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MODERN MADONNA

LESLIE GEORGE

*Thanks to my publisher, Mr. Charles Block for permitting me to reprint several
articles from my recent book on sexual health.*

Dr. Bieler had 60 yrs. of
Medical Practice and 10,000-plus
patients.

presented by

I felt so privileged to be
one of them! He greatly
influenced my health & life.
I have never met another who
was more genius or compassionate.

This book is donated with my
love and gratefulness to God &
Dr. Bieler; and to others who
are searching for health and
nutritional wisdom.

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MODERN MADONNA

By

Henry G. Bieler, M. D.

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INTRODUCTION

This little book is written especially for young mothers who want to experience natural childbirth and the rare privilege of having their babies constantly with them afterwards.

The orthodox rituals of today's great hospitals make this practically impossible, but one of my prime interests is to show people it can still be done. I am now well into the comfortable decade of my seventies, and am proud of my reward for some fifty years of helping women produce fine children, as I help the second, and often the third generations of my patients emerge radiantly from their procreative adventures.

Just recently I delivered for one of these former babies a fine son, Richard, in my office; Her mother (an old patient of mine, naturally!) stayed with her in my home for four days, and did the necessary nursing. Although the young mother is a tiny slip of a person, her baby weighed nearly nine pounds, and she had a very comfortable and easy delivery, followed by no complications.

She can tell better than I how this simple procedure affected her, in a letter I received a few months later, as she writes of it and her two children, the little boy and his older sister, Nora:

"Richard is getting so big he's already wearing the six-month-old size T shirts. I have ample milk of a good quality. My two days in school each week don't seem to interfere with nursing the baby. I am only missing two feedings each day at school.

"I still can't get over how beautifully everything worked out. The stay at your home was so nice, and Mother's being able to come too, was perfect. It was so natural and beautiful to have Richard with me from the time of his birth.

"In the hospital with Nora I almost got the feeling that she belonged to the nurses, who would condescend to let me hold her for a little while each day. During the birth of Richard I felt like I did it. It was so much better than being drugged into sleep, not being conscious of the birth and not being able to see the baby for six or seven hours after it had been born. It was so much more real and comfortable. I'll bet a lot of the 'baby blues' new mothers get, stem from the unnatural relation first established between mother and child in the hospital, and then are intensified by the mother's not nursing the baby.

"I am almost back to size. All my old clothes fit, but my stomach is still a little flabby. As long as I get my nap every day I have my old strength and energy, and I think a bit more."

I do not want this book to give the impressions that I am running a maternity hospital! Occasionally I am able to make special concessions for long-time and faithful patients, depending upon their immediate needs . . . either in my own home or with friends who know and understand what I am doing. This is especially true with my new mothers, most of whom are in excellent condition when they have their babies. I know, and if they are old patients they too know, that the process will proceed naturally and comparatively easily. Even if it is their first experience, they are in such a state of happy anticipation and good health that they are without fear. They want to work with me, and remain undrugged for the supreme moment of seeing the new child. They want to be with it in quiet privacy, while the two rest together.

This pattern is almost impossible to follow in any other place than home. Hospitals are crowded and impersonal. Pre-labor medication is the rule. There is neither time nor patience for following the utter simplicity of my wishes about food (or *no* food!). Even raw milk which I myself bring still warm to the new mothers is banned. The helpless child is threatened with glucose feedings; the helpless mother fights against meal-trays loaded with pork chops, synthetic mashed potatoes, and desserts stiff with white sugar; and I, their doctor, am as helpless as they.

All this, and more, is why, when circumstances make it necessary for me to deliver a baby in even the best of our hospitals, it is always a great relief to get the mother and baby out in three days, so the baby can have either its mother's milk or a live non-synthetic formula.

The majority of my obstetrical patients are delivered in their own homes, and where possible a nurse or the husband gives able assistance. My memory goes back to the time when I was working as contract doctor in the coal mines of West Virginia. The patients came from the lower classes, and

were superstitious and modest to the point of demanding to be delivered under the cover of a dirty quilt. As the contract fee did not include obstetrics, I considered myself lucky to collect the usual confinement fee, which was five dollars. I never saw an infection, and nearly all of the deliveries were quick and with little discomfort to the patient.

Today is the day of the specialist. The obstetrician expects to take care of all mothers having babies, and he insists on doing it in the most modernized of hospitals even though we know from the newspapers that policemen deliver babies quite well, and that babies sometimes do it themselves, on the way to the hospital. Not too long ago one was delivered by a pilot while in an airplane!

Most babies are born quite easily. A specialist is sometimes needed when complications arise, but this is the exception and not the rule. In all the instances of babies born in taxicabs on the way to the hospital that I, myself, have known about, I have never heard of the mother or baby dying. Herbert Ratner, M.D., the great authority on preventive medicine, believes that most obstetrical patients are normal women who would get along just as well or better with a midwife, as has been well-demonstrated by the low infant and maternal mortality figures in Scandinavian countries, where supervised delivery in the home, by highly trained midwives, is a part of the medical tradition. We also have the remarkable record of the Frontier Nursing Services' midwife deliveries in the homes of Kentucky mountaintainers, which has long been the envy of the medical profession. It began in the mid-Twenties, and far surpassed the records of physicians in hospitals through the Forties.

"The obstetrical specialist," Dr. Ratner has said,* "is a key specialist who cuts into the heart of family practice. For his own self-justification he stops thinking of pregnancy as a normal physiological condition and permits himself to believe that it is a pathological condition requiring specialized attention. It was a modern obstetrician who defined pregnancy as a nine-month disease. To think of pregnancy as a disease, with all the implications this has for the mother undergoing the experience, contributes nothing of value to the mental health of the family unit. This is especially so when the concept of pregnancy as a disease is matched by the specialist's concept of a delivery appropriate to the occasion: routine forceps, anesthesia, and episiotomies with the attendant stupor, headaches, emesis basins, and sore bottoms. This unnatural delivery, with only a short-term clinical experience behind it, displaces natural delivery, the product of thousands of years of evolutionary experience which also had the virtue of preserving the mother for the moment of joy inherent in the birth of the baby."

A mother who follows a careful diet during pregnancy, in conjunction with a certain amount of good exercise, seldom has a disagreeable labor. After the baby is born, I usually place it in her arms, even before the cord has been cut. From this point on she never loses sight of her child during the first days, and tremendously enjoys having it close by.

The happiness in a mother's eyes when she knows that her baby is beside her, is impossible for me to describe, but it is a constant inspiration and reward to anyone who has once helped bring it there.

*(in an interview at the Center for the Study of Democratic Institutions, 1962) *Editorial Readers N. B.*

II ABORTION AND MISCARRIAGE

For many years there were two terms that were hardly ever mentioned in polite society: abortion and venereal disease. Both connoted *shame!*

When I was a boy, "The Ladies Home Journal" published an article about the latter term which shocked all its good readers, and when I was a Freshman university student I, myself, was disturbed by a lecture on venereal disease and its horrors. I remember that one student in the audience fainted! But it was not until recently that the word abortion became admitted to polite conversation.

Now, after some fifty years of active practice, I look back and realize that *neither* nightmare occurred as frequently as was commonly touted. True, they had a certain shock-value for journalistic writing and so-called educational lecturing but in all my years of practice both syphilis and gonorrhea have been rare . . . even rarer than the seldom-seen polio, another much over-rated and infrequent disease, in spite of the current publicity about it. As for the much maligned abortion, I doubt if I have seen more than ten cases, and in my whole life have never heard of a fatality such as described in magazines, although they may frequently occur.

There are three kinds of abortion: legal, illegal, and natural, this last signifying when Nature steps in and performs the "criminal" operation. There was a time when abortion was considered such a terrible moral and social offense that penitentiary sentences were meted out to the culprits committing it. At present, legal abortion is practiced in many countries, such as Russia, Japan and Sweden.

During the last few years some of the American bars have also been let down, and women who suffer German measles early in pregnancy, for instance, are pretty generally aborted legally, although certain of our lawyers and judges are still waving their professional fingers with shock and disapproval. The recent instance of the woman who had taken thalidamide and found no hospital which would admit her, in this country, was a painful example of their legal insensitivity. She fled to Sweden, and barely scraped by with an abortion there because of the delays, and then was with difficulty exonerated for her act, even though her limbless monstrosity was formally witnessed as such in the autopsy room.

For a while wholesale abortion was legal in Russia, perhaps because the government needed the money that was being paid to professional abortionists. Soviet clinics were opened, and a land-office business sprang up. They functioned freely and with full and open approval, only to be closed suddenly, after a few years. I, myself, suspected that religion was to blame, but I was overcome by surprise when told that the military elements in the government demanded a higher birthrate. Plainly the army feared that the lowered number of births meant fewer prospective soldiers! As usual, illegal practice again flourished, but by now legal abortions are acceptable, although not paid for by the government.

Japan had the foresight, several years ago, to stem its dangerously high birthrate by opening free abortion clinics to the poor. In the same way Sweden, probably the most "civilized" country in the world today, has also seen the practicality of legal abortion.

Of all modern crime rackets, the illegal abortion game is supreme. Of course, the risk is as great as the incomprehensible fees charged. Fortunes have been made in its practice. Now that such wonder drugs as penicillin and the steroids are easily procurable, the fatalities, even when the operation is done in the home or in offices, are few. Recently one of my friends examined the racket in Mexico, which is said to have been taken over by the government, and he estimated that government-trained doctors in Tijuana were grossing over thirty-five thousand dollars a day, mainly from United States citizens. In the United States the Underworld, the same group that cashed in heavily after Prohibition, controls abortion "rings", and not infrequently, able and high-standing gynecologists are compelled, at pistol point and threat of blackmail, to perform abortions on the gangster elite.

The illegal abortionist rarely gets caught: The patient, even on her death-bed, will seldom disclose his name. According to statistics, many thousands of abortions occur yearly in the United States, but one seldom reads of an abortionist's arrest, even though sleuths are everywhere.

About seven years ago, I had an uncomfortable experience. A family of old patients of mine had a robust and lovely daughter who became pregnant at a student orgy. When about two and a

half months along, she had an illegal abortion performed. The child was pretty firmly attached to the womb. The abortionist failed to remove all the afterbirth, and the small remaining piece caused successive hemorrhages.

While spending a weekend near my town on the West Coast, the girl suddenly began to bleed profusely. I was called. I sent her to a nearby hospital, in the meanwhile telephoning a colleague to care for her. I suspected that the fragment of afterbirth was trying to be expelled through the mouth of the womb.

The attending doctor had noted in her chart the diagnosis of incomplete abortion. That afternoon I went to the hospital to see her, as a family friend, and was informed by the head nurse that two plainclothesmen were waiting to talk to me.

I was at once accused of having previously performed the abortion, even though I had been miles from the patient at the time. The two police officers had put the patient through an inquisitorial questioning, in spite of her nervous and weak condition after the severe loss of blood. Of course they tried to make her say that I was the culprit, and with equal stubbornness she refused to name the real abortionist. Then I was unmercifully gruelled by the two men, who were finally convinced of my innocence. A nasty business it was!

The girl has since been happily married, has two beautiful children, and is very content. Her other alternative when she found she was pregnant, of going to an unwed mothers' home in some distant city, suffering alone through labor, delivering an unwanted child which would have to be put up for adoption, was avoided by her wise determination to terminate her condition.

Just as the church and the law are gradually relaxing their attitudes toward birth control, they may in time see the prudence of instituting forms of legal abortion. Even very recently, the staid and cautious "Reader's Digest" has shown signs of softening. I consider this a very good sign. We must divorce ourselves from the hangovers of other days, when unmarried mothers were accused of being witches, and were burned at the stake!

The most frequent abortions of all are the natural ones, and Nature lays a heavy hand on her children who bring them about by desecrating their bodies with toxic foods. Natural abortions are called miscarriages, which connotes the idea that they are not criminal, but the greatest crime is a crime against Nature, the merciless avenger.

When a woman becomes toxic, one of the avenues of vicarious elimination is through the womb. Acrid irritating material is flushed out in the menstrual blood, causing very disagreeable periods. (Here, one of the harshest chemical offenders is white sugar, or any products containing it.) The inflamed womb is left in a boggy condition, which makes it difficult to implant the fertilized egg, and the contents of the pregnant uterus (or womb) are usually disgorged at one of the menstrual cycles. A crime has once more been committed, "naturally"!

I often wonder why the great research work of the late Dr. Francis Pottenger, Jr. has been so entirely smothered and forgotten. Were certain protein-selling interests annoyed by his experiments? It appears so. Pottenger's work showed beyond all doubt the ill effects of heated proteins on carnivorous animals. In his experiments, cats were used, and besides developing many of the ailments so often seen in toxic humans, these cats in the third generation were unable to conceive at all.

The second generation kittens were weak and sickly, and no amount of proper diet, in this case raw meat, would restore them to health. Many of these kittens were born dead. The increasing infestation of the wombs of the third generations kept them sterile. Even their bowl movements were so toxic that weeds refused to grow in soil "fertilized" by their excreta. Unbelievably, very few doctors have even heard of Pottenger's great work.

Still, little by little, people are finding out the dangers of toxicity, but so far the casualties have been great. Now that chemicalized, irradiated, and processed foods, vacuum-packed meats, and synthetic and unnatural sweeteners are flooding the supermarkets, we are gradually being *forced* to awaken to their dangers, in the face of the heavy toll exacted by Nature.

As far as abortion is concerned, natural abortion or so-called miscarriage will disappear with knowledge, and the woman's sacred right to say whether she will bear a child or not will become hers alone, a recognized legal procedure. After all, it is her own personal decision. State and church have nothing to do with it.

There is no reason to fear a lessening in the number of progeny because of abortion. Nature, in her great wisdom, has made sex relations such a pleasurable affair that the species will never die out. But the greatest happiness in the home will occur only when well-planned and wanted offspring are brought forth, to form a family which can live within its means and be able to educate its healthy children.

ABORTION

To the one who believed that the world was flat . . . to the ones who ridiculed the steamboat and Charles Lindbergh who prophesied jet size and speed of airplanes . . . to the politicians who wet their fingers to test the winds of their religious constituents . . . to my orthodox bretheren, hide bound and brain-washed in their old traditions, I have no argument. To the remaining few with open minds and the capacity to see and think new ideas I would like to quote from the following letter by Gunther Steinberg published in Time magazine, February 24, 1967:

"It is not strange that the firmest opposition (to abortion) comes from celibates who perhaps do not know with what casualness life is often conceived. The ease of begetting and avoiding the consequences should be proportionate.

When wartime killing is condoned, when there are rules on how soldiers may be killed, when we have legalized killing periods (between holiday truces), the argument about abortion becomes ludicrous. We probably have men sharing the same jail, one for 'murdering' and unborn fetus, the other for refusing to go out and kill men in war. What hypocrisy!"

For ages, the picture of abortion has been placed in a bizarre frame, the four sides of which could be fear, superstition, legal mandate and jealousy. It is high time that we smashed the old frame and took a clearer unbiased look at the picture itself.

Now a last word about the dissenters against abortion. It seems that they have the same antipathy as the vegetarians have for meat. Psychoanalytically this fear or hatred is based upon a subconscious fear of death. The vegetarian does not believe in killing an animal and the anti-abortionists are against the killing of a fetus. There is often prejudice based on a religious background. It usually makes a great difference if the unwanted or illegal pregnancy concerns someone near and dear to you. I well remember a prominent doctor friend who was a gynecologist. Many women came to him on their knees imploring his help to rid them of an unwanted pregnancy. His answer was always a decided no. One day his own beautiful teen-age daughter became pregnant. When he had diagnosed her condition he performed an immediate abortion. I also remember an austere grave judge who was a patient of mine and he denied many pleas for divorce. But when his own daughter ran into painful marital difficulties a divorce was immediately forthcoming. It makes a great deal of difference if it happens in your own family.

In the present day when abortions are not frowned upon as severely as formerly it is common practice to perform them after the first missed menstrual period. At this time the fetus is in the reptile, fish, or bird stage, having along tail and gill clefts, and all the other characteristics of lizard, fish, or bird. The very persons who explode in wrathful indignation against the destruction of the fetus at this stage will often argue the question over a meal of eels, fish, or chicken, and smack their lips approvingly. It is hoped that in the future they will think in terms of human happiness and lend their cooperation to better families who desire wanted children and a healthier psychological background.

III PURE BLOOD FOR THE WOMB-CHILD

In my last book, "Food Is Your Best Medicine" (Random House, 1966), it was noted that the human body, the individual, has three lines of defense against the circulating of toxins in the blood. Just to insure perfect safety for the child developing in the womb, however, Nature has prepared not three but *five* lines of defense against these toxins!

The first line is the mother's liver, which strains out poisons from the blood that flows to the afterbirth, or placenta.

The second is the ^{placenta} ~~afterbirth~~ itself, which tries to keep the blood pure by chemical interchange through its capillaries. This blood, therefore, is really independent of the mother's. There are certain toxins, especially from putrefiable proteins in her diet, which are exceedingly irritating to the protective filtration membranes of the afterbirth, and if they are strong enough, they will cause its actual destruction, leading to a pregnancy disease called eclampsia.

These same toxins cause much damage to the prospective mother's liver, resulting in swelling of her legs, headaches, and ultimately convulsions. If the irritated placenta, in this last result, is not immediately removed, the mother's life is in grave danger, and the natural labor often starts at this point, in an endeavor to save her. Frequently a quick abortion is performed, which rids her of the toxic placenta and save her, but only too often at the sacrifice of her child. When Nature's dietetic laws are flouted, she is a hard taskmistress, and her punishments *can* bring death to babe and mother too.

The child's third line of defense is its own liver. Here Nature is smart enough to allow all the blood coming from the afterbirth to circulate directly through the ^{mother's} ~~liver~~ by way of the umbilical cord, whose vessels flow into the baby's liver. It is often the case that in spite of the healthy condition of the mother, and the protection of the placenta, certain toxins are still present, and the child's liver makes a great effort to strain these out. They are discharged into its bile, which gradually turns black and fills the baby's intestines. This black bile is called meconium, and is sometimes produced in such quantities that it is ejected from the baby's bowel into the surrounding water, or amniotic fluid.

Only recently researchers have found, in examinations of unborn babies made on the liver as well as the kidneys, brain, and fatty tissues, quantities of pesticides almost as high as in adults. Included in the dangerously poisonous findings were DDT, Dieldrin, Sevin, and Lindane, and they were present in infants as early as the 22nd week of pregnancy. Here is another modern hazard for the mother who wants to bear healthy children! The perfect solution would be to eat nothing but organically grown foods and to avoid all possible contamination at home and in public from exposure to pesticides. Obviously some kind of compromise can be arrived at, with a little effort: seek out unpoisoned fruits and vegetables, and stay away from the bug-killers!

There is absolutely no reason why the baby's liver needs to function before birth, any more than do its lungs, except for the fact that the mother is really too toxic to produce a healthy child. Noxious meconium often packs the baby's bowel so full that, unable to expel it with sufficient bowel movements after birth (and sometimes before), he becomes jaundiced from its retention. Since this is more often than not the case, it is a good rule to give the baby frequent enemas (one part milk, one part water), or even a small dose of castor oil, to expedite the elimination of this foul material. The final bile, eliminated by the baby's liver just after birth, may be so corrosive as to cause intestinal hemorrhages: suddenly the child is vomiting blood, and passing blood from the bowels, almost always a fatal situation. (The chapter on the Rh factor describes this in greater detail.)

This complication never occurs in animals when on their natural diet. I have yet to see meconium in monkeys or other animals, if their food has not been "civilized." Now, what mother does not want to have a healthy baby? What mother, through innate love for her developing child, would not gladly follow some simple dietetic rules to give him the best chance for a perfect body? Nicotine, coffee, tea and chocolate, salt, sweets, desserts and ice cream, alcohol, drugs (even aspirin), do affect the proper development of the baby, so why use them? Nine months of petty sacrifice are not too much to pay for a fine new child!

The fourth line of defense is the baby's kidneys. Here again it must be noted that they are not supposed to function as filters, and to secrete urine, until after the child has been born. But this is often necessary, especially during the last three months of pregnancy, when the baby's liver is not able to

Toxins acquired from a toxic mother.

carry the entire load. Urine is then excreted into the amniotic fluid (which can even *smell* of stale urine), and the child is surrounded by a much larger quantity of water than normal. This leads to an increase in the size of the abdomen of the mother, and a greater dilation of her abdominal cavity, both needlessly. What is worse, the toxins which the child's kidneys are trying to eliminate often cause damage to its lungs, resulting in complications after its birth.

Finally, as a fifth line of defense, we have the child's endocrine glands. The overactivity of the adrenals has made the premature liver and kidney function possible. The thyroid also makes an attempt to help elimination, through the skin and mucous membranes. The child is often so throttled by mucous in its throat, after birth, that it is necessary to remove this before normal breathing can occur. The sweat gland and sebaceous glands also excrete into the amniotic fluid. When the sebaceous glands become overactive (due to abnormal fats in the mother's blood), the child can be covered, when born, with a white smelly cheese, often difficult to wash off. This stuff is called, scientifically, vernix caseosa. Such complications never happen to healthy animal babies! Enforced overactivity of the thyroid will cause a nervous baby, in the womb . . . the kind that becomes tangled in the cord, and is constantly kicking and turning somersaults and getting into abnormal intra-uterine positions. The birth presentation of perfectly normal babies, on the other hand, is always head first, because the head, being naturally the heaviest part, lies lowest in the womb.

It should be clear by now that in spite of Nature's several efforts to maintain the baby's health, the overpowering use of bad diet, bad habits, and drugs or medicines continually thwarts these efforts. In revenge, the child is deliberately killed, and sometimes the mother.

I often think of the ordeals suffered by the Mormons on their long westward trek. The weak mothers and babies died along the way, as Nature wisely and relentlessly weeded out the unfit. What people finally arrived in the Salt Lake Valley were indeed a sturdy race, living on simple food, bearing babies quickly, easily, and practically without pain. They were led by a man who taught them, much as had Moses in the forty years of leading his people to the Promised Land, how best to survive in the wilderness. An example of Brigham Young's wisdom which has always interested me is the basic formula for his "compositions", which were in effect the same "broths" that I have long found best to rid my patients of their toxic illnesses: the water from cooked non-starchy and leafy vegetables such as zucchini, celery, parsely, to be drunk every two hours for three days . . . or even one day . . . during a fast. Young's "Discourses" are full of such valuable dietary laws.

After three generations of civilization and refined eating, however, the Mormons like all the rest of us have been lured by the manufacturers and their supermarket "values" to choose food according to our misguided tastes. The results are that many of the wise edicts in the "Discourses" have been ignored, and that unknown numbers of the once sturdy race are rapidly joining the rest of us in contributing to such grisly statistics as these in the United States:

Increasing cancer and heart disease	World's highest number of hospitals
Weaker men for soldiers	Increasing infant death rate
More insane asylums	More difficult confinements

We continue to build great centers for taking care of and keeping alive the most miserable of our weaklings. We remove the death penalty for the worst of our criminals, especially the criminally insane. We seem, in other words, to have lost the power to look about us with clear eyes, and to heed the laws of Nature herself. Sickly people cannot produce healthy offspring, any more than weakened livestock and plants can grow sturdy new generations. A toxic woman's body cannot harbor for nine months a baby who will be born strong and well, with naturally healthy organs and glands for a good life. What mother does not want to give this supreme gift to her child? She may need some stern self-discipline at first, in the face of outside pressures and habits, but soon she will rejoice in her own well-being, and look forward with happiness to holding her healthy child in her arms, one of Nature's greatest rewards.

IV

DRUGS IN PREGANACY

In this little book I shall show, more than once, how and why the mother's thyroid gland becomes enlarged and hyperactive during pregnancy. If she has a disturbed or overactive thyroid *before* pregnancy, the following hyperactivity can induce symptoms from simple nervousness and insomnia to fatal pernicious vomiting.

Instead of making an attempt to detoxicate the woman by the use of proper diet, assistance to skin and bowel elimination, and proper bed rest and quiet, the orthodox procedure consists of the administration of sedative drugs, or drugs that inhibit the overactivity of the thyroid. Thalidamide once headed this list. When taken, all the disagreeable symptoms of early pregnancy disappeared. Its action was so miraculous that women told women, and presently, without any advertising or ballyhoo, it became the favorite pacifier of the early pregnant mothers. It was not long before its hideous after-effects were seen.

The reason for the deformed babies that followed its use is plain. During pregnancy, a hormone is needed to facilitate the rapid growth and multiplication of cells of the growing embryo. This hormone comes from the thyroid gland, and impregnates the small white cells (lymphocytes) of the mother's blood. The umbilical cord contains three sets of vessels: a vein, one or two arteries, and a large lymph channel. The impregnated white cells flow through the lymph channel to the afterbirth, which they penetrate by their powers of locomotion (amoeboid movements), to circulate freely into the lymphatic channels of the baby. The number of these cells in the growing embryo is much higher than after birth. Thus Nature allows for the rapid growth and development of the baby. Any drug (or poison) that would interfere with the proper percentage of the thyroid hormone (an iodine compound) would stop growth. Therefore, if the whole embryo was not killed by this absence, portions of its body would be, and arms, legs, head, etc. would be missing at birth.

It is said that after the third month Thalidamide does not cause monstrous reactions, which may be partly true. I think the real reason for this optimism is an attempt by the frustrated and guilty medical profession to exonerate the drug, in part anyway, and thereby escape some of the blame.

And so, after this hideous if well-meant disaster, "milder" drugs are prescribed for the mother's comfort, but even the mildest of these, aspirin for instance, is not only harmful to her kidneys but also to the baby's.

The best rule is to take *no* medicines during pregnancy, *no* drugs.

Since insulin depresses the thyroid activity, as well as do the various pills that are given by mouth for diabetes (They contain compounds of urea, a waste product of urine!), it is best to resort to diet alone to control the amount of sugar in the urine and blood during pregnancy in a diabetic woman.

About two generations ago, birthmarks were fairly common, and were due to a vogue for prescribing heavy mineral drugs which were taken at some time previous to a pregnancy. Iodine, iron, copper, arsenic, silver and mercury were the chief causes of these disfigurements, and the womb-baby's attempt to eliminate them through the skin resulted in irritations and deformities formed long before they were to be seen and called *birthmarks*.

Salt is another mineral drug, and can cause the baby to appear dry and shrivelled, the "little old man" type of child.

After the birth, many a baby's secretions and excretions are so full of this common drug as to cause eye irritations, and inflammations of the skin and bowels. A familiar complication, several generations ago, was blindness caused by the gonococcus germ, which cannot live *except* in a salt medium. By dropping silver nitrate solution into the new baby's eyes, the soluble salt is precipitated as silver chloride, an insoluble compound, and the gonococcus, if present, is kept from causing this once-dreaded infant blindness, or "ophthalmia neonatorum" resulting from excess salt to provide its happy medium at birth.

Excess white sugar in the mother's diet during pregnancy will often cause distressing skin irritations in the baby. I have seen eczemas from sugar that were very severe. One child had such a critical irritation that its skin resembled raw beefsteak, and with the utmost care required eight months to alleviate, and twenty months to cure.

The poison from cigarettes (nicotine) is also a thyroid gland depressant (That is why smoking quiets the nerves . . . why the wounded soldier always asks for a cigarette!), and can lead to nervous and mental diseases in the child, as well as insanity.

The halogen family of chemicals (fluorine, chlorine, bromine and iodine) all affect the thyroid gland. Observations made in a certain district in France which contained traces of fluorine in the drinking water, showed twice the usual number of cases of mongolism (insanity) in the babies. The mineral, fluoride, is one of the most violent of all poisons. It is commonly used to kill rats, and it will etch glass (for which fluoride gas is used). Years ago experiments were made to determine its effects on guinea pigs. There was little change in the first generation . . . perhaps the teeth were somewhat more resistant to decay. The second generation had soft, mottled and off-colored teeth. The third generation had mishapen, deformed and irregularly placed teeth, and often the front ones, characteristically large in all rodents, were crossed.

If fluorine is desired in the diet, it must be an organic product. Nature takes the mineral fluoride and converts it, in the plant, to an organic fluoride, which is most important and necessary in the human economy, although only in traces. Mineral fluoride and iodine should be put into the farm irrigation water so that the plants can absorb it. As a by-product of the aluminum industry, considered to be worth millions of dollars, it could be legitimately used, but it is wrong to dump it into our drinking water, just because, in the first generation, it has a slight tendency to harden the enamel of the teeth and prevent decay. Its effect through *five generations* of humans should be noted before it is indiscriminately used, for profit to the aluminum industry.

Drinking water is bad enough now, in the cities, being adulterated with salt and with chlorine gas, which was used as a killer in the First World War. But from movements under foot it seems that fluorine and chlorine will be added to *all* drinking water! What to do? Add to a gallon of the vilest-tasting tap-water a small handful of finely cut fresh new grass (Wheat grass is the best . . .), shake the mixture slightly, and strain and bottle it. It will taste as sweet and pure as mountain snow-water . . . and once more Nature has come to our rescue!

V
DIET AND EXERCISE IN PREGNANCY

In the early months of pregnancy, as the estrogen level rises and the thyroid gland becomes hyperactive, the symptoms of "morning sickness" usually occur, especially if the woman's body is toxic. The chemistry of the bile becomes more irritating. From midnight to morning is the liver's greatest period of detoxication and elimination, and the woman awakens with a toxic hangover, which Nature seeks to get rid of in the easiest possible way by vomiting. If the patient is extra toxic, this elimination continues through the day, and there may even be several nausea and vomiting spells during the twenty-four hours. Occasionally the toxemia is so high that this is more or less continuous. This state is called the pernicious vomiting of pregnancy and may be of such a serious nature as to require abortion, in order to save the prospective mother's life.

As a remedy for the average case it is best to facilitate a good stomach cleansing and neutralization of toxic bile. I have the patient put one level teaspoon of baking soda into twenty-four ounces of lukewarm water, and she drinks this as rapidly as possible after her morning toilet. This mixture can be extremely nauseating in itself, and the woman will scarcely have to tickle the back of her throat with her finger before vomiting occurs, sometimes of green, acrid bile and sometimes of clear mucous containing liquid which is slightly bitter and irritating, as the soda has neutralized most of the free acids. Occasionally a patient is unable to vomit. The soda water then acts as a gentle laxative to the small intestine, and is later eliminated through the urine.

After the soda water emesis it is best to refrain from food until definite hunger is felt, which might be a matter of a few hours. Then one or two pieces of very dry bread will usually sit well in the stomach. Oven-dried is better than toast, and no sweets or butter are allowed.

The noon meal consists of one kind of starch (brown rice, bread, or boiled potato), ^{unsalted} butter, one or two cooked vegetables (soft fresh ^{summer} squash and string beans), and plain lettuce, celery, or cucumber. There are no drinks, unless water if ^{at zucchini} wished.

During the afternoon, one kind of fruit may be eaten, or just a glass of water.

At the evening meal, meat may be eaten, either rare beef or lamb, ~~or a few pieces of almost fatless~~ ^(OR small portions of starch), butter, and cooked and raw vegetables. Of course no salt or MSG (like "Accent") or condiments are allowed. Fruit may be postponed until bedtime, one kind at a time. ** Starch + Protein are to be eaten at separate meals*

As soon as the nausea period is forgotten, one cake of fresh yeast or one teaspoon of active dry yeast is prescribed, to be taken with a glass of hot water, early in the morning and always unaccompanied by other food. By the fifth month of pregnancy it is well to maintain a good calcium balance, which, if calcium pills are not available, can be done by daily ingesting a piece of egg shell about half the size of a dime. This can be broken into small pieces, or powdered, and easily swallowed with cooked vegetables. *no food 2 hrs. before or 1 hr. after!*

As the pregnancy progresses into the seventh month, it is best to discard meat, and instead drink one or two glasses of raw certified, (never pasteurized or homogenized) milk, and once a week a raw egg yolk.

During the last three weeks, the starch is omitted, leaving raw and cooked vegetables, one or two glasses of raw milk, and fruit or fruit juice. Avoid strawberries, apricots, Thompson seedless grapes, cranberries and cantaloupe.

As soon as labor pains commence, *no food at all*. Water is allowed. After several hours of labor, if the patient is feeling weak, a glass of warm water containing two heaping teaspoons of honey or raw sugar may be taken. This will increase the force of the contractions.

After the birth of the baby the mother usually feels dry and thirsty. Unsweetened pineapple juice, apple or grape juice may be diluted with equal parts of water. Papaya nectar (Hawaiian) is especially beneficial, if the patient likes the flavor. She is encouraged to drink about two quarts a day, for the first two days. ^{FOR} Twenty-four hours after delivery, she will lose any craving she may have felt for solid food.

The third day she is given, at noon and at supper-time, a large salad of plain (that is, without dressing) lettuce, celery, cucumber, with cooked zucchini and string beans, and a little butter. The dilu-

ted fruit juices are continued, every two hours, between meals.

The fourth day, milk may be added, and as the mother's milk comes in, the fruits and juices are discontinued and she lives on three or four glasses of raw milk a day for protein; bread, potatoes, rice or cereals for starches; and copious amounts of raw and cooked vegetables and good butter. Occasionally a patient will develop catarrhs or headaches from the milk. Rare beef or lamb, ~~or mutton~~, may be substituted. Sugar in the mother's diet will cause rashes on the baby. Fruit juices, especially orange, will cause bladder irritation and itching skin in the baby.

The three-day fast after delivery is most important. During this time, animals eat *nothing*, with the possible exception of the afterbirth, which contains an extremely alkaline and beneficial hormone. The main reason for the fast is to allow the mother's liver plenty of time to handle the excess protein in the blood, from the shrinking of the womb. This organ, which is about the size of a watermelon, diminishes in size to that of a pear. There must be a rearrangement of womb muscle protein. While the liver is busy with this function, it is better not to encumber it with food.

When this three-day rule is followed, the common complications such as fever, breast and womb infection, milk leg (phlebitis), and embolic accidents never happen. During the last forty years, while I have been following this regime, not one of my patients has ever been bothered with such disorders. The mother's womb shrinks readily to its small normal size, and is not left large and boggy, as often happens when the wrong diet is used, especially too soon after delivery.

Exercise for the pregnant woman is only needed when she is ~~fat~~^{sedentary} and/or obese. An active and healthy prospective mother gets plenty of it, doing her usual chores and enjoying walking, swimming, tennis and badminton, and even horseback riding, as long as she is comfortable. If the fetus is well implanted, and firmly fixed in the uterus, no exercise (even severe) or accidents can cause trouble. I vividly remember cases which were breach presentations. Another doctor and I have often attempted to turn the baby into a head presentation. Both of us, pushing and pulling, sometimes with what seemed dangerously forceful pressures, have managed it! Injury to the mother, or miscarriage, has never occurred, thanks to her healthy body.

If the mother must continue a sedentary or office job well into her pregnancy, as is often the case nowadays, I recommend that she rigorously follow one of my rules which is just as good in ordinary life, and make herself lie flat for five minutes out of every sixty . . . on the Ladies' Room floor if necessary! This position will ease muscular tension in her back and pelvis, relax the tissues, and most important of all relieve the congestion in her liver, the main seat of possible troubles later.

When the farmer plants a seed in good soil, a sturdy plant will grow. Nature is always kind, when her laws are followed.

VI

THE FIRST THREE MONTHS

Ask the average medical doctor what causes the distressing symptoms of early pregnancy, and he will look as blank as if you had asked him what causes arthritis.

However, since the introduction of birth control pills, rich in conjugated estrogens, the explanation of these unpleasantnesses becomes more logical and understandable. Estrogen comes from the ovaries. When the fertilized egg implants itself in the wall of the womb, a reflex mechanism tells the ovaries that instead of regulating the menstrual function, they must now secrete a different kind of estrogen, which will enhance the condition of pregnancy and during the next nine months keep the woman from menstruating. This natural and regular eliminative function, as I have often stressed, does much to help the liver in its constant battle against toxins.

(A friend of mine recently mentioned the term "toxemia" to the dean of a great New York medical school, connected with a large university there, and was curtly told that the term had been thrown out of the medical vocabulary years ago. In fact, it was ostracised along with Dr. J. H. Tilden, whose brilliant book "Toxemia Explained" is still selling actively in the bookstores!)

First, let it be repeated that a healthy, non-toxic woman will not have the "normal" distress of early pregnancy, such as nausea and vomiting, headaches, constipation, weakness, heart palpitation, enlargement and tenderness of the breasts, and mental depression. On the other hand, in the toxic woman with strong ovaries, these ills will appear almost simultaneously with fertilization. Later, perhaps after six weeks, they will attack the woman with less active ovaries, and possibly not until the sixth month if the ovaries are really weak. Of course the most thoroughly toxic women, with the poorest ovarian function, can never get pregnant at all.

The ovaries of the pregnant woman stimulate, through sympathetic nerve connections, her thyroid gland, which becomes larger and more active during pregnancy. This can be definitely shown in both animals and humans, by careful measurements and chemical tests. The thyroid, also through sympathetic nerve connections stimulates the liver to greater activity. The liver then begins to "clean house," to eliminate the background toxemia which would interfere with the healthy development of the baby.

The only way the liver has to discharge these poisons, unaided by menstruation, is through the bile, and therefore the distressing symptoms of early pregnancy are bilious in nature. This bile is so irritating that it can cause spasms and locking of the small intestine, which not only result in constipation, but allow the toxic bile to be partially reabsorbed into the patient's blood stream, further complicating matters. Nature then tries to institute antiperistalsis (which means that the toxic bile content of the small bowel is returned to the stomach and is ejected by vomiting). Sometimes, if the toxemia is unusually severe, this vomiting never stops until abortion is performed, which is followed by a great drop in the estrogen level, together with less activity of the thyroid gland. Thus the abortion saves the woman's life, and the rather short period of mass toxic elimination cleans her body enough so that the next pregnancy, especially if it follows soon after this catastrophe, is symptomless.

The giving of estrogen to non-pregnant women, especially if they are toxic, elicits the same symptoms as those seen in pregnancy. These vary in degree according to the dose of the estrogen. In the early experiments, the birth control pills (estrogen) contained by far too large a dose (up to ten milligrams), and the distressing results gave estrogen therapy a black eye, and caused a disequilibrium of such severity that cancer occasionally occurred. The doctors became fearful, because they did not understand what was going on, and estrogen therapy became suspect and would have been discarded, except that certain patients had such miraculous results that it was impossible to completely reject the therapy. When estrogen is given in proper dosage, cancer never develops; in fact, it occurs much less frequently, if at all, as described in the work of Dr. Robert A. Wilson in his book "Feminine Forever."

If the woman is a thyroid type and also toxic, the average dose of estrogen will upset her and it must be reduced from one tenth to one hundredth part. Thus the proper handling of estrogen therapy presupposes a thorough knowledge of endocrinology.

The average woman is generally cleared of her background toxemia in a period of weeks, and then even though the estrogen is gradually increasing, a state of extreme well-being develops. Of course some

women, due to bad eating during pregnancy, remain toxic all through the nine months, so here again, it is a question of carefully studying the individual case.

One of the curious symptoms of early pregnancy is the increased appetite, often for foods seldom enjoyed when not pregnant. This hunger is the result of a very small presence of toxic bile in the stomach, resulting in an action similar to the effect of the old-time "bitter tonics" prescribed to improve the appetite. By neutralizing the bile with yeast or vegetables, the voracious craving can be controlled. When not controlled, however, it can do infinite damage in the later months of pregnancy, by over-loading the liver.

Little need be said at this point about the diet of early pregnancy, because it has been discussed in an earlier chapter. One long-time fallacy, though, must be exploded through explanation: "When pregnant, one must eat for two!" The adrenal and thyroid and liver functions are so enhanced, during pregnancy, that digestion is twice as good as usual. It would be safer to say, "Reduce the diet by one-half, but be sure that the proper foods are eaten." The result would be a healthier, smaller baby, an easier labor, and a better mother in every way.

Pregnancy should be a joyful experience in a woman's life. Nature intended it to be that way. And yet, in one of the most cynical and even desperate descriptions in our modern language, and one hard to forget, obstetricians truthfully call it "a disease lasting nine months": the sure penalty of bad eating and careless living.

VII THE LAST SIX MONTHS

The fourth and fifth months of pregnancy are noted for their frequent miscarriages, for many obvious reasons.

The womb, when the woman is toxic, and previously has been unconsciously counting on her menstrual periods to help cleanse her system, has a boggy uterus to begin with. At the time of each monthly cycle, the old habit of vicarious elimination tries to re-establish itself, perhaps just as a "spotting" in early pregnancy. But by the fourth or fifth month Nature wreaks her vengeance upon the abused uterus, and with a few strong contractions the contents, baby, afterbirth and all, are quickly dislodged and expelled. This is really labor and childbirth on a small scale, and it is most necessary that afterwards the patient lie quietly in bed for at least seven days, fasting the first three days on nothing but diluted fruit juices. This will help the womb to recover its firmness, instead of leaving the patient with a chronically infected organ, which will constantly discharge caustic secretions, and which may possibly never conceive again.

On the other hand, the non-toxic woman begins to bloom by the third or fourth month, and if she eats and lives correctly this state even increases, until the labor contractions begin. I have never seen such normal urine during any other period of a person's life. During this time the weight gain is only that of the growing baby. The ankles never swell, there are never abdominal gas disturbances, and the face never becomes puffy and spotty, nor the skin a mud color. Vibrant health is the best definition for this interval in the patient's life. She is so comfortable and happy that she anticipates the forthcoming event with pleasure and longing, eager to deliver herself with a natural birth.

She finally feels the first mild contractions. After an enema, I think that the best preparation is a good tub bath. Then I have the husband, if possible, cut her pubic hair short, using scissors. This avoids the annoying itching, concurrent with the growth of new hair, which always occurs after the pubic area has been razor-shaved, usually with one or two nicks in the tender skin. It is perfectly possible to render this area clean enough to avoid any infection by the careful use of soap and warm water.

Then the woman settles down to hard work. The early contractions dilate the mouth of the womb. This may be a long or short process, depending upon the resiliency of the tissues. As the contractions get stronger I hold her thighs up during the pains, which makes them quite bearable. If she is a thyroid type and tends to be apprehensive, nervous and irritable, I occasionally give a little sedative, but never a large dose because it may result in a cyanotic baby, and may even do some brain damage to the child.

Many mothers have told me that what helped them more than any pain-killers during the period of real work was my being there with them, talking quietly to them and telling them of exactly what was going on and what to do to help *me*. One patient who lives on a large stockfarm has told me teasingly that I talk to her in labor exactly as she "gentles" her own horses and cows and goats when they are birthing!

Another thing I do, which more than once has annoyed the head O. B. nurse by turning her tidy delivery room into what one of them has peevisly called my "swimming pool," is to use copious pans and even buckets of very hot water, into which I keep dipping and then wringing out towels to pack on the thighs and the general region of the approaching head. This relieves much of the natural pain, as the tissues stretch, and in turn this stretching is made much easier, with less danger of tearing.

The hot-water technique (which is often almost impossible to follow in hospitals, where I am brought one little basin of tepid water when I want steaming buckets of it), stimulates the blood flow into the tissues of the exposed cold areas between the mother's thighs, by activating the adrenals and encouraging them to send out the assistance of adrenalin to all the parts involved in childbirth. (In the same way cortizone, when prescribed for arthritis, brings adrenalin into the joints, easing them not through itself but through what it forces into them from the adrenals but which, unlike hot water, can result in serious side effects.)

Most simply, and most helpfully to the patient, these hot moist towels are *relaxing*, and ease her tension and the risk of bruising her, as I "gentle" her along in her work.

The husband or another close friend or relative is usually enough assistance during childbirth, if

willing to be so. I have often had more real help in the home than in the hospital, where, many times, I have delivered the baby alone, the nurses too scarce and too busy to lend a hand.

Seldom does the patient even ask for an anesthetic, but ether or chloroform is used if indicated . . . never, however, to the point of the mother losing all consciousness. She is thrilled to feel the actual delivery, and to realize steadily that soon she will have the baby in her arms, to be close to her night and day while they both rest.

When a woman is normal and non-toxic, there are never complications, and very rarely even minor surgery, during or after childbirth. In my long practice I have never done an episiotomy. Hospital confinement, long experience has taught me, is needed only when trouble is imminent, which almost never occurs in the ideally cleansed female body, ready after nine months to bring forth a strong clean child.

VIII

THE RH FACTOR

As man gets farther and farther away from his natural diet, and more and more poisoned by drugs, it is natural and inevitable that new diseases develop, scientifically called iatrogenic, meaning caused by doctors.

I am well acquainted, having cut my medical teeth in the laboratory, with the fallibility of tests made there. At the present time, the tendency is apparently to look away from the patient, order a dozen such tests, and then decide, still without looking at the patient, what new wonder drug to give. To some of us old fellows that seems like putting the cart before the horse.

Many laboratory tests depend upon the presence of a foreign protein, usually of a toxic nature, in the blood stream. The Wasserman test for syphilis is an example. The determination of the Rh factor is another. The general medical profession is still groping for the chemical nature of the foreign protein, but abysmal ignorance of the origin of cause of it continues.

Healthy animals are never bothered by the Rh factor. So, early in my career, long before it was discovered, I noticed that extremely toxic mothers had unhealthy babies. Some died before they were born, some lived a few days or a year or so, and still others suffered from poor health all their lives.

Then the Rh factor test was invented, and a new disease was christened, but rather than try to explain its origin, it was acknowledged as a mystery . . . an Act of God! And oh! what avenues of adventure were opened when "proper" treatment was outlined: removing the baby's blood; transfusing stale foreign blood in its place; relying upon the baby's large and active adrenals to weather the shocks and to raise the resistance which would tide him over the crisis . . . perhaps!

At this point some even newer tests had to be devised, so the foot of the baby was pierced and its blood serum examined for a bile index. It was noted that there was more bile in the serum in this disease than in that of a normal child, but still the fact that the child's liver (the source of the bile) might be toxic was entirely overlooked.

Although Virchow pointed to the chemical nature of disease, and Louis Pasteur fathered the germ-theory idea, it is to Pasteur's credit that on his deathbed he acknowledged that the chemical nature of the material that the germ grows in is more important than the germ itself. This final statement was sternly hushed, so that the germ-theory cause of disease could make the pharmaceutical houses rich, and the germ-theory brain-washed medical profession could be exploited to the utmost.

And what about the majority of *people* who are misinformed?

About thirty years ago mothers began to come to me stating that they had lost several babies, and asking if there would be any chance for them to have a living child. I told them that I believed, as I still do, that the main cause of their misfortune was a toxicity of the mother herself, retarding proper liver function, and that if they would be willing to follow a careful diet all during pregnancy the chances of having a normal child would be good. The ones who agreed to follow strict dietary rules had healthy babies, even though they had been told by leading pediatricians that their having normal children was impossible.

But later, when I started to do the confinements of these cases in standard hospitals, I encountered complications. I soon learned that no statement should be made in my charts, regarding the Rh factor. Instead, I would wait until the woman was well into labor before I even sent her to the hospital. I then hoped that the laboratory (doing its routine tests *not* ordered by me) would not find the positive Rh factor. By the time the report was made in the chart, I would have had time to detoxicate the new baby, using either castor oil or a solution of raw egg white. (The latter, in several small doses, is given to neutralize toxic bile in the upper small intestine, whereas the castor oil, in one dose, will cause the rapid elimination of meconium from the lower bowel.)

Finally the day came when orthodox hospital ethics caught up with me, and I was given small chance to care for my own little patients, or to order procedures for them. The minute the head nurse would suspect an Rh baby, I was firmly given a back seat, and a special pediatrician was called in. I was powerless.

One case in point concerned a healthy-look-ing boy, born to a most toxic mother, who had been

unable to conceive for years, until had partially succeeded in cleansing her system. She was a chronic alcoholic, and had an intense condition of psoriasis besides. The baby was treated by the specialist, my hands being tied. The treatment consisted mostly of hypodermic injections of powerful drugs. No attempt was made to detoxicate the baby's liver, the bile from which was so caustic as to cause hemorrhages wherever it touched the intestinal tract. Of course the child promptly died.

The next case was even more dangerous, to begin with. The mother had had two dead babies, and another which had been kept alive by "blood changing," and she came to me desiring to be detoxicated and to have a natural childbirth and a healthy child. She went through the nine months with no toxic symptoms, and had an easy delivery. The baby was robust and healthy looking. On the second day it became jaundiced, and the Rh factor was discovered. Before the pediatricians could get started, I gave the child a large dose of castor oil, with very good results. The nurses complained that the whole nursery was befouled with meconium, the black toxic, tarry stools of this tiny baby. But the child was less jaundiced!

By some good fortune, the pediatrician this time was fairly friendly with me, and did not insist on "blood changing" but instead was guided by bilirubin tests of the baby's serum, which, after the castor oil, diminished in concentration. Luckily, by this time the mother had ample breast milk of good quality, and I saw that the child got plenty. The next day the jaundice had entirely disappeared, and I was able to get the mother and child home on the following day. This child was the healthiest, strongest, and best-looking member of the mother's brood, and she is justifiably proud of it. At present it is five years old and has never been sick, because it has been kept on clean food since birth.

(The old obstetrician who was once my teacher told me that he routinely gave all of babies castor oil, and it was from him that I learned that meconium is not natural to babies, although the text books agree that it is a "normal" occurrence.)

Rh babies who have been bled, and then transfused, generally survive the ordeal, but are often troubled with complications later, such as skin diseases, generally lowered resistance, and many childhood maladies. Sometimes their mentality is impaired. Although the "blood changing" method is better than nothing, and often saves the life of the child, I want to state emphatically that there is a less dangerous method of treatment, provided the mother is willing to follow a few simple rules before her child is born.

There has never been any doubt in my mind that "the bloodchanging" treatment for the Rh baby did little more than powerfully stimulate the child's adrenal glands. Here is a quotation from Newsweeks magazine, January 30, 1967.

"The anemia and jaundice of Rh disease kills an estimated 10,000 babies in the United States every year. In the widening search for a treatment to overcome the disease, physicians in recent years have even dared to administer blood transfusions by needle to babies still in the womb. But such desperate — and risky — measures may soon become unnecessary through development of a simple and safe Rh 'vaccine' that prevents the Rh disease from developing."

This "vaccine" consists of a highly purified gamma globulin — one of the most powerful toxic protein whips to the adrenal glands known. To my mind this confirms the fact that the Rh disease is no more or less than a toxemia, and as most toxemias are neutralized by whipping the adrenals (when they are strong enough to be whipped), this toxemia might be nullified by the adrenal overstimulation. Of course, the after effects of the gamma globulin would generally be amyloid degeneration of the blood vessels, which, coming later in life would never be connected with the early toxic protein treatment.

IX CIRCUMCISION

It is interesting and often amusing to study the strange historical development of customs, fads and fancies. In earlier days, for instance, it was customary for the absolute ruler of a tribe to castrate the strongest and healthiest adolescents, and this for three reasons. First, he wanted to rule unmolested; second he wanted to keep his wives secure; and third, he needed steady laborers who would follow his orders!

As early people became less primitive, and as religion developed, the most barbarous customs were gradually superseded by religious rituals. For instance, instead of killing the father and drinking his blood, rebelling sons compromised by drinking the blood of a lamb, which, during the centuries was changed to the sacramental wine.

As civilization and religion progressed, castration was changed to circumcision, when the church realized that its power depended upon numbers. Thus it became a ritual gesture, simply to mutilate the foreskin of the male sex organ instead of removing the testicles.

During the last two hundred years, as the priests of medicine have grown stronger and better organized, the act of circumcision has been deemed necessary for health, for cleanliness — and for a fee! We now reach the present day climax, the absurd belief that uncircumcised men are one of the frequent causes of cancer of the cervix! The conclusions are based on the observations that Jewish women and those of certain Mohammedan tribes have seldom suffered from this type of cancer. The real reason, that these people do not eat pork, is entirely overlooked or dismissed.

The human male foreskin is as important as the eyelid. Nature put it there to cover the delicate sensitive head of the penis. She has given animals an even more complicated and protective sheath, so that this organ is hidden and saved from scratches and bruises.

It is true that dirt and bacilli and caseous exudates collect under the foreskin, but such matter can likewise be found behind the ears, under the arms, and in the crotch. The antidote for all this, is very simply, the judicious use of soap and water!

The male child is usually born with an adherent and almost imperforate foreskin. This can be gently stretched and dissected from adhesions in about five minutes, while the two-weeks-old baby is sucking (on either the mother's breast or the bottle), and is almost entirely oblivious to what is going on. Once dilated and retracted, and annointed with oil or vaseline, with this procedure repeated at diaper changes, the baby's penis can develop normally and be kept clean by oil or soap and water. Thus it retains the exquisite sensitivity with which Nature has so generously endowed it. (An uncircumcised penis can easily stand the intense play of a stinging needle-type shower bath, while a bare-headed organ usually needs protection.)

Now that practically all male babies are automatically circumcised for "hygienic" or "anti-cancer" reasons, the presence of an uncircumcised penis is often the subject of ridicule and even persecution. Children are naturally conformists, and beware to one of the herd if he is "different"! Forty years ago, the circumcised boy was ridiculed by his Gentile associates. Today the opposite is true. Customs that are supposed to enhance beauty and increase desirability, such as binding the feet of Chinese women, deforming the skulls of the Flathead Indians, and deforming lips and ear-lobes in various African and island tribes, have all had their places in the world's culture. But it seems ridiculous and sad to deform an organ like the penis, which passes most of its life in such secret and utter privacy.

X

LACTATION

The thyroid gland of the mother determines how fast milk can be secreted by her breasts. The adrenal glands give this milk its richness in oxygen, and its strong antiseptic qualities. But the glands that really control the function of lactation are the ovaries, and here again the estrogen-like hormones are the most important.

From the inception of pregnancy, the estrogen balance rises, and if the woman is strong and healthy, as soon as birth occurs the estrogen hormones are shunted to the breast, which swell and secrete milk. When there is an excess of estrogen, which occasionally happens, the woman (like a healthy cow) will have milk in her breasts even before the baby is born.

Unfortunately many women, especially the toxic ones, are more or less depleted of their ovarian hormones at childbirth, and their milk is scanty and generally toxic. The weak ovaries cannot balance with the strength of the adrenals and especially of the thyroid gland, the overactivity of which uses the lacteal glands as an avenue for vicarious elimination of toxins . . . in other words toxic milk, which always upsets the baby, and gives it indigestion. This milk is strong and disagreeable to the taste, and if allowed to stand in a glass for twenty-four hours becomes dark, bile colored and bitter. The mother's breasts become painful, her nipples crack, and lurking germs get in the cracks and feed on the poisonous fluid. The breasts swell with abscesses, which often have to be drained, and gradually there is no milk at all (which is a fortunate thing for the baby!).

Here again, it is most important to gauge the estrogen values, and introduce estrogen therapy to the point where normal lactation ensues. If, under this treatment, good milk does not result, it means that not only the ovaries but also the adrenals have been depleted by the ordeals of pregnancy. The baby must then be fed a well-balanced raw cow or goat milk formula, and the mother's breasts allowed to rest while her adrenals can be built up by proper diet.

Lately I treated a patient, a very thyroid-type of French-woman, (a French woman in the Thyroid classification) who had her first child at the age of thirty-six. All went well for six weeks, and then the milk supply dwindled and almost stopped. One and a quarter milligrams of a good conjugated estrogen, given twice daily, resulted in the return of good breast milk, and plenty of it.

When the milk is of good quality, it is expedient to nurse the baby for at least a year, or longer. The Eskimos nurse theirs for five, six, even seven years. As it is the rule not to conceive during lactation, unless the mother is menstruating (which is uncommon), her generative organs are given a rest, which makes them more able for active service later. It is only the woman with very strong adrenals who can have a child every year for successive years, and not be totally wrecked by the ordeals.

Sometimes the ovary-depleted mother is a great problem for her physician. I recall a thin, weak, and anemic patient of thirty-five who had four children. After the first two, twins soon followed which left her a physical wreck. She came to me complaining of migraine, great weakness and exhaustion, anemia, chronic indigestion, gas and constipation. On a special diet, starch-poor, she soon improved, her headaches became milder, and she began to digest her food. As she grew stronger her elimination crises began and she was most miserable at times, subsisting only on a special soup. These crises always were attended by much loss of weight, and as she was thin in the first place, she became fearful and discouraged. Adverse criticism from her friends and husband weighed on her mind, but she courageously followed my advice.

(Here perhaps it should be made clear that an elimination crisis should be welcomed as a good sign of progress rather than as merely a distress signal. It can occur during an attempted cleansing of the patient's system, when the relieved liver is strong enough to kick out its surplus acid and toxic bile, and moribund or dead matter. Depending upon the degree of toxicity of the patient, there will often be an upset digestion, sometimes with nausea, and headaches, a disturbed skin, and aching bones can be symptoms of this period of rehabilitation. They are passing nuisances, and usually respond well to one to three days of fasting, with vegetable broth or diluted fruit juice every two hours.)

About this time I had begun to study the effects of estrogen therapy, so well delineated in Dr. Robert A. Wilson's "Feminine Forever". I could soon see plainly that this patient's ovaries had been entirely depleted by the arduous experience of twin birth, and that her adrenal and liver functions were

at a dangerously low ebb. Besides this, there existed a background toxemia of many years. I put her on estrogen therapy, and she brightened up, her depression lessened, and she gained five pounds in ten ten days.

Then the "morning sickness" effect of the estrogen became manifest, and the state of her health grew topsy-turvy again. The estrogen was stopped, and the soup elimination-diet reinstated. But by this time she was convinced that the good effects of the estrogen outweighed the bad ones, and she desired to resume that treatment. I suggested a much smaller dose, since I already had observed, from treating other patients, that hyperthyroid types are exceedingly sensitive to the usual estrogen dosage. At present she is relieved of all her distressing symptoms, even free from her migraine, and gradually gaining and getting stronger. Her bowel function is regular. She sleeps well, and has occasional upsets only when she commits dietary indiscretions. It will take about three years to re-establish her health, which will continue good as long as she has her estrogen and proper diet.

The majority of doctors think that milk is beneficial. They do not know that systemic poisons, when present, can be secreted by the breasts, as portals for vicarious elimination. The doctors also see little difference between raw milk and pasteurized milk, homogenized milk, canned or powdered milk. For their enlightenment let them ponder the monumental experiments by Francis Pottenger, Jr., studies that proved beyond all doubt the uselessness of "dead" milk.

Nursing her baby is not only a comfort and satisfaction to a good mother, but it is also a source of great pleasure and joy. However, the milk she offers the child must be created by a healthy diet, and not be full of degenerative products that will retard his own health, and predispose him to ailments . . . even to leukemia, which I myself am sure is a toxic disease caused by synthetic milk.

XI CARE OF THE NEW BABY

I often look back regretfully at the old times when doctors gave orders to the hospitals, and the interns and younger doctors were glad to learn from and respected the older staff members. In these days, the hospital gives the orders, and the younger men laugh at what they call the "old fogies". It is also much more difficult, to attain membership on a hospital staff. When admitted, the new doctor is told just what he can and cannot do. Nurses, instead of willing helpers, as formerly, have turned detectives. Required amounts of paper work consume more time than care of the patient, who too often rings and rings for assistance . . . and waits and waits.

When I moved to the Pacific Coast and finally became a member of the local hospital staff (mainly to practice obstetrics there), I met my first rebuff when I brought special milk for my babies. There was a Nubian goat farm a few miles from the hospital. The goats were milked at eight o'clock every morning, and I was able to pick up their milk in its warm and freshest state, and deliver it to the nursery. The nurse-detectives began their work: I was soon collared by the head of the obstetrical staff, and was told that I could *not* supply fresh milk for my tiny patients. There was too much danger involved! There were too many chances for contamination!

Now, fresh goat's milk, especially from the Nubian (whose milk is never the slightest bit strong-smelling, and comes closest to the human mother's) is low in fat, more alkaline than cow's milk, and richest of all available milks in natural vitamins. It is also high in antiseptic qualities.

The hospital demanded that the babies be fed an artificial formula, the basis of which is a dry milk "enriched" by synthetic vitamins. Most of the usual hospital babies are so full of meconium, so jaundiced and bilious, that they have no appetite anyway, even rejecting water, and of course no attempt is made to rid their packed bowels of this foul black refuse. Regulations advise feeding sugar water for the first day or two, but instead of using a natural sugar like honey or sorghum, a solution of commercial glucose is given, made synthetically from boiled grain with acid. About the second or third day the synthetic milk formula is begun. And all these fantastic rules are approved by the leading pediatricians! If the father of pediatrics, Dr. Abraham Jacobi, could witness this strange ritual he would turn over in his grave!

The blessing, in my Nubian goat episode, was that the mothers and babies were literally unwelcome in the hospital after four or five days, and were urged to leave so that new patients could have their places. (The turnover is fast in these times, to keep the exorbitant hospital charges rolling in . . . another reason why home delivery is better!) I have always figured that not too much harm could be done to the babies in four or five days. As soon as they reached home I was boss again, and could see that they got natural milk if the mother's could not or should not supply it. My patients, big and little, all did so well while in the hospital, however, without drugs and spinals and heavy diets, that soon the nurses themselves were on our side. This was unfortunate for me, in that the staff took umbrage, and after several years I was dismissed!

As a boy on my family's farm, I was present at the birth of cats, dogs, calves, and colts, and I soon noticed that the mothers had milk, directly after birth, for their young. In fact, cows have so much milk after their calves are born that it is necessary to milk out the surplus, as the baby does not have room for it all.

I remember a sign on a neighbor's barn, which said that all colts were guaranteed to *stand and suck*. Otherwise, there would be no charge for stud fee! The farmer knew that there would always be a good meal waiting for the little fellow, if he was sturdy enough to stand!

These are the days in which much of our food comes in cans or powders, including dead milk for the babies. Is it any wonder that leukemia, as I have already mentioned as a synthetic milk disease in my estimation, is increasing at a dangerous rate?

What, then, should we feed the new baby after its meconium has been eliminated?

There is no substitute for mother's milk, if she is non-toxic. And if her diet during pregnancy has been proper, and her estrogen values are ample, she will have an abundance of it present, in traces even before the baby is born. When she has no milk, which is often the case when her diet during pregnancy has been irregular, fresh goats milk is the best alternative: two parts milk and one part water.

When pasteurized or boiled or canned or powdered milk is used, there is every evidence of putrefaction in the baby's intestines, while its stool on breast or raw goat or cow's milk is odorless. Moreover, careful urine analysis of the child on a putrefiable diet show the acids of decay and rotting. All you have to do is smell the top of its head, since the foul odors are quickly emitted there in its sweat.

But *try* to obtain good fresh raw milk!

California, especially in the Pasadena area, is famous for its certified raw milk. The cattle barns are much cleaner than the average home kitchen. The cows are hosed, scrubbed, and in some cases even manicured. And they produce the high quality of milk which is now forbidden to be sold in San Diego county of the same State! Why? Because staphylococci were found in certified milk. Curiously enough, staphylococci were also found in pasteurized milk, when examined by competent bacteriologists! These germs are, of course, even present in the air and the water, as ubiquitous as the hay bacillus. And there has never been an instance when any so-called milk disease has followed the use of certified raw milk.

Just as between the cattle and the sheep men there has always been a feud, so there is one between the pasteurized and raw milk dairies. Heating and re-heating can keep a dirty milk from souring, and protect the big-time dairies from having to dump old milk for a loss, and also from having to waste time and money on extra cleanliness.

In the face of this increasing pressure against producing and marketing raw milk, perhaps there is one good sure answer, if you want to have proper food for the new baby when its mother has none to give him. Invest in a Nubian goat! She will make a wonderful pet, and give enough milk for the whole family.

I keep my babies on raw milk and water, the proportions adjusted to the size and sex of the child, for the whole first year. If he has a normal bile, and is constipated, I add honey, sorghum molasses, or raw sugar to the formula.

If gas and colic result, it means that the child's bile is toxic, and the sugar is discontinued.

After sixty days of life, mashed zucchini is given as an extra food in the forenoon, and mashed ripe banana in the afternoon, between feedings. At first the baby will spit it out, not because he dislikes the taste but because it *feels* different in his mouth. This complication is overcome in a few days. The zucchini is steamed until soft, and then well mashed. No butter, salt, or cream is added. (The baby won't know what they taste like, anyway!) After a week or two it is not unusual for the child to eat one or two cupsful of vegetable in the morning, and from one-half to one and a half bananas in the afternoon!

This is *all* that my babies get for the first year. I never allow more than twenty-four ounces of pure milk in their daily formulae. These children are healthy, of a fine color, and superbly well . . . never any mucous in their noses, never any fevers, with the possible exception sometimes encountered when teething. Only toxic babies have trouble when teething, anyway, as the eruption of the tooth will cause an elimination crisis.

Every mother wants a healthy baby. Is she willing to take the trouble? Yes, it is a lot *more* trouble than opening cans! But the reward is tremendous: given a start in life on clean food, the baby develops into a healthy, robust child, immune to most childhood diseases, with a constitution that can withstand the future rigors of inclement foods and social pressures.

XII CONCLUSION

In this short discussion of the way I have tried to bring good new human beings into the world, over the past half-century, I have mentioned some sad cases along with the happy ones, to illustrate my points. Now, to close my little book I am going to describe three more of my patients whose memory will always comfort and encourage me, as it may my readers who are eager to have healthy children.

One of these women, Mrs. P. N., was only twenty-seven when she came to me. She had been pregnant twice, and both times the baby's head had grown too large for passage through the pelvis. This poor girl was haunted by the horrendous way her own life had been spared, with an operation called a craniotomy. This desperate measure consists of opening the unborn baby's skull, a fatal operation, and scooping out its brains, in order to reduce the size of its head for abortion.

She hoped to have a normal child, and willingly followed a carefully prescribed diet both before and after conception. Delivery was very easy when due, and the baby, weighing seven pounds was perfect.

Her main dietary mistake, it was plain to me, was that she had always overeaten protein foods. When she eliminated them, the bone growth of the child proceeded at a normal rate and she could exchange some of her old sorrows for the realization that she had born and would raise a fine healthy baby.

Another history that started out badly but had a reassuring end is that of Mrs. K. H. I had never seen such a toxic woman, when she came to me. She had had three abortions and four miscarriages, which proved her determination to produce offspring. It was at once clear to me that her bad blood was poisoning and killing the womb-children. She had never advanced beyond the fourth month of pregnancy.

Her first pregnancy under my care, after I had started her on a clean food regime, lasted only seven months, and ended in miscarriage. The next pregnancy was full term, but the child was born with a spina bifida. This is the result of failure of the spinal canal to close, resulting in a water-tumor at the end of the baby's spine. This rare accident is usually fatal, but her child lived about six months.

I explained to her that Nature had finally cleansed her of enough toxins, through the two pregnancies and her faithful attention to her diet, so that she was now ready to produce a normal child. She dauntlessly tried again! This time she gave birth, in nine months, to a handsome and completely normal son! He is now in the Army, well-developed and strong after a happy and healthy boyhood.

The last case I shall note, and one which ends well after a less arduous experience than that of Mrs. K. H., but no less frustrating, as any childless woman will understand, concerns a thirty-five year old woman who had never been able to conceive. She was suffering from a chronic cervical discharge which was extremely irritating, and of course killed the mobile sperms before they could reach her Fallopian tubes.

I put Mrs. R. J. on a vegetable and fruit diet, high in natural vitamins (not pills!). After a long year and a half of faithful obedience to the dietary rules I had explained to her, she not only became pregnant, but had an easy confinement and was able at last to hold a fine strong child in her arms.

It is possible for Nature to pass the mother's toxins into the baby, as has been explained, and by now it must be clear to my readers that the mother can in a dreadful way, as was the case with Mrs. K. H., be cleansed of her own poisons by unwittingly killing or deforming her child, or destroying its future health. Some of these dangerous toxins can be passed from one generation to another and another. They give rise to many of our legends, both fact and fiction, about what we carelessly call "heredity".

A hundred years ago, when syphilis was more prevalent than it is now (thanks to new knowledge and enforcement of sanitary laws, and to greater personal cleanliness), cases were recorded which showed that a mother could be cured of her syphilitic disease by first having four or five miscarriages, then several still-births, and then a few living children. These babies would be doomed to such deformities as Hutchinson's disease, with uneven, crooked, notched, and ill-formed teeth, or perhaps interstitial keratitis, a hardening of the eye tissues which usually resulted in blindness. And then . . . If the gradually cleansed woman were still alive! she could have normal children, free from syphilis!

Later, when the Wasserman test was invented, women who had gone through this ordeal were proved to have a "negative". Today, with syphilis ranked as a fairly uncommon disease in many parts of the world, the laws demanding a pre-natal Wasserman test are really relics of the phobia about venereal disease that engulfed us fifty years ago. I have been practicing about that long, and in all those decades I have never seen a positive Wasserman in any of my pregnancy patients. I have had my share of trying to help brave women with many of the problems of the poor souls who used to cleanse their bodies of the foul disease through several abortive experiences.

I hope I have shown that all this human waste and suffering is unnecessary. If good seed is planted in good soil, healthy plants will grow and flourish . . . best of all, perhaps, they will produce others like themselves. Utopia? No, and yet no idle dream, for I have watched it happen unto at least the third generation in my own fortunate lifetime!