THE HYGIENIC CARE OF CHILDREN

by

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INTRODUCTION

An intelligent man may be wrong sometimes, but a fool is always right. He is never wrong. The medical profession is never wrong. It never changes, except superficially.
This is the reason it is necessary for me to write this book. There are many books on the care and feeding of infants, but most of them consist largely of repetitions of ancient mistakes. There is little in them that can be recommended to the parent who desires to care for his or her child in the best manner possible. They are full of statements which have been known to be false for many years. But the medical profession is never wrong.

I constantly see children who are cared for as advised by these books or by the ex-purts who wrote them, or by the doctors who follow these ex-spurts, and I can't work up a great deal of enthusiasm over the results of such care. Indeed, as a rule, to which there are some exceptions, those children who are most under the care of specialists are the ones who suffer most.

It will be said that they are under the care of the specialists because of their sufferings; but I am convinced, from over ten years of careful observations, that their sufferings are largely the result of being under the care and misguidance of the specialist.

The greatest charge I bring against the medical profession, one that outranks the charges of ignorance and commercialism, is that it is artificial and unnatural in almost everything that it does. It is a huge system of anti naturalism, based on ignorance and bolstered up by law and commercialism.

In its dealings with children it is estranged from nature and children are suffering because of this. Its scheme of so-called "immunization" is as unnatural as anything can possibly be. This scheme has been appropriately called a "world of biological make-believe." But it would not be so bad if we could stop there. There are two sides to biology--health and disease. Serums and vaccines possess none of the elements of childhood fancy when viewed from the pathological side. Each and every one of them are pathogenic and their devastating influence upon child life is difficult to over estimate. We find babies adjudged 100% perfect in baby contests denied first prize, and given a place inferior to less perfect children, because they have not been vaccinated, have not been made sick, have not been scarred and marred. It is criminal.

Medicine's feeding scheme disregards nature to an astonishing degree. It is a complex and anti-natural affair which all too often completely
overlooks the physiological needs of the child and which almost constantly disregards the chemistry of digestion.

One can only register pain when he sees the great emphasis which they place upon cow's milk in the diet of the child and greater pain when he finds them to be determined that no child shall ever receive milk from a healthy and properly nourished cow.

As I write these lines there lays here on my desk a copy of the *Golden Age*, for April 16, 1930. In it I find these words: "Dr. Morris Fishbein, of the *American Medical Journal*, has been addressing the Nebraska Millers Association on the value of white bread."

Dr. Fishbein is the official mouthpiece of the American Medical Association and, while it may be true, as is often stated, that there are some members of this association, who disapprove of him and his reactionism and bigotry, it is true that they remain silent and continue to aid in paying his salary.

Be this as it may, the fact is that the great mass of physicians, including almost 100% of the child specialists, are still feeding white flour products and denatured cereal products to children of all ages, even to infants. Many of these defend white flour and disparage whole wheat. Many other denatured products are advocated and employed by physicians in feeding children.

Their opposition to sun-bathing is being slowly broken down. But it has required nearly a hundred years to accomplish this. At this writing, however, there are still many physicians who regard sun-bathing as a silly and harmful fad. Others think the sun-bath may possess some virtue but they never advise it and go on day after day just as though it has no value.

Of the other so-called schools of healing, I need say very little. Physio-medicalism and homeopathy are all but dead. Eclecticism is little if any in advance of the allopaths, while its members are few.

Chiropractic has nothing to offer in child care except spinal examination and adjustment. The same is true of Naprapathy. Osteopathy follows the allopathic medical program very closely. The new thought people and Christian scientists have nothing of their own to offer. The Naturopaths,
physcultopaths and natural therapists, all of which are really one, have the most to offer, of all the schools, in the care of children, but even these mix in too much of the artificial and unnatural.

When we consider the sick child, we find medicine to be equally as unnatural and artificial, but more destructive, than in her feeding and general care of the semi-healthy child. Poisonous drugs, filthy, putrid serums, septic vaccines, surgery, over-feeding and the same denatured diet mentioned above make up their armamentarium.

When one considers the abuse that parents and physicians heap upon children, it causes him to marvel, not that so many children die, but that so few die. For, he soon sees that the child enters a conflict against sinister foes the day it is born, even granting that it has not been forced to fight with them before birth.

There is nothing in this world more beautiful and lovely than a healthy, well developed, happy and contented child. Nothing elicits our sympathy and compassion so quickly and so abundantly as a suffering child. The freshness and joyousness of healthy childhood, the purity and loveliness of their minds and hearts, the frankness and candour of their little souls is the admiration of the whole world. Small wonder that Jesus declared that unless one become like unto a little child he cannot enter the Kingdom of Heaven.

We can have a nation of healthy, happy well-developed, lovely children when we become sufficiently interested in them to place their interest first and commercial interests last. Men are naturally strong and handsome; women are naturally beautiful and graceful. That we are a nation of animated cartoons and caricatures is evidence that there is much that is wrong with the conditions determining or influencing our development.

We can build a nation of super Venus’s and Apollos, with minds as well developed as their bodies and with splendid morals and lovely characters as soon as we as a nation, and as parents, develop sufficient interest in the welfare of our children, to prompt us to acquire and make use of the now available knowledge of how to care for them.

One of the greatest curses of child-life is parents and teachers and doctors. The ignorance and stubbornness and all around cussedness of
these deny the child all opportunity for normal physical, mental, moral and social development. These set bad examples before the child, force artificial conditions upon the child, impose their own wills upon it and train it in their own perversions.

The average parent can see no reason why his or her child should not be fed and clothed and cared for as he or she, or as all other children are fed and clothed and "cared" for. Like the average teacher, the average parent is bound, hand and foot, to the traditions of the past, the conventions of the present and to his or her own bad personal habits. These are early made into yokes to fasten upon the necks of children. The normal, natural unfoldment of child-life is impossible enough under such conditions.

But added to these we have the vicious practices and still more vicious ignorance of the doctor. His ignorance of feeding is lamentable. His ignorance of the body more so. His insistence upon the removal of the child's tonsils and adenoids, and upon the frequent and repeated inoculation of the child with vaccines and serums and "anti-toxins" of many and various kinds, his repeated drugging of the child and his many other crimes against child-life, are damnable.

To offset, counteract, subdue and suppress the results of all these crimes against child-life, we have a huge army of police, courts and jails and houses of correction, and reformatories, and prisons, and electric chairs and gallowses, and churches and hospitals and asylums and all the machinery and personnel and pretence and injustice that go with these things. These but add insult to injury. It is as though we placed a dam across a stream and, then, whipped the waters that overflow the river's banks, get out of their normal channel and play havoc with the crops on either side of the stream.

So uniformly bad is the treatment and management given to these helpless babies, so uniform and universal their wails and tears, and so common their deaths, that people in general think little of the frightful infant mortality, while the sufferings of these little ones and their perils are, along with the trials and tribulations of parents, treated as jokes upon which the wits and of high and low degree harp at will.

Parents, educators, nurses, physicians and all others who care for children should strive to care for these little mites of humanity so that they
may be healthy and happy. It is one of the curses of our boasted civilisation that our children are the prey both of ignorance and of an unscrupulous commercialism. Manufacturing drug houses, physicians who can only be regarded as criminals, food manufacturers, and sweat shop owners, who exploit the labor of children, live off the bodies and lives of these little ones. Like huge vampires they suck the life-blood of children and cause them much suffering and unhappiness and kill untold thousands of them.

Our school system is a blot on civilisation and a curse to child-life. It is not only defective in itself, but it is the prey of unscrupulous commercial ghouls--physicians, politicians, theologians, manufacturers, militarists, etc.

The churches are also curses to child life. The greatest crime of organized religion is its method of filling the minds of children with groundless fears of God, devil, purgatory and hell and its emphasis upon the unreal and frequently unimportant. By its doctrine of the nastiness of life, religion has been one of the greatest evils that ever befell the race. It has hid the truth. It has taught the lie. It has cursed many more lives than it ever blessed.

If I could sum this all up in a sentence, I would say it about like this: THE CURSE OF CHILD LIFE TODAY IS THAT SINISTER COMBINATION OF IGNORANCE WITH BIG BUSINESS, BIG POLITICS, BIG MEDICINE AND BIG CHURCH AND THEIR UNSCRUPULOUS EXPLOITATION OF CHILDREN--unborn and born.

Over against these evil forces and destructive practices I shall place a system of natural hygiene and natural education (not training) which cannot be exploited and commercialised. I shall leave the mistakes of the past and present in the rear, and build upon natural law and the physiological requirements of the growing infant and child.

In the matter of the care of the sick child I shall completely abandon the methods of the schools and offer you a system of remedial hygiene that respects the instincts of life and recognises the orthopathic character of so-called disease.

The hygienic principles and practices herein set forth have been developed during the past one hundred and eight years and have been
thoroughly tested in practice. The names of Jennings, Trall, Graham, Taylor, Shew, Page, Dewey, Walter, Oswald, and Tilden in America, Combe and Densmore in England, Rikili, Hensel, Lahman and Berg in Germany and on the European continent, are deserving of special mention in connection with the development of these principles and practices.

*Mother's Hygienic Hand-book*, Trall 1874; *How to Feed the Baby*, Page 1882; *Natural Hygiene*, Lahmann, 1898; *Physical Education*, Oswald, 1901; *The Care of Children*, Tilden, 1916; and *Children Their Health and Happiness*, Tilden, 1928; are the best books that have appeared which deal with the care of children. All but the last two of these are out of print while these two leave much unsaid that should be said.

I shall draw freely upon these splendid works and upon other splendid books, which are not directly concerned with child care, as well as upon my own experience and study. I wish to acknowledge my indebtedness to the authors of the above mentioned books, to all the men mentioned above as adding to our knowledge of the science and art of natural hygiene, as well as to the many others not mentioned.

Having cleared the ground somewhat, I desire to give the reader a few definitions before preceding to the development of the book proper.

Hygiene is that branch of biology that relates to the preservation and restoration of health. We recognise two kinds of: Hygiene--namely, *Natural Hygiene* and *artificial* or *spurious* hygiene.

*Natural Hygiene* is the instinctive and intelligent employment of the forces and agents of nature for preserving and restoring health. It comprehends those eternal and ever present needs of life, health, growth development and activity--light, air, water, food, rest, sleep, exercise, cleanliness, cheer, hope, courage, poise and freedom from devitalising habits - and is divided, for convenience, into:

*Preventive Hygiene*, or the *hygiene of healthful maintenance*, by which is meant the instinctive and intelligent employment of hygienic principles, forces and agents for the preservation of functional and structural integrity and the promotion of growth and development) and--
Remedial Hygiene, or the hygiene of health restoration, by which is meant the instinctive and intelligent employment of hygienic principles, forces and agents for the restoration of sound health. It studies life and health.

All of this together we include under the term, Orthobionomics. Bionomy is the science of the laws of living functions; or that branch of biology which treats of habits and adaptation. Orthobionomics is a word which I have coined to designate the correct adaptation of environment to life. Orthobionomics is natural Hygiene. Orthotrophy, is a word I have coined to designate that part of orthobionomics which relates to food and feeding in health and disease. The word means correct food.

Artificial or Spurious Hygiene, is the use of artificial and unnatural principles, forces and agents in an effort to prevent and cure disease. It studies disease and death. It employs, as the proper means of preventing and curing disease, poisonous chemicals, of mineral, animal and vegetable origin, septic vaccines, putrid serums, fly swatters, sterilising processes, antiseptics, surgical processes, and fear, apprehension, panic, etc., as the proper elements of hygiene, and is divided into:

Prophylaxis, which means the prevention of disease; and--

Therapeutics, which is the application of remedies in the treatment of disease.

Together these two--prophylaxis and therapeutics--are designated modern medical Science. A medicine is a remedial agent.

The reader will see from these definitions that that our entire approach to the subjects that are to occupy our attention in the following pages, is diametrically opposite to that of the traditional approach. This will become even more apparent as the following chapters are mastered.

My only request, dear reader, is that you do not condemn those portions of this book which may be new to you or which may appear revolutionary or radical, until after you have thoroughly studied, and investigated them and given them a thorough trial. Snap judgement should be avoided. Prejudices and prepossessions should not be permitted to blind you, to new truths. Test all things and retain those which prove true.
CHAPTER 1
DISEASE--TWO VIEWS

There are two kinds of processes in the living body which are called disease. First, there is a progressive deterioration or degeneration of the body which begins in early life, sometimes in embryonic life, or even in the germ cell, and which culminates in death, and which every one thinks of as normal and natural. Second, there are the many forms of acute and chronic defensive reactions of the body, which are designed to save life, restore health and prevent the deterioration, and which every one regards as abnormal, evil and destructive.

For the purposes of this chapter the definition of degeneracy given by A. F. Tredgold, *(Smithson. Inst. Rpt. 1918 P. 548)* will, with a slight modification, serve admirably. He defines degeneracy as "a retrograde condition of the individual resulting from a pathological variation of the germ cell." Since deterioration may and does occur in individuals derived from ideal germ cells, we would include in this definition all permanent pathological variations of the somatic cells.

These degenerative changes in the body are evidenced by faulty development, susceptibility to disease, weakness, poor sight, falling hair, decayed teeth, hardened arteries, hardening of other tissues of the body, destruction of the tissues of various organs, grey hair, bald headedness, blindness, deafness, feeble mindedness, and all permanent pathological changes anywhere in the body.

Back of this degeneration are various causes against which the body puts up a continuous, but losing struggle. At times the forces of life offer a more violent resistance to these causes of decay and this struggle makes itself felt as pain, fever, inflammation; swelling, rapid pulse, rapid respiration, diarrhoea, skin eruptions, etc. These and the symptoms which accompany them are vital emergency measures instituted for the purpose of destroying and eliminating the causes of the degeneration and to repair tissue damages as far as this may be possible.
This conception of the essential nature, the rationale, of acute and chronic so-called disease, we express by the term *Orthopathy*. This word was coined by Dr. Isaac Jennings nearly a hundred years since, from the Greek words, *orthos-*—upright, erect, true, and *pathos-*—affection, suffering. Its literal interpretation is *right suffering*. We regard these so-called disease actions or processes as *right actions*; as lawful and orderly in their courses and developments and as serving definitely beneficial ends.

I shall have frequent occasion, in succeeding pages, to call the reader's attention to examples of the orthopathic character of so-called acute and chronic disease and need not offer examples at this place. I desire, at this time, to familiarize the reader with the degenerative process and to especially point out its *continuity* and *unity*.

What is wrongly called the modern science of medicine recognises several hundreds of diseases which it has divided up into varieties, species, genera, phyla, orders and classes. The objective reality of these "diseases" and the propriety of so classifying them is not questioned by the individuals in the ranks of materia medica. They see in their so-called diseases organised *entities*, and do not regard them as varying phases of vital activity or types of behaviour of the living organism. Thus It is that we have so many names for so-called diseases and so much complexity and confusion in the so-called science of medicine.

Pathological evolution is a continuous series of stages or steps by which the minute beginnings of the degenerative process, progresses, due to the persistence and accumulation of its causes, to the last stages of cancer, tuberculosis, Bright's disease, diabetes, and finally, death. It is a slow, gradual, insidious process which, due to the present manner of regarding disease, is unrecognised. Its terminal manifestations, it is true, are recognised and are called *"degenerative diseases of later life."* But these are called this only because it usually requires a life time, thanks to the stubborn and never ceasing resistance of the body, for the degeneration to become great enough to be recognised as such, and because we have not learned to see that the process of degeneration has gone on for years before it finally culminated in these conditions.

Degeneration begins where its causes begin and persists where these persist. It is continuous because its causes are constant. These begin usually in infancy, or even before, and increase as the child's sphere of life
widens and it comes into contact with an increasing number and variety of pathogenic influences. The body puts up a slowly yielding fight against them and as one tissue after another breaks down before their impairing onslaught, Greek labels are attached to the breaks and the individual has a new disease.

It is certainly a serious blunder to single out each link in a chain of successive and concomitant developments and give to each of these a different name and ascribe to each of them a different and perhaps a specific cause. We must learn to see the ills of the body as mere stages or steps in one continuous and unbroken process, and not as specific entities, if we are ever to make any progress worthy the name in the prevention of disease and degeneration.

If cancer, for instance, is the end-point of a long drawn out pathological evolution, what are its connections with the other pathological conditions of the body which precede it and which develop concomitantly with it? They are all parts of the same pan-systemic pathological evolution and all arise out of the same common causes.

"Every birth is a hygienic regeneration," says Dr. Felix Oswald, and despite the shibboleths and cries of alarm, of eugenic fanatics, about degeneracy, atavism, heredity, etc., this statement is true. Almost every birth is literally a hygienic regeneration. Every new born child is a fresh effort of nature to produce a perfect man or woman.

But none of these children ever reach perfection. They either die early or else are badly "spoiled in the making." Certain it is that the adult male and female of the human species is a very disappointing animal. Adults are, in the main, mere caricatures of human beings. Not because nature fails to go on with her efforts at perfection, but because of the many and varied influences which interfere with growth and development and frustrate the efforts of nature to produce a perfect being.

More than twenty years ago Dr. Alexander T. MacNichol, of New York, found upon examining 10,000 children in the schools of that city, that 35 per cent had heart derangement, 20 per cent had spinal defects, 27 per cent had tuberculosis, 60 per cent were suffering from anaemia, 15 per cent suffered from some nervous disorder. Dr. MacNichol said that if the percentage of organic and functional diseases among school children held
good throughout the city, and those so suffering were excluded from school, "two-thirds of our schools would be compelled to close for lack of pupils."

Basing his estimates on the findings of physical defects found in 1,400 school children in New York City, Dr. Chas. C. Burlingham, formerly Pres. of the Board of Education of that city, said that twelve million children in the United States had physical defects at that time. Based on the findings in New York City and assuming that they would hold true throughout the country, Dr. Burlingham estimated that there were then in the United States, 1,440,000 ill-nourished children, 5,615,000 with enlarged glands, 6,925,000 with defective breathing. He estimated for the city of New York, 48,000 children with malnutrition, 187,000 with enlarged glands and 230,800 with defective breathing.

Although only a trifle more than 10 per cent of the 1,400 children studied suffered from malnutrition, less than 14 per cent of them came from families with incomes of less than 10 dollars a week.

These are the children that supplied most of the the men of draft age in the recent war. Can we wonder that our young men were found to be in such a deplorable condition, when we see that they were given such a poor start in life? When the draft figures were published in 1920 it was revealed that 80 per cent of the men of the draft were physically below normal; normal meaning the median, the typical and not the ideal or perfect, while one third of them were not able to pass the much lowered standards of physical fitness demanded by a country desperate to secure men for cannon fodder.

It is asserted that 80 per cent of babies are born perfect, meaning normal. Of these little more than half reach maturity. Of those who reach maturity, 80 per cent are below normal at the time when they should be at their best. This in a country that boasts of its wealth and plenty; a country where there is a super- abundance of food and a good climate.

In 1924 it was estimated that there were, in this country, 20,000,000 children of school age. Of these, 14,000,000 suffered with some serious physical defect; 10,000,000 had tuberculosis, 10,000,000 had serious tooth troubles, 2,000,000 suffered from some (recognised) grave form of malnutrition, 1,000,000 showed the first signs of nervous disorders, while
all of them suffered with frequent colds and other disorders. None of them possessed perfect health

Two years later, Dr. Herman J. Norton, Health director of Rochester, N. Y., stated that 75 per cent of the children of the United States have physical defects. Quoting a survey of 22,000,000 children that had been but recently made he said 15,000,000 had bad teeth, 2,000,000 to 4,000,000 had fallen arches, defective spines or joints, 3,000,000 to 5,000,000 were suffering from malnutrition, 5,000,000 had poor sight, 1,000,000 suffered from deafness, 1,000,000 had or did have tuberculosis, 250,000 had heart trouble, and 200,000 were mentally defective.

Year by year, so far as the figures show, the health of the American child declines. While the figures show a certain percentage to be suffering from malnutrition, the truth is that there is a greater or lesser degree of malnutrition in all these conditions of physical and mental impairment. Think of the absurdity of saying 15,000,000 children had bad teeth while only 3,000,000 to 5,000,000 suffered from malnutrition. The greatest single cause of bad teeth is malnutrition. Defective spines and joints are more often than otherwise results of malnutrition.

But we have not gone to the root of this matter in recognising glaring defects as due to malnutrition. Any nutritional deficiency which will ultimately result in disease, will produce much damage to the tissues and to the general health, growth and vitality, long before the deficiency becomes great enough to be definitely diagnosed by the physician. We must learn to recognise that there is a long period of failing health which precedes, and prepares the way for the first appearance of physical signs--symptoms. It is not merely enough to save the teeth or preserve the normal posture of the spine, but we must build and preserve such a high degree of positive health that no so-called disease is possible.

I desire to emphasise that these and many other defects and diseases with which infants and children suffer are the early stages of the process of deterioration which culminates in cancer, Bright's disease, diabetes, insanity and nervous diseases, diseases of the heart and arteries, etc., later in life. In infancy and childhood the deterioration begins. It is then that the foundations for the disorders of later years are laid.
How important, then, that babies and children receive proper care! How great the responsibilities of parents, nurses, educators, physicians and all others who deal with children!
CHAPTER II

THE SLAUGHTER OF THE INNOCENTS

The whole brute creation rear their young with a certainty of their arriving at maturity without sickness of any kind. Human infants and children do not fare so well. These are forced to undergo cruel and needless suffering, while only a little more than half of them ever reach maturity.

In her *Notes on Nursing*, 1860, Florence Nightingale tells us that at that time "one in every seven infants in this civilised land of England perishes before it is one year old." That in London "two in every five die before they are five years old;" in the "other great cities of England, nearly one out of two." She says: "More than 25,000 children die every year in London under ten years of age."

In his *Shut Your Mouth*, 1870, George Catlin records that: "From the Bills of Mortality which are annually produced in the civilised world, we learn that in London and other large towns in England, and cities of the Continent, on an average, one half of the human race die before they reach the age of five years, and one half of the remainder die before they reach the age of twenty-five, thus leaving but one in four to share the chances of lasting from the age of twenty-five to old age.

"Statistical accounts showed, not many years past, that in London, one half of the children died under *three* years, in Stockholm, one half died under *two* years, and in Manchester, one half died under *five* years."

Such a mortality, as Catlin shows, was enormous compared to the almost negligible infant and child mortality he found in his Ethnographic labors among 150 tribes of North and South American Indians.

In a foot note Catlin Points out 10, 15 and sometimes 20 deaths a week occurred in London from the suffocation of infants in bed with their parents. He quotes the *Times* as saying, in May 1860 that a Mr. Wakley "had held inquests over more than 100 infants which had died during the past winter, from the same cause, their parents covering them entirely over, compelling them to breathe their own breath." He also quotes the Report of the Register-General as saying "suffocation in bed, by overlaying or
shutting off air from the child is the most frequent cause of violent deaths of children in England."

Happily, deaths from this cause are things of history. It required a long time for loving parents to abandon the practice of smothering their children to death, just as it will yet require many more years for the "loving" parents of today to cease murdering their children in other ways. We have a nation of semi-invalids with an enormous infant and child death rate and we see the mothers and fathers of these children feeding them, drugging them and caring for them (abusing them) in a manner to produce all of this suffering and dying and then refusing to open their eyes and ears to the ugly truth, that their children, whom they profess to love, are being murdered.

The following table by Dr. Emerson, showing deaths in infants, children and young persons in Philadelphia during the period of 1826 to 1830 inclusive, is copied from *How to Feed the Baby*, by Dr. Page:

<table>
<thead>
<tr>
<th></th>
<th>Under 1 year</th>
<th>Between 1 and 2</th>
<th>Between 2 and 5</th>
<th>Between 5 and 20</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>281</td>
<td>81</td>
<td>102</td>
<td>109</td>
<td>573</td>
</tr>
<tr>
<td>February</td>
<td>382</td>
<td>109</td>
<td>123</td>
<td>131</td>
<td>745</td>
</tr>
<tr>
<td>March</td>
<td>322</td>
<td>119</td>
<td>122</td>
<td>138</td>
<td>701</td>
</tr>
<tr>
<td>April</td>
<td>342</td>
<td>107</td>
<td>125</td>
<td>122</td>
<td>696</td>
</tr>
<tr>
<td>May</td>
<td>250</td>
<td>98</td>
<td>107</td>
<td>107</td>
<td>562</td>
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<td>June</td>
<td>510</td>
<td>148</td>
<td>84</td>
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<tr>
<td>July</td>
<td>836</td>
<td>249</td>
<td>117</td>
<td>120</td>
<td>1322</td>
</tr>
<tr>
<td>August</td>
<td>546</td>
<td>317</td>
<td>120</td>
<td>165</td>
<td>1148</td>
</tr>
<tr>
<td>September</td>
<td>377</td>
<td>221</td>
<td>140</td>
<td>185</td>
<td>923</td>
</tr>
<tr>
<td>October</td>
<td>324</td>
<td>127</td>
<td>117</td>
<td>153</td>
<td>721</td>
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<tr>
<td>November</td>
<td>267</td>
<td>90</td>
<td>114</td>
<td>132</td>
<td>603</td>
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<tr>
<td>December</td>
<td>269</td>
<td>90</td>
<td>114</td>
<td>135</td>
<td>608</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,706</strong></td>
<td><strong>1,756</strong></td>
<td><strong>1,385</strong></td>
<td><strong>1,602</strong></td>
<td><strong>9,449</strong></td>
</tr>
</tbody>
</table>

Examining this table, we are stuck with the fact that more deaths occur under one year than during the next nineteen and more than twice as many die under two years than during the succeeding eighteen. Dr. Emerson failed to account for this terribly disproportionate mortality in infants. He attributed to the heat, their summer mortality.
Dr. Robley Dunglison, on the other hand, referring to these same figures said: "We have already said that cholera infantum is the great scourge of our cities during the summer months, and this affection is doubtless in part occasioned by excessive heat; but that this alone does not induce it, is shown by the fact that in country situations, where the heat may be as great, it is comparatively rare."

Again, he says: "It has been already shown that not only is the general mortality of London greater than that of Philadelphia, but the deaths at the ages most liable to cholera infantum are more numerous also--a fact which confirms the remark just made, that something more than excessive heat is, in such cases, the lethiferous agent."

Dr. Dunglison assigned as the great cause of infant mortality, defective ventilation. Yet, as Dr. Page remarks, "this cannot account for the fearful increase of deaths of infants in summer, for the reason that at this season the houses of all, rich and poor, ate better ventilated than in winter, for doors and windows are freely opened."

The value of infant life did not increase during the next fifty years. There were born in Philadelphia during the five year period ending December 31, 1870, 85,957 living infants. Of this number 25,636 died before they were two years old, and a total of 31,662 before their fifth year, nearly thirty seven per cent.

Back in 1904 It was estimated that approximately 1,500,000 babies were born in this country every year. Over 750,000 of these infants were killed before they reached five years of age.

Dr. W. R. C. Laston, tells us of a city in which according to the Health Board Report of Sept. 7, 1910 there were 1,418 deaths of all ages, 775 of these being males and 643 females. During this same period there were 1,475 births, with 122 of these born dead. 143 of these infants died of congenital debility.

Today in this same country 77 out of every thousand babies born here, die during their first year--an infant death rate higher than war ravaged Belgium and France had immediately after the war. Contrast such a death rate with the deaths during the war when but ten out of every thousand men in the American army were killed in action or as a result of wounds.
received in action. Our mode of caring for our children is more deadly than modern warfare.

In this land of plenty and civilisation 200,000 infants die every year, and the lives of over 400,000 more who live beyond the first year are blotted out under ten years of age. Many thousands more who reach maturity, carry with them the tell tale marks (disease, weakness, deformity, arrested development, etc.) of wrong care during the early years of life. This is a veritable slaughter of the innocents. Was not H. Mitchell Watchet right when he wrote,

"This land is swept with a storm of sighing,

The buds are beaten with rain of tears;

Sorrow berate o'er the babes, dying,

O'er empty cradles and childless years!

Silence! Oh fathers; be dumb oh mothers!

Your lamentations will not avail---

'Tis your thoughtless hands that the young lives smother,

Your selfish selves give the grave its tale."

Ancient Sparta, under the laws of Lycurgus, drowned her weak and sickly babies. We shudder with horror when we read of this and think the Spartans a cruel and merciless people, because they put to death an occasional infant. But look at us! We take our little ones who are born strong and healthy and kill them by the hundreds of thousands. By slow and painful processes we crush out their little lives, while the condemned babies of Ancient Sparta died suddenly and painlessly.

Dr. Oswald declares: "Infancy should be a period of exceptional health; the young of other creatures are healthier, as well as prettier, purer, and merrier, than the adults, yet the childhood years of the human animal are the years of sorest sickliness; statistics show that among the Caucasian races men of thirty have more hope to reach a good old age than a new
born child has to reach the end of its second year."

I am not sure that the statistics of today will not still show the same sad disproportion between the death of infants and that of adults. The slaughter of the innocents is not so great as it once was, but it is certainly thousands of times to great, still.

For this horrible state of affairs someone must bear the blame. All of this suffering and premature death is not inherent in the nature of things. Parents, educators, doctors, theologians, food manufactures, boards of health, politicians--these all must be found guilty of murder.

Of 9,873 children who died in Massachusetts in 1870 under five years of age, more than one half of the deaths were due to digestive derangements. Of 11,382 children under twelve years of age cared for in the dispensary for sick children in New York City from 1867 to 1869, inclusive, 3,243 were suffering with bowel disorders.

In 1870 Dr. E. Ballard, of England, published a very thorough article on "Infant Mortality" in which he showed that in five years (from 1863 to 1868) there were in England 314,242 deaths of infants under one year of age, of which 277,852 were due to digestive disorders.

The following is a table of infant mortality showing the death rate in children under two years of age in New York City from diarrhoeal causes, and all other causes for the two months of July 2nd. to Sept. 3rd. 1910, given in weeks.

<table>
<thead>
<tr>
<th>Week ending:</th>
<th>Diarrheal causes</th>
<th>All causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2nd</td>
<td>172</td>
<td>43</td>
</tr>
<tr>
<td>July 9th</td>
<td>265</td>
<td>559</td>
</tr>
<tr>
<td>July 16th</td>
<td>424</td>
<td>709</td>
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<tr>
<td>July 23rd</td>
<td>373</td>
<td>622</td>
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<td>July 30th</td>
<td>384</td>
<td>656</td>
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<tr>
<td>August 6th</td>
<td>288</td>
<td>559</td>
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<tr>
<td>August 13th</td>
<td>270</td>
<td>520</td>
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<tr>
<td>August 20th</td>
<td>237</td>
<td>468</td>
</tr>
<tr>
<td>August 27th</td>
<td>246</td>
<td>494</td>
</tr>
<tr>
<td>Sept. 3rd</td>
<td>220</td>
<td>447</td>
</tr>
</tbody>
</table>
The death rate for children under two years of age for the whole year 1909 was, diarrhoea! causes 5,126, all causes 20,716.

Assuming that the death rate was approximately as great in other large cities, it gives us a death rate of 10,000 children in July and August in the ten leading American cities. Basing his estimate on these figures and applying them to the whole country, Eugene Christian said: "We have a funeral of 90,000 innocent little ones July and August of every year who died from stomach and intestinal troubles alone, which are the most easily controlled and preventable of all so-called children's diseases. This army of little ones are clearly victims of unpardonable ignorance."

Again he said: "If cholera, smallpox or yellow fever should become epidemic in New York and over 5,000 adults should die of one of these diseases in sixty days, the whole city and state would be thrown into a panic. Doctors, ministers, churches, health boards, rich people and noisy newspapers would take a hand in the fight."

He is undoubtedly right, but why are we not just as anxious to save our children? I suspect that the truth of the matter is that we are not nearly so anxious about the welfare of our children as we are about upholding some ridiculous dogma of medicine or church. At any rate, we are still killing them, with the help of the doctors, at an awful rate.
CHAPTER III
PRENATAL CARE

A child's life does not begin at birth, although we are in the habit of reckoning his age from this event as a beginning. We are almost justified in saying that the child's life does not begin. We could trace it back, generation after generation, through a long, unbroken line of germplasm to the very beginning of human life on this earth. However for practical purposes, and as an individual child, as distinguished from the ocean of germplasm, we must reckon the child's beginning from the time of conception--from the time the ovum of the female is impregnated by the spermatozoa of the male. It is then that the formation of a new being begins and shortly after this the first some plasm and the first special organs are produced.

The child that is now being formed in the mother's womb is to a great extent at the mercy of the mother. Nature has thrown every possible safeguard around the child and, if it becomes necessary she will sacrifice the mother in the interest of the child; but, in spite of this, so great is the child's dependence upon the mother, that it is largely what she makes it.

Over 20,000 women die in childbirth in this country, yearly. Many more die from conditions connected with childbirth. This indicates a deplorable physical condition of our women. How can such women give birth to healthy offspring?

In the year 1916, there were 75,000 deaths in babies under one month old, in 70 per cent of the population of the United States. There is a yearly occurrence of 100,000 still births, which are not recorded in the death record. These deaths and still births are largely due to the deplorable physical condition of our mothers and to the lack of the proper care during pregnancy.

Need I emphasise that sickly and maimed mothers cannot produce healthy children? A mother's responsibilities are "greater in this respect than most of them realise or are willing to fulfil. Indeed my experience with mothers has convinced me that I am writing this book for the few.
The great majority of them will not heed. It used to be said that if a prospective mother were properly informed of her duties and responsibilities and given the necessary knowledge of how to care for herself during this period, her mother love and mother instincts would prompt her to do those things which assure health and strength to her child and refrain from those things which injure the child.

Time and experience have proven this view to be false. A woman does not have any more will power or self-control when pregnant than at other times. Pregnancy does not make her any the less indolent or lazy; indeed, pregnancy is often used as a pretext for indolence. The indulgent young woman is no less so after she becomes pregnant. The smoking woman does not give up smoking during pregnancy. Only the exceptional woman is equal to the work of being a real mother, either before or after the child is born.

Women who are regarded as leaders of society, ethical, religious and literary leaders and teachers, as much as the ignorant masses, disregard the rights of their children and do not give them the prenatal care they deserve. They are too often given to the cultivation of sensuality, satisfying morbid appetencies and eating, drinking and smoking, and in acting upon the silly superstition that her desires or "cravings," whether wholesome or unwholesome, should be indulged to prevent marking the child.

That woman who is not willing to sacrifice these and other unwholesome indulgences for the sake of her child's health is not worthy our respect. Many of these very mothers take pride in not considering their own needs, except to violate them; and affect a spirit of martyrdom when it seems to be a choice between their own real or the infant's supposed needs. But all of this is made unnecessary by the fact that the child's needs are best served when those of the mother are perfectly supplied. Too many of these "sacrifices" that the mothers make for their children, both before and after birth, are injurious to the child, both physically and morally. It behooves the prospective mother to inform herself and conform to the rules of right living.

Mother's you cannot shift your responsibilities in this matter, to your physicians. The medical program is to have you place yourself under a physician as soon as you become pregnant and go for frequent examinations and frequent urinalyses. This is not very good for mothers,
although it is profitable to the doctors. The *New York World*, (Oct. 16, 1928), quotes Dr. Chas. V. Craster, Health Director of Newark, N. J., as saying: "We had hoped that the increasing use of hospitals by expectant mothers would aid materially in reducing the maternity death-rate. But to our surprise, since hospitalisation increased the death-rate has climbed."

Dr. Whitredge, professor of obstetrics at Johns Hopkins University, says, 'Infant and maternal mortality rates are one-third higher in this country than in any other." He says that "this is due in part to the inadequate teaching and training of our men as compared to European graduates." But in some European and some South American countries, medical graduates are not as well trained as in the United States. On the other hand, the woman mid-wife is employed more in most European countries than in America. It is noteworthy that the infant and maternal death rate is much higher in this country, where physicians are used than where the mid-wife is employed.

The increasing use of the medical profession and its anti-natural methods and measures results in an increased death rate and an increase in chronic disease What good is a urinalysis? It can discover trouble (some trouble) only after it is well developed. It cannot prevent the development of trouble. It cannot point the remedy. It deals with effects, end-points, not causes. If it reveals trouble, it is followed by drugging or inoculation; it is not followed by the correction of causes. Examinations of all kinds are of the same character.

Don't depend on your physician to save you. Acquire the knowledge necessary to save yourself. Learn how to live and you can prevent the development of the troubles your physician locates by means of the urinalysis. That he does not expect the advice he gives you to prevent the development of trouble, is evidenced by the fact that he insists so strenuously upon the frequent examinations and analyses. You want a saving knowledge, and not the stereotyped half-knowledge, handed out by the average physician, hospital or clinic.

You need wholesome outdoor exercise, pure air, plenty of rest and sleep, sun baths, freedom from worry, anxiety and other devitalising influences. You should not be overworked. You should not be required to administer to the sexual desires of your husband during pregnancy. And last, but not least, you need proper food. I am going to deal somewhat at length with
This matter of food, but must ask you to refer to my *Orthotrophy--The Natural Diet of Man*, for a more complete treatment of adult diet.

If you will eat properly and care for yourself properly during pregnancy, you will not only save your teeth and preserve your health and assure yourself a healthy, vigorous child, but you will make childbirth safe and easy and, providing you are normally developed and live fully right, make childbirth painless.

Not only must the mother supply the calcium or lime salts and phosphates, so essential to the development of the teeth and bones of the child, both before birth and during the nursing period, but she must supply every other element the child requires. She must supply the vitamins if these actually exist. She must supply the child with sunshine, and where she fails to secure these for herself, the child will also be deprived of them.

Cereals, especially, seem to induce defective teeth, particularly when not counterbalanced with large quantities of green foods and fresh fruits.

The effect of deficient diets reach through more than one generation. Female dogs fed on a diet which produces rickets gave birth to pups which were so strongly predisposed to rickets that the feeding of good food for a considerable period did not remove the tendency to rickets. The dietary deficiencies also increased the susceptibility of the young to respiratory troubles, such as catarrhal conditions (these often extending into and impairing the digestive tract) and pneumonia.

McCullum has pointed out that a slightly deficient diet eaten over a period of generations, lowers vitality, predisposes to premature old age, and shortens life. Grant and Goetsch found that a slightly deficient diet eaten over a long period of time produces pathological conditions which never result from extreme dietary deficiencies.

They found that young animals have rickets only when the diet of the mother is of a type which leads to rickets. They proved that the mother's diet governs absolutely the decreased or increased resistance of the young to the effects of deficiencies in their own food. Rickets they found, will not develop in young animals whose diet is deficient in bone material, providing they are born of well nourished mothers. The rapidity and severity with which rickets develops in young animals, depends very
largely upon the depletion of the mother's nutrition during pregnancy.

Well-nourished mothers (this does not mean over-fed) give birth to well-nourished and, therefore, well developed and vital children. Not merely the bones and teeth and respiratory organs are involved in the results of adequate or inadequate diets, but every tissue in the body is weakened or strengthened, as the case may be, by the mother's food. Mother's nutrition is the real prenatal influence.

Something is affecting the fertility of American families, according to our anthropologists and geneticists. For some reason few marriages ever result in anything beyond the fourth generation. The old American stock is dying off. There are exceptions, of course, but many of these marriages are wholly unproductive of progeny, while many family trees perish after the first or second generation.

A man or woman who possesses sufficient vitality to live to what we consider a "ripe old age" in spite of wrong habits of living, will produce off-spring who will not be able to duplicate that feat.

Infertility in rats and other small animals and in lions can be produced by inadequate nutrition. A slight deficiency in certain of the essentials of nutrition results in either total inability to produce, or else a failure of each succeeding generation.

This same fact is true of the plant world. The fertility of a plant depends on the presence, in the soil, in proper proportions and amounts of the essential elements of plant nutrition, in an available form. Experiments show that the fertility of plants may be increased, by proper mineral fertilisation to three times the fertility of plants grown on manure fertilised land, or on land fertilised with the three-part fertiliser of commerce. Properly fertilised plants also resist insect pests almost wholly. They grow larger, stronger and firmer and resist weather changes and strong winds better than plants fertilised in the time honoured ways.

Man is not exempt from this UNIFORMITY OF NATURE. Undoubtedly, much of the infertility of the average American family is due to deficient nutrition. Much of the decreased resistance to disease influences, and the progressive physical and mental deterioration, seen in each successive generation, are due to these same causes.
There are conditions of dietary deficiency, such as advanced cases of sprue, for instance, in which, so great is the deficiency, the body's resistance to poisons is so much lowered that once inflammation has set up, it tends to persist indefinitely. I do not doubt that deficient diets, eaten by mothers during pregnancy, are frequently responsible for the many cases of stubborn inflammatory diseases in children which persist for a long time despite our best efforts. If the diet of the parent reaches the germ plasm of himself and his offspring, and we know that it does this, there is certainly nothing far-fetched in the thought that it reaches the "soma-plasm" of the offspring.

Seeing, then, how necessary it is to give your baby a good start in life, by eating properly during pregnancy and before, it behooves the intelligent mother to study the subject of diet very thoroughly and make use of her knowledge. She will profit as much by this course as will her children and grand children. I recommend to every reader of this book my *Orthotrophy--Or The Natural Diet of Man*.

How foolish to eat recklessly and haphazardly during pregnancy and then attempt to undo, in your child, after birth, the mischief you have produced by your lawless course. Give your child the right start in life by supplying it with the best nutrition you can.

The time of the greatest growth and development of the brain and nerves is during the prenatal period and the first two years after birth. This is the best time to lay the foundation of a good brain and nervous system. It is asserted that the whole future of an individual is determined by the time he is four years old, just as the whole future of a calf is determined by the time it is six months old. How very important that the mother supply her unborn child with the very best nutrition!

Oh! if mothers could only be made to realise that preparation for motherhood should begin in infancy! Today our daughters are trained and equipped for everything else except this supreme accomplishment.

Dr. Tilden observes: "It is pathetic to see a tuberculous mother struggling in a hopeless endeavour to make her baby strong after it has once got a bad start."
"Such mothers will so frequently say: 'why cannot my baby be strong, like Mrs. so-and-so's? She feeds her baby any thing, and neglects it; yet it thrives.'

There is a wide gulf, physically or vitally, between the two children. The care, in spite of which the strong one will thrive, will speedily kill the weak one. Sick mothers should refrain from having children. yet I have known them not only to bear children, but to disregard every rule of hygiene during pregnancy. Then they suffer and the baby suffers until it dies, and these mothers will blame everything but themselves for their "misfortune."

This chapter would not be complete without some reference to the almost universal, as well as very ancient, belief that a mother can "mark" her child. Many young mothers go through pregnancy in a constant state of agony because of the many stories of maternal impressions which they hear on all sides from their friends. "Old wives" seem to delight in telling ghost stories about the direful results which have followed or are supposed to follow the seeing of distressing sights during pregnancy. They eagerly grab up every story they hear and enlarge upon it in the customary manner. Each tries to outdo the other in these tales of horror.

Books are written and many of them are widely circulated, which carry chapters devoted to these maternal impressions in which are presented "examples" of the impressions.

I do not wonder that people take such things seriously. I cannot blame them. Yet I know, and everyone knows, who has investigated the matter, that the whole thing is false and ridiculous, There is not an authentic case of a mother marking her child on record. The other half of this story is that no such case will ever go on record, for no such case can ever exist.

What are "maternal impressions?" As popularly understood and believed in, A MATERIAL IMPRESSION IS THE IMPRESSION MADE UPON THE BODY AND MIND OF HER UNBORN CHILD BY THE MENTAL STATE OF THE MOTHER.

We are told that by thinking intently enough upon music, or art, or war, etc., a mother may make of her child a great musician, a great artist, or a great general. Napoleon, we are informed, was made a great military
leader by his mother, before he was born. Previous to his birth she is said to have accompanied her husband on war expeditions. She is said to have enjoyed the horrors and details of war. For ages we have been told that the ancient Greek mothers created a genius for art in their sons, by gazing for hours, during gestation, upon the beautiful statues and pictures in the Greek temples. Albert Edward Wiggam very appropriately asks, concerning this: "What did the mothers of the sculptors and artists who made the statues gaze at?"

The morals and character of a child can be predetermined by the mother's mental state during pregnancy. Its future habits may be more or less preformed for it. One may have a thief or a saint at will. Dante's mother is said to have seen a beautiful vision immediately preceding his birth.

But, perhaps we hear more of the physical "marking" of children than of any other form of "maternal impressions," and these markings are almost always deformities and defects. The child is almost completely at the mercy of its mother during the first few months of its existence.

Going back in history to the time of Jacob (Genesis XXX. 29-43), when he was said to have influenced the colours and strips of his cattle by "piled rods" and other things placed before them, we find a belief in maternal impressions. Whatever may have happened to Jacob's cattle, it never happened to the cattle of anyone else. Jacob's experiment has been repeated hundreds of times at the Agricultural experiment stations in America and no such results have ever been produced.

It is asserted that any desired type of physical beauty, every quality of genius, all moral dispositions and all spiritual tendencies may be conferred by the mother upon her unborn child. Here is an example by Mme. Louise Mason, from the *Arena*. When she first heard of the marking of her baby she determined to mark it for good. She says:

"I would often sit alone in my room, overlooking scenes that were pleasant, and, in a peaceful attitude of mind perfectly passive, desire that my child should be a girl; that she should have a slight figure, chestnut hair and beautiful eyes; that she should be a musician, a singer, and that she should be proficient in everything she undertook; that she should be superior to all those I had ever known. Here is the result: A beautiful
woman in mind and body, with chestnut hair, slight physique, and a phenomenal voice--contralto; she is a philosopher, a student in Delsarte, astronomy and astrology, and masters every study; is eloquent and has one of the most amiable dispositions."

When mothers begin to desire or think the desired sex into their unborn children and think or desire the colour into the hair of these children, they are getting along fine in their creative work. I say this, not for the benefit of students of biology, but for those who are unacquainted with the facts of heredity: the colour of one's hair; ones "frame" and eyes are determined in the germ plasm. Mother's mind has nothing to do with it. Wiggam aptly remarks that if mothers can create "wonderful characters in their children, making them geniuses, artists, musicians, saints, and the like, then all I can say is that wishes would be horses and beggars would ride."

A case of physical deformity I find in one of these books, is that of a child born lacking the fingers and thumb of one hand, The explanation has it that in the early months of her pregnancy, the mother was accosted by a beggar "who raised her hand, destitute of thumb and fingers" and begged for alms "in God's name." The deformed limb of her child was on the same side as that of the beggar's "and it seemed to the mother to resemble precisely that of the beggar's." A pregnant woman was much alarmed when her husband came home with his face swollen from a blow. She "bore a girl with a purple swelling upon the same side of the face." Another pregnant woman was frightened in a storm by a stroke of lightning. "Her child bears a zigzag streak upon its forehead, supposed to be caused by the fright." A woman visited the county fair where she saw a four-year-old boy wearing a false-head of an old man. She was much "disgusted" by the sight and determined that it would not mark the baby, she was carrying at the time. Despite her determination, when her baby, was born at seven months "its head was abnormally large and had the appearance of an old man." The "historian" tells us "here was a case due to disgust." With reference to this case, in which the lady made determined efforts of will to prevent marking her child, and failed, Wiggam's question is apt: "If the mother's 'will' is powerful enough to produce birthmarks why cannot it also prevent them."

A white-headed boy had a patch of jet-black hair on his head. The mother did not know whether it was due to seeing a negro stab a man or to
pulling the very black hair of one of her neighbours with whom she had quarrelled. She was sagely informed that had it been due to seeing the negro the patch of hair would have been kinky. Had the mother been frightened by a leopard there is no telling how spotted her boy would have been. We may be sure that he would have had fur instead of hair on his head.

Another amusing case is that of a woman who was frightened, while working in the garden, by getting a twin cucumber caught between her toes. She fully resigned herself to having twins, but got no further thank child with twin toes. If maternal impressions can create toes, and destroy fingers, then why not create or destroy heads or scalps. Yet there are no records of headless children being born of mothers who have been shocked at seeing a man beheaded. Our early American women saw many scalping parties by Indian hair dressers, but none of their children were born scalped.

A sad case I read of some years ago was that of a pregnant woman who was frightened by a mole. When her baby was born it did not possess arms and hands. Instead, at its shoulders were little "paddles" resembling the forelimbs of the mole. Yet I have never heard of children being born with elephant trunks or giraffe necks.

In France and Belgium during the recent war, when zeplin raids were almost daily occurrences, and frightful orgies of murder were frequently witnessed by the pregnant mothers, birth marks did not occur. Paris authorities who had charge of the babies of Paris report that babies born in 1918, the most terrible year of the war, were somewhat larger, fatter and healthier than babies generally are.

It is asserted that if an expectant mother is frightened and touches some part of her body, a mark will appear on the corresponding part of her child. Many mothers fear to brush a bug or bee from their face, for fear a mark resembling the insect will appear on their child. It is a most ridiculous notion, but the peace of mind of many young mothers is much disturbed by it.

There is another wide spread notion about marking children, which is that, if a mother craves something she cannot get, this will mark her child. This notion is often used by indulgent women as an excuse for indulging
their morbid appetencies. Although I have never heard the story here in the South, Mr. Wiggam tells us that "down south a negro woman with a white child often accounts for it on the ground that she craved snow." We do frequently see negro women with white babies, but we have another and simpler explanation for it. Despite southern fundamentalism, no virgin births ever occur down here, and when we see a white baby we always think of a white ancestor.

"Birth marks" are comparatively rare yet it seems to the young mother who is fearful lest she mark her baby, that she sees horrible sights every day. Deformed and crippled children and adults are all around them. It is impossible for any woman to go through nine months of pregnancy without seeing many things to impress her. If the notion is a true one our children are the helpless victims of chance and no child should ever be normal. Yet impressionable mothers, who feel that their children are doomed, because of some horrible accident they have witnessed, give birth to normal children.

There are no biological, physiological or anatomical bases for the belief in maternal impressions. Let us take a brief look at the facts.

First: Children are not produced from the body cells of the parent. They are produced by the family germ plasm represented by the sperm cells—ova and spermatozoa. These are not parts of the parents bodies, but are merely stored therein. They were handed to the parent by the grandparent who received them from the great grandparent who received them—and so on, back to Adam and Eve, or whoever it was who started this thing. The hereditary characters are not placed there by the parents. These cells only receive their room and board from the parent. They are an entirely separate line of organisation, living in but forming no part of the parent's body, and are not manufactured by the body or blood-cells of the parent.

God creates the germ cells and puts the hereditary characteristics into them. He does not leave the work of creation in our own hands, for, if he did we would spoil it in a week. And that's that.

Second: There is no nervous connection between the mother and her child. From the moment of conception the child is an independent being to which it is anatomically impossible for the mother to convey any mental or nervous impressions or impulses.
It is now quite the custom among "impressionists" to attribute "marks" to "telepathy." This puts the whole problem into the realms of occultism and takes it out of biology altogether. However, evidence of telepathy is entirely lacking and there is no reason to believe, even if it were possible for two minds, by great effort and after much training, to communicate with each other by means of telepathy, that this telepathic communication is creative and could produce red hair, or mole paddles at will. Wiggam correctly observes that if telepathic influence on the developing child is possible, then the father and all the neighbors could also impress the child and that the telepathic influence should not cease at birth. A mother's fright at seeing a man lose his arm ought to cause her three year-old son's arm to wither up and cease to develop.

An unborn child is just as much outside the mother's body as is the chicken in the egg outside the hen's body. Her womb is nothing more than a cavity in her body, like the mouth, and her baby is no more in her body than is a marble held in her mouth. She has as much chance of thinking something into her baby as a hen has of thinking something into the chicks in the eggs on which she sits. Strange is it not, that "impressionists" have never attributed the singing of birds to the fact that the father bird sat on the bough above and sang all day, while the mother bird sat on the eggs? I agreed with Wiggam when he asks. "Do you know that if the good Lord ever permitted the unborn babe to be remotely touched by such contradictory influences (the telepathic influences of mother, father and neighbours), by the time the little fellow got into the world he would be nothing but a grotesque conglomeration if irrelevant absurdities?"

Third: There is no blood supply between the mother and her child. The child has its own blood and its own circulation. The unborn child is dependent upon the mother for oxygen and food only. These it extracts from the mother in the remarkably adjusted processes of interchange which take place in the placenta or after-birth. The mother passes on to her child nourishment, not shock or mental influences.

Nature has protected the child from all possibility of "marking" by mental impressions, by arranging that there may be no nerve and blood supply between mother and child. The mother's blood cannot get through the placenta into the child. The placenta acts as a filter through the membranes of which the needed nutriment passes, while almost everything
that can poison or injure the child is filtered out. Some poisons can and do get through to the child. But on the whole the baby is placed safely out of harm's way so that even physical violence seldom reaches it. Railroad accidents, auto smashups, jars, shocks, etc., seldom reach it.

One "impressionist" says that there is "a constant interchange of the blood in its (the baby's) body with that in hers" and that, "since the mother, as has been shown, can transmit through her blood certain characteristics of mind and body not her own", "all nervous impressions which have produced an alteration of either a temporary or permanent character in the circulating fluid of the mother are communicated to the child."

If he will limit this to nutritive alterations, well and good, but otherwise it is pure bunk, with not a single leg of fact to stand on.

Fourth: The development of the form of the child is definitely determined during the first six weeks of pregnancy and cannot be subsequently altered. by the end of the sixth week the foetus is a practically complete human being. Most instances of "marking occur after this time, when it is no longer possible to convert the arms and hands into the paddles of a mole, for instance, or to produce twin toes. Errors and defects in development take place during the first six weeks and usually during the first two or three weeks following conception.

How, then, account for these "marks" which are seen in rare instances. We may as well admit that we cannot account for all of them. Some of them are results of heredity, others of "accident." Whatever "mark" may appear, there can always be found something to refer it to--a mere coincidence, however. These prenatal accidents are comparatively very rare--most babies are born normal.

A child may become entangled in the cord and the circulation of some part of the body be interfered with. From this cause the development of an arm or leg may be hindered. A lack of sufficient amniotic fluid may cause pressure on the child and handicap the development of some part. A fold in the uterus which prevents the blood from circulating is the usual cause of the absence of hands or feet. Such a child never had a hand or foot. A twisted hand or foot may be due to a wrinkle in the uterus or to injury at birth. A child born at nine months without hands is not due to the fact that the mother saw a horse get its fore legs cut off a month previously. Poisons
may cause faulty development.

Faulty food, ill health in the mother, etc., simply tend to produce in the child a condition of lowered vitality and lessened resistance. The nature of the child will depend on its germ-cell heritage. A defect in the germ cell at the beginning will show up as a defect in the child.

A baby was born with one "calmish blue-grey eye" and the other "marked by the color and fire of the dashing young Spaniard's eye," who the mother had seen and been annoyed by almost daily during her pregnancy. "Always his appearance was most unexpected, and always accompanied by the rapt, passionate dark gaze." This seemed like a remarkable case of maternal impression since neither of the child's parents had such eyes. Investigation, however, revealed that the grandparents of the baby's mother had just such eyes as the baby. It was just another case of heredity.

Mr. Wiggam tells us that he has investigated many thousands of cases of alleged birthmarks and has not found a single case yet. Dr. Erassmus Darwin, father of Chas. Darwin, asked 11,000 women in a maternity hospital, what birth marks they thought would appear on their babies and where they would be located. He recorded their answers. When the babies were born, they either had no mark at all, or in the few instances where there was a mark, it was located somewhere else on the body and was not what the mother expected.

Finally, "marks" resemble the things they are said to in much the same way that a white cow becomes a great ghost in the dark. There is a large element of imagination in the matter. A common mark is a red spot or blood-vessel tumour caused by an enlargement of the capillaries in some particular spot. Imagination can easily make this resemble a strawberry or other red object.

Expectant mothers should remember that prenatal accidents are very rare, that natural law and the mechanism God has prepared for the protection of the child, so that it may have the very best that nature has to offer in the beginning of its life, may be trusted to safeguard the best interests of the child. No matter how well authenticated a reported case of birth marks may appear, do not listen to it and do not be disturbed by it. Your mental states can injure your child only in so far as they derange your
nutrition and thus cause a supply of faulty nutriment to reach the child. They can help the child only in so far as they promote health and thus assure good nourishment for the child.
CHAPTER IV.
BABIES SHOULD BE BORN IN THE SPRING

Professor Westermark, in his *History of Human Marriage*, lays down the following broad generalisation regarding the mating season mammals:

"But notwithstanding this apparent irregularity, the pairing time of every species is bounded by an unfailing law. It sets in earlier or later according as the period of gestation lasts longer or shorter, so that the young may be born at a time when they are most likely to survive. Thus most mammals bring forth their young early in spring, or, in tropical countries, at the beginning of the rainy season. . . . In the highlands, animals pair later than those living in lower regions, whilst those of the polar and temperate zones generally pair later than those of the tropics."

Nature seems ever to be trying to safeguard the interests and welfare of the young. Modern theorists think only of the pleasures of the adult.

Mr. Westermark next marshals an imposing array of facts and statistics from all parts of the earth to show that man originally mated during the mating season, and that in spite of the many perversions of sex that now exist, he still follows this primitive instinct mote than he realises. Thus:

"The number of births in Sardinia, Belgium and Sweden is subject to a regular increase twice a year, the maximum of the first increase occurring in February or March, that of the second in September or October. . . In the South of Italy, there is an increase only once a year, but more to the north twice, in the spring and autumn. . . . In Germany two annual maxima-- in February or March, and in September . . . in the eight largest towns of Scotland, more children are born in legitimate wedlock in April than in any other month. the first annual augmentation of births has its maximum, in Sweden, in March; in Belgium, Spain, Austria and Italy in February, in Greece in January; so that it comes earlier in southern Europe than farther to the north.

"This unequal distribution of births over the different months of the year
is ascribed to various causes by statisticians. It is, however generally admitted that the maximum in February and March (in Chile, September) is, at least to a great extent, due to the sexual instinct being the strongest in May and June (in Chile, December). This is the most likely to be the case, as it is especially illegitimate births that are then comparatively numerous. . . . (Note that Chile is in the southern hemisphere and has its spring in September.)

"Thus, comparing the facts stated, we find, among various races of men, the sexual instinct increasing at the end of spring, or, rather, at the beginning of summer."

He then reasons:-- "It seems, therefore, a reasonable presumption that the increase of the sexual instinct at the end of spring or in the beginning of summer, is a survival of the ancient pairing season, depending upon the same law that rules the rest of the animal kingdom."

This awakening of the normally, dormant sexual instinct at this period assures the birth of children in the spring--or rather in February, March and April. And this is just the best time of the year to have your children born. This is the beginning of the season when fresh vegetables and fruits are abundant, thus assuring the child, through the mother, of ample food of the best nature affords. It insures ample bone-forming material in the mother's milk. The weather is warm and houses are thrown open. People get out of doors. This means the baby will get plenty of fresh air.

But an even more important consideration, under modern conditions, is sunshine. Babies born in the late fall or early winter, and who live through the winter, nearly all develop rickets to a greater or less degree. Fewer cases of rickets are seen in children who have the advantage of sunshine and sun kissed food during their first months of life. That sunshine is absolutely essential to the normal assimilation and utilisation of calcium (lime) and perhaps also of iron and other elements, is certain. This is true of plants, animals and man. If your child is born in the early spring or in the closing days of winter it need never have rickets and will also have reasonable assurance against scrofula, tuberculosis, anaemia, and other diseases.

Several investigators, including Hess of Columbia, and Steenbock, of Wisconsin, have pointed out the variations in the vitamin content of milk
in the various seasons. The content is highest from May to July and lowest in the winter months. This is referred to the varying amounts of C in the fodder in the different seasons. "In the spring and summer," to quote Berg, "when plants are in the most vigorous phase of their development, they contain comparatively large quantities of C; on the other hand, the ripening of hay is attended by a gradual decline in the amount of C it contains, which may be reduced to an inadequate proportions. It does not matter whether or not "vitamins" is the true explanation of the varying adequacy of milk through the seasons, the important fact is that spring and summer produce the best milk and early spring is, therefore, the best time for babies to be born.

To have your baby born in the spring is very essential in the North. This will be a far more dependable method of assuring them against rickets, scrofula, scurvy, etc., than the nauseous, cod-liver oil they are now dosed with. Have them born early enough that the first part of their lives is not spent in the cold winter months of coal smoke and lack of sunshine. From the middle of April to the end of June would perhaps be the best time to have your children born if you live in the North. In the South the middle of February to the end of April is a splendid time.

You can arrange it thus if you desire. It calls for birth control and you are not to listen to the old ladies in the black gowns, who tell you that birth control is a sin. Sin, like hell, is a creation of theologians and is employed a club with which to keep you in submission and subjection.

If you have to go to hell in order to give your children the very best possible conditions under which to live; then, defy the priests, preachers, gods and devils and practice birth control and go to hell. Better to go to hell yourself than to build a hell on early for your children. These priests and preachers are largely responsible for the present social hell that fills the world with want and poverty, with ignorance and depravity. Throw them off your backs and don't allow them to jump upon the backs of your children.

Arrange to have your children born in the spring. Observe the primitive and, therefore, correct mating instinct and season. Mating in season and out of season may be all right for perverts, but not for normal beings.
CHAPTER V
BABY'S GROWTH AND DEVELOPMENT

The average full-term baby weighs between seven and seven and a half pounds when born. A few babies weigh as much as fifteen pounds and in very rare instances even as much as twenty pounds. Twins, triplets, etc., and premature births may weigh as little as two and three pounds.

A seven pound baby is too large and is due to wrong eating and over eating. The large size and weight of infants, at birth, is one of the most prominent causes of difficulty and pain in delivery. But with our mania for fat babies, we find that the fatter the new-born child is the happier and prouder the parents and physician are. At birth the offspring of the lower animals are little more than skin and bones, but if our babies are not abnormally large, from fat-bloat, we are not satisfied.

The weight of the full term child, at birth, should not exceed six pounds, while five pounds would be better. This can be secured by regulating the mother's diet before and during pregnancy and keeping her weight down.

Medical works say that a child should double its weight in the first five months after birth and treble its weight in from one year to fifteen months. A baby that weighs seven pounds at birth should weigh fourteen pounds at the age of five months and twenty-one pounds at one year. Such a baby will measure approximately twenty-nine inches. With an increase of less than fifty pet cent in length, if a child's weight is increased two hundred per cent, it means a fat baby. But a fat baby is our present ideal. If you can picture to yourself a baby weighing fifteen pounds at birth, weighing thirty pounds at five months and forty-five pounds at a year, or a twenty pound baby weighing forty pounds at five months and sixty pounds at one year, you can quickly see the absurdity of this scheme.

Just as there are tall and slender adults and short and thick ones, so, there are babies that are naturally long and slender and others that are short and thick. No baby should be fat and no baby should be skinny, however. We might compare infants, as well as adults, to grey hounds and bull dogs, or to race horses and draught horses. There are all types of babies as of
It is undoubtedly true that, irrespective of their ages, the best index to the nutrition of a child is the relation of weight to height. Yet not even this is wholly reliable, for a baby may be normal in weight and not be normally nourished. There are other and more important signs of malnutrition than that of being underweight.

Fat babies, as pointed out elsewhere, are not healthy babies, and while the scales may indicate that the baby is thriving, this may be deceptive. Many infants whose weight would be considered normal have soft, flabby flesh and are often anaemic and in very poor condition. This is very frequently the case in babies fed on condensed milk. The parent should know that a firm, solid and elastic condition of the flesh, noticeable particularly in the legs and buttocks, is a more important evidence of satisfactory nutrition than that of weight. Gains in weight should represent healthy growth of the bones, muscles and other organs of the body and not merely the rolling on of fat.

The growth of the child should also be considered of great importance. Too often an increase in weight means little more shall the rolling on of fat. The fat baby, as a general rule, to which there are a few exceptions, does not grow in length or in frame as rapidly and satisfactorily as the lean one. It is nothing unusual to see a fat baby with a serious condition of rickets.

Many mothers worry unduly about the weight of their babies. Theoretically, a normal baby should gain weight every day, but actually babies almost never do this. The weekly gains are almost never uniform, Weekly gains in bottle-fed babies are hardly ever he same.

There are a number of things that may interfere with the gains of the child, aside from inadequate or insufficient food. Impaired digestion, from over eating, over excitement, too much handling, over heating, chilling, etc., will check the growth of the child. A cold or slight indisposition prevents the child from gaining, not alone because the child eats less under such conditions, but because the derangement interfere with growth and development.

A failure to gain for one or two weeks does not always mean that there
is anything wrong with the baby. It may only mean that the mother's milk supply has been temporarily reduced. It may mean that the heat of summer has reduced the baby's appetite.

The normal breast-fed baby is said to gain from six to eight ounces a week for the first five months of its life. It loses weight for the first two weeks after which it begins to gain. During the last seven months of its first year the baby is supposed to gain an average of from four to six ounces a week. These are the average gains made by over-fed babies and represent considerable fat. Let me emphasise again, that a normal gain in weight should represent growth of bone, muscle and organs and not merely the rolling on of excess fat. Smaller gains than those above, if steady and the child is otherwise healthy, are not to be considered abnormal.

Mothers are often very much disturbed because their babies do not weigh as much as some other baby of the same age. They cannot disabuse their minds of the injurious notion that babies must be fat. When a group of mothers get together they compare the weights of their babies. The mother whose baby is the fattest is apt to feel proud of her "superior" child, while the mother of the baby that weighs the least is quite apt to worry considerably. In most cases the mother of the light-weight should rejoice, while, the mother of the baby suffering from the fat-bloat should do the worrying.

There is, of course, considerable differences in the weight and height of perfectly normal babies. Heredity is involved in this matter. Children of short parents are not likely to be as tall as children of tall parents. There is no good reason why the two babies should be any more alike than their parents are. Two babies in the same family may also, as a matter of heredity, be of different sizes, not merely in infancy, but throughout life.

We are often reminded that a baby that weighed five pounds at birth should not weigh as much as a baby that weighed nine pounds at birth. Usually, however, the five pound baby will be as large, except for fat, as the nine pound baby and, unless the nine pounder continues to fatten, the five pounds child will catch him in weight and may even outweigh him.

Dr. Page reasoned thus: "During the nine months of foetal growth the increase, except in the case of monstrosities, is about one-third of an ounce per day, or two and one-half ounces per week. Why it should be deemed
rational for this ratio to be increased six or seven hundred per cent., directly after birth, is beyond my comprehension. In spite, or because, of this hot-house forcing during the first few months, the usual weight at, say, five years, is much less than if the rate of pre-natal growth had been continued throughout these years."

It was his thought that the pre-natal rate of growth should continue for some time after birth and that the normal infant should double its weight in about nine months. If such babies are not fattened, this is just about what takes place.

The following figures giving the average heights and weights of males and females at various ages are taken from "The Infant and Young Child," by Morse-Wyman-Hill. I have not given the weights by months as these authors do. These weights up to the age of four years are without clothes. From four years onward the clothes are included. They allow about three pounds for the weight of the clothes.

<table>
<thead>
<tr>
<th>Age</th>
<th>BOYS Height inches</th>
<th>BOYS Weight pounds</th>
<th>GIRLS Height inches</th>
<th>GIRLS Weight pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>20.6</td>
<td>7.6</td>
<td>20.5</td>
<td>7.2</td>
</tr>
<tr>
<td>1 year</td>
<td>29.4</td>
<td>21.4</td>
<td>28.9</td>
<td>20.8</td>
</tr>
<tr>
<td>1-1/2 year</td>
<td>31.8</td>
<td>24.6</td>
<td>31.1</td>
<td>23.4</td>
</tr>
<tr>
<td>2 years</td>
<td>33.8</td>
<td>21.1</td>
<td>33.4</td>
<td>26.4</td>
</tr>
<tr>
<td>2-1/2 years</td>
<td>35.4</td>
<td>28.5</td>
<td>34.9</td>
<td>28.3</td>
</tr>
<tr>
<td>3 years</td>
<td>37.1</td>
<td>32.8</td>
<td>36.8</td>
<td>30.5</td>
</tr>
<tr>
<td>3-1/2 years</td>
<td>38.6</td>
<td>33.8</td>
<td>30.8</td>
<td>32.5</td>
</tr>
<tr>
<td>4 years</td>
<td>39.5</td>
<td>35.9</td>
<td>39</td>
<td>33.8</td>
</tr>
<tr>
<td>4-1/2 years</td>
<td>40.6</td>
<td>39.2</td>
<td>40.4</td>
<td>38</td>
</tr>
<tr>
<td>5 years</td>
<td>41.7</td>
<td>41.2</td>
<td>41.3</td>
<td>39.8</td>
</tr>
<tr>
<td>5-1/2 years</td>
<td>42.8</td>
<td>43.1</td>
<td>42.3</td>
<td>41.6</td>
</tr>
<tr>
<td>6 years</td>
<td>43.9</td>
<td>45.2</td>
<td>43.3</td>
<td>43.4</td>
</tr>
</tbody>
</table>

I append the following tables showing the development of my own children down to date. Comparisons of the weight and height are possible in the cases of the two boys, and it will be noticed that both of these outstripped the average in height, although both of their parents and all four of their grandparents are short of stature, the tallest of these being
only five feet and nine inches. Although Bernarr took on fat easily, we have always had greater trouble to keep Walden from getting fat than we have had with Bernarr. It will be noticed that, although Walden was the largest at birth and weighed the most at one year, yet he did not grow in height as rapidly as Bernarr. All three of these children were too heavy at birth and this I was forced to overcome after birth.

<table>
<thead>
<tr>
<th></th>
<th>LENGTH</th>
<th>WEIGHT</th>
<th>CHEST</th>
<th>HEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERNAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Birth</td>
<td>20 inches</td>
<td>8-3/4 lbs.</td>
<td>13-1/2 inches</td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>8-3/4 lbs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>9 lbs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>24-1/2 inches</td>
<td>11 lbs.</td>
<td>15-5/8 inches</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>28 inches</td>
<td>15 lbs.</td>
<td>16-1/2 inches</td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>30 inches</td>
<td>19-1/2 lbs.</td>
<td>18-1/4 inches</td>
<td>18-1/2 inches</td>
</tr>
<tr>
<td>2 years</td>
<td>35-1/2 inches</td>
<td>35 lbs.</td>
<td>22 inches</td>
<td>20-1/4 inches</td>
</tr>
<tr>
<td>3 years</td>
<td>39-1/4 inches</td>
<td>41 lbs.</td>
<td>22-1/2 inches</td>
<td>20-1/2 inches</td>
</tr>
<tr>
<td>4 years</td>
<td>42 inches</td>
<td>45 lbs.</td>
<td>23-1/4 inches</td>
<td>20-3/4 inches</td>
</tr>
<tr>
<td>5 years</td>
<td>45-1/2 inches</td>
<td>49-1/2 lbs.</td>
<td>24-1/2 inches</td>
<td>21 inches</td>
</tr>
<tr>
<td>6 years</td>
<td>47 inches</td>
<td>50 lbs.</td>
<td>25 inches</td>
<td>21 inches</td>
</tr>
<tr>
<td>WALDEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Birth</td>
<td>21-1/2 inches</td>
<td>9-1/2 lbs.</td>
<td>14 inches</td>
<td>14-1/2 inches</td>
</tr>
<tr>
<td>1 month</td>
<td>9-1/4 lbs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>11 lbs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td>24 inches</td>
<td>14 lbs.</td>
<td>16 inches</td>
<td>16 inches</td>
</tr>
<tr>
<td>6 months</td>
<td>26-3/4 inches</td>
<td>18 lbs.</td>
<td>17-7/8 inches</td>
<td>16-3/4 inches</td>
</tr>
<tr>
<td>1 year</td>
<td>29-3/4 inches</td>
<td>20 lbs, 6-3/8 oz.</td>
<td>19-1/4 inches</td>
<td>18-1/2 inches</td>
</tr>
<tr>
<td>2 years</td>
<td>35-1/2 inches</td>
<td>33 lbs.</td>
<td>21 inches</td>
<td>19-3/8 inches</td>
</tr>
<tr>
<td>3 years</td>
<td>38-5/8 inches</td>
<td>41 lbs.</td>
<td>22-1/2 inches</td>
<td>20 inches</td>
</tr>
<tr>
<td>WILLOW DEEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Birth</td>
<td>19 inches</td>
<td>7 lbs.</td>
<td>12-1/2 inches</td>
<td>13-1/4 inches</td>
</tr>
<tr>
<td>1 week</td>
<td>7 lbs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Relative to the rest of the body, the head is quite large at birth, being greater in circumference than the chest. This ratio changes as the child grows and develops. If he develops as he should, the chest will be a little larger at one year than the head. Fat babies, if the fat is not discounted, may not do this.

The lack of symmetry of the head, due to its compression in labor, soon disappears. The soft spot at the back of the head closes at about six weeks. The fontanel, or soft place on the top of the head, closes at from sixteen to eighteen months. It may even close earlier in children of superior nourishment who get an abundance of sunshine.

The relative sizes of the various organs of the body of an infant are very different from those of an adult. If the relative sizes of the child's body were retained throughout life his head would be as wide as his shoulders and his legs those of a dwarf, while all parts of the body would be out of proportion. Such an adults would be a monstrosity.

Each organ of the body has its own ratio of growth and its own period of development. There is not alone a definite period, of the child's life for the cutting of its teeth, but there is also a definite period for the development of certain of its brain cells; and a definite period for sexual development.

The process of growing is never haphazard although the child grows in one direction this year and in another direction the next. The child's heart increases in size twelve times before adulthood is reached, while the aorta, the body's largest blood vessel, increases only three times. The liver of the child is equivalent of 1/18 of its size; the liver of the adult, 1/36 of the size of the body. In early childhood the stomach is vertical and tubular; in the

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Head circumference (inches)</th>
<th>Weight (lbs.)</th>
<th>Height (inches)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>20</td>
<td>7-1/2</td>
<td>57</td>
</tr>
<tr>
<td>3 weeks</td>
<td>21-1/4</td>
<td>8</td>
<td>8-1/4</td>
</tr>
<tr>
<td>1 month</td>
<td>22-1/2</td>
<td>10</td>
<td>13-1/8</td>
</tr>
<tr>
<td>2 months</td>
<td>22-3/4</td>
<td>11-1/4</td>
<td>14-1/2</td>
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<tr>
<td>3 months</td>
<td>23-5/8</td>
<td>12-3/4</td>
<td>15-3/4</td>
</tr>
<tr>
<td>4 months</td>
<td>24-1/2</td>
<td>13-3/4</td>
<td>15-5/8</td>
</tr>
<tr>
<td>5 months</td>
<td>24-5/8</td>
<td>14</td>
<td>16-1/8</td>
</tr>
<tr>
<td>6 months</td>
<td>25</td>
<td>14-3/4</td>
<td>16-1/2</td>
</tr>
</tbody>
</table>
adult "bean-shaped" and more or less horizontal. The six year old child has sixty per cent more body surface in proportion to weight, than has the adult.

In babyhood the bones are largely soft cartilage. As age advances and ossification advances the bones become harder and stronger. The child must gradually learn the use of its various muscles, even those of the eyes. It is unable to execute complex movements, but must gradually acquire this ability.

The infant and child possess less red corpuscles and more white ones than the adult. There is greater activity of the lymphadenoid glands of the infant and child than of the adult. Its reactions to infections is much more prompt and vigorous.

Medical authorities tell us that a baby can usually hold its head up unsupported at about three months. If a child can't hold its head up unsupported at three weeks, at the latest, that child is not developing well.

The amount of hair with which children are born varies. Some children are born with a luxuriant growth, others are almost bald. This hair is usually, though not always, lost during the first months of life, and is followed by a new growth. The hair may change in colour three or four times during the first three or four years of life.

Almost all children of the blond races and of some of the darker races, like certain of the hindi, are born with blue eyes. They usually begin to assume their permanent colour during their first few weeks. There is no foundation for the theory, preached by some, that brown eyes are the results of physical deterioration. It is asserted by one of these "iridologists" that, "The eyes of people living in the south become brown because the actinic rays of the sun, as well as the heat, break down the protoplasm of the cells, which are albuminous and all proteins and albumens give off hydrogen-sulphids which is a poison, and which is not eliminated as quickly as it is produced by the broken down tissue." This hydrogen-sulphid resulting from the cooking of the flesh of Southern people is supposed to stain their eyes brown and we are told to "change the diet of brown eyed people, stop giving them heavy actinic ray and heat treatments; give them the proper adjustments and within 3 to 6 months their eyes tell the story of elimination, for they become lighter in colour."
This is rank nonsense without a single demonstrable fact to support it.

The brown of brown eyes is a pigment deposit (like the "tan" in the skin), in the stroma of the iris. Where the stroma is devoid of pigment, the purple pigment layer, resting on the basement membrane of the iris, shimmers through the stroma as a uniform. clear sky blue.

A baby can see at birth--far sightedness being normal sight. They are thought to begin to recognise objects at about 6 to 8 weeks and to focus their eyes on objects at about 3 months. Up to this age the average child has some difficulty in fixing its eyes and may appear slightly cross-eyed, or present some other evidence of muscular incoordination of the eyes. Babies seldom shed tears in crying before they are three months old.

Strong light is supposed to cause the eyes of babies discomfort. However, the closing of the eyes, when a strong light is thrown on them, is a reflex act produced by the light striking the eye-lids. The eyes are not sensitive to the light.

Babies can hear at birth but they hear little during the first few days and learn to recognise where a sound comes from at about two months.

They are supposed to have a very poor sense of smell, while their sense of taste is not very acute at birth.

Babies will smile at about six weeks and will laugh aloud at about the third to fifth month. They learn to "coo" at about three months.

Babies will notice objects at about eight weeks and recognise people at about three months. At about four months they reach out and grasp objects. They can say a few simple, single words at about one year and at two years can form short sentences.

At birth, the baby can sustain the weight of its body with one hand if allowed to grasp a pencil or other small object. From one month onward it should be able to grasp its mother's or father's fingers in its hands and swing from the bed.

The well nourished child can sit erect at four to six months, the average child sits erect at seven to eight months. The back should never be
supported by pillows at this time. The well nourished child can sustain the weight of its body on its feet from the third to fourth month; the average child does so at nine or ten months. Creeping or crawling comes in the well developed child at five to eight months.

The well developed child will walk at from eight months to a year. The average child walks at from thirteen to sixteen months. The many devices on the market called "baby tenders", "walkers," etc., are pernicious and will never be used by any well informed parent.

Most children creep before they crawl. Others "hitch" along in a sitting position. Creeping is the ideal method so far as development is concerned.

Delay in walking may be due to rickets, or other form of malnutrition; acute disease; indigestion, due to overfeeding or to enervating causes; fat-disease; leg weakness.

Most babies are not permitted to develop their muscles because we are afraid they will injure themselves. Few of them ever get sufficient sunshine for normal development. Almost all of them are wrongly fed and poorly nourished.

There is great variation in the time at which babies cut their teeth. Rare cases are born with teeth and some have two or three teeth at four months. Babies considered normal have been noted with no teeth at thirteen months. If the child is healthy and properly nourished, the teeth are better when they erupt late than when they come through early. The following table, giving the average ages at which the teeth are cut, is taken from *The Infant and Young Child*, by Morse-Wyman-Hill.

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Teeth Erupted</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-10</td>
<td>2 middle lower incisors (these are usually the first ones.)</td>
</tr>
<tr>
<td>12-15</td>
<td>4 upper incisors</td>
</tr>
<tr>
<td>18-20</td>
<td>4 lateral incisors and 4 anterior molars. 4 Canines (&quot;eye&quot; and &quot;stomach&quot; teeth).</td>
</tr>
<tr>
<td>24-30</td>
<td>4 posterior molars.</td>
</tr>
</tbody>
</table>

By the end of two and a half years the average child has cut his first or "milk" teeth. Some babies cut a bunch of teeth all at once.

In the sixth year, the first permanent molars erupt, back of the temporary teeth. Shortly after this the child begins to lose his temporary teeth and the
permanent teeth replace them.

Parents are usually much concerned about the weight of their children at various heights. The symmetrical and proportionate development of the child's body and its general health is of far more importance, but parents have been taught to measure the health of the child with a pair of scales and nothing will shake them loose from this false practice. The following table giving the average weight of boys and girls at various heights is taken from Morse-Wyman-Hill.

<table>
<thead>
<tr>
<th>Height Inches</th>
<th>Boys Weight</th>
<th>Girls Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>25.9*</td>
<td>26.0*</td>
</tr>
<tr>
<td>34</td>
<td>27.3*</td>
<td>27.3*</td>
</tr>
<tr>
<td>35</td>
<td>28.7*</td>
<td>28.6*</td>
</tr>
<tr>
<td>36</td>
<td>30.1*</td>
<td>30.0*</td>
</tr>
<tr>
<td>37</td>
<td>31.6*</td>
<td>31.5*</td>
</tr>
<tr>
<td>38</td>
<td>33.2*</td>
<td>32.7*</td>
</tr>
<tr>
<td>39</td>
<td>36.3</td>
<td>35.7</td>
</tr>
<tr>
<td>40</td>
<td>38.1</td>
<td>37.4</td>
</tr>
<tr>
<td>41</td>
<td>39.8</td>
<td>39.2</td>
</tr>
<tr>
<td>42</td>
<td>41.7</td>
<td>41.2</td>
</tr>
<tr>
<td>43</td>
<td>43.5</td>
<td>43.1</td>
</tr>
<tr>
<td>44</td>
<td>45.4</td>
<td>44.8</td>
</tr>
<tr>
<td>45</td>
<td>47.1</td>
<td>46.3</td>
</tr>
</tbody>
</table>

*Without Clothes

It should be understood that these weights are mere averages and do not represent the ideal. Some day somebody is going to take the trouble to prepare such a table from the weights, not of average children, but of well nourished and splendidly developed, but not fat, children. Tables that approach the ideal will then be produced.

Tables now in use merely represent the average of all types and no one can reasonably be asked to conform to them. Don't worry if your child does not fit these weights. See that your child is healthy and properly cared for and forget the rest.

We must learn to look upon each child as a small human organism that the inherent developmental forces are trying to evolve into a fine, robust
man or woman. We must realise that each new stage or step in the
development of the infant into a child, the child into the adolescent, and
the adolescent into an adult, is spontaneous and natural, and that where
development is retarded or distorted there are hindrances in the way. The
forces of the body are striving for perfection and doing the best they can
with the material at hand and under the circumstances as these exist. The
upward, or orthopathic tendency of the body in the lowest stages of
disease, as in the most vigorous states of health cannot be doubted or
denied.

If these things are true with regard to the physical growth and
development of the evolving being, they are no less so with relation to the
unfolding of the intellectual, emotional and moral natures. Of the
individual. The physical changes which occur at puberty, for instance, are
no more profound and marked and no more spontaneous, than are the
changes in the mental, moral, emotional and social elements of the
evolving individuality. And it is just as natural for these elements to take a
normal course, an upward course, as for the physical part of the individual
to tend towards the ideal. Nature strives for intellectual, emotional, moral
and social perfection as certainly and as unrelentingly as she does for
physical perfection. If she does not attain these, it is because of hindrances
in the way. These hindrances may be found in many sources, but are found
as often as anywhere in a retarded or distorted physical development.
CHAPTER VI

THE CHILD'S TEETH

"Pink pills and patchwork"—are you satisfied with these? Or, do you desire a saving knowledge which will enable you to prevent the troubles that heretofore, in our ignorance, made the pills and patchwork popular? Are you going to sacrifice your children and their teeth to the popular dental slogans; "a clean tooth never decays," and "see your dentist twice a year?"

Mothers, I am addressing these questions to you more than to fathers, for the reason that if the teeth of your children are to be sound and durable you must make them so. The assertion that "there must be the closest possible harmony between the physician and dentist in the care of the prospective mother, if we are to conserve the teeth of the coming generation," is the commercial interpretation placed upon the facts now in our possession, by those who want to keep their hands soft and white.

You have been taught that tooth decay is due to germs and that if your teeth are properly scrubbed and cleansed and are looked over periodically by the dentist, they will not decay. You have been told that the child's teeth must be brushed and brushed until you wear all the enamel away, if you would preserve its teeth. You have tried these methods faithfully for years now. You have bought toothbrushes of all kinds and worn them out on the teeth of your children. You have bought and used the toothpastes and tooth-powders. You have washed their little mouths with antiseptics. You have carried them to the dentists regularly for examinations.

So faithfully have you carried out this program, that the teeth of you and your children have polished horizontal grooves in them, these grooves often reaching down to and exposing the deeper layers of the dentin even the "secondary dentin." The gums have receded and are hypertrophied and hyperaemic; their gingival borders have been ploughed away, and the teeth are sensitive. In spite of all this abuse so lavishly heaped upon the teeth, or is it partly because of it, your children's teeth are decayed and they suffer with caries, pyorrhoea and trench mouth.

You have seen the manufacturers of tooth-pastes and tooth brushes grow rich; you have seen the dentists multiply like rabbits; you have seen the
dental profession multiply itself into a number of professions or specialties. But the teeth of your children are worse than ever and their condition grows worse year by year.

You have been building on the sand. You have been listening to the siren song of commercialism. The boys with the soft white hands have been building up their trades but you have not saved your teeth or those of your children.

There is a deeper cause for tooth decay than the few germs that get onto the surfaces of our teeth. That cause excerpt its baneful influence upon the growth and development of the teeth. That cause reaches back into the prenatal life of the child when the tissues of the teeth are being formed and developed.

If these things are not so, why then are so many teeth plainly defective when they erupt. They are small, distorted, overlapped, notched, have cavities in them and present other evidences of faulty structure and of lack of resistance to the forces of decay. It is so common to see the six-year molars, the first permanent teeth to erupt, come through with cavities in them.

Something more fundamental than a tooth brush and a biannual dental examination is required to prevent such a condition as this. Something more than these things are essential to the preservation of such teeth.

It is well to bear in mind that every tooth a man will ever have (except the false ones), is already formed or being formed in his jaws at birth. The teeth actually begin to be formed before any of their supporting structures in the bony alveolar process.

The anlage or germ appears as the dental ridge developing from the cells of the ectoderm, as early as the seventh week of foetal life. Out of this ridge the tooth-buds of the temporary teeth with the enamel organs, begin to be differentiated about the eighth week. These structures, invade the underlying mesoderm and together they form the "dental papilla" which become distinguish able during the ninth or tenth week.

The tooth-buds of all the deciduous teeth are definitely formed and the enamel organs of the permanent teeth have appeared by the fifteenth week.
At about the twentieth week calcification sets in in the tip of the incisors to be followed by calcification in the canines and premolars in the twenty-fourth week.

The first permanent molars, in their origin and development, follow very closely the development of the temporary teeth. At about the fifteenth week their enamel organs first appear and this is followed two weeks later by the formation of their dental bulbs. The dental follicles of these teeth are complete and their calcification has begun by the ninth month. All of the other permanent teeth have also been laid down by this time and are calcified during early childhood.

Let us briefly review this: At birth all of the temporary teeth are definitely formed and calcification is in process; the six year molars are formed and calcification of their crowns is under way; all of the other permanent teeth have been laid down and await calcification during early childhood.

It is before birth, when these teeth are forming, that we must begin to save the teeth of child and adult. For, not only is it here that those defects are produced which are visible in so many teeth when they erupt but here also are many of the defects initiated which are to appear later. A soft pre-tooth structure laid down in the jaws of the embryo, due to nutritional perversions of the mother, predispose the teeth to cavities and decay. Faulty calcification due to nutritional perversions and deficiencies, injures both the temporary and the permanent teeth.

A faulty diet and nutritional derangements after birth easily result in faulty tooth structure, both in the temporary and permanent teeth. The prenatal months and the pre-school years are, indeed, as they have been aptly termed, the golden age for the prevention of tooth decay. If no thought is ever given to the requirements of children's teeth until after they erupt, the chances are that, on our modern diet, the child's teeth will be defective and short lived.

These are the reasons that I address this chapter more particularly to mothers. For, upon the mother falls the duty of feeding the teeth during the prenatal months and during the nursing months after birth. The duty and the responsibility is hers.
Her duty is not merely to her child but to herself, as well. For if she does not supply the embryo and perhaps even the suckling, with the necessary elements in her food, nature will manage to take some of these out of her own tissues. Her own teeth will suffer, and perhaps, also, her blood and other tissues, due to nature's habit of safeguarding the child at the mother's expense.

Although an anaemic woman may, and often does, improve during pregnancy; if her diet is poor or lacking in certain food substances, particularly iron, she will become more anaemic. The normal woman on an inadequate diet is likely to become anaemic in the final months of pregnancy.

The supply of calcium to the foetus depends upon the character and quality of the mother's food. Feeding inorganic calcium to her has proved to be valueless. Only organic lime salts are available for use by the body. The presence of vitamins are thought to be essential to the assimilation and fixation of calcium and phosphorus.

Unless the mother eats a diet rich in lime some of the lime of her own teeth and bones is taken out and given to the foetus. Her own bone-calcium is depleted and her resistance to disease lowered.

It is an old proverb among mothers, "with every child a tooth." To this may be added, "for every child several cavities." A British investigator, Dr. Ballantyne, in the study of a hundred cases in the Edinburgh Royal Maternity Antenatal Clinic, found that ninety eight per cent. of the pregnant women suffered with "dental caries or infection." Ninety-three per cent of this number had had one or more extractions. More than half (53%) of these patients were under twenty five years of age. Almost as high percentages of carious teeth have been noted in pregnant women in some of our American clinics.

Of British man-power during the recent war, it is said:-- "Of every nine men of military age in Great Britain on the average three were perfectly fit and healthy; two were on a definitely infirm plane of health and strength) three could almost with Justice be described as physical wrecks; and the remaining man as a chronic invalid."
Our own men were little if any better. British and American women are as bad off, if not worse, physically as the men. How are such degenerate specimens to produce normal healthy children? How are they to be helped by serums and vaccines, that only add to the degeneracy, or by drugs and operations, which cripple and maim them still more? "Pink pills and patch work" can never remedy so fundamental a defect as all investigations reveal. We must go back to fundamentals or give up in despair.

Dr. Percy Howe, of the Forsyth Dental Laboratories, Harvard University, ran a series of articles in the Dental Digest, in 1927. The quotations from him, in this chapter, are taken from this series. Dr. Howe has conducted elaborate experimental studies of dental caries (ulcerous inflammation of bones and teeth), pyorrhoea and other tooth troubles, with particular reference to the dietary factor in these conditions. He found, as was previously well known, that animals fed upon their natural diet, have good teeth; but when fed upon the deficient diet of civilisation develop all the tooth troubles of civilised man. If the diet is made worse the teeth are made worse. A normal diet, (experimental) assures the development of normal teeth, dental arches, bones, etc. He has fully confirmed the Hygienists contentions in this respect.

Dr. Howe declares:-- "The deficiencies which manifest themselves in the dental apparatus of the child are generally, in part at least, results, of deficiencies in the diet of the mother before the child is born and wrong feeding of the infant. It is more and more the duty of our profession to take care of the dental condition of the expectant mother. The diet which will protect the teeth against the heavy demands of this period is the very diet to supply materials for the bones and teeth of the foetus."

Thus, Howe agrees with the early Hygienists, except in the demand that the dentist look after the dental condition of the expectant mother. Hygienists insist that the expectant mother look after her own nutritive condition by giving due attention to diet and other factors of health. For, if she does not do this, nature will tear down her teeth and other tissues to get materials with which to build the bones of the infant.

Dr. Howe says that:-- "Under favourable conditions, the child develops proper cranial and facial proportions and a broad dental arch, and at the proper age the deciduous arch voluntarily widens to form the anterior portion of a permanent dental arch" . . . . "under unfavourable conditions,
facial development in the child may be retarded so that when it is time for the permanent teeth to erupt the arch may not be wide enough to accommodate them and they will be malposed. Such a physical deficiency may arise from any of many causes acting either singly or together, such as poor heredity, lack of sunlight, illness, a deficient diet, and perhaps others.

On a deficient diet (experimental), growing animals show such effects as the following—dental caries, cranial caries, mandible caries, caries of other bones, distortion and malformation of bones—such as shortened and small ribs, smallness and deformity of the cranium, chest, pelvis, etc.—rickets, distorted and malposed teeth, crooked nose, etc. Caries is the term for decay or ulcerous inflammation of bone.

Dr. Howe again says: "Any animal which is deprived of a sufficient quantity of vitamin C for a sufficient time will develop scurvy. You probably remember hearing about scurvy as something that afflicted sailors who were a long time at sea without fresh food. And you probably imagine that the disease has disappeared. It may astonish you to know that in the opinion of some very careful students a mild form of scurvy is common among people today, especially the rich and well-to-do. The symptoms are not sufficiently well marked to be recognised as scurvy, but they are of tremendous importance, because they may comprise retarded growth, warping of the body structure, lowered vitality and ready susceptibility to colds and more serious forms of illness. These students base their belief upon the symptoms which are produced in animals by a slight known deficiency of this anti-scurvy vitamin C, over a long period, and the astonishing similarity of the symptoms in many people. These symptoms can be produced in guinea-pigs and monkeys by continuous feeding of such a diet as is found in many well-to-do American homes.

"Many breakfasts for both adults and children consist of a cooked fruit, a refined cereal, pasteurised milk or cream, and perhaps bacon and eggs. There are many necessary food elements in such a meal, and you are not to understand that I decry them, but it lacks the foods that contain this anti-scurvy vitamin C; and if you feed that diet long enough to a healthy monkey who lives in a clean, comfortable cage, he will develop scurvy. Of course, left to himself in the open, he would never think of such a diet. This meal can be corrected by substituting a sliced orange for the cooked fruit, especially if it is eaten half an hour before the rest of the breakfast."
"We have devised for our animals what we call a normal diet or balanced ration, and on this they grow, remain in health for long periods and reproduce normally. Then we change the diet of a group of animals and compare their condition with that of the animals on a normal diet. If we are to entirely remove this anti-scurvy vitamin C from the food, we can keep them alive no longer than four weeks, even if the diet is perfect in every other respect. If to the otherwise perfect diet we add just enough of the Vitamin C to keep them alive, the most astonishing changes take place. Death does not come immediately or completely, as with entire deprivation, but it comes creeping on slowly, insidiously and progressively, until it involves all the bony tissues, including the teeth. Even the enamel, which is the hardest and perhaps the most resistant tissue in the body, is affected.

"The particular form of starvation which is scurvy dissolves the soft or organic parts of the bones and teeth. In bones and teeth there is an organic matrix or framework, and the mineral salts, which give stiffness and hardness, are held in this organic material. Even the enamel has such a framework, and evidence which lies before me as I write indicates that there is more circulation in the enamel than we have supposed. When the body is deprived of enough Vitamin C for a long time something happens to this matrix, perhaps in tiny spots here and there through the body, and if the deprivation is sufficient, the matrix will break down."

If for the term vitamin C, we substitute the words fresh fruits and green raw vegetables, we have a practical working basis for the mother to feed herself and her child by. You can't feed "vitamins," but you can feed natural foods.

Howe further says: "We have seen that, under the influence of a Vitamin C deficiency which has not been sufficiently prolonged to cause recognisable signs of scurvy, the pulp of the tooth in a guinea-pig will undergo changes that are destructive for it and for the dentin. It will shrink forcibly enough to tear the odontoblastic processes out of the dental tubuli and, in the section, (a picture of a set of teeth is here shown) something appearing like broken processes may be seen on the outer margin of the pulp. This tearing out of the processes probably renders it impossible for the odontoblasts to continue the functions which may be essential to the metabolism of the dentin, and soon thereafter the dentin begins to liquify and may be extensively or completely destroyed. If similar changes occur
in human teeth, is it not probable that dentin in which the functions of the odontoblasts have not been torn away, would offer less resistance to the agents of decay than the same dentin would when in good health? Our experiments show that a complete vitamin C deficiency will visibly affect the odontoblasts in about five to seven days.

"We have seen that very soon after the feeding of orange juice is begun, the pulp, though incapable of returning to its former size or form, resumes some of its functions and initiates the development of secondary dentin, which might be called dental scar tissue."

Animals fed on a deficient diet until they are about ready to die, and have sustained great injury to their teeth, improve upon being given orange juice. Dr. Howe says that within twenty-four hours after the first feeding of orange juice, the pulp of the teeth begins to resume its dentin-building function. I have seen great improvement in the condition of the teeth of adults follow improved diet. Howe tells us that "when the nutritional balance is restored, the destructive process from within can be stopped and, if it has not gone too far, may be repaired. It is quite possible that you may do that with these other teeth if you will prescribe liberal quantities of fresh whole milk, unpasteurised, orange juice and green vegetables. Keep the protein in the diet low. Excess protein in the diet of experimental animals is always a disturbing factor." The great stress he lays upon milk is the natural outcome of his experiments upon animals.

By the time a child is five or five and a half years old its baby teeth should be well spread apart in front to make room for the permanent teeth, which will soon begin to erupt. If the child's diet and care has been proper, so that his or her development has been normal, this will be so. But how often do we see it otherwise? The vault of the mouth is so often high rather than broad and flat, as it should be. There is not room in the jaws for the permanent teeth. As a result these are crowded or overlapped, malposed and irregular. They must also be defective for the same developmental failure which resulted in a faulty dental arch, also produces defective teeth.

Children in England and Scotland show about 85% decayed teeth. In America children who are breast-fed for six months or more show 42.6% decayed teeth; if they are nursed under six months they show 42.9% decayed teeth. Children fed on sweetened condensed milk show nearly
73% decayed teeth. The vital necessity of nursing your child is thus made manifest. But, it is also necessary that you feed yourself properly.

Older children must have foods that require chewing, for, if the teeth are not used they decay.

Sunshine and other elements of hygiene, as well as the absence of drugs are also essential to good teeth.

The teeth are integral parts of the body and do not stand apart from it as separate entities. They are parts of the body's bony system, are merely pieces of highly specialised bone, and partake of the infirmities of the body as a whole. A carious tooth is not to be regarded as a local disease unrelated to the general condition of the body, but as a local effect of far-reaching general or systemic causes, which causes effect the body as a whole.

Indeed, the processes which can be shown experimentally, in animals, to destroy and distort the teeth, are known to injure many other parts of the body—perhaps all parts more or less. Diet-deficiency for instance, is not confined in its effects, to the teeth. Experimenters record cases where not merely the teeth, but the jaw bone and even the skull itself are carious. In fact they tell us that while such skulls are never developed on a normal diet, which diet also preserves the teeth, carious skulls are very common on deficient diets. Decay of the teeth is but a part of the universal decay of the body, all of this decay arising out of the same causes. Not merely the bones, but the soft tissues, as well, partake in this deterioration. The absurdity of the present fad for extracting abscessed or carious teeth to cure various disease states should be apparent to all. The deterioration of the teeth is not the cause of the deterioration elsewhere, but all local evidences of decay are concomitant and successive effects of a common basic cause.

Dr. Howe says: "There can be little doubt that the pathology seen in the mouth is indicative of a pathological condition general throughout the body, but perhaps not so easily recognised elsewhere. Such conditions may cause neuritis, joint inflammations, and other symptoms from apparently obscure causes."
These things being true, and they are, in preserving the teeth of a child you are assuring it good general health; or, to put this the more correct way, in building up a positive health of the child you are also preserving its teeth. Likewise, that diet that is best for the teeth of the unborn child is best both for the mother, herself, and for the other tissues of the developing foetus. This puts the whole matter of health of mother and child and the integrity of the child's teeth on a single, workable basis--on a basis of *Natural Hygiene*.

The tooth-brushing fad was the logical outgrowth of the absurdities and vagaries of the germ theory. Tooth decay was attributed to the action of bacteria and their acid products upon the teeth. In recounting his experiments on monkeys in which dental caries were produced by a deficient diet and, incidentally, referring to the lactic acid theory of tooth decay. Dr. Howe says:

"Before we examine the effects of vitamin C deficiencies upon the teeth of monkeys, let me remind you that all of our efforts to affect these teeth by fermentation in the mouth for long periods of time by the feeding and injection of micro-organisms associated with caries have been unavailing so long as the diet was normal."

Experiments by Drs. Howe and Hatch (1917) in America and by Sir James McIntosh, Warwick James and Lazarus Barlow, working together in England, in trying to produce dental carries by using acid forming bacteria all resulted negatively. Dr. Howe says that:

"So long as the diet is normal it has been found impossible to cause dental caries or pyorrhoea by maintaining fermentation in the mouth or by feeding or injecting the bacteria believed to be most actively associated with dental caries."
CHAPTER VII
TEETHING

It was, until a few years ago, the almost universal opinion among civilised man, and it is still the prevailing opinion among most of these, that when an infant begins to teeth it is peculiarly liable to intestinal and other disorders and many deaths are attributed to this cause. Any disorder which may occur while an infant is teething is at once ascribed to the teething, and it is thought that the baby's illness is an unavoidable misfortune.

Never was there a greater mistake. The ignorance of parents, attendants and physicians is the real misfortune in these cases. For, sickness is in no sense the result of the process of teething. "Can it be supposed," asks Dr. Page, "by even the most ignorant, that the cutting of the teeth was an afterthought of the Creator, and that since the little ones generally come into the world toothless, this great mistake could be corrected only by a painful and dangerous abnormal process?"

It is absurd to even imagine that the Creator has inflicted the young with an abnormal physiological process which is dangerous to life. Cutting the teeth is a perfectly natural process and should not be anticipated with dread or anxiety nor blamed for troubles which may develop during the teething period.

Practically every child, from the age of six months to two and a half years, is cutting teeth almost continuously. It is an undeniable fact that most children cut all their teeth without any trouble whatsoever. But because the process of teething is almost continuous for a period of two years, it is practically impossible for the child to develop any trouble during this period, which is not coincident with the cutting of teeth. Multitudes of infants do become sick with stomach and bowel disorders during this time and mothers and grandmothers, and sometimes even physicians blame these troubles on the teething when the trouble and the teething are merely coincidental and are not related to each other as cause and effect.
In a few cases the child may be made temporarily irritable and fussy and may lose its appetite. This is especially likely to be so where the teeth erupt late and three to six of them come through at once. But it is due in most cases to over feeding. Teething does not produce any of the derangements it is accused of causing. These troubles are always due to other causes.

The common practice of rubbing an inflamed gum with paregoric is stupid. The drug possesses no local anaesthetic action and can relieve the pain only if the baby swallows enough of this vicious dope to stupefy it.

A nipple dipped in cold water and placed in the baby's mouth and renewed every few minutes will give temporary relief. But the most important measure is to stop all food, save, perhaps, orange juice until the feverishness and fretfulness are passed. This will lessen the pain, reduce the inflammation and prevent the digestive derangement present in such cases from developing into a more serious condition.

Many babies cut their teeth, early or late, in rapid succession with little or no disturbance to them and there is no reason why all of them should not do so providing only that they are properly cared for and are maintained in good health.

Where there is slight inflammation of the gum with restlessness and discomfort, a reduction of the child's food will soon remedy this. It is my practice to take all milk from such a child and give it only fruit juice, preferably orange juice.

Yet there is a popular superstition that baby requires more and "stronger" food at this time. Dr. Page says: "I refer the backwardness of teething, that is, the delay and difficulty and sickness so common, in many instances to fatty degeneration caused by excessive feeding; and the consequent cessation of the normal growth of the body, including, of course, the teeth."

Most animals are born with a mouth full of teeth, but they usually also cut some teeth after birth, but without difficulty or distress. Children seldom or never have difficulty with their second set of teeth, due, no doubt, to the fact that these erupt after the period of forced feeding is passed. Among savage children the teething period is not dreaded.
In his *Shut Your Mouth*, Catlin quotes the Register General of England as saying that 3660 infants died in England each year under one year of age "from the pains of teething." At the same time Catlin could not find any evidence of Indian children dying from teething. A Sioux Chieftain told him that the children 'always seemed to suffer more or less at that period, but that he did not believe that in the whole Sioux Tribe a child ever died from that cause." The Pawnee- Picts told him their "children never die in teething."

After comparing the enormous quantities of milk fed to infants with the relative amount a man would consume, if fed as the infant is fed, Dr. Page says: "Is it to be wondered at that the alimentary canal, from mouth to anus, becomes irritated, and the whole body, including the gums, becomes inflamed, in the case of our food-salivated infant, whose purging wetting, nose- running, and drooling, attest to nature's efforts to get rid of the excess? And when, in due time the teeth ought to appear, they prove to have become 'stunted,' like the bones and muscles of the ribs, legs and arms, either through fatty degeneration or for want of the nourishment of which they have been deprived by reason of the inability of the diseased organs to digest and assimilate enough food. Nature is crying out for the nourishment impossible to obtain from undigested and unassimilated food--she cries out for growth--and there must be an upheaval, a 'cure'.

"When diarrhoea or cholera infantum have purged and cleansed the body of its impurities, including more or less of the fat--when the cure is effected, or well under way, and the general growth of the body resumed, the teeth also resume their growth and begin to make their appearance. It is not, perhaps, strange, in view of the universal belief in the superstition, that under such circumstances the cause of the sickness is attributed to 'teething.'"

Dr. Tilden says: "The great sensitiveness of the gums in teething children is caused by the general systemic derangement. When these little folks are properly cared for, they will not be sick, and if they are not sick they will surprise their mothers by showing them a tooth every little while, without the slightest suspicion of any kind."
CHAPTER VIII
FAT BABIES

A farmer once remarked to Dr. Page, in discussing the tenderness of his pig-pork which he had raised himself, "why, even the bones are so tender, they are almost as soft as the flesh itself."

Fat, rachitic children present about this same condition. But mothers, nurses and doctors all, as a rule, answer well to Dr. Felix Oswald's description in the following words from his Physical Education (P. 202):

"The representative nurse believes in cramming; babies like prize-pigs, are most admired when they are ready to die with fatty degeneration. The child is coaxed to suckle almost every half-hour, day after day, till habit begets a morbid appetite, analogous to the dyspeptic's stomach distress which no food can relieve till over repletion brings on a sort of gastric lethargy."

The fat-disease is developed in infants as early as possible for everyone admires a fat baby. Such babies, however, are like fat animals; their muscles are very lean and attenuated. Mutton and beef, when excessively fat have very little muscle, and this is so "tender" that it hardly merits the name muscle. Fat hogs have very little muscle, sometimes being actually unable to stand up or to get to the trough to eat. Such hogs are well adapted to fill lard-cans but they are not the kind that supply meat eaters with ham or breakfast bacon. Such hogs are by no means healthy animals.

Of the fat babies so much admired, Dr. Page says -- "The excessive fat, so generally regarded as a sign of a healthy babe, is as truly a state of actual disease as when it occurs at adult age. Not only are the muscles enveloped with fat--they are mixed with it throughout and so are the vital organs--the kidneys, liver, heart, etc. Dissection, in these cases, often discloses the fact that these organs are enlarged and degenerated with fat; the liver, for example, is often double the normal size. The disease finally culminates in one of two things--a considerable period of non growth, or a violent sickness, which strips them of the fat, if not of life."

No farmer would think of fattening his growing animals. He knows that
this stunts their growth. The same farmer adores his baby when it is "as fat as a butter-ball." The wise farmer has learned that early fattening stunts the growth of pigs, and does not permit them to fatten after they are weaned--they very rarely posses any surplus weight when weaned. The farmer who fattens his pigs never rears the largest hogs. Growing pigs and shoats are fed just enough to keep them growing steadily. They are fattened only after a large, healthy frame is secured.

Animals are born little more than "skin and bones" and are never, with the few exceptions of hibernating animals, fattened, unless man fattens them. Calves that are intended for a useful life are never fattened by the farmer. The young colt is never fattened by nursing.

Examine a litter of kittens and you will find that, however round and plump they may appear, this is due chiefly to fur and not to fat. But you cannot question or doubt their health or the rapidity of their growth.

We may safely put it down as a general rule, that animals do not fatten early in life. On the other hand, we know from our experience with our domestic animals that when animals are fattened while very young they do not grow and develop so well.

Most of us are aware of the evils of fat in the adult animal and man. We know that the trainer of race horses carefully removes all fat from his horses before entering them in the races. The hunter knows that he cannot hunt with a fat hound. The wrestler, boxer, runner and other athletes are in the "pink of condition" and ready to do their best work when there is no fat left on their bodies.

Knowing these things, why do we point with pride to our fat offspring? Why are we so proud of a fat baby? Only a few days before I wrote the above lines there was held here in the city of San Antonio a contest in which prizes were offered for the babies and children who weighed the most at certain ages. The winners weighed from twice to three times what they should. The announcement of the winners and their weights caused my mind to run back to my boyhood days when we used to fatten hogs to kill.

Why not give prizes to the best developed children? Why not offer prizes for the healthiest children? Why offer prizes for those children who
show the greatest amount of fatty degeneration—who present the worst stages of the fat-disease? Fat babies are not healthy babies. Why encourage a people, already over-burned with ignorance, to build disease in their children?

Fat and plethoric children, with cheeks so red one can almost feel the fever in them, when he looks at them, are regarded as healthy children. In excessively fat infants says Dr. Page, there: "Follows one of three things—death; a saving sickness; or a feverish fretful state, with a gradual reduction of fat, an emaciated stage, when perhaps for a year his body and limbs resemble those of a calf, a kitten, or a young robin. Under this 'raw bone' state he grows as do the young of other species. The body and limbs stretch out and he grows tall." After a time their digestive powers recuperated, another period of fattening begins. Each year death eliminates thousands who are unable to endure the strain. "This culling process goes on, in a lessening degree, up to about the age of five, when the spindling age is fairly set with the survivors, and there is a corresponding exemption from disease, the proportion of deaths from five to twenty-five being very small."

All around us we see these fat, over-fed babies and children with running noses, difficult breathing, frequent colds, spells of feverishness, etc. If such children live, they gradually "work out of the fat stage into a correspondingly emaciated stage, seldom retaining a fair degree of roundness all the way along."

Surfeiting has gotten in its work. At the ages of ten or twelve, or even younger, we see these once fat specimens, "thin, cadaverous, with fitful appetites; eating at times like cormorants, of such things as they 'like,' at others having no appetite at all."

Fat babies are usually stupid. They usually present an appearance of dullness which is quite a contrast to the appearance and action of healthy and well-fed babies. At a later period, those who survive infancy, and learn to use their legs "run off the fat," and become not only brighter in appearance but more muscular also than during their fat stage.

The normal condition of man is not that of obesity at any age. Why, then, are parents so anxious to see their babies fatten up at the rate of a pound a week during their first few months of life? Why their anxiety to
have "the fattest baby in the neighbourhood," and "consequently the one
most likely to die before it is a year old?" Ignorance, just plain ignorance,
is the answer. They run the digestive organs of their babies at high pressure
and keep them laying on fat, their little stomachs, which, are treated like
toy balloons, vomiting. up what milk they cannot possibly retain, until
finally, these little stomachs are so overworked that they no longer possess
power to digest anything.

When this stage is reached parents and physicians begin a fruitless
search for something that will "agree with baby's stomach" The only thing
that will agree with such a stomach is rest, and if it does not receive this,
serious illness and, perhaps, death, will be sure to follow. Such a child will
waste away from want of nourishment--starve from surfeiting.

Infants are frequency saved from this fatty degeneration and its
attending evils, due to the mother's inability to supply an excess of milk.
The mother may, and usually does, lament this fact, the child does not. On
the contrary it grows at a normal rate.
CHAPTER IX
MOTHER'S MILK

Human milk is secreted for the use of the human infant and under normal conditions, in healthy mothers, will be secreted in sufficient quantity, and proper quality and over a sufficiently long period of time, to supply the entire milk-needs of the infant.

The secretion of the breasts during the first few days after birth is somewhat different to ordinary milk and is called *colostrum*. It is scanty in amount, thicker than milk and of a deep lemon-yellow color. Its chemical composition differs greatly from that of the later secretion. It is supposed to have a laxative effect upon the child.

Colostrum changes gradually into true milk which is thinner and bluer. The flow of milk is usually well established by the end of the first week while the complete change is finished by the end of the second or third week.

As the child grows the secretion of milk gradually increases in response to his demands. Much of the milk is actually formed while the baby nurses and is secreted in proportion to the vigour, strength and persistence with which he sucks.

The complete emptying of the breast each time he nurses is the most effective means of increasing the production of milk. If the breasts are not emptied each time, the secretion of milk gradually decreases. Farmers and dairymen have known this fact, with relation to cows, for ages. Some women like cows, give more milk than others, but aside from this the amount of milk secreted depends very largely upon the demands of the baby-- Increasing when more is consumed and decreasing when less is taken.

Human milk resembles cow's milk but differs from it in several important particulars. It is much sweeter than cow's milk, has no odour, and varies in colour from a bluish white to a rich, creamy yellow. However one cannot judge of the quality of milk from its appearance, for the
yellowest milks owe their colour to a substance called carotin which is found in certain vegetables used for food.

The composition of human milk is very much the same throughout the whole of the nursing period. The greatest variation is in its protein content which diminishes as time passes. However, the composition of the milk varies from day to day and even from one feeding to the next, as well as from the beginning to the end of each nursing.

Human milk, on an average, contains about 7 per cent milk sugar, 3 to 4 per cent fat, 1.50 per cent protein, and 0.20 per cent of salts. The percentage of whey or soluble proteins in human milk is much greater than in cow's milk. Its salts are in a form much more easily utilised by the baby than are those of cow's milk. There is sufficient of these salts for the baby's needs except that of iron. But since the child is born with a good supply of iron stored in the liver, it does not suffer, at least for many months, due to this deficiency. This is, indeed, a remarkable instance of the precise adaptation of the milk to the needs of the child.

Analyses of mother's milk to determine its quality are of no practical value unless the whole of several nursings are used. Samples taken in the evening are likely to be different from those taken in the morning. At the beginning of the nursing the fat in the milk varies from 2 to 3 per cent, at the end of the nursing it varies from 6 to 10 per cent.

Considerable variation in the composition of the milk of various women is found. But babies thrive well on all of these. A baby that was thriving well on its mother's milk will thrive equally as well on the milk of a wet nurse. It is also true that one baby may thrive well on milk which, for some reason, another baby failed on. A baby may even take the milk of several wet-nurses and thrive well on all of them.

There can be no absolute standard for good milk. Unless some extreme variation exists, chemical analysis of the milk cannot determine its fitness or unfitness for the baby. Most of this laboratory monkey-work is just part of commercial medicine.

There is only one test for the adequacy or inadequacy of milk and this is the feeding test. If a child is growing normally and thriving on the breast milk it is receiving, it is quite evident that the supply is adequate But if it is
not growing it is possible that the supply of milk is insufficient.

The amount of milk the baby receives may be determined by weighing it before and after nursing. Usually the baby receives one-half of its meal during the first five minutes of sucking. During the second five minutes it gets an added quarter of its meal.

There are only two ways of increasing the supply of milk--namely, an improved diet, and the complete emptying of the breasts at each nursing.

Water drinking will not help. There are no drugs to be taken internally or applied locally and no patented foods that will stimulate milk production.

Eating large quantities of rich foods is useless. These only derange digestion and destroy the mother's appetite. The one class of foods that greatly increases milk production in animals, and there are reasons for believing they will do so in woman, are green foods. An abundance of these should be eaten.

Prof. McCollum says: "There is good reason to believe that the common practice of confining the diet to too great an extent to bread, meat, sugar, potatoes, beans, peas and breakfast cereals (before birth and during the nursing period) is in no small measure responsible for the failure of many mothers to produce milk of satisfactory quantity and quality for the nutrition of their infants. There is no great hardship (but great benefit) in the restriction of the intake of meats, etc., and the increase of milk, fruits and green vegetables, and the mother who does so will greatly minimise the danger of a break in the healthy growth of her baby."

Dr. Page says:- "The woman who lacks a reliable appetite for any sort of plain wholesome food, is not a well woman; if she indulges in that which is unwholesome, she cannot maintain good health; if she is overfed, abnormally fat and plethoric, she is a sick woman; and such mothers cannot supply a perfect food for the nursing child." "Much sloppy food, hot drinks, profuse drinking between meals 'to force the milk,' are injurious to both mother and child. Much animal food is not advisable either in winter or summer, and in the latter season especially should be avoided altogether." "Nausea, lack of appetite, fitful appetite, 'gnawing' at the stomach--the latter so generally mistaken for a demand for food--all result from excess or the use of unwholesome food or condiments."
In treating of the causes of rickets, Dr. Eric Pitchard, of England, notes that the diet of the English is deficient in the alkaline minerals and contains an excess of acid radicals. Commenting on the effects of this upon nursing he says: "It is also worthy of note that, concurrent with the deterioration of teeth in this country (England) there is to be observed a decreasing ability on the part of mothers to suckle their infants. The production of milk entails an extraordinary drain on the calcium resources of the body; when these resources are depleted, the inability to produce milk is a natural sequence."

Fruits and green foods are our richest and best sources of alkaline bases and should do for the human mother, in the matter of milk production, what they do for other mothers.

Speaking of the long period (two to three full years) over which the Chinese mother nurses her child, Prof. H. C. Sherman says:

"It is not improbable that the free use of green vegetables with their high calcium and vitamin content in the food of the mother may be a factor in her ability to nurse her children through such a long period.

"This must be true because McCollum has found that the vitamins of milk are not manufactured by the cow, but are taken directly by the cow from her food."

Fruits and fresh raw green vegetables should form the bulk of the diet of the mother during both gestation and lactation.

Mothers are often advised to drink beer, wine, ale, cocoa, chocolate and malted drinks, to increase and improve their milk supply. This advice is pernicious in the extreme. "It is a question," says: Dr. Wm. J. Robinson. "if a mother partaking of considerable quantities of alcoholic beverages may not transmit the taste for alcohol to her children."

Aside from this the mother's diet should consist of the usual natural foods. Nursing is not a disease and does not require special diets. She should, however, especially avoid habits of eating which derange her digestion.
An excess of protein in her diet may result in an excess of protein in her milk and this is likely to cause trouble in the child. That this is true is well attested by observations upon human beings. In animals it has been well tested in the laboratory.

Hartwell, one scientific investigator, found that an excess of protein in the mother's diet during lactation is detrimental to the well-being of her young. L. T. Anderegg, of the Laboratory of Physiological Chemistry, Iowa State College, says:

"Evidence obtained in this laboratory shows that it is a matter of considerable importance that the ratio of fat to protein be within certain limits if optimum results are expected. If the proportion of fat to protein is too high, growth may be normal in the first generation, but the animals produce few or no young. Evans and Bishop and Mathill and Stone employed diets in which the ratio of fats to protein was too high for best results, and as a consequence few or no young were produced.

"Hartwell showed that the young were not reared when the mothers were given high protein diets at the time of lactation. The young went into spasms and examination of the alimentary tracts showed the cessation of the flow of milk. It has been observed repeatedly in this laboratory also that diets high in protein and comparatively low in fat are detrimental to the rearing of the young."

Nervousness or lack of exercise may also result in too much protein in the milk.

The percentage of sugar in milk cannot be increased or decreased by any means. The amount of fat cannot be increased except in mothers who are much underfed. It may be reduced, however, by cutting down the whole amount of the mother's food. There is probably great variation in the amount of sales in milk produced by diet, while it seems certain that its vitamin content must vary greatly.

IF THE BREASTS ARE NOT THOROUGHLY EMPTIED AT EACH NURSING, THE SUPPLY OF MILK WILL QUICKLY DIMINISH.

EMPTYING THE BREASTS AT EACH NURSING WILL INCREASE THE QUANTITY OF MILK MORE CERTAINLY THAN ANYTHING
Much inability to nurse the baby is sheer unwillingness to do so. Many mothers can find the greatest number of flimsy excuses for not nursing their children. Much inability to nurse the baby is due to carelessness, neglect or to ignorance. I have tried to emphasise the necessity for the complete emptying of the breast each time the baby nurses. Too many mothers allow their babies to nurse one breast for a few minutes and then give it the other breast. Neither breast is ever fully emptied and they both rapidly dry up. The child should be given one breast at one feeding and the other breast at the next feeding. See that it. completely empties each breast before giving it the other breasts if one breast does not supply enough milk for the feeding. It is a terrible thing for a mother to fall down on the duty of nursing her baby. Cow's milk, despite all the virtues attributed to it is a terrible food for child as well as adult.

That undernourished mothers cannot nurse their babies is proven by the results of fasting, by the experience of mothers in certain parts of war-ravished Europe, by animal experiment and by examples existing all around us. A fast quickly reduces the quantity of milk and impairs its quality. Experiments have shown that after 14 days of fasting the amount of milk secreted is only about one-seventh the normal amount. The milk becomes poorer in water, protein, sugar and mineral salts. The fat content remains practically unchanged. Lusk found that in fasting goats, the fat content increased. Others have found the fat content of milk to remain practically the same in cow's milk, although the other elements all decreased.

Kauppe, in Germany, examined the milk of a number of nursing mothers during the war, and found the fat content practically normal. He resorted to a fanciful interpretation of psychical influences as an explanation for the failure of infants to thrive on their milk. In Central Europe the half-famished mothers during the war were unable to nurse their children. How ridiculous to call in "psychic influences" to account for what was so evidently due to partial starvation.

Grief, worry, anger, fear, great excitement, rage, etc., may greatly diminish or completely suspend the secretion of milk; or, these may so alter the composition of the milk that the baby will be made ill. I often wonder if some women don't fail to nurse their children due solely to their
fear that they cannot and to their worrying that they cannot. Nervous and excitable women are liable to have too much protein in their milk, and this will derange the baby's digestion.

It is recorded that angry mothers have killed their children by nursing them. Worry and anger may so derange the milk as to cause convulsions in the baby. Any influence thee depresses, or excites, or over-stimulates the mother, will ruin her milk and make her baby sick.

Many drugs taken by the mother are excreted in the milk. Alcohol, opium, atropin, iodid of potash, salicylate of soda, the bromide, aspirin, urotripin, and antipyrin are among chose drugs which find their way into the mother's milk. Cathartics and laxatives taken by the mother are apt to produce colic and loose movements in the baby.

Mothers should be careful not to take drugs and poison their babies. We are told by medical men thee these drugs never occur in the milk in sufficient quantities to do harm to the baby, but this must be viewed as merely a defence of their drugging practice. Anyway, they never recognise the harm from a drug unless the drug nearly kills you.
Elsewhere I have pointed out the advantages of breast-feeding over unnatural feeding. That the natural food of a baby is its own mother's milk is so obvious it hardly needs emphasis. It is, then, certainly the duty of the woman who brings a baby into the world to do the best she possibly can in caring for it. Breast milk being the ideal food for the infant, it is certainly her duty to promote a sufficient supply of good milk for her child.

A woman whose maternal instincts have been lost or have failed to develop, and who has not attained a degree of moral and ethical responsibility, which compels her to protect her child, should not become a mother. If she does not feel the responsibility for giving her child the best antenatal and post-natal care she should not bear children. Men who are lacking in a sense of responsibility, in aiding their wives in the proper care of their children, should refrain from becoming fathers. They are better off single.

Mothers who turn their babies over to the tender mercies of a nurse or a day nursery while they go to business, and deny their children the benefits of their breast milk, are not deserving of children. There are cases where the mother is the support of the family and in such cases she cannot avoid this, no matter how much she desires to do so, but there are probably many more of the other kind. Mothers who deny their breast milk to their babies and who dry up their breasts so that they can shine in social functions or be forever "on the go," or because of the mistaken notion that nursing will ruin their figures (as though the figures of their children are not of more importance than their own caricatures of the human form), are fiends. If a woman is unwilling to sacrifice her parties, swimming, club work, drinking, and chocolate and indolence, for the sake of the health and normal development of her child she is morally and biologically unfit for motherhood. She should avoid it.

No woman of sound mind and normal instincts would ever think of refusing to nurse her child if she fully realised how much more likely it is to live and develop normally and how much less likely it is to be sick and
die, when it is breast fed than when it is bottle-fed.

Nursing a child benefits the mother, as well as the child. Mothers who cannot or who will not nurse their children are deprived of these benefits. There is, first, an improvement in the nutrition of her own body. Second, nursing the baby assists in *involution* of the uterus. The uterus of a nursing mother returns more quickly and more perfectly to its normal pre-pregnancy condition, than does the uterus of a woman who does not nurse her child. It is claimed that the reciprocal affection between mother and child is greater, if she nurses her child, than between babies and mothers where the mother does not nurse her child. This is not a far-fetched claim and is quite likely true. I put no credence in the claim that the nursing mother transmits, through her milk, traits to her child which the non-nursing mother does not. Not only is proof of this entirely lacking but I can find no grounds upon which to base such a belief.

Too many women are looking for an excuse to give up nursing their children and there are too many physicians who encourage them in this. They give up nursing their children on insufficient grounds, because they do not want to nurse them. They wean their babies too early because they do not want to go on nursing them to the normal limit of the nursing period. In this they are encouraged by doctors and manufacturers of patented baby foods who tell them that their milk is not good for the baby after a certain period. The manufacturers of "Dr. Moffett's Teethina" advise:

"Baby should be weaned for its own sake as well as for it's mothers sake at about ten months. By this time the child should have become accustomed to artificial feeding from the bottle, gradually introduced as the breast is gradually withheld so as to avoid a too sudden change."

This is pernicious advice and is followed by the equally pernicious advice to "try some of the prepared foods," "if the first substitute food does not agree with the child," and mostly, "where certified milk cannot be had, give the baby some one of the standard makes of condensed milk or baby foods." The advice to take an infant off the wholesome milk of its mother and put it on such stuff is criminal, and any mother who follows such advice, after learning the truth, deserves to lose her baby.

Women often give up the effort to nurse their babies because there is no
milk, when, if they will persist for a few days. the milk would be forthcoming. The supply may be small at first and will later increase in amount.

Other women are unwilling to bear the discomforts of cracked nipples for a brief spell. Doctors and others frequently tell them that it will make the child ill if, where the mother does not have enough milk for the child’s needs, she feeds it both from the breast and from the bottle. The information is both false and pernicious. The baby will fare all the better for receiving the mother's milk. Babies should have the advantage of their mother's milk in addition to the other foods used, as long as possible.

There are many women who make up their minds that they cannot nurse their baby long anyway, so they give up at once. Such a thing cannot be too strongly condemned. A mother's milk is of more importance to her child during the first few weeks of its life than subsequently.

It sometimes happens that a woman could not nurse a prior baby and she gives up the duty of nursing the present one, because she thinks she can not do it. Inability to nurse one's first baby, for instance, does not mean she cannot nurse subsequent ones.

Some women imagine themselves to be too nervous or too delicate to nurse their children. But many of these "too nervous" women have good milk while many delicate women will find their health improved while nursing. "Delicate" and "nervous" women owe it to their children to at least make an honest effort to nurse them.

Small breasts do not constitute a reason for not nursing one's child. There is no necessary relation between the size of the breast and the ability to nurse one's child. It is a fact that many women with small breasts secrete more and better milk than women with large breasts. The normal breast is not a large pendulous bag, anyway. There are of course, women who have no breasts. The glands never develop and their chests are adorned with nothing more than the nipples. Such women, if it is possible for them to become mothers, should avoid motherhood.

The resumption of menstruation is, due to the persistence of ancient superstitions about this function, often considered a cause for weaning. It is estimated that almost half of all nursing mothers begin to menstruate.
again as early as the third month after birth. Children should not be weaned because of this. They do not suffer because of the menstruation.

A slight and brief illness should not cause the mother to wean her child or to withhold her baby from the breast. Only serious illness should cause her to wean her baby.

Pregnancy need not result in the immediate weaning of the child. Although, this is usually advised, on the grounds that it is too much of a drain upon the mother to nourish two lives besides her own, and her breast milk is likely to become too poor and scanty to nourish the baby properly. I am sure this objection to nursing during pregnancy is valid only if the mother is eating the denatured slops advised by those who make the objection. Most of the drains blamed on pregnancy and lactation are due to a denatured diet and lack of hygiene.

There are a few conditions which demand the weaning of the child. Dr. Tilden says:-- "Convulsions in nursing children, not traceable to objective causes, will usually be found to come from slight septic infections of the mothers, due to injuries incident to child birth; hence it is well to carefully investigate all unaccountable sicknesses occurring in young children soon after birth, with a view of locating the trouble in a blood derangement of the mother and discovering, if possible, whether it comes from septic poisoning.

Again he says:-- "Many, if not all, children born under conventional circumstances, are more or less encumbered with flesh; instead of weighing 5 or 6 pounds, they weigh from 10 to 12 pounds and because of this overweight mothers have long, tedious, and painful labours, and too frequently are forced into instrumental deliveries. As a sequel these mothers suffer greatly from bruises, contusions and lacerations. It matters not how careful the physician who officiates at such confinements is to be scrupulously clean, these women usually have enough septic infection to cause their milk to be unwholesome, and even if they escape having a slight septic infection the severe labor breaks down so much tissue that the blood is deranged and the secretions, including the milk, are impaired to such an extent that before the doctor and the nurse are suspicious that anything is wrong the baby is very sick. This necessitates taking the child from the mother's breast, which is equivalent to weaning it, for the mothers are usually as much encumbered with flesh as the children, and because of
this encumbrance, plus the blood impairment described above, they cannot be restored to health until long after they have lost their milk."

Many women who have prolonged and painful and even instrumental deliveries are able to nurse their children well, however.

Women with tuberculosis should not even try to nurse their children. Of course, such women have no business having children, in the first place.

Any acute or chronic disease which deranges the mother's milk should cause her to wean the child. Insanity and epilepsy are usually listed as reasons for not nursing one's baby, but I think these are even better reasons for not having children. So-called syphilis is not a reason for weaning the child.

Babies with lip deformities and premature babies that are too weak to nurse are best fed their mothers milk after this has been expressed from her breasts. The milk should be forced from the breast by the use of the hands. The breasts should not be massaged in this operation.

The breast pump is not advisable. It injures the tissues and invariably causes the breasts to dry up prematurely. Dr. Tilden says of this:

"I found that when the pump was used the breasts were more or less bruised and that the bruising caused inflammation and suppuration. In time I proved to myself that there were more abscesses following the use of the pump than when it was not used."
A few years ago, upon insufficient data, I conceived the notion that every human infant should nurse from three to five full years, the time depending upon whether or not the child was born in the tropics or in the far north. My theory was simply that milk should constitute all or a large part of the child's diet until it has reached a definite stage in its physical development. I believe, also, that this period, during which the child or the animal should normally take milk, bears a definite relation to the length of time the animal requires to complete its physical development. Someday the ratio between the normal nursing period and the period of physical development will be worked out.

When this theory presented itself to my attention I began to search for evidence of it and also to find whether or not anyone else had ever presented this theory. I found Alfred McCann declaring (Physical Culture, March, 1919); "It is sufficient to declare, as a law, supported by incontrovertible evidence, that every child until its twelfth year, should receive on the average one quart of milk every day."

This, of course, I knew to be bunk. There is no such law. On the contrary, I declare it to be a law, supported by incontrovertible evidence, that every child will be weaned and its natural milk supply cut off long before its twelfth year. I have seen so many cases where children after the age of three or four years, have persistently refused all milk that I have become convinced that were the diet of the child otherwise all that it should be, every child would instinctively turn from milk at about this age. McCann, of course, is a laboratory man, pure and simple. He is a food chemist, but not a dietitian; nor is he a close student of nature.

Milo Hasting declared in an article in Physical Culture (The Extravagance of Meat), a few years before, that, "The natural period for nursing the human infant is three to four years. And as the mother rarely conceives during the nursing period she would under such circumstances only bear five or six children in her lifetime. Civilisation shortened the nursing period with the aid of the cow and has now in many instances
eliminated it altogether. Two results followed this change. First, our utter
dependence upon the cow; second, the absolute need of birth control to
prevent too frequent child bearing. Someday under a perfectly rational
civilisation the longer period of nursing the human infant may return, but
there is little chance for it in our time and hence the cow is a necessity for
the nutrition of our children."

Dr. Page said:-- "In the absence of particular circumstances compelling
premature weaning, I believe that the Mother's milk, providing the mother
be in fair health, and the babe evidently thriving on her milk, is the best
food for the infant during the first eighteen months, and even until the end
of the second year."

Thus I found that my idea was not new, but neither of these men offered
any evidence to support their views. Dr. Page offered his view as a belief,
while Mr. Hastings presented his just as though it is generally known that
the longer nursing period is the natural one. There are a few students who
know that the three to four or five year nursing period is the normal period
for the human infant, but the layman and most, if not all physicians are
ignorant of this face. Dr. Felix Oswald (Physical Education, Page 29), had
declared that "the appearance of the eye-teeth (cuspids) and lesser molars
marks the end of the second year as the period when healthy children may
be gradually accustomed to semi-fluid vegetable substance. Till then, milk
should form their only sustenance. But mothers whose employment does
not interfere with their inclination in this respect may safely nurse their
children for a much longer period."

In support of this he says:--"The wives of the sturdy Argyll peasants
rarely wean a bairn before its claim is disputed by the next youngster and
the stoutest urchin of five years I ever saw was the son of a Cervian
widow, who still took him to her breast like a baby."

So far as I can learn from my researches, the long nursing period, three
to five years, is universal among those people who have not learned to
substitute the mother with a cow or a goat. A few examples will suffice.

A patient of mine, a native of Macedonia, informs me that in his country
mothers nurse their babies two to three years and even longer. A cousin of
his was nursed for six full years. I may add that since I started my
investigations I have met three American women who nursed their
children for more than two years. A Hebrew patient, who was born and reared in Turkey, tells me that Turkish women nurse their children two years and longer.

Prof. Sherman, of Columbia University, says: "In China nursing is continued for two full years and not rarely for three full years. The child thus has ample time to become adjusted to the consumption of a variety of vegetable foods before its maternal milk supply is entirely cut off."

Westermark calls us (History of Human Marriage); "Very commonly, in a state of savage and barbarous life, the husband must not cohabit with his wife till the child is weaned. And this prohibition is all the more severe, as the suckling-time generally lasts for two, three, four years, or even more."

He mentions a number of such people and attributes the long suckling time, not to the natural needs of the child, which nature has provided for, in the same manner that she has provided for a supply of milk from the maternal breast, for as long as needed in the case of the lower animals, but "chiefly to the want of soft food and animal milk."

However, Westermark points out that this is not always the case saying: "But when the milk can be obtained, and even when the people have domesticated animals able to supply them with it, this kind of food is often avoided." He gives, as an example, "the Chinese who "entirely eschew the use of milk."

The Macedonian, previously referred to, assures me that, although his native people have and use goat's and sheep's milk, they would never think of feeding it to an infant, providing the mother could nurse it, or of voluntarily cutting short the nursing period because these milks could be substituted for the mother's milk.

Wm. J. Robinson, M. D., in Woman: Her Sex and Love Life, tells us that in Egypt and other Oriental countries "it is no rare sight to see a child three or four years old interrupting his work or his play and running up to suckle his mother's breast." I have seen two year old children suckling their mother's breasts in this country. Dr. Robinson attributes the long nursing period among Orientals to the desire to prevent conception. This assumption has no biological basis.
Catlin says:--"It is a very rare occurrence for an Indian woman to be 'blessed' with more than four or five children during her life; and, generally speaking, they seem to be contented with two or three." Westermark tells us that "this statement is confirmed by the evidence of several other authorities; and it holds good not only for the North American Indians, but, upon the whole, for a great many uncivilised peoples."

Catlin also says, in combatting the charge, made by some half-informed people, that there was an enormous infant mortality mong the Indians, "Amongst the North American Indians, at all events, where two or three children are generally the utmost results of a marriage, such a rate of mortality could not exist without soon depopulating the country."

Replying to the charge made by some that the "slight degree of prolificness" observed among the North American Indians, and some other savage tribes, was due to "hard labour, or to unfavourable conditions of life in general," Westermark says:-- "That it is partly due to the long period of suckling is highly probable, not only because a woman less easily becomes pregnant during the time of lactation, but also on account of the continence in which she often has to live during that period."

I hold, then, that the normal or natural suckling-period of the human infant is from three to five years; that the healthy, well fed woman can nurse her child for this period without harm to herself or child; and that, during this period, her own milk, if normal, is better for her child than that of any cow, gone, mare, camel, sheep, ass, or other milk animal used by man. I hold that it is the duty of every healthy mother to nurse her child during the whole of this period and that for her to lay down on the job is to rob her child of its birth right.

I do not mean that the child should exist exclusively upon milk during this whole period. It, like the sucklings of other animals, should gradually include more of other foods in its diet as the maternal supply diminishes.
CHAPTER XII
COW'S MILK

The food essential to healthy development and growth of every infant mammal, including human infants, is produced for it in its own mother's breasts. The milk of each species differs widely from that of every other, as we shall show later, and each is especially fitted to meet the needs of the young of that species. The infant continues, for some time after birth to feed upon the substance of its mother.

We are prone to take it for granted that man began to feed cow's milk or the milk of other animals to babies shortly after Adam and Eve were kicked out of the Garden of Delight and that he has continued to do so ever since. We may even imagine that the practice is universal. We could hardly make a worse mistake.

We know for instance, that few Chinese and Hindi mother's have cow's milk or the milk of other animals for their babies. We know that the North and South American Indians had no milk animals and their children received no milk after they were weaned from the mother's breasts. In many other parts of the world the same fact holds good.

So far as the record of history can show us, a man by the name of Underwood is the first to have risked the experiment of feeding cow's milk to infants. This was in the year 1793--only 137 years ago. This was before the invention of the rubber nipple and we may well imagine what a fine time he had feeding this calf-food to a human infant.

Prior to that memorable date--1793--if a mother died and left her child to be nursed, it had to be done by another woman--a wet-nurse--and not by the cow. Since then, the cow has not only become the foster mother of the American and most of the European portions of the human race, but we have developed the absurd notion that "a baby is never to be weaned." It must have milk, not merely through the period of infancy, as nature designed, but also throughout childhood, adolescence and adult life as well.
Milk is loudly proclaimed the one and only "perfect food" and from every direction we are urged to drink milk. It is the "perfect food" for the infant, the child, the athlete, the office worker, the invalid and for everyone. There is a strong commercial influence back of all this hue and cry about the magic virtues of milk, however. We need not take too seriously the mouthings of those who are actuated by the profit motive.

Milk (cow's milk) is not the perfect food for either infant or adult. But we have so endowed it with super-potentiality that we even insist on nursing mothers also nursing. A quart a day, and even more, is sometimes prescribed for the nursing mother. This slavish adherence to milk has been brought about as the result of a frame-up between the doctors and the dairymen, of which, the following deem taken from the *Ice Cream Field*, (National Journal), of July, 1927, and entitled Dairy Council Plans Educational Work," is only partial evidence:

"Latest developments in the health education and increasing the use of dairy products in the nation's diet were discussed at the sixth annual summer conference of national and regional dairy councils at Buffalo, N. Y., June 11 to 13. Speakers at the conference included M. D. Munn, President; Dr. Charles H. Keene, professor of hygiene, University of Buffalo; Miss Mary E. Spencer, health education specialist, Washington, D. C.; Dr. W. W. Peter, associate secretary, American Public Health Association; Dr. H. E. Van Norman, president Dry Milk Institute; Clifford Goldsmith, writer and lecturer; Miss Sally Lucas Joan, health consultant, and officers and trained specialists of the council organisation.

"Many new posters, leaflets, exhibits, moving pictures, health stories, plays and other educational means of presenting the Dairy Council story of the importance of the 'protective foods' in the diet were presented and discussed during the conference. An analysis of the type of work being done by the council organisation and how it helps the dairy industry was presented by W. P. B. Lockwood, New England Dairy and Food Council, Boston, Mass. Business sessions of the officers and women workers, as well as a special session on publicity methods, completed the conference program.

"'The Dairy Council is reaching the point now,' stated Dr. C. W. Larson, director, 'where its corps of trained workers must devote most of their time to the preparation of interesting and instructive projects and material
which can be supplied to schools and colleges, health and welfare organisations and similar groups to be presented by them in their own localities throughout the United States. Formerly, most of our time was spent in school work. Now, that is only one phase of the enlarged activities of the Dairy Council."

This is a cold-blooded business affair which raises the cry of health as a means of increasing the profits of the dairying industries and the doctors that are associated with these industries, and which unblushingly labels their propaganda, education.

Milk is not an "adult food" but is a temporary expediency in the life of the young animal, lasting it until the time that it evolves teeth for independent mastication and is able to secrete digestive juices of a quaky and character to enable it to digest the foods it will naturally live on for the remainder of its life.

Cow's milk is not only not a perfect food for the human adult; it is not the best food for the human infant. It is not even the best milk from the lower animals for infants. If doctors and dairymen are really interested in the health of children, they should see to it that goats milk, which is far superior to cow's milk for infants, is available for them. Instead of talking about the importance of "protective foods" in the diet, they should devote their "educational (sic) campaign" to telling people of the dangers of the denatured foods. That their campaign is merely an effort to sell more milk and not an effort to tell the people the truth about their present denatured diet gives the whole show away.

It is wholly unnatural for cows to give the large quantities of milk, rich in fat, as our dairy cows do. By selective breeding and forced feeding, they are induced to give large quantities of milk and to produce this far beyond the normal nursing period for calves. Indeed many of these cows are never dry, but continue to produce milk, that is sold in the market, from one calf to the next, year after year. I have seen cows milked for ten or more years, without once being dry, and having a calf a year during this time.

This constitutes a drain on the cows which makes it impossible for one of them to be healthy. They are especially prone to tuberculosis and have their lives greatly shortened. While almost all dairy cattle are tubercular, this disease is extremely rare among the range cattle of the plains.
Added to the evils of excessive milk producing, is the evil of over feeding on a one sided and high protein diet. This tends to produce disease in the cow and to greatly impair her milk also. An excess of protein is particularly bad for infants. If an excess of protein in the mother's diet impairs her milk for her baby, then certainly an excess of protein in the diet of the cow, whose milk already contains far more protein than that of a woman, is bad for the child.

An excess of fat is also bad for the infant. Our dairy herds have been so bred and they are so fed that their milk contains a great excess of fat.

Dairymen and farmers produce milk to sell and the more milk and butter-fat a cow produces the more profits there is in it for them. Farmers and dairymen are not different to owners of coal mines or cotton mills--they are interested only in increasing their profits. They will produce only that kind of milk and those quantities of milk that brings in the most money for them, regardless of its evil effects upon the users of the milk.

Cows from which certified milk is produced are kept throughout the year in sunless barns, are allowed a very limited amount of exercise and are fed chiefly on dry food, being allowed little or no fresh green fodder. This sickens the cow and assures the deterioration of her milk. Cows need green grass, exercise, fresh air and sunshine. Dr. Hess, of Columbia University, showed that milk from cows fed on pastures in the sunlight maintains the health and growth of animals, whereas milk from cows maintained out of the sun and fed on dry fodder will not.

Dairy cows and particularly "certified" herds, are now all tuberculin tested—that is, poisoned and sickened. The tuberculin test is a fraud. It is not a reliable test for tuberculosis, as every doctor well knows. Give it to animals in large doses and they "promptly die with symptoms of an intense intoxication;" in "moderate doses," "the animals display the symptom; of a profound intoxication, but gradually recover, with a mild and chronic form of disease."

Tuberculin is the putrescent resultant of decomposing beef broth containing glycerine and is preserved with carbolic acid. It is not merely a poison, it is a whole array of poisons.
Pasteurising milk leads to carelessness and assures us dirty milk. This will be more fully discussed in the next chapter.

Milk also undergoes deterioration after it is milked and allowed to stand. Its food value is markedly impaired by being frozen.

Present methods of producing and handling milk make it next to impossible to procure good milk in the markets. These present methods are largely the results of the work of physicians who urge us to use more milk. Do not censure me too strongly, then, when I declare that the medical profession is determined that there shall not be a healthy child in America and that no child shall be permitted to have good food.

The word "protein" is a very indefinite term and it is known that the same amount of protein and calories from different sources may have very different food values. Cow's milk possesses a different and inferior protein to that found in mother's milk and, while well suited to the needs of the calf, is poorly fitted to the nourishment of the infant.

Cow's milk forms a large, hard, tough curd that is hard for the infant to digest. Human milk forms small, soft flocculent masses which are easy of digestion.

These differing physical and chemical characteristics of the milk of the two mothers are designed to meet the different requirements of the young of the two species and the two milks are not, therefore, interchangeable. It follows, logically, that the cow is not the best mother of the human infant and when she adopted our children, she did them an injury.
"By milk I mean safe milk," says Alfred W. McCann, "and, the only scientific way of insuring safety is by the process of pasteurising."

McCann knows that safe milk depends upon: (1) a healthy cow, (2) proper food, sunshine, fresh air and exercise for the cow, (3) clean handling. He knows that healthy dairy cows are extremely rare; that no dairy cow is properly nourished; that their food is always denatured and unbalanced; and that milk is not always handled in a way to keep it clean. What then does he mean by calling pasteurised milk, "safe." He means this:

If the cow is sick pasteurise the milk and use it.

If the milk is deficient, due to a deficient diet or to lack of sunshine, pasteurise it and use it.

If the milk is dirty, pasteurise it and use it.

The false sense of security that the process of pasteurisation gives people, who use such milk, is only one of the evils of this process. It puts a premium upon carelessness and uncleanness in the handling of milk.

In the process of pasteurising, milk is heated to 145 degrees F., and maintained at this temperature for a half hour, or longer. This produces some very important changes in the milk itself, none of which are beneficial. The process is intended to destroy bacteria which are supposed to cause disease. It does destroy some of the germs in milk, including the lactic acid bacilli, which are the natural protectors of the milk. The destruction of these lactic acid bacteria allows the milk to rot--it will not sour.

The Welch's Bacillus and various putrefaction germs are present in pasteurised milk and, due to the absence of the protective lactic acid germs, these set up putrefaction in the milk, which then becomes
poisonous. Diarrhoea is perhaps only the least of troubles resulting from such poisoning.

Many bacteria or their spores are not killed, even by boiling. I put no stock in the germ theory, but it was this theory that started this pasteurising monkey-work, and I want to show its folly, even from this angle. Dr. Chas. Sanford Porter, who is considered an authority on milk, declares that pasteurisation destroys the lactic-acid forming bacteria and that "these bacteria are not dangerