TIME. Let the reader here stop and contemplate this change; this tremendous change, from an imbibing animal to a breathing animal.

Think of the vast change from a worm to a child; a swimming inanimate to a sensate being; a life *under water* to a *life in the air*.

Heretofore the LUNGS have been idle, inert bunches of cellular tissue, but upon the FIRST BREATH the AIR rushes into the AIR CELLS of the lungs, and at once, or simultaneously, the blood rushes into the BLOOD CELLS of the lungs, and the expiration of the FIRST BREATH is the FEEBLE CRY of the child. To two parties, the agonized mother who has passed safely through the first and second stage of labor, and to the anxious and self repressed responsible obstetrician who has seen the labor gradually progressing, there is no sweeter cry of relief in the wide world than the feeble first cry of the new born child, the rich promise of life to come, of life arrived, of the fulfilment

of that "Breathing into the nostrils when man became a living soul."

Not yet however has the child become an independent life. MARK THIS POINT WELL.

Not yet have the air cells fully expanded, nor have the blood cells yet become filled with blood.

The blood is yet rapidly filling the hitherto unused cells of the lungs. Each successive breath *expands, dilates and enlarges* the cells which contain air at the same time that each pulsation of the placenta is sending fresh blood to fill up the heretofore cells of the lungs now containing blood.

Before the FIRST BREATH there was practically but one cavity in the auricular portion of the heart. Now the FORAMEN OVALE is about to be closed, and closed forever. The usual way as soon as the child is born is to consider the child as an independent being, and cut the navel cord. Everything, with some pretended physicians, and more especially with the meddling midwives, is in a hurry. The too common method is to cut the cord too soon.

The true way is to wait until all the blood is in the body that the body can hold, and this blood is constantly being driven by contractions of the mother's womb from the placenta directly into the child.

Heretofore the true venous blood has been carried back to the placenta through the umbilical cord, but *now* the *first breath* opens the pulmonary arteries and the venous blood goes to the lungs, the air strikes it, oxygen is taken and the venous blood is changed to arterial blood in the lungs of the child, instead of having to go back to the placenta to be renewed.

The rash and inexperienced physician, who cuts the placental cord previous to its having stopped beating, robs the child of the blood that belongs to it. If the cord should have been compressed or tied in the womb, there would have been a premature birth, or a quite certain death. Indeed, one cause of PREMATURE BIRTH or miscarriage is the entanglement of the placental cord or its degeneration.

The premature tying and cutting of the cord has caused more early deaths of children than every other disease known to childhood. The reason why so many children die young is because of maltreatment at this point of life, nor is this statement new. The old or regular school, I mean the allopathic mineral association which assumes the title of regular, are a band of CHILD KILLERS in as much as their text books advocate the *soon* and premature tying of the navel cord.

It seems incredible that with three thousand years of medical knowledge, and of the knowledge of different tribes and habits of men, and especially of child life, the habits of empirical midwives remain so mischievous, and I am forced to believe that the justly distinguished teacher of midwifery, Ramsbotham, has unintentionally assisted a great mistake in saying that "as soon as the child has cried the navel string may be cut." IT SHOULD NOT, and the weight of all great national medical authorities are outspoken in stating that the navel string (or funis) should not be cut until it has ceased pulsation (or beating) near its placental extremity.

But unfortunately since the introduction of the Code of Ethics, the old school has become infallible and perfect and do not need any more knowledge. Childkillers and infant murderers that they are, how the people should despise the name of "Regular" mineral doctor.

No child has the power to abstract the oxygen from the atmosphere until the lungs are well expanded, and it is this power gained from the blood from the mother's placenta, which enable the life and breath as an independent being. It requires all the space of both blood cells and air cells of the lungs to place or bring the venous blood in contact with the air, so that the particles

of oxygen may be applied to the venous blood, and effect a change from blue to red, or from venous to arterial. Hence, when the child is cut off from the supply of blood before its blood and air cells of the lungs are expanded or dilated, it never gets the opportunity to dilate them until it has a sufficient quantity of blood.

It is to this imperfect oxygenation of blood in the lungs that we may look as the cause of many children turning blue, or having what is termed cyanosis or blue disease. And this is the reason of some children being small and pinched up. They were tied before the blood had filled the blood cells of the lungs, — tied and the blood shut off from the lungs and the heart.

And because of the insufficiency of blood to fill out the arteries and capillaries the infant's fingers wrinkle up, look small and weak, while the toe nails and finger nails have a blue, cold, venous appearance.

I cannot here forbear the just tribute of praise to that great physiologist and scholar, John W. Draper, M. D., whose work on physiology is so explicit and clear, and whose deductions and conclusions on the circulation of the blood are so logical and just, that it does not seem possible for ignorance to stay where Draper's works

are in sight. If these parties who style themselves obstetricians and midwives would examine Professor Draper on the circulation of the blood, they would soon find that an unclosed foramen ovale, that the *aperture* being open between the auricles of the heart, and the imperfect organization of the heart are the causes which create a large filled out stomach or abdomen, and the little lank spindling legs seem on children who die young.

But the great Architect himself would not move a meddlesome midwife out of her way. Her way is to be in a hurry and fret, the cord and the scissors, hurry up is her word, and she advises the father to look at the "splendid baby" while she hurries the death cord on the nave, land advises the mother to be perfectly easy while she robs the child of two pounds of blood, by prematurely tying and cutting the navel cord. Nor is this an exaggeration. Let any child weighing seven pounds be placed immediately upon a scale upon its being born and weighed at once, and then wait there until the cord has ceased pulsating, and it will be seen that the child has increased in weight nearly two pounds; and this weight comes directly from the mother's placenta, from which the blood has been constantly flowing in and crowding every artery, vein, capillary full, while the child is exercising

its lungs and commenced to have every muscle of legs, arms and body.

It will seem strange to many readers to hear this for the first time. It has been written for over two thousand years. It was never customary to tie the cord before it ceased to beat among the Spartans, Greeks, Romans or Persians.

In many tribes or nations the cord is not cut at the present time until pulsation has ceased, but it remains for the poisoners of the nineteenth century to find out new devices to rob and murder a child legitimately, and they do this very robbing and murdering in hundreds and hundreds of children by tying and cutting the cord too soon. The cause produces an effect. The child wastes away, it is blue, wrinkled, puny, has a feeble cry, it is delicate, and the owls wonder why it should be delicate with such a father and mother. Dispensation of Divine Providence! A fool and the meddlesome midwife go unwhipped. But, dear reader, that is not the way he will treat our precious baby. It is lying on its right side, and its mouth wiped clean, and his fingers kept out of his mouth; and if it is cool we have it wrapped up in soft flannel, while we have previously had the room warmed up to 78° and plenty of fresh air admitted, for the mother must have good air, and

we are going to have our baby a sound pair of lungs and a heart as solid as a granite rock.

We intend to obey the laws of Nature. Those Wise and Beneficent Laws, which, if properly obeyed, will give to our child a long life in the enjoyment of health, intelligence, and freedom from doctors, medicines and leeches.



CHAPTER V.

WHY CHILDREN DIE.

With a child just born lying before you, as you place it on its RIGHT SIDE, you can *feel* the thrill of blood as it pours through the umbilical vein into the child but another proof yet more startling is the changes instantly occurring in your sight.

Watch the child's ears which were white, lying close to the head and see them fill out with blood, see them turn red and stand out from the head, looking as if they were being filled with blood, which they are, from the heart.

Look again at the eyes of the child as it is lying before your vision. Don't be uneasy.

Look straight at the wrinkled fingers of the child and see them fill while waiting patiently for that pulsation to cease in the umbilical vein.

Examine the toes, and see the change from the white condition of the heretofore swimming or non-breathing animal to the RED condition denoting an arterial supply to the capillary tubes hitherto not used.

It would take a volume to enumerate the changes taking place in the child's entire physiological system. The condition of the baby is now that of a steamship about hoisting on board her boilers. She is lying at the dock. Preparations are made to place these important factors in their position. Every man on the dock or on board knows the value of their accurateness in position and soundness in their composition, their capability and endurance, and is personally interested in the success of the event, but in the case of the steamer their knowledge, accuracy and science. In the case of the baby, unfortunately, ignorance, conceit and superstition stand sponsors, while black coated medicine, which is NOT a SCIENCE, stands ready to choke the life out of it.

The baby lying before you is receiving its supply of blood (we don't intend for you to forget it). The FORAMEN OVALE between the auricles of the heart is being drawn together and closing up to form an ENTIRE WALL between the two auricles. The heart receives its fresh and increased supply of blood and

grows larger. The liver commences to change its comparative dimensions.

For the FIRST TIME, pure arterial blood is sent directly to the child's feet. For the FIRST TIME commences the peristaltic motion of the bowels. For the FIRST TIME the kidneys commence to secrete the urine that is to pass *through the bladder*. All this and scores more of facts are transpiring under your eyes in the child's body, while it is lying on its right side, if you will keep the murderous cord and the blood robbing scissors held in the hands of a blind code obeying "Regular" poisoner away from you; or drive the infant murdering midwife out of the room. Language fails us to denounce these child killers.

Can it be possible that a pretended doctor, an officious midwife, or a meddlesome robber would dare to disturb this great provision of all wise Nature. It has shaken my belief in a God of the Universe when contemplating the destruction of human life by a fiend in human shape.

Oh! the innumerable company of angels that have been sent on to the throne of God before their time, because of this robbery of blood, of oxygen, of vitality, of life itself. For seventeen years in different places the writer has been desirous of learning why peo-

ple could be so ignorant of natural laws, while such authors as Baudelocque, Churchill, Ramsbotham, Meigs, Dewees, Hodge, White, Denman, are before the people and before the physicians. But the only solution which can be suggested is that the American regular physician, the allopathic poisoning hound, in his anxiety to keep the people in ignorance and put down all that will not obey the Molochian Code, has forgotten the secret of life and the teachings of his own school centuries gone by. But the entire question is too deep. The origin of evil, and the reason of the permission of licensed childkillers are too unfathomable for me. The facts remain. Thousands of children are annually slaughtered because of this ignorance, and thousands of others drag out a miserable existence with a diseased or imperfect heart, because the doctor cut the cord before the foramen had closed. Is it a dispensation of an overruling Providence, or a dispensation of unmitigated stupidity and ignorance?

The question of capillary circulation is also entirely ignored by the parties who cut the navel cord so quickly as to prevent the capillaries from filling with blood. Note this fact. These fine tubes through which is conveyed the arterial blood from the larger arte-

ries to the veins are NEVER DILATED, nor FILLED, nor used as they should be when an infant is too soon separated from placental circulation. Professor Draper calls this capillary circulation the aeration of the blood and says, (page 148, Human Physiology) :

“Among the striking proofs of this doctrine, that the primary cause of the circulation is the aeration of the blood. I would particularly direct attention to the effects which ensue in the moment of birth at the first breath.” Now it is certain that a child which is separated from the mother (navel cord tied), previous to its getting its supply of blood, is always a bloodless or a very white, pale, delicate child.

The coating of “tenacious, unctuous substance,” which covers the child’s body when it is born, is almost impossible to remove except by the free use of soap and water, when the child is quickly separated from its mother; but if the child is allowed to lie quietly until filled with blood, and the capillary tubes become full, *there is no trouble* in removing this coating by the use of a small quantity of sweet oil. Here is a point never yet alluded to.

The difference in the color of the child is wonderful. The child which is properly

attended at birth is red, filled with blood, presenting that rich arterial color so much to be prized as indication of a long life; while the quickly separated child is a sickly, white, and the capillary circulation is very feeble. The stomach or liver is large, the lips blue, the legs puny and weak, etc. The upper part of the head is large and the lower part of the face small.

The rule of Hippocrates was "not to cut the navel string until the child had cried aloud, sneezed or passed urine, or otherwise shown unequivocal signs of circulation as a breathing animal, having been fully established."

The rule of the childkillers of America is to cut as soon as possible,—“Tie and cut in a hurry” say the old school regulars, the Homœopathist and the Eclectic infant murderers. This is *why children die*.

Ramsbotham says, “when the child has cried strongly the funis (navel cord) may be divided.” But he wants an “UNEQUIVOCAL EVIDENCE OF THE PROPER CHANGE HAVING TAKEN PLACE IN THE FUNCTIONS OF THE LUNGS,” and thus is authority for waiting until the proper time. But he errs egregiously as we should wait until all the pulsation is stopped.

In Doctor White's treatise on lying in women he recommends not to tie the cord until it has ceased to beat. He wrote in 1785.

Denman, Pare, and nearly every writer of note counsel the postponement of tying and cutting the cord *until it has ceased to beat near its placental extremity.*

Mr. Ramsbotham thinks it would generally be much longer than "ten or twenty minutes," and that it would be keeping the child in an awkward situation." But Mr. Ramsbotham could not have become familiar with the interstitial movement of gases, nor did he contemplate the primary cause of the circulation of the blood, as arising from the aeration of the blood when he penned that sentence. Hence, the older authorities were safe in their proceedings with children (that is in the particulars of not cutting the navel cord until it had ceased to beat), because, FIRST, they were sure that the Foramen Ovale was in a condition to be closed permanently; and SECONDLY, because when they had tied and cut the cord the aeration of the blood *had already taken place* fully and completely; and THIRD, because the entire body of the child was filled with blood coming from the mother's placenta, so that it would hold no more. They builded better than they knew.

In all reason these causes should be sufficient to allow the child time to establish itself before hurrying it through this momentous crisis. But the Medical Man who believes in a Code of Ethics, and can dose the most virulent poisons down the throat of his best friend, and the ignorant midwife are a pair that care nothing for a reason however good and weighty that reason may be. I say enough reasons have already been given to convince one of the necessity for the postponement of the separation of the navel cord ; but I have not finished. It is necessary to know that you and I are right in this matter, and we will settle this question so that the ignorance of pretenders and the meddling of officious midwives shall not disturb our belief.

Find any child healthy, strong, broad-shouldered, rugged, stout lunged, red in the face, with a clear eye, and inquire whether at birth the child was allowed to remain a few moments after birth before being separated from its mother, and you will find the tying was ALWAYS DELAYED. That proves one side of our proposition.

Find a puny, weak, sickly-white, narrow-chested, large-stomached, blue-lipped, spindly-legs, dwarfed child, and you may ask the question whether the navel cord was not tied

immediately upon being born, and you will find, if the truth can be learned, that it was *quickly tied*. “*They did not wait very long.*” The answer, if they are honest and know the facts, will be YES, and that will prove the *other side* of the same proposition.

It will be said that this is the observance of an old superstition, or as some of the Mountebanks have already said of the first edition, “That is one of the doctor’s whims.”

But it is more than a whim. It is a fact. And it was the universal and apparently total ignorance of this fact that suggested the propriety of this book, not alone to enlighten the murderous meddlesome midwives who do not wish to know more, but to teach the parent of a fact, the non-observance of which causes death to the children. I say this law of development is at once arrested when the child is cut too soon and development ceases. Hence, death. WHY CHILDREN DIE is therefore at this moment partially answered in the statement that many children die because some officious, meddling pretender tied the navel cord before the breathing circulation had been fully and properly established. That many children die because the heart is not properly developed from its intra uterine life, that is, the foramen ovale is not yet closed and

the child has a disease of the heart. Children die, because the aeration is not possible in the child who has not been allowed time to pass the momentous developing crisis between a non-breathing and a breathing animal. Nor is this a superstition. "NAVEL CUTTERS," as they are called by Hippocrates, are as old as the prophet Ezekiel who likened Jerusalem to an infant born of woman. In the 16th chapter, he says:

"In the day thou wast born thy navel was not cut." This was about A. M. 3350, or nearly twenty-five hundred years ago.

Hippocrates states that the custom was to leave the child until the placenta was expelled. Nor do we read of many cases of heart disease about that time, nor early deaths from consumption in Greece, about twenty-two or twenty-three hundred years ago.

But we will ask whether the consumption of New England might not be at present accounted for if one could account for the *absence of muscular fibres*, which should be (and are) interspersed in the elastic membrane forming the cells of the lungs. The habit of cutting the navel cord previous to the filling of the cells of the lungs with air (and of filling the blood cells with blood), prevents the distention or dilation of those cells. Hence, we assert most positively that no child can have a healthy

pair of lungs unless at birth the lungs are fully distended. So that the consumption of the New England States may be in a great part owing to the functions of the lungs not assuming their proper change at time of birth. And the reason why they did not assume their proper functions at birth, was because the navel cord was tied previous to the spaces of the body (i. e. the blood cells and air cells of the lungs, and the capillary tubes), being filled with blood from the mother. Above all reason yet assigned as a cause of New England consumption, I assert that premature tying the navel cord is the most feasible, while the cells *are not distended they do not need muscular fibres*. The New England consumptives are not overburdened with muscular fibre anywhere, and the muscular fibres in the cellular tissue of the lungs is not needed, because there is no use for it, and Nature does not provide anything not needed.

The fact that the State of Maine, of all the New England States, is the most free of this so called hereditary malady would lead one to suppose that possibly the bracing air had somewhat to do with this exemption, but it is not so much the air as the midwife.

The writer knew of one very respectable physician, now deceased, who in a large

practice attended many hundred cases of childbirth. After the lapse of some years, and while yet in practice, it was asserted that although many of the children lived until nine, twelve or eighteen years of age, they were more predisposed to consumption than other children attended by different physicians.

Such a rumor in a country gossiping town could not remain quiet or be crushed out by assertion. The elderly ladies counted up the children born in twenty years, and, although the assertion is apparently absurd, the very respectable physician of twenty-five years practice was discarded and condemned by the rising generation. Of course he ascribed the rumor, which he called a "shameful scandal" to the envy of other physicians, but the other physicians, of whom there were three (two since deceased), pointed to the children attended during birth, *the answer was undeniable*, and the death of this very respectable physician soon after was attributed to a broken heart and chagrin. This circumstance was a fact, and *the writer is one of the OTHER CHILDREN*, with not a trace of consumption about him. But the death of a brother, who deceased at a very tender age, has upon mature reflection left no doubt but what death was hastened by prematurely cutting the navel

cord, as the mother during that confinement was attended by the very respectable physician who was in a great hurry with his scissors and never forgot his bottle of ergot. Regular! Of course.

The regular physician led the way in this habit of child killing, and the Homœopathists and eclectic quacks followed.

On the contrary, the children attended by a certain class of good, sensible, respectable physicians, medical men taught under the tuition of Churchill, Dewees, White, Denman, and that Grand American Obstetrician Meigs, are to-day alive, sound in lungs, heart and muscles, broad-shouldered living witnesses of that Nature which inexorably demands that her laws shall be obeyed, if long life is to be obtained.

Nor is the writer the only believer in this mode of reasoning. Professor Draper (in the work previously cited, *Human Physiology*, page 148) says: "The blood is not driven from the heart to the lungs, but drained from the *lungs from the heart*." Now if the cord is cut before the placental circulation through the cord has ceased, or before the foramen ovale is closed, or before the capillary circulation has been established, it follows that the lungs must be lacking in the amount of blood necessary to dilate the *cells*, to give muscular

fibres to the elastic membrane composing the cells of the lungs, and at once from the very beginning of life leaves the entire lungs in a weakened condition.

Let these facts be known once, and no one will permit a meddlesome midwife or a pretended physician to cut or tie the cord suddenly, and thus leave the child in a weakened condition for life. It is too serious an experience for any parent to allow a meddlesome midwife to try upon a healthy infant; that is, if one looks at this matter in the light of an experiment. There is, however, no experiment about the fact. It is an absolute inexorable law of nature, the wisdom of which is unquestioned. And hundreds of children are now dead, dying and being killed because this law of life is not followed or obeyed.

While we have been waiting this time the blood has been filling our baby. Look at the ears, and observe the redness and the firm manner of their standing out from the head. See the redness of the skin, one of the most certain of signs that the functional action of the lungs is perfected, and THE certain sign of a proper aeration of the blood in the capillaries. You can feel the little arms grow firmer and more full to the touch; while you see the wrinkles that were upon the fingers leave slowly and

the little fingers fill out chubby and round. Even the eyes open wider, and a few moments only are necessary to show that the child can look about as well as a grown person, and although it may be as yet unable to see, it will turn its head towards the light and fix its eyes upon the lamp or candle.

We feel the cord carefully. The beating or pulsating is stopped. The cord has grown cool, perhaps flabby. The placenta of the mother has poured out its treasure of blood into the baby's heart. Let us thank God and His Blessed Son Jesus Christ that our eyes are opened and we can see. For all knowledge comes of God. They are His laws that we follow. The child's little struggles are strong. Occasionally he shuts the mouth and breathes through the nostrils ; then, as if pent up, he opens his mouth and gives the strong cry of a healthy child. It is a full, clear cry, a cry only checked by the inspiration, deep, full and perhaps audible. The nails are red underneath. The toes and feet look well filled. We observe the breadth of lung or breasts as compared to a few minutes past. We feel that our waiting is justified. Another examination of the cord convinces us that the pulsation is entirely ceased, and we prepare for the next step of importance.

CHAPTER VI.

TYING THE NAVEL CORD.

1. A pair of blunt pointed scissors.

2. Some threads (six) of coarse *surgeon's silk*.

In all ordinary cases of childbirth where the child is in sight after being born and properly laid upon its side, there is no probable danger in using any kind of scissors. Instances have occurred, however, where the *joints of the fingers* have been cut off, and in one instance where they *cut off the child's penis*, instead of dividing the umbilical cord. In another case the operator, a distinguished medical man (Smellie) cut the cord between the knot and the child's belly nearly causing death. But this was enacted where they endeavored to carry a false modesty to an extreme, and perform all operations under cover or in the dark. As that eminent master of obstetrics,

Ramsbotham, says: "It could scarcely have happened had the scissors been guided by the eye."

In relation to the kind of thread to be used in tying the navel cord, it may not be inappropriate to state that many good obstetricians use common twine.

Sometimes the patient will have previously prepared or braided a three ply plait of three or six threads.

When this is already provided the operator should see that the string or plait is ten or twelve inches in length, as, if it is too short it is apt to slip, or be jerked out of the fingers.

Others advise a very fine flat tape. This should also be tried between the hands to make sure that it is *strong enough to compress the umbilical cord*, so that when tied no blood can ooze from it, or not more than the few drops which always issue directly after the separation.

A good surgeon will always have his scissors and silk cord ready either in his obstetric bag or his pocket case. The man going to a case of parturition and having to bawl for these necessary articles after the child is born, is not a surgeon but a pretender, a mountebank, a fraud. However, if the parent is alone, or the silk thread is not at hand, cotton or linen thread may be used. All cord should be un-

colored. Nothing colored should be used about a child.

The "*How to tie the navel cord*" consists of two important acts.

First. See that there are none of the intestines in cord near the belly. This may be known, when there is, by the "bunchiness" of the cord close to the belly of the child. By an *enlargement* of the cord an inch or two from the belly. If there is anything which indicates that the cord is bunchy, enlarged, or puffed out *do not tie the cord*, but send for a good surgeon to decide for you, because if the intestine is in the cord and is cut the child will certainly die in great misery. The intestine, however, is not often in the cord, perhaps not once in fifteen hundred cases. That *once* will be once too often if it happens to be *your* child. Madam Boivin relates two cases, both of which died. In one the small piece of intestine was in the cord and in the other a piece of the lobe of the liver.

Having satisfied yourself that the cord is all right; that the beating at the end towards the mother is stopped and cool; that absolutely you cannot feel a particle of pulsation, you now select a place three full inches from the body of the child, and pass a stout silken thread around, and if you are not accustomed to it, allowing an

assistant to raise the umbilical cord off the bed, and also keeping the child's hands and feet away from you, as it will now have probably commenced kicking and crying.

My advice is to take *three full inches* from the child's navel. Because.

First, you are sure not to enclose a portion of the intestines.

Second, because you have room to again tie it if bleeding should commence.

Third, because of the change in the internal viscera of the child a *long cord* allows the navel to *settle in* as it should settle in in a healthy state.

Finally because it is the SAFE WAY.

Having both ends of the silk together you make a *half knot*, then pass around again nearly in the same place and make another *half knot*. In drawing the silk tight, the umbilical cord can be felt to yield under the pressure of the cord; but that pressure (that is the tying of the knot) should be evenly done. There should not be any jerking, and the cord should be firmly tied around until the midwife is certain that no blood can pass out from the child. This may be known by a *hard feeling* under the string, a feeling of solidity.

When this is felt the silk should not be pulled harder lest the thread *cut the cord*, and

the child commences to bleed from the navel cord.

Having made not less than three nor more than six turns of a stout silk cord, with a half knot in each turn, then finish by making a *square* knot. This square knot is important because it is the only knot that *will not untie*. This knot is made by making a half knot and then placing the two ends so that *both ends* on *both sides* come out of their respective loops together. It should be understood before the child is born and the young mother should see to it that her attendant knows enough to tie a square knot provided the doctor is too drunk to do it.

It may seem as if the writer dwelt unnecessarily upon *drunken doctors*, but there cannot be a greater misfortune in a community than a drunken medical man. *He is unsafe*. And where an ordinary physician can be trusted upon his honor a drunken or a drinking doctor *has no honor*. Therefore let the attendant and the mother both see that they know how to tie a *square knot*.

Having made a good knot with three to six turns around the cord, cut off the ends of the silk so that they may be an inch long. Take another cord and tie it in the same careful manner *one inch nearer the mother* and *full four inches away from the belly* of the child.

This second cord is to prevent flooding. If there be a pair of twins with a single placenta tying the second knot may insure the second child from a dangerous flooding.

Meigs says: "Tie the second knot." The best obstetricians of the world agree that the second knot is absolutely a safeguard. Those who consider that the second knot is only a whim, are entitled to a consideration from the fact that they are among the eminent authorities of the world and have so asserted, practiced and are successful. Among the most revered name is Dewee's (page 193, midwifery) says: "An experience of nearly forty years had not furnished him with an instance where two ligatures were necessary." Ramsbotham says: "Tie two cords." Playfair, does not think it important to have two. But the reader of this book will find two ligatures the more satisfactory and he will not regret it.

The fact about the *second cord* is as follows: When the child has laid long enough to have *allowed all the blood that is in the placenta* to have *escaped* from the placenta *into the child*, which of course is the only proper way to treat a new born child, (and is really the only sensible, reasonable and SAFE WAY), then the placenta will not discharge any more blood, (the

cord having ceased to beat BEFORE THE TYING of the navel cord) and of course there is no need of a second cord to prevent that which can not take place, viz: flooding from the placenta.

Some authorities prefer tying the second knot near the body of the mother. This is not necessary; tying an inch from the first or four inches from the belly of the child is a safe rule. If there is a little more space from the child, and the cord is a little longer it does not matter, but it should *not be any shorter* than four inches from the belly of the child.

Having tied the second knot properly, cut off the ends of the silk and then with a pair of *blunt scissors* divide the navel *between* the two knots, taking care not to cut either turn of the silk twine. Take plenty of time to do this properly.

Wrap the child up in its flannel and hand it to the nurse with the instruction to "give a half or a whole teaspoonful of cool water, and after that let it lie on its *right side* until the time comes to dress it."

Some time may have elapsed between the time the child was born, and the time of severing the cord, but this time has been well spent. Let us look at the victory we have gained by our superior mode of treatment. Where the ordi-

nary midwife has cut the navel, and gone on about her washing, dressing, castor oil or paregoric we have *waited* for :

1. The child to have received two pounds of blood from the mother's placenta. Blood that the mother will never miss, and which will give the child a noble start in life.

2. Where the ordinary midwife cuts the cord, and left the foramen ovale between the two auricles of the heart open, we have waited until we are sure that the foramen ovale is *closed* and the child has a *perfect heart*.

3. We have waited until the blood from the mother's placenta *has forced* the fine fresh arterial blood into all the capillaires of the body, and thus started all the wheels of an ærial life into active, healthy motion.

4. We have waited till every cell of the lungs has been *filled with blood* and air. We have waited until the heart and the lungs are counterpoised equal and working symetrically together. Bless your dear souls, you young mothers and fathers, if you have lived aright—if you have lived without debauchery, abortions, and without the syphilis, and your child has been treated in this manner, that is—properly—according to the natural laws, there is no more danger of its dying than there is danger of a mule kicking it, or the lightning striking it. It

is insured against all the sickness so common to the lot of infants in America.

In concluding this chapter the writer cannot but reflect upon the gross and most unpardonable ignorance that exists among *doctors* and *midwives* of all schools and all professions upon this important subject. They neither study or think. If they studied they would learn that the navel cord should *never be tied* until the cord has ceased to beat. Pulsation should *wholly cease* near its placental extremity. And *this waiting*, this patient allowance of nature, is the great secret of healthy children. Oh that I might impress upon every reader the fact that this important step is really the safeguard against the multitude of ills which surround an infant. Let me again emphasize this truth.

Never allow THE NAVEL CORD *to be* TIED UNTIL IT HAS CEASED TO BEAT AT THE END NEAR THE MOTHER. And it is better and safer to wait until all pulsation has ceased throughout the length of the cord.

CHAPTER VII.

WASHING AND DRESSING THE CHILD.

A careful nurse should take the child upon its being separated and with a little warm sweet oil rub every portion of the body. It should not be unnecessarily exposed to cold air.

Dewees (page 209) says: "The child's body when first born is almost always covered with a tenacious unctuous substance which is rather troublesome to remove," He recommends the use of "hogs lard" because it answers better than anything else that we know of to detach this substance from the skin." This tenacious substance is called the *VERNIX CASEOSA*.

Sweet oil is better. Have the oil warm, uncover a portion of the body of the child in a warm room or before the fire and rub the oil over every part and let it lie down on its *RIGHT*

SIDE. It is to lie on its RIGHT SIDE, because this position favors the closure of the foramen ovals. The doctor or midwife will do well to see that the child's mouth is not smothered by some thick wrap, and that its head is not placed within range of a roaring fire. Every part should be well oiled because the tenacious substance is said to excoriate the skin, but I have never seen a case of excoriation where the child was not washed with soap. As soon as may be convenient after oiling, my practice is to give a small teaspoonful of pure soft water, give it cool, a little at a time, until the whole spoonful is given. This is all the physic, and all the medicine the child needs ; and if the mother is young, well, has an abundance of milk, is not exhausted, it may be safely omitted. The reason of cool water in a small dose being given is for the purpose of clearing the throat, the œsophagus and stomach. Cool water acts as a purgative and is safer than any other article which may be hatched up this side of eternity. Nurses too frequently have a dose of soothing syrup or other compound to inveigle a young couple with, especially on the birth of the first baby, and the first baby is too often killed by this well meant kindness. Castor oil should never be given to a new born child.

After the water is swallowed let the child lay quiet an hour, looking at it occasionally to see whether the cord has shrunk or is bleeding, and also to notice whether the child has its hand in its mouth, if so, or if it is apparently nursing its finger or thumb, proceed to wash it. Or if the mother is able *put it directly to the breast*, and allow it to lie *after it has nursed*. As I have elsewhere stated nursing should not be delayed lest the power of sucking is lost.

Many writers advise the use of warm soap suds to take off the coating of the unctuous substance. Soap suds should NOT BE USED. A soft water is best, or if soft water cannot be obtained, a little common soda may be dissolved in the washing water, not too much, an even teaspoonful to every two quarts of water is sufficient.

With this water and the previous oiling all the coating will come off readily. It may take a little more rubbing than with a great lather of soap suds, but cleanliness and health will be more surely gained by letting soap entirely alone.

Soap is composed of some kind of a fat and an alkali, generally a potash. Oftentimes hogs, dead with cholera, are used as soap grease. I knew of a place in Nebraska where the enterprising miller sold two hundred hogs

dead from hog cholera to a soap dealer. One can imagine how nicely distributed that bunch of soap grease was by the time the consumers used it. Dogs and offal of various kinds are also tried out for their grease. The potash is added, some oil of cinnamon or other essential oil is mixed in as it cools, and the soap is ready. Then the child is lathered, washed and scrubbed with this vile soap. Is it a marvel that the child's eyes are sore? Or, that it should have scald head, sore lips, and that it "breaks out," communicates this soreness to the nipples of the mother and in turn has a sore mouth? The hog that furnished the grease from which the soap was made died possibly of worms, or of cholera or of hog disease. The fat has not been purified by being tried out. It is filthy, poisonous and is the cause of more sores on children than all other causes combined. Avoid soap and you avoid these troubles.

Of course you can purchase a *nice scented* soap for 25 cents a cake. It is no better than common soap, only an added perfume not necessary or healthy for the child. The fat from the hog is still diseased. Nor need you be uneasy that the child will not be clean. It *will be cleaner* than if washed with soap, and it will be free from sores. Another important consideration will be realized by avoiding

washing with soap. The child who is not washed with soap will *avoid taking cold* and keep clear of the "snuffles" as they are called by the common people. That is, a stopping up of the nostrils, caused by a clogging up of the pores of the skin. I consider soft water the very best thing that can be used for washing a child.

After washing and wiping the child perfectly dry, the nurse, husband, the surgeon or midwife should personally attend to the dressing of the cord. It should be again examined carefully to ascertain whether there may not be umbilical *hernia*, that is, a portion of the intestine yet in the umbilical cord. This very seldom occurs, but when it does occur unless attended properly will cause death. As before directed the cord should have been cut three inches at the very least from the belly of the child, and if upon examination the intestine is not protruding the navel may now be dressed.

FIRST, have a piece of old soft linen, which when folded four thicknesses will be two inches square. In the centre of this square burn a hole (by means of a candle) sufficiently large to admit the cord through.

SECOND, have a strip of old soft linen *torn* three fourths of an inch wide and a foot long.

Place the cord through the burned hole in the square piece which has been previously oiled with sweet oil; fold the end of the linen strip over the end of the navel, so that there is an inch on one side and eleven inches on the other, commencing from the end, wind the narrow strip quite tightly *around the cord* until it reaches near the flesh or to the square and then turn it back upon itself. After it is wound up tie the end with a cord of silk quite tight; this wrapping is an insurance against its sticking or bleeding or chafing the skin. Then place the cut end of the umbilical cord so that it points towards the face of the child. Place another piece of linen over the wrapped cord and apply the band over the last piece. It should be attended daily and oiled. Sometimes it separates the third day and at others it remains on for seven days without detriment.

It must be borne in mind that the process of the navel cord separating from the child is one which is called a vital process.

It does not putrify if it is a healthy child, but it separates because it dries, shrivels up and is thrown off from the living tissues of the body. Dewees says page 210, par. 595, "All that is necessary, is to pass the remaining portion of the cord through a hole in the centre of a piece of a linen rag seven or eight inches

in length, and about two and a half broad. After the cord has been passed through, it must be enveloped entirely by a bandage ten inches long, and rather less than an inch broad, by passing it round its whole length. The pierced piece of rag is placed lengthwise as regards the child's body; on this the wrapped up cord is laid with its extremity towards the breast of the child; the inferior portion of the first rag is then folded over it, and the whole secured by the belly band; after this the child may be dressed as fancy directs, or as circumstances may force."

The belly band of a child may be made of old linen three or four inches wide and pinned on carefully and tightly enough to secure the cord in its place, but not so tightly as to impede the circulation. It may not be amiss to again caution the nurse against sticking pins into the flesh of the child. Similar cases of carelessness have occurred and the deficiency of phosphorus in the brains of some nurses is at times made painfully apparent by their acts.

The diaper should be of new cloth, linen if possible, and well washed and dried soft previous to use. No article of dress should be starched that is to be placed on the new born child. The PIN should always be a guarded pin, and in placing it care should be taken NOT

TO FASTEN it to the belly band. Nor should any diaper be pinned too tight.

I have not mentioned a thousand and one methods of washing the child, as for instance that of using spirits, or whiskey, &c., &c., for I am satisfied that no person of any intelligence will use them. It is an English fashion, more honored in the breach than in the observance; and when a nurse wants whiskey to wash the child she also wants a portion to wash down her own throat. A whiskey nurse bears watching. Using soap suds is the most common error and is to be avoided in all bathings and washings of babyhood. The use of soap is a source of disease, of positive injury to the skin. It is also a frequent cause of sore mouth, scald head, pimples, "breaking out," and a hundred unknown infantile annoyances.

In many respects the use of spirits, &c., as washing material is very much worse. It *destroys the texture of the skin*, and renders it harsh, dry, liable to chafing and excoriation. The changing of the diaper, observation of belly band, so as to detect the very first appearance of bleeding from the navel, the entire charge of a child, should be left to a competent nurse. It is much safer and better to have both parents understand the laws of nature so that any superstitious or ignorant body set-

ting up as a nurse cannot impose upon ones credulity.

With directions already given bleeding from the navel is almost impossible. If a child has received proper attention there is no fear of its being sick or needing any constant attention. As far as its health is concerned it is insured by the care we have already taken. Each hour sees it grow larger, stronger, more robust and intelligent.

THE THIRD STAGE OF LABOR is until the placenta or afterbirth and the membranes are expelled. Consequently as early as possible after the conclusion of the SECOND STAGE or when the child is separated, then the pretender, or the meddlesome midwife commences to pull at the navel cord, one end of which is fast to the placenta, which is yet attached to the inner and upper part of the uterus, (almost invariably attached to the upper part of the womb), and striving to hurry the placenta into the world by means of traction or pulling on the umbilical cord.

The best authorities of the present day, men renowned as obstetricians, deprecate the forcible removal of the placenta or afterbirth.

The habit of a meddlesome midwife is to pull away at the navel cord until something gives away.

She "gets something" perhaps a portion of the placenta, and may be only a portion of the cord. As it may be that some fool pretender declares with all the gravity of a horned toad that "the AFTERBIRTH HAS GROWN FAST," or "THE AFTERBIRTH IS FAST TO THE SIDE OF THE WOMAN."

The afterbirth never grows fast to the womb. It never grows fast to the side. It is not a growing substance to fasten to anything permanently. It should not be torn off. If let alone it will either come off and be expelled or it will be absorbed. In one case out of twenty thousand it might stay three or four days. In one case in a hundred thousand it might be absorbed. In general it comes away by and from the action of the uterus. The hurry of the meddling midwife or pretended doctor in forcibly detaching the afterbirth is the cause of innumerable sufferings and sickness of the young mother.

The tearing off the afterbirth removes a portion of the mucus lining of the uterus.

The forcible pulling at the umbilical cord sometimes causes the womb or uterus to turn wrong side out to the horror of the patient and eternal shame of the operator.

The pulling away of the placenta or afterbirth pulls down the uterus or womb and causes falling of the womb.

Ramsbotham, Playfair and other eminent obstetricians have remarked that nowhere is there a greater demand for knowledge and skill than during the third stage of labor.

It is at this period that many women are ruined for life. The pretended doctor places his hand in the uterus and scrapes off with his fingers and finger nails the afterbirth and takes off in addition the internal coating of the womb. The meddler has no time to await the operations of beneficent nature. He lies for an excuse. "The afterbirth is grown fast." The hand is inserted into the uterus and the placenta is dragged down. The fallopian tubes, the ovaries, the bowels and bladder are all implicated by this dragging down of the uterus in the hunt for the afterbirth. Never again after this dragging down process does the woman enjoy good health. Never again does the buoyant elasticity of girlhood come back. As a pleasant, joyous woman, she is dead. As a wife, she lives a miserable routine. She is sick, while the husband is well. Through the hips she feels a constant bearing down. The kidneys become irregular. Dizziness is present because the kidneys do not eliminate that which should pass away as urine. One physician after another is tried, of the different schools, until faith is lost in all.

Discouraged with life, the victim of a meddling midwife or an ignorant obstetrician, sinks into an early grave, while a white robed or black coated hypocrite looks at a hole in the sky and mutters the formula of "mysterious providence." What a fearful lie.

If death does not come then the uterus remains weak, tries to heal up its scars and fails daily. The food may not be suitable and the whites or leucorrhœa is a source of annoyance or misery.

Perhaps the meddler may SCRAPE OFF (and I use the word scrape advisedly—it is an operation of scraping off that I am talking of,) the afterbirth or pull the uterus down from one especial side, right or left. Afterwards, when the ligament of the womb is weakened down, when some muscle is irrecoverably strained, a pain in the side becomes a permanent trouble, while all the physicians can only *suppose* that somehow it came in childbirth.

The proper way to avoid all these troubles is to never allow the afterbirth to be pulled away. *Never* allow the meddling man or woman to insert the hand in the uterus upon any pretext. Let nature have her way. You will learn that in general, there is no cause whatever for interference.

At the risk of repetition I shall make a short chapter on this subject which will do good if heeded. (See the Danger Note.)

The second pains come on and the placenta is expelled entire. Even the membrane will not be broken. When the afterbirth is expelled it should be examined to see whether it is whole. If it is, there will be no more clots pass. If it is broken, there will come away for a few days clots and membranes in shreds until all has passed.

Many persons burn the afterbirth, others will bury it beneath a tree. It may not make any difference where or how it is disposed of. I confess that I like to see it buried beneath some pleasant shade tree. It has been a faithful servant, treat it handsomely. It may not be a portion of the essential Ego, but it deserves a better fate than being thrown to the hogs.

As it putrefies quickly, it should never be thrown in a vault. The most severe case of malarial fever without apparent cause occurred where this article was allowed to decay in a vault. Let the father see to these little things. There will always be a number of fool advisers to give good advice, but the father can act with prompt decision and allow these brainless ones to act for themselves when their time comes.

When the afterbirth has passed and the child has been dressed, put it to the breast. As a rule the child will be better to be nursed during the first hour, certainly within the first two hours. One of the reasons for this early nursing is because there is a natural motion to the mouth of an infant which it loses after a few hours. Another reason is because a child soon nursed never has that fearful looking upper lip and detestable mouth seen on some children who cried and sucked their thumb. Indeed much of the facial expression which we call beauty is obtained by plenty of nurse and care, keeping the child free from pain. A pretty child can be made as ugly as desired by treating it badly, refusing it nurse and allowing it to remain crying for hours.

It may happen that a child may be found to be tongue-tied. This is known by the child failing to get the milk from the breast. In nursing the tongue plays an important part. When the lips of the infant close tightly around the nipple the child draws the tongue backwards. This drawing backwards creates a void or empty space, or a vacuum, and the milk from the mother's breast or from the milk glands rushes into the mouth through the orifices on the nipple.

The remedy for tongue-tie is cutting carefully a portion of the membrane that is in the under portion of the middle line of the tongue, and which is easily seen on the raising the tongue. Any one can do it by having a sharp pair of blunt pointed scissors, and just snipping or cutting the membrane. It rarely bleeds but a few drops. It is best however to have a competent medical man to perform this little operation as I have seen some very bungling gashes left by officious meddlers who are only too ready to undertake that of which they know practically nothing.

But I have seen the young regular fool, just out of college, who did not know where to look for tongue-tie and did not know how to cut it when he found it.



CHAPTER VIII.

THE DANGER NOTE.

When the child is born, properly attended, the navel cord tied, separated, the child wrapped up and carried from the room, the officious, meddling midwife sounds the Danger Note. She "hopes," that is, she says she hopes, but as a matter of fact, she doesn't care a rush, she "hopes the afterbirth hasn't *grewed* fast."

The young mother's heart beats quick at the new and unexpected peril, and the doctor, if he be young, inexperienced or a stupid old brute, looks as wise as an owl. They mean business, these officious midwives. Nature hasn't a ghost of a chance with them. The doctor pulls off his coat, greases his arm and fist perhaps, and crowding it into the relaxed

vagina and uterus tears off the afterbirth *with his nails*, pulling away what he can get. According to these meddlesome midwives, Nature is asleep, or gone visiting, and they, the officious meddlers, are to do the work of absent Nature. They are in a hurry. Their actions are hurried. They are excited at the "growing fast" of the afterbirth, and pull the afterbirth away, piecemeal if necessary, tearing down as they go the other vital structures of the unfortunate woman. For, they not only pull away the afterbirth, but they *scrape off the mucous membrane, which is the lining of the womb*. They pull the uterus out of its place. They drag the Fallopian tubes from their proper attachments. The forcible and violent pulling and scraping off the afterbirth wrenches and strains the ovaries. They injure the ureters, the little pipes conveying urine from the kidneys to the bladder. They sometimes pull forcibly upon the bladder, in their endeavor to grasp the afterbirth and pull it down, thus rendering the victim incapable of retaining urine for a moment.

But, these are only a part of the dangers awaiting the young mother who is the subject of ignorant or unprincipled midwives. Unfortunate humanity! Pitiab!e woman! whose life blood given for her child, is now herself ren-

dered a cripple by the most barbarous ignorance and stupidity!

But the end is not yet! A flooding commences, because the ends of the arteries and capillaries are violently torn off before nature has time to separate the ends properly. The lunatic midwife, or the crazy, ignorant quack, tries to stop this flooding with pounded ice or cloths wrung out in ice cold water.

The vital force is expended, the life power does not react, and the young mother dies amidst the lamentations of friends and relations.

And this, this murder, this most abominable butchery, is laid upon the divine author of the universe as a "dispensation of God!" What a blasphemous libel on Divinity.

Or, the doctor uses a powerful styptic, as Monsel's salt internally, which coagulates the blood. This styptic, in fine particles, enters into the general circulation and is carried to the heart. Coagulations are formed in the heart and death claims another victim. Or, the doctor, believing that "Opium will stop the flooding" gives a hundred drops of laudanum or "full doses of Dover's Powders" until the poor sufferer goes into an opium sleep, never to awaken on this green earth. This, too, is a providential act! An inscrutable

decree of a most high God! These are not fancy sketches. The horrid mutilating work goes on to-day all over America.

The "afterbirth grew fast" is a common expression. It is made the scapegoat of ignorant meddling midwives. It is a false statement. A glaring, unblushing falsehood, patent to every thinking, educated man or woman. The afterbirth never grows fast. It is attached to the mucous membrane of the womb and peels off as readily as the skin peels off an orange. Give it time. As soon as the child is born and the arterial blood has been sent to the born child, the uterus commences to contract and keeps up its contractions until the afterbirth is expelled, and expelled wholly and together.

The best physicians in the world decide against this barbarity.

The eminent obstetrician, Playfair, says: "There is no place where there is so much mal-practice as at the bed of labor and in the detachment of the afterbirth."

The most experienced and wisest of American surgeons and obstetricians oppose this barbarous habit of pulling away the afterbirth; and there is no successful obstetrician nor a midwife who believes it is natural or right.

Under whatever lady's eyes this book may fall let her be cautioned not to allow this

destructive and fatal error. This error of having an arm or a hand thrust into one of the most delicate structures of the human body, this organ of generation scooped, torn and lacerated with the *finger nails* of another party. And I have known of the entire mucous lining of the womb torn off, the womb itself turned inside out, (inverted) immediately flooding and death resulting from this unfortunate and barbarous error.

There is every reason to believe that a great majority of diseases classed as "female diseases," "falling of the womb," which diseases were not near as common during the time of the colonial settlement of America as now, have been brought about and are caused *almost wholly*, by the malpractice of the man midwives who hasten to "remove the placenta" in a "scientific manner" at the present time, while formerly this detachment was left to the unaided effort of nature.

And physicians of today have been taught that, "it (the afterbirth), must be removed in an hour." Nor does one special school of medicine claim any superiority in this respect. A drunken doctor is the worst and an ignorant Homœopathist the next most unfortunate in childbirth. The regular school of the present day is in a most deplorable condition. *Regu-*

lar graduates are regular scientific women and children slayers. *Their college books inculcate murder*; and, unless the women study for themselves, and fight for their own lives the next generation will be yet weaker than at present. It must not be understood that I am declaring *all regulars* murderers, because I believe there are very many good men who understand the laws of nature and try to do right; but the great, the very great, majority are dishonorable, ignorant, drunken and untrustworthy. Homœopathy today stands and succeeds in America solely because of the vices, the ignorance and the misfortunes of the old or regular schools.

Let me make one quotation from Roberts' guide to the practice of midwifery published in 1876, page 153, he states:

“During the expulsion of the child the nurse should make *firm pressure* on the maternal abdomen and follow down the uterus in its final contraction.”

Any one who could advise such a proceeding is ignorant of the first principles of child-birth. Suppose some one should apply this principle of “*pushing against the abdomen*” to a cow or a mare. How absurd!

Yet this is “regular” and Roberts is an “authority.”

Recently Crede's method of delivering the placenta has found favor with many of the more enlightened obstetricians. This method is to "seize the uterus, with the fundus in the hollow of the hand; the fore fingers being applied to the posterior and the thumb to the anterior surface of the organ. The relaxation of the abdominal walls enables the physician to do this readily, so that he has the organ thoroughly under control. The uterus is then firmly compressed when the placenta is expelled, sometimes with a gurgling noise."

But it is not always that one can depend upon outside pressure. The regular school have been taught to "*remove the placenta;*" and the red-faced regular graduates obey these deadly instructions.

John Bell, M. D., who edited Lee's theory and practice of midwifery, 1844, says : page 222 : "On whatever cause it depends there are no cases in which the placenta ought to be permitted to remain in the uterus beyond an hour after the birth of the child." And he proceeds to advise the introduction "*of the right hand in a conical form, through the vagina into the uterus, to spread out the fingers to the circumference of the placenta, and to press the mass slowly from the uterus if it still adheres, and to extract it.*"

And that advice has been followed too literally in America and hundreds of women have left their little ones to the mercy of strangers and gone over to the silent shore in consequence of this blind murderous obedience. "*No insurance on the life of a female.*"

The most startling comment of these lectures on theory and practice of midwifery would be to quote his cases followed by this sudden removal of the placenta. It would occupy too much space. *They died*, or many of them did, and Mr. Lee and Mr. Prout cut them open to find only "Effusions of Lymph!" Of course this is a "regular" proceeding. These "regulars" of today are the creatures who assume to call every one who does not believe in their *Mercury, Arsenic* and Opium "quacks." But if one might judge from the present condition of the regular school which is engaged in getting laws made to protect them and their school of medicine we should say the regulars were quacks and the American medical association a band of murderers.

I say this: The error of supposing that the afterbirth must be *torn away* is in itself the beginning of the cause of the death of women in childbirth. It should not be allowed, except under circumstances which renders it imperative, circumstances which rarely occur,

and in no instance does the afterbirth grow fast.

The next abominable method of removing the afterbirth is by pulling on the navel cord. The meddlesome midwife twists her hand around the navel cord and pulls until something gives away. I know that many ladies and not a few midwives and every old fogey of a doctor will say, that this pulling at the navel cord is all right and safe, but the cord should not be dragged at nor pulled down upon for the following reasons :

First. Because the dragging on the cord brings *the middle* of the placenta to present at the vulva instead of *the side*.

Second. Because in the now relaxed condition of the womb, pulling at it drags it out of place, leaves it flabby, and leaves subsequent weakness, leucorrhœa and falling of the womb.

Third. That there is no necessity for hurrying, as the placenta will come away of itself in ninety-nine cases out of one hundred. That the contractions of the womb will eventually bring or force away the placenta, is not denied by anyone; furthermore, if the contractions of the uterus are sufficient to expel the child it is safe to say that the contractions are certain to be able to expel the afterbirth.

It is true that under severe operations in midwifery, as, for instance, the Cæsarean operation (cutting the womb open in front and extracting the child from the front part of woman), fœtal death, Placenta Prævia and monstrous births, a placenta may be forced to be hurriedly taken away. But I am not now alluding to these rare and truly exceptional cases.

I am discussing natural births. Births, that would have had a happy termination, save for the meddlesome ignorant midwife and pretended obstetrician. I allude to natural births which are in too many instances transformed into severe protracted and fatal cases of child-birth.

I will also allow that cases occur in extreme flooding, abortions and miscarriages when an immediate removal of the afterbirth is imperative and justifiable; but these are not natural cases of parturition.

“What then shall we do if we do not trust the doctor?” I reply you think the *doctor knows, but he does not know*. Three-fourths of the old school physicians and nine-tenths of all the midwives do not know what to do in case of retained placenta.

This then is my directions. Wait for nature.

Wash and dress the child and apply it to the breast, if pains come on then see if the after-

birth can be reached with the finger, if so, it is detached and a few pains will expel it.

The side of the placenta may be taken hold of by two fingers following the cord with the finger and waiting for a pain, can be assisted, *if loose*, out of the uterus and vagina.

But if the placenta has not been detached and there is *no flooding*, and it cannot be reached by the finger, I say *wait*. Make the mother comfortably dry and wait.

In case there is flooding give a little tea or cayenne pepper, and use an injection to the uterus of a *decoction* of *raspberry leaves*, (boil a double handful of raspberry leaves in a quart of soft water twenty minutes, strain and have them cooled to the warmth of milk and use in two injections half an hour apart). Mix as much good cayenne pepper as will lie on the point of a knife, in a tumbler of cold water, and give internally, one teaspoonful every fifteen or every ten minutes. This is a better uterine stimulant than all the medicines in the old school. *Their* uterine stimulant is a *Secale cornutum*, Ergot, SPURRED RYE, a dangerous poison *if* it were *good*, but *inert*, if used as it is commonly in fluid extract form and a dangerous remedy at best.

Finally as she lies down let the woman be well steamed. If she is able to sit up and

does not flood, the little alcohol vapor bath is one of the most certain relaxants known in the world. Of course if the patient is too weak this cannot be done.

In that case having waited twelve hours use an injection to the bowels of a *weak ginger tea*, until there is a good motion, and then practice a gentle rubbing over the abdomen or Crede's method, you may rest assured that the afterbirth will not do any material damage if it should stay in the uterus ten days, and you can believe this in the face of all the lying, regular poisoners on the continent of America.

Alva Curtis, who was long the foremost practitioner in the Reform School of Medicine, says in his book on Midwifery, page 117 :

“Never fear to wait for the efforts of nature aided only by innocent means and processes to disengage the placenta. Many instances have occurred in which it (the afterbirth) has remained not only for hours, but for many days, even fifteen or twenty, and then came away without either danger or inconvenience to the patient.”

The general fact about the afterbirth growing fast is probably because ignorant men tie the *navel cord too quickly*, thus leaving an *amount of blood in the afterbirth that should have gone to the child through the navel cord.*

Now this blood in the afterbirth *prevents* the rapid *and natural* detachment of the *placenta*, and those who tie the cord *too soon* are the *ones who always have these very bad cases*.

I know these "regulars" have the good people under their thumbs, and there are hundreds of men who, looking upon their wives as they would upon a female slave, leave her in the hands of these ignorant butchers called doctors. They do not know, and they do not want to know. I am striving to help the intelligent laboring man, and desirous of doing my duty toward God and man. I am anxious to prevent the midwife butchers and ignorant quacks from murdering any more women under the shallow pretense that the afterbirth "grew fast." I expose the ignorant homœopaths who scrape off the afterbirth with their finger nails, souse the unfortunate woman in ice water, and appear to be surprised that the victim dies. I am endeavoring to expose the robbers of humanity, who, under the guise of teachers, practice their cruel barbarous methods of delivery upon unfortunate, helpless women, leaving their victims wrecks of humanity, living a burden themselves, their lives lingering torments, a source of the most unutterable care, solicitude and anxiety to others. I endeavor to teach husbands, how to take

care and properly protect their wives from marauders, pretenders, quacks and officious meddlers, and how to have them recover certainly and speedily from the dangers of child-bearing. To warn unlearned young mothers against the brutality of uneducated assumptions. To do this, I shall introduce some history.



CHAPTER IX.

SOME HISTORY.

In the history of the Jews, of Egypt, Persia, Greece, and Rome there is nothing to prove that there was the danger in childbirth that now exists. On the contrary there is proof from the writings of Hippocrates, that only the most gentle means were used to detach or remove the placenta. There is nothing, I say, to prove that the afterbirth was ever pulled away, unless, perhaps, when the child was dead in the womb. In the chapter on dead children, Celsus advises to introduce the right hand and remove the secundines; but this alludes only to when the child is dead and the labors are protracted. "*Quoties infans protractus est.*"

We may suppose that the Sacerdotal supremacy of the sixth century, and the assumption of the name and title of vice-gerent of God on earth, as well as of "universal bishop" of all men and controller of souls and bodies, both in this world, purgatory, and the world to come, would not have neglected the auspicious moment of *birth* to dictate their terms for admission into the future state by one who held the keys of St. Peter, death and hell.

According, while priesthood and medicine went hand in hand, the ceremonies at the birth came, naturally to include the immediate detachment of the placenta, and the baptism of the child; an act which was doubly beneficial—to the church—saved the infant soul from the fires of hell, and bound the mother eternally in debt to the priesthood.

This practice of immediately pulling away the afterbirth is, therefore, a relic of the dark and superstitious ages, and is based on the assumption of infallibility by the assumed head of the christian church. The habit cannot be traced further back than the sixth century, and received a check when the dawn of letters gave the opportunity for the people to rebel against the tyrannies of despots.

The habit of immediately plucking away the afterbirth was always followed by the most

disastrous and fatal results, but as all good catholics submitted to the orders from the successor of the apostle, St. Peter, "the hand was rudely thrust into the uterus on all occasions and the afterbirth pulled instantly away." This barbarous habit was inculcated in the year 1733 by Chapman, and his advice was "that the placenta was to be taken or pulled immediately out of the uterus;" again, in 1739 Manningham, an eminent medical authority of European fame, sanctioned this inhuman and murderous proceeding.

To Dr. Hunter, of London, England, the present generation is indebted, as being the first English authority as *against* the pulling away the afterbirth upon the moment the child was born. Dr. Hunter had witnessed the calamities of women, and in the Middlesex Hospital of London, Dr. Hunter's associate, Dr. Sandys, agreed to see what would result if the afterbirth was not pulled immediately away. At the "first experience" the woman was left twenty-four hours and at the expiration of that time the placenta was expelled by the natural contractions of the uterus; the woman had a good rapid recovery. After that time it became the rule in Middlesex Hospital to leave the afterbirth to be expelled by nature.

Some years previous to this date, Dr. Ruysch, an eminent anatomist of Amsterdam, was appointed president of Obstetric college of that city and also given the power to regulate the practice of midwives and surgeons practicing midwifery in that city. And Dr. Ruysch *forbade* the *pulling away* of the placenta in any case. We may date the opposition to the forcible pulling away the afterbirth, to these two highly eminent medical authorities; Dr. Ruysch, in Amsterdam, and Dr. Hunter of England.

But errors and superstition die hard. Writers on obstetrics, recognizing that, in some extreme cases, the placenta must be taken out of the uterus to save life, have laid down rules as to the time which should elapse previous to pulling the mass away. These errors of judgment in the immediate extraction of the placenta, or of waiting a specified time, are not based upon the circumstances laid down by obstetric writers, but are followed and are premised without the due cautions laid down by every writer. Thus, Ramsbotham, speaking of Pare says: "his cautions were neglected, but his rules followed" (to pull away the afterbirth at once,) "and hence the most disastrous effects resulted."

Blundell, who is acknowledged one of the greatest authorities, in his work published 1834, makes the following remarks :

“ Where the placenta is rudely and injudiciously torn away by the hand of the accoucheur, the worst consequences may be expected to ensue. Floodings, tremendous lacerations, inversion of the uterus—such are the effects of obstetric violence—ferocious and atrocious obstetric violence ; that insatiate and gory Moloch before whose bloody shrines so many thousands have been sacrificed, to be succeeded in future years, by still more numerous victims.

Observing the awful consequences, resulting from the artificial separation of the placenta, Ruysch first, and afterwards Denman and Hunter, recommended that in all cases after the birth of the child, the expulsion of the placenta, like that of the foetus, should be committed to the natural powers, for they added “ the same natural powers which are adequate to expel the child, are surely adequate to expel the placenta also.”

“ I hope,” (page 171) “ that no one will needlessly thrust his hand into the uterus, yet

I have my misgivings——some of my obstetric friends whose talents I esteem, fall into this error; they grate my ears by boasting how frequently they have carried the hand into the uterus and with what facility the placenta has been removed.”

Do not needlessly thrust the hand into the genital fissures; it is the voice that issues from this preparation (this was said while showing preparations of wombs and placentas exhibiting the effect of violence),—he that hath ears to hear let him hear it. Ah, that violence of an ignorant and savage hand!

Is it too much to assert that in obstetrics, a thrust of the hand is more dreadful than a thrust of the bayonet? Could the field of Waterloo exhibit injuries more dreadful than “these?” Page 172 Blundell’s obstetrics.

Now let the reader read the above selections from an old school writer and then contemplate that in the states of Illinois, Iowa, Kansas and Nebraska, the women are constantly attended by the very men so strongly deplored by that christian physician James Blundell of London. Well might the insurance companies print in the boldest characters:—“NO RISKS ON THE LIFE OF A FEMALE.”

It would seem superfluous and altogether unnecessary to further caution any one against a habit so unfortunate in its general effects upon one-half the human family, if we did not know, from constantly recurring deaths, that such cautions and warnings are at the present writing an absolute necessity. In order, however, to show that this fact of pulling away the placenta is the direct cause of death, I shall quote from two authorities of England. I am aware that this may be superfluous to those, who already hold similar views, in regard to the rapid placental detachment, but for the purpose of verifying my statements, and also for the benefit of the unlearned, who may be tempted to believe the statement of some butcher of a charlatan, I submit the following. The emphasizing the text is due to the copyist:

“I was called, some years ago, by one of the midwives of the Royal Maternity Charity, to the assistance of a woman under puerperal convulsions. When I arrived, I found she had been bled largely by a medical friend living in the neighborhood, who had been sent for on the instant of the attack. The bleeding had relieved her partially, but it was thought right to repeat it. A third quantity of blood was taken some time after, with such a beneficial

effect, that the convulsions entirely ceased, and, in a few hours, perfect consciousness had gradually returned. About fifty hours after the attack active labor came on, and in less than five hours the child was born dead. The placenta did not descend, and two hours subsequent to the expulsion of the child I was summoned. I found her perfectly sensible, in good spirits, and she made no complaint. There had been no hemorrhage, the uterus was not strongly contracted, and the placenta was entirely within it. Under no greater anxiety than I usually feel, when the placenta is retained, I proceeded in the ordinary way to remove it. *The moment I passed my hand completely into the uterine cavity the patient turned upon her abdomen, and, without uttering any expression of pain, went into a convulsion, though not of a violent kind; intense coma supervened, which yielded to no treatment I could devise, and terminated fatally in about two hours from the removal of the placenta.* (Ramsbotham, page 344, edition 1851.

I presume there is no fair minded intelligent person with a forehead a quarter of an inch high or with an ounce of brains, who may chance to read this confession of that eminent obstetrician, but what will at once admit that removal of that placenta was the last

blow upon the already depleted and exhausted woman. And who, after perusing this recital of a forcible plucking away the afterbirth, but what will acquiesce in the financial shrewdness of the Mammoth Life Insurance Company which says: "*No risks taken on the life of a woman.*"

I now quote from another English author, a learned man, an eminent authority of the old school:

"A highly esteemed friend of mine once *found it necessary* to pass his hand into the uterus for the purpose of removing an adherent placenta. The introduction was carefully performed. The straining and opposition to his efforts, on the part of the woman, were exceedingly great, and *at the moment* when the operator's hand had reached the organ, my own hand making counter-pressure on the abdomen, the patient became violently convulsed, *and died in less than a minute.*" From Ingleby upon Uterine Hemorrhage, page 186 (English edition.)

Having satisfied the reader that a death or two can take place in old England from rudely or suddenly pulling at the placenta, it may be stated that no less than thirty women in two years have been killed within fifty miles of the capital of the State of Nebraska from

this hurtful and stupid practice of pulling away the placenta soon after the birth of the child. In fact it was from seeing and personally knowing the ill success of an old school or regular poisoner in Lincoln, Nebraska, that first incited the idea of writing this work for the common people, in the belief that when their attention is once called to this monstrous evil, this murderous habit, they will forbid the butchers of man midwives from destroying their women.

But the Western States are filled with ignorant men, who because they have attended a couple of courses of lectures, pretend that they are qualified as obstetricians; and thus assume a knowledge they never had and will not learn. I remember a young merchant coming to Lincoln about the year 1879, and embarking in business. His wife was confined under the care of an ignorant Homœopathist. The child born and this Homœopathic chap pulled the afterbirth away. The lady's father living in Iowa was a physician and was telegraphed for. He came and at first found no fault. In eight days the mother died leaving the child alive.

There was quite a controversy in the papers, but the murderer went unpunished. He was a *Homœopathic doctor!* I believe my own, the Physio-Medical school, to be more successful

than any, or the regular school, yet, there is great room for present improvement, but *we do not use* the deadly hypodermic injections of all kinds of poisons as the old school do, and in that we are immeasurably their superiors. The regular school have killed women enough during childbirth, in Kansas, Nebraska and Illinois to have formed ten regiments, and it is no wonder they need a medical law to prevent the dear people from finding these facts out for themselves. If any one needs a medical practice act it is the miserable butchers among the old "regular" poison giving doctors.

It may be urged that in many of these sudden deaths of women in childbirth, spurred rye or ergot had been injudiciously administered by the attending physician. I admit it. Spurred rye or ergot has sent many a child to the graveyard and ruined many a young mother's constitution for life. It causes severe and prolonged contractions of the uterus and something must give way. But ergot is fatal especially to the child, and only occasionally to the mother. Hence, I do not class ergot as only occasionally being the cause of death to the mother, while one of every five women, that die in the West, die in childbed from the direct effect of a forcibly detached placenta. In other words, *the introduction of the hand of*

the midwife into the cavity of the womb for the purpose of pulling away the afterbirth is the cause of one woman in five dying in childbed. Perhaps stronger language would be justifiable. The reader can supply it. It is easily shown, by reference to any of the historians, who treat upon the subject that none of the older nations knew of the mortality in childbirth that we have witnessed in this, and the preceding generation.

History records the errors of the past and if Persian, Egyptian, Grecian or Roman mothers had succumbed to the perils of childbed, as the American women are now subject, there would have been need of a foreign immigration to have kept up the population. We are not condemning or apologizing for the assumption of Sacerdotal government. The fight is against the errors of the priest craft; errors continued, in the light of the civilized nineteenth century. Continued in the face of the experience and education of one hundred years. Errors as murderous, cruel, barbarous and shameful as those of the inquisition.

If the old or regular school in America were sober, honest, Christian or *human*, we might look for some sort of reformation in that school which assumes the name of "regular." But the so called old school are drunkards. They

have no honesty as a set of medical men. The people are justly afraid of their drug store prescriptions and try patent medicines, mineral waters and homœopathy, anything to keep out of their deceitful, poisonous, drugging hand; and to the rising physio-medical non-poisonous school must the people look for relief and education to rid them of these regular murderous monsters. The so called eclectics are merely an offshoot of the old school, an unacknowledged progeny of assumption and ignorance fostered and nursed into life by the mistakes and persistent stupid errors of members of the regular medical profession.

The "physio-medical" school has the prominent feature, which must eventually advance its members to the front rank of the medical profession; viz: its opposition to the administration of poisonous chemical agents, as adapted to restore the human body to health. This school is indebted to its *industry* and honest perseverance for its knowledge of the therapeutic properties and the value of indigenous remedies.

The Physio-Medical School has the best record to-day of any school in the system of obstetrics. It is enough to say that the educated physio-medicalist stands in the front rank of reform, and stays there because he is AN

HONEST SOBER WORKER FOR THE BENEFIT OF
THE HUMAN RACE.

The homœopathic school has no record save as a system of assumption, fraud, theft, poison, and failure. The acro-narcotic poisons of the world are its medical agents. Homœopathy has no physiology, no chemistry, no brains. It is a theory based upon a lie. Like cures like should be translated "we poison to kill." Never existed a more unfortunate class of obstetricians than those who profess to follow the teachings of homœopathy. So long, however, as the people are ignorant, so long as they do not think or study for themselves, so long as the most ignorant man or woman can assume to "practice medicine" and dose out the most baneful of poisons, under the shallow pretense that he or she is a "homœopathic doctor," so long we shall witness the inevitable calamities which are always befalling ignorant assumption. There is not a city or hamlet in America where this unfortunate profession of homœopathy has not slain its victims in childbed. I class homœopathists as among the most ignorant, meddlesome, and, therefore, the most unfortunate of midwives. History does not produce a parallel of gauzy tricks to catch the public eye as are daily set forth by the little pill poisoners of this century. The children

and women killed by their minute doses of poisons, would form a terrible army if they could arise from their graves. Some may ask, "why does not some one expose them." I answer, that the eclectics are in the same boat as the homœopathists, all alike dosing down poisons to fit the patient for the grave yard; while the old school has a standing collar around its neck preventing its members from turning around to see what is being done. The National school of sanative medication today is the Physio-Medical school. The people have too long been under the dominion of the conceited and stupid poisonous, murderers who assume "regular" as their shibboleth, and cloak their deeds of blood, their immorality, their drunkenness and abortions under a Code of Ethics and a vile attempt to monopolize the medical knowledge of the continent by banding themselves in an American medical association. The people should understand them in their true character. The American Medical Association of Poisoners *alias* the *regular Allopathists and child-killers.*

CHAPTER X.

FINALLY.

There is always a cause.

Reproduction is performed by various modes. In the vegetable kingdom non-sexual and sexual, with their varieties, present themselves for our study. Propagating by *buds* or *cuttings*, or by *sub-division* and *fission* are familiar examples of non-sexual reproduction. Alternate generation may be sexual or non-sexual.

In the animal kingdom reproduction is also non-sexual or sexual. Non-sexual generation occurs only in the lower classes of animals, as in the infusorial animalcules and worms or Annelida. Gemmation consists in a budding out from the body of the parent, which budding reproduces itself again, or is detached and forms an independent organism.

Sexual reproduction is always performed by a male and female.

The females produce the *eggs*; the male the fertilizing product called the *sperm*.

There is no living being without a pre-existing parent. There cannot be anything come out of nothing. There is no spontaneous generation. Nothing lives without a pre-existing cause.

When the female deposits the egg outside of the body before the egg hatches, the female is called *oviparous*.

The classes of animals, who have the germs developed in themselves, are called *viviparous*.

Both oviparous and viviparous animals have eggs or ova. The eggs of the oviparous are called *meroblastic ova*, and the eggs of the viviparous are *holoblastic ova*.

The holoblastic ova are found in insects, the simplest crustacea; the cyclostomatous fishes, and the mammalia.

The mammalia includes nearly all the quadrupeds that suckle their young, some species of whales, all domestic animals, and includes the human family.

All eggs, to reproduce young, require the contact of the male fertilizing germ, which, in the mammalia, are called spermatozoa.

In the oviparous animals these male germs enter the egg previous to the egg receiving its covering, or shell, as for instance in the hen or other fowl.

In the mammalia the male sperm enters the uterus and enters the ovum at that point, or, at the point of contact in the Fallopian tube in or upon the ovary. If the young is to live, this egg is attached to, or is drawn towards and adheres, by attraction or otherwise, to the mucous lining or membrane of the uterus.

This egg, the holoblastic ovum, contains the material for nourishment for the young, only for a short period of time; hence, it forms a nucleus from which to draw from the uterus and the female body nourishment for the young germ during its intra-uterine life. This nucleus or ovum, at an early beginning has two membranes: the Amnion and the Chorion. The Amnion contains a water or a liquor, called the liquor amnii, an alkaline fluid, containing from 1 to 3 per cent. of solid material, and is said to be composed of a lactate of soda, a trifle of albumen, sulphates and phosphates of lime, sebaceous matter, and toward the close of gestation it also contains very minute hairs, which have been thrown off by the embryo. The liquor amnii is, probably,

as varied in its composition as are the varied conditions of the mother.

The chorion is a membrane outside of the amnion and close to it, forming a *safety covering* to the amnion and therefore to the young germ. It is rather tough, very thin, transparent, and glistening. It encloses *all the child* and is so close to the placenta that there is no possibility of the leakage of the waters. These waters in the human female vary in different individuals in amount from a few ounces to two or three quarts. Towards the close of gestation these membranes are close together.

The holoblastic egg, therefore, furnishes the *placenta and all the membranes*. Keep this in mind.

The male furnishes only the living germ.

The placenta or afterbirth, is therefore not part of the womb, but is *attached to the uterus* solely, on account of, and during the life of the child. When the young is expelled the placenta, or afterbirth, is usually cast off in a few moments. Meigs says: "The same pain that chases the buttock of the child out of the vagina, usually drives out the placenta within ten minutes."

The child is, therefore, from the male. The placenta or afterbirth, is from the

egg or ovum of the female. The amnion, chorion, liquor amnii, the nourishment, are the outgrowth *of the ovum* of the female. Not *of the uterus*, but *in and attached to* the uterus. Hence the placenta, derived or growing out from the holoblastic ovum, is attached to the *place where* the spermatozoa or child is. For instance, in tubal pregnancy, the amnion, chorion, placenta, are with the child *in the Fallopian tube*. In uterine pregnancy, the egg is attached to the walls of the uterus.

The placenta is attached to the walls of the uterus. *It cannot grow here. It never becomes a part of the uterus. It is a part of the original egg of the woman.*

The child is nourished *through* the umbilical cord which connects the placenta with the abdomen or navel of the child.

This placenta grows with the growth of the child. It attaches itself, or is attached to the uterus, by means of indentations and projections which fit each other exactly. These projections are called *villi*. The blood in the child is constantly purified *in the placenta*, but the blood of the child does not intermingle with the blood of the mother. Prof. John Marshall's Physiology, page 958, says: "The blood of the mammalian embryo, passing along the umbilical arteries, upon the al-

lantois, circulates through these foetal villi, which are themselves bathed with maternal blood. The two bloods come into close relation, *being separated only by the most delicate tissues*, but they do not intermingle."

At the fortieth week or thereabouts the foetus and its membranes, the placenta, the amnion and the chorion, are contracted upon by the uterus and all discharged, if the labor be natural.

It is possible, that the child may be born, the placenta come away with all the membranes, *without the loss of a drop of blood*. Marshall says, page 959: "The foetus and its membranes are detached from the inner surface of the uterus."

Meigs says; "In *deliverance* the *whole* of the *placenta and membranes* come away."

The holoblastic ovum is, in itself, a structure.

The afterbirth is the outgrowth of that structure, at the time when or after the woman becomes impregnated.

The mammalia, as of the cow, sheep, cat, dog, horse, have placentas. A whale, at full term, is said to have a placenta twenty feet long. The cow may have one hundred placentas. The placentas of all classes of mammals are similar in their structure, in the offices they perform and in their peeling off,

after the expulsion of the embryo. No one will pretend that the whale, whose afterbirth is twenty feet in length, is subject to hemorrhage, or is subject to an afterbirth grown fast. No one supposes that any other animal of the mammalia, other than the human female, having a holoblastic ovum, has a necessity for a rapid detachment of the afterbirth. The domestic animals are insurable of either sex. The human female, with the same class of holoblastic ova, same manner of embryonic circulation, same structure, built upon the same general plan, is liable to have an afterbirth on the *same plan* as any other holoblastic ova bearing female. *The Woman, the Mother, the Sister, the Wife, alone is not insurable!!*

One rarely hears of a cow in convulsions at the time of labor. The domestic animals are delivered generally without accident. Only woman, of all the holoblastic ova bearing, placental females, is liable to the dangers of childbirth. And these dangers may be said to be in a direct ratio to their civilization and their dependence upon midwives and charlatans, who derive their superstitions and cruel practices from the dark ages of priestcraft.

But these assertions may be met with objections, that many eminent writers on midwifery have expressly stated that they have known of

“morbid adherence of the placenta.” Nor will there be any lack of midwives to assert that such and such a case had an afterbirth “*grown fast.*”

I dissent. It is not so, as we have already seen the holoblastic ovum furnishes all the membranes and placenta, and these dependencies are attached to the mucous surfaces of the uterus by villi or projections. Now to allow that a placenta is morbidly adherent to the uterus, is to allow that there is an *unnatural growth* between the placenta and the mucous membrane. Ramsbotham, indeed, makes this assertion (page 321) “in which morbid adhesion takes place — agglutination between the two surfaces of the uterus and placenta, in consequence most probably of a disposition of coagulable lymph, the produce of a peculiar kind of inflammation, which the lining membrane of the uterus has taken upon itself during pregnancy.” But Ramsbotham has to say “most probably,” and allow that it is a “peculiar kind” of inflammation. I say *most certainly* the holoblastic ovum can never in itself produce any morbid adhesion, since it never under any other circumstances than in the human female becomes *suspected* of being adherent.

Imagine a placenta twenty feet long of the whale and never hemorrhage, and never mor-

bidly adherent. Examine the cow with one hundred and twenty placentas, and none of them morbidly adherent; or the sheep, the sow and rabbit, all with placentas formed of a holoblastic ovum and never retained, never hemorrhagic. The eminent writer, Ramsbotham, devotes an entire page of note to his explanation of the agglutination theory, and asserts that it is more common in the lower than in the higher classes. But this poverty and liability of the poorer classes to "accidents during pregnancy, as are likely to induce inflammation to uterine structure, and which may terminate in the agglutination of the two surfaces together," will not stand criticism in America. It is the better classes that suffer most in this country. The poorer classes have a dread, a wholesome and salutary fear of a doctor, and hence are less liable to have the afterbirth torn rudely away than the better classes who depend upon a doctor or a midwife; a fact, which will be readily concurred in by every busy practitioner of medicine in this country.

Indeed, if it were not a stigma upon the noble profession of medicine, I would respectfully suggest that *perhaps* the poverty-stricken classes do not so readily dispense their *quid pro quo*, and hence the man midwife cannot

afford to wait the expulsive and natural efforts or contractions of the uterus. Under such circumstances an "adherent placenta" forms a ready excuse to go to the next patient, by scraping off the present patient's placenta with the finger nails.

Of course I am very sorry to suspect that such might be the case, but having lived in dear, delightful old England, and familiar with the respect paid and due to the lower and working classes, I cannot help surmising that poverty would not pay any practitioner to wait three hours at a bedside when he could scrape off that afterbirth in three minutes.

"'Tis true, 'tis pity! pity 'tis, 'tis true!" And if one thinks it not pitiable let him examine the women of his acquaintance and contemplate how they have grown old since childbearing; grown weak, helpless, chronically indisposed; invalids, with hollowed, blanched cheeks, tottering walk, the joy gone out of their life, dating from the time of their confinement when the doctor *pulled away the afterbirth*.

I have now to submit the last objection against this practice of rapidly detaching the placenta, an objection which, however novel it may seem, is, I am satisfied, one that will commend itself to every student of nature and

to every one having the welfare of the human family at heart.

First. When the spermatozoon enters the holoblastic ovum of the mammalia that ovum *commences to have a circulation* from the ovum to the spermatozoon. This circulation, if the child is to live, *increases* with the growth of the child, never stops, the outgrowths of the ovum still continuing to grow and enlarge until the child dies or is born.

Second. Upon this circulation *in the placenta* does the growth of the child, its life, depend. If the placenta is ruptured the child is born or dies. As the mother is nourished, so also is the placenta nourished.

Third. When the placenta ceases to nourish the child, the child dies. When the child is dead *from any cause*, the circulation in the placenta ceases.

Fourth. As we have already seen that the circulation in the placenta depends upon some cause connected with the child (that is, I assert that the germ from the male causes the *commencement* of the circulation, and that this reciprocal circulation *ceases* with the death or the birth of the child), so we may assert *that upon the birth of the child* the circulation in the placenta ceases, and the placenta becomes an inert, non-circulating mass outside of the

general circulation of the female. And here I would say that in many, too many instances, the *premature* tying of the navel cord, *retaining the blood in the placenta, prevents the natural detachment of the afterbirth*; in other words, the afterbirth being *full* of blood does not *cease to have a circulation*, and it is when that circulation has ceased that the placenta peels off naturally and quickly.

If these propositions are true, then as soon as the circulation of the placenta ceases nature prepares to expel it; this, in the great majority of cases, is precisely what occurs. In those cases where it does not occur at once, may be:

1. Where the placental circulation may have been obstructed by the too rapid tying of the navel cord.
2. By premature birth.
3. By the improper administration of chloral, chloroform, ether or narcotics.

The facts are, that after the birth of the child the placenta is ready to peel off itself, and does peel off, does come away, is naturally expelled by the contractions of the uterus. It cannot have grown fast; cannot have become adherent; cannot become "agglutinated," because it is a foreign body, an inert mass, an article outside the general circulation of the female body. In this condition patience is

necessary. Here is the point, and this is the place where so many midwives and inexperienced practitioners lose their heads and their patients. Ramsbotham indicates two hours as a proper time to wait. Dewees says, page 422: "No point of practice is more unsettled than the time that should elapse between the attempt to deliver the placenta and the delivery of the child. I am averse from making *time* the criterion. It is always safe to act when the uterus is well contracted, and never *until then*."

Meigs, page 299, only waited one hour and a half. He says, however, in the next paragraph: "I cheerfully admit, however, that cases may and do occur in which a longer delay may be advisable."

I shall not introduce other testimony into this work farther than again to admit that, under some circumstances, the placenta should be rapidly delivered. These circumstances have already been mentioned in previous pages. But, provided there is no flooding, not much pain and no faintness, it is safe and best to wait twenty-four hours before "inserting the hand briskly into the uterus," and hurrying that which Nature is capable and certain to do, if time is allowed.

Two cases may illustrate:

Mrs. W. was confined with a boy at eleven in the forenoon; the attendant did not see proper to detach the afterbirth for thirty-six hours; she was out of doors on the tenth day. Mrs. G. was confined one day later; the medical attendant, an eclectic, detached the placenta manually in one hour. The first lady is in perfect health; the second has falling of the womb, leucorrhœa, and such a "dreadful weak back." In the first case Nature detached the placenta, and did so without any laceration of the mucous membrane, which lines the uterus; in the second, the eclectic medical gentleman dug the finger nails into the mucous lining, and possibly made a partial inversion of the uterus.

Why do women die in childbirth? Because of the mal-administration of ergot, opium, chloral, chloroform in some instances, but largely, mainly, and principally because the afterbirth is pulled away before it is time—pulled away with no regard to anything save brute force and superstition.

CHAPTER XI.

THE AFTER-TREATMENT.

Very little time should elapse between the expulsion of the placenta and the application of the *bandage*. Many obstetricians affect to despise this useful article, and a certain class of homœopathic gentlemen deride the habit of applying any band or support to the abdomen of the recently delivered woman. It will be seen, however, that the practitioner who neglects this precautionary measure will occasionally lose his patient from the want of this simple safeguard. The bandage removes the danger of extreme flooding, favoring contraction of the womb. It supports the abdomen and benefits the reparative processes, *because it keeps the uterus, bladder, intestines, and peritoneum in a quiet, apposite state*. I believe

no experienced midwife or obstetrician will take the chances of doing without the bandage after labor. The usual method of preparing the band is to have it double with a gusset or gore for the hips. An improptu bandage can be made of an ordinary roller towel, or of a pillow slip. The length should be three and one-half feet, and ten or twelve inches the width. The nurse or attendant usually sees to this, but it will repay any one interested in the welfare of the patient to have a personal supervision of its appliance. It should be placed next the skin, drawn moderately tight and pinned over the hip. All stained, wet, or damp cloths should have been changed. This may be accomplished by making up one side of the bed anew, changing cloths, and gently lifting the patient into the dry place. If flooding commences no moving or changing should be allowed. Flooding is, in my estimation, the most dangerous symptom in childbirth. A quiet position is an absolute necessity. If one reads the account of Rachel when she was confined with Benoni or Benjamin, and the verses that precede the one where her breath was just "going," it cannot fail to have been suggested to the mind that it would have been well for Rachel if there had not been so much journeying previous to confinement. It

may also be possible that the fool midwife pulled away the afterbirth in the case of Rachel. At any rate the midwife was a false prophet.

For flooding I have four remedies, which are named in the order of their increasing strength: 1. An infusion of raspberry leaves. 2. A decoction of blackberry root. 3. The fluid extract of witch hazel (*Hammamelis Virginica*). 4. The tincture of myrrh.

In ordinary cases a cup of the infusion of raspberry leaves is a safe and mild drink. It is far safer and fully as effectual as ergot. When the hemorrhage is exhausting and severe, the tincture of myrrh may be given in teaspoonful doses every ten minutes. Let the patient lie perfectly still, the head not raised much above the body, and the myrrh will control the flooding almost instantly.

A tea of *Blackberry Root* bark, with a very little capsicum, is almost a specific for ordinary cases of flooding. Make quite a strong decoction, and give a tablespoonful every five or ten minutes.

Beth Root (*Trillium Pendulatum*) is also an excellent astringent. Put two ounces into one and one-half pints of water, boil twenty minutes, strain and cool, and give a spoonful every five minutes until the flooding ceases. I advise

you to gather these articles, and not to patronize a tobacco and whiskey drug store. The druggist does not know, and does not care whether his herbs are pure or not. He sells drugs to make money, and the cheaper he gets them the more he can make. Probably, also, he will pass some sneering remark after you are out. If you have to buy, send a letter to H. M. Merrell & Son of Cincinnati, or to B. O. & G. C. Wilson of Boston, and enclose a draft for what you want. They are the only two firms in the United States where you are sure of getting a pure herb, and you can get them safely by mail.

Raspberry leaves, blackberry root bark, and tincture of myrrh can and should be in the house previous to confinement. They cost little, and are above price if needed. My idea is, that if a woman is properly treated she does not need medicine. The condition of the urine should be inquired after the use of any astringent, because after they have been given the urine is apt to be scanty and burning. This can be remedied by an infusion of peppermint, or a glass of weak lemonade, and, if palatable, is to be allowed as soon as the flooding is controlled. I strenuously object to the use of spurred rye or ergot, as this agent *poisons the milk* in the mother's breast, and

thus destroys the child. The use of Ergot also explains one of the reasons why the old mineral poison doctor has so many cases of milk sickness and puerperal convulsions. Ergot makes a fool of the child and leaves the mother liable to OVARIAN TUMORS. The use of perchloride of iron as an injection to the uterus in cases of flooding has been advised. It is a dangerous remedial agent. I believe this salt may be absorbed, or if not absorbed, it may extend its power of coagulation over other bodies of blood and thus may cause a *coagula in the heart*; an effect as fatal as if the heart were cut out.

For after pains, the regular school depend upon the internal administration of camphor and opium. I use the decoction (or fluid extract) of blue cohosh, or of motherwort (*Leonorus cardiaca*,) half teaspoonful of the fluid extract or a tablespoon of the decoction after every pain. It is not a good idea to rub the bowels with any kind of spirit, but a gentle rubbing over the abdomen, with the hand possibly moistened in warm water, will in many cases allay the severity of these pains. A tea of the leonorus may be relied upon in afterpains, but I shun the use of opium or laudanum because they are poisons and destructive to the body.

An injection to the vagina and uterus in cases of flooding of the decoction of black-berry root would not be so objectional. I have never found it necessary to use it. I believe that if the woman is treated rightly in the delivery of the afterbirth there is usually no danger of flooding. And I have so much confidence in the remedies already named that I should not hesitate to administer them in the most extreme cases.

As for the great number of FLUID extracts, Saccharated extracts, and all the so called new remedies put up by drug houses, and eleixirs and all their patent preparations, you can be assured, as a fact, that they are in too many instances unreliable, untrustworthy, and worse than useless. If you depend upon a *herb tea* properly made, and strained, and settled, you cannot get disappointed in the effect you desire to produce.

The child should be put to the breast as soon as it is dressed. The sooner the better. Nursing favors the contraction of the womb, and uterine contraction stops flooding. It is better for the child to nurse within one hour, and the sooner the better, as it then is able to suck. Nor should the nursing be delayed because the placenta does not come away. Sometimes the act of nursing favors the con-

traction of the womb, which is indicated by pain, and the placental mass is forced out during the contraction.

Upon this point all the schools of medicine are very deficient in knowledge, and very contradictory in their statements.

One of the most reliable of writers on child-birth (Rigby, page 189,) says: "a child is capable of sucking the moment it is born; indeed we would say better at this moment than later, for the power of instinct in it is fully as great as in other animals; whereas, if not put to the breast soon after birth, but fed instead, it quickly loses it. A vigorous, healthy child seeks its mother's breast, and if it does not find it sucks at everything which touches its mouth, even its own little hand or finger when presented to it."

White, another good old sensible English authority (on "Lying-In-Women") says: the child should be put to the breast "whether there be milk or not."

And these authorities are correct. The young mother's breasts are in the most possible perfect condition for nursing directly after the child is born. The nipple projects and is not tender. While the milk has entered the breasts the nipple seems to be buried beneath the breast, and the baby cannot get a good hold of it.

In relation to *sore and inflamed breasts* (which is caused by the skin covering the *nipple* and the breast being extremely thin), I believe the very best *preventive* is to expose the *breasts* daily, or twice a day, to the sunlight, during the last three months of pregnancy, and washing them with soft water, and daily giving them a *good rubbing*. This exercise renders the skin tough, elastic and firm, so that the nursing child cannot chafe them by nursing. The best remedies for sore breasts are a strong decoction of *Raspberry leaves*, which may be used warm or cold, and a frequent bathing in warm, soft water, in which a little common soda has been dissolved to render the water alkaline. No soap should be used. Ladies who are habitual *tea drinkers* are more liable to sore breasts than those who use water or milk.

Nine days is said to be the period which a woman must lie after being put to bed. The period differs in different females. If there has been a rapid delivery, not much flooding, it is well for one to sit up a little on the third day, and gradually increase the time. As society is now constituted the woman will not get up before the third week; no young mother should permit herself to run a sewing machine, play upon an organ, or lift until

after the *fortieth day* after birth. Let her consider that if the youthful appearance is to be kept, she is to take care of the body. According to the Mosaic law this period of forty days must elapse before she is cleaned. This statement demands the most careful consideration and investigation, both on the part of the husband and father, and also the wife and mother. The intelligent being should be able to control the body and his passion.

Although many of the assertions contained in this little work may appear arbitrary, yet, in the experience of the writer, nothing written is untrue or deceitful. If the reflections of schools of medicine are harsh let it be imputed to the most bitter tyrannical conduct of the members of those schools, and to the fact that they are now engaged in keeping the people in ignorance. The classes of doctors who are neither generous, educated, liberal or sober cannot be depended upon for help or information.

If new ideas have been brought out for the benefit of the suffering women, if these pages learn the young husband how to care for his life partner, in her sorrows and travail, if it saves one woman from the pangs and lamentations of death, its aim will be accomplished.

CHAPTER XII.

WHY WOMEN LOSE THEIR TEETH, AND HOW TO AVOID THAT CALAMITY.

These are the days of sham, pretense, hurry, envy, malice, cruelty, smiles and treachery. We live among electricity. We have no time for meditation; no time to pray; no time for other aspirations than society, money, fame and power to amass money. We have hard work to be honest to ourselves. No time to be honest for others. Our mothers drank tea and our fathers drank rum and chewed tobacco. We, the men, are only half made. Our sisters and wives, a class, part of ourselves, are with

us, crushed to the ground ; burned out, wasted, hopeless, helpless, yet in their very weakness rising in their last earthly looks to agonize what little soul there is in us into unspeakable tortures until we turn choking away to again take up the filthy, soul sickening search after a dollar, shut our eyes and hold our breath while we struggle with the other leprous animals for the possession of more money.

Why do our women lose their teeth in child-bearing?

Because the child demands *enough bony material* to form a *skeleton*, a *bony frame*, and these women, (as they do not get that bony material in fine flour, in potato, in the pies, cakes, goodies, pastry, ice creams, sugars of the day, composed of sulphuric acid and glucose), *give their teeth to supply the Baby's demands*, while the baby is growing in the uterus.

Stop, you fool-man, and study this out.

Stop, you simple-minded, trusting woman.

Stop, sit down, or kneel down and ask God to give you brains enough and five minutes of time to understand His Great, Unchangeable Laws, so that you may do good to others and gain happiness in serving God.

When the spermatozoon of the male enters the ovum of the woman, pregnancy follows.

From this time all the growing child is supplied from the MOTHER'S BODY. If the food the mother eats does not contain *bone material* to supply the growing child, then the mother's bones and teeth are drawn upon to supply the skeleton of the child, and this is the reason of the young mother losing her teeth.

Nor does it stop with childbirth. All through nursing the milk drains off the best of her body. If that body is not supplied through the mother's food with bony material enough to supply the demands of the growing child, the mother *turns her bones and teeth into blood and milk to supply the child's demands for bones.*

What is to be done? Stop eating Irish potatoes, because the STARCH does NOT supply any bony material. Stop sugar, (unless you know the sugar to be pure, either from your own knowledge, as of maple sugar, or from a reliable man, but not the grocer, as he is usually ignorant and careless), as it is composed of materials deadly to your teeth. Replace your potatoes with oat-meal mush, gruel or cakes.

Have a broth made by boiling a good piece of bone, well cracked, *four hours* or more, and having salted and seasoned it, drink this *bone broth* three to five times a week.

Make and eat your own graham bread, and shun and avoid the nasty, poison, bone de-

stroying *Baking Powders* of all kinds. Throw your soda into the wash tub. Keep the destructive, cell bursting, amœba killing alkali soda out of your stomach.

Eat a few nuts, almonds, walnuts, hickories, pecans, filberts, or chestnuts every day and don't forget a *few good* SOUND RAISINS, after dinner.

Stop your coffee and tea and replace them with warm water and milk.

If oatmeal cannot be eaten with milk, or butter, or honey, or pure maple syrup, then try CRACKED WHEAT, HULLED CORN, corn bread, or hominy, samp or grits. *Avoid the fine flour biscuit*, and especially the tooth rotting alum and tartaric acid baking powders.

Lastly, keep your teeth clean daily by means of a soft brush and *soapsuds* at least once a day and brush your teeth three times a day at the least. Use a silk thread between the teeth.

While you are nursing have your BONE SOUP cold or warm and supply your system with it three or five times a week. Wean your child when it is nine months old.

If you are constipated "throw physic to the dogs," and drink a half or a whole cup of warm water the first thing in the morning.

This warm water cleanses the bowels and the liver, kidneys and spleen better than all the senna, manna, magnesia, salts, and seidlitz powders in the world.

If the urine is painful or scalding, your hands or feet feel numb or sleepy, or if you are dizzy make a tea of one heaping table-spoonful of clean whole flax seed in one pint of boiling water; let it stand thirty minutes; add enough lemon juice to make it palatable and *pure sugar* to suit if your tooth is excessively sweet and drink it freely, a pint every two hours, until you are all right, or in case of palsy drink this dose every night before going to bed, and keep the bowels free by the warm water in the morning.

If your urine is *red*, or settles like brick dust make a tea of *Peppermint* and drink a cupful each day, say a wineglass full cold or warm an hour before eating.

The nurse or doctor frequently suggests a "cup of tea" to bring on the milk or for other purposes. TEA IS A DETRIMENT TO THE NERVES AND BRAIN. It is not a benefit for a nursing woman and should not be used. A very much better drink is crust-coffee, or a thin oatmeal gruel; or warm water and milk. Avoid sugar, as sugar assists in destroying the teeth. If faint and without appetite drink a

cup of weak sage-leaf tea. China Tea is a beverage that causes the child to urinate frequently and also causes that dribbling of urine, so sure to *chafe* the child. It also causes the child to be wetting the bed. I mean to say that when the mother drinks the tea the child is troubled with a weakness of the bladder, and this weakness sometimes lasts through life.

Coffee is a slow liver destroyer. It is a nerve excitant unfit for a pregnant woman or a woman just confined. It is apt to constipate the bowels, and is provocative of much mental misery. Instead of coffee and tea drink warm water and a little milk, avoiding these terrible mind destroying agents. A woman should nurse her own child, as this is the proper condition for a mother ; and she is unnatural who can, but will not, nurse her own child. There are, however, many women who allow the milk to fill out the breast *until the nipple is buried* and they cannot nurse. In such cases a child should receive the utmost attention as to its food. Goat's milk is best. Next best is one cow's milk from a fresh cow, and a young one if possible. Every care should be used to have all the nursing bottles and everything connected with the milk in a state of scrupulous cleanliness.

The child may cry steadily or spasmodically. If so, examine the pins; see that it is not chafed; or if it is, oil it; do not allow it to remain wet; see to its navel; have it nursed regular; and change it from side to side. If it breaks out with heat on the back or neck, use a clean warm water in which you dissolve enough soda to make the water a little slippery, then bathe quickly and wipe dry. Let the baby have soft linen or clean old cotton to sleep in. Pulverized starch is good to dust on afterwards. This is sold in the drug stores under various names. A good remedy is to pound dry rice very fine and dust the fine powder over the places broken out with heat, *after* it has been washed in a weak soda bath. Lycopodium is also used. Do not use soap as a general thing. But if it gets scurvy head or is full of boils use a weak suds of carbolic acid soap. But soap is a dangerous thing to use on a young child.

Letting a child nurse while asleep on *one side* and falling asleep on the breast is, if continued long, liable to *make the child's nose one-sided*. Do not let your child bury its nose in the breast but hold it so that it can nurse and breathe through its nose at the same time. Nose to one side is not the prettiest sight on this earth.

If the child has the colic, give a clean, well-strained, not too much sweetened catnip tea. If two to six teaspoonfuls does not allay the colic give in the tea one or two drops essence peppermint or a little anise-seed tea. If the bowels are cold, warm them by rubbing and warm flannel. If the bowels have not been moved, use a warm injection to its little bowels of a sage or catnip tea sweetened with syrup. Catnip tea makes a safe injection for a child's colic.

No child should, under any circumstances, nurse longer than nine months. It ruins a woman's constitution *and predisposes the nursing woman to a wasting consumption* to allow the child to nurse after that time. To explain this would occupy a volume. Some women nurse so as not to again become pregnant, because, while nursing, the ovulation is held in abeyance. But from whatever cause the

NOTE.—DO NOT GIVE, under any circumstances, Mother Winslow's Syrup, Castoria, Paregoric, Laudanum, Bate-man's Drops, Jaynes Carminative Balsam, and ten thousand other poisonous compounds used to deaden the child's sensibility and destroy its brain. These remedies have some dangerous narcotic in them and are the beginnings of death. If you *must* dose, get a doctor to assist you to dose it and you can lay a part of the blame of the child's death on the doctor. But to kill it yourself because a lying newspaper puffs up a patent poison will always be an unutterable regret.

woman may have, the effect of long nursing is the same, a wasting away of the woman, wrinkles and a certain decay of the physical and mental powers. *Long nursing renders the mother's bones and teeth soft.*

If the breasts become cracked it is best to use a rubber NIPPLE SHIELD. I think one of the main reasons of cracked and bleeding nipples is because after the child nurses, the mother frequently places her breasts back in her dress and they have a sudden change from the temperature of the child's warm mouth to the cold clothing. Besides this, the *child's saliva is acid* and the acid quickly turns the portions of milk *sour* and a fungi commences to grow upon the breasts. To prevent sore breasts *wash the breasts* with a little alkaline wash, the moment the child is done nursing, wipe them dry and rub them well. This is the best preventive. After the breasts are sore use a strong tea of raspberry leaves, *after* they have been washed with a weak wash of soda. A heaping teaspoonful of bi-carbonate of soda to a quart of warm rain water.

The London remedy for excoriated breasts is as follows :

Dissolve four drachms pure gum tragacanth in three ounces of distilled rose water ; when thoroughly dissolved add four ounces of lime

water and one ounce purified glycerine. Mix and apply to the excoriated parts. It should be a soft jelly when done.

I do not think a child should nurse oftener than once in two hours, and as it gets older the intervals should be longer apart. Something depends on the mother and the child about this matter. No child should be allowed to sleep with the nipple in its mouth. It is a wretched habit and one that brings sorrow with it. The child, unless it is very cold, should sleep alone, away from the mother, so that the mother can get an unbroken sleep.

If the bowels of the recently confined woman do not move by the second or third day use an injection of clear warm water to the bowels. Physic is better avoided as it deranges the milk of the mother and the digestive functions

NOTE.—The mother should sleep alone, head of the bed to the north, if possible, and the nurse or husband on a couch. Oh, the blessed repair that comes of sweet unbroken rest. But the sleep that comes of Opium, Chloral, or Bromide of Potassium is a fraud before Heaven. Shun the poisons and the poison givers. *If nervous*, have the hands, arms, face, and feet washed in a warm alkaline water and wiped dry so as not to take cold.

The mother just confined should not eat meat for eleven days after confinement. She will look better and feel better to have a purely vegetable diet for that lapse of time. Butter, syrup, honey, jelly, if they set well, are to be allowed. Oatmeal is the finest food for a Northern woman, and rice for the Southern mother.

of the child. The injection may be repeated every three hours until it induces a good motion.

All water drank by the mother should be pure soft water or else should be boiled, strained, set aside to settle and cool. Ice water should be used with much caution. It is apt to produce colic in the nursing child; so also are cherries, cucumbers and any underdone vegetable.

I cannot close without expressing my heartiest contempt for the medical profession who are wickedly and stupidly ignorant. All the medical schools hurrying along in their race for a dollar, trampling over their sisters and wives, grinning, bowing, smirking, yet grinding them out of existence because of their stupid, selfish, sensual ignorance. As for the lying dentists who poison the woman with amalgam, *mercurial amalgam*, or after they pulled the teeth out have placed a plate in the mouth composed in part of Bi-Sulphuret of Mercury to make the woman demented, they ought to be hissed on every corner. Oh, that I could burn a sentence on the young woman's mind! It should be this:—**STUDY, INVESTIGATE, REASON, and THINK FOR YOURSELF. KEEP YOUR BODY PURE AND STRONG, as a TEMPLE for the HOLY GHOST.**

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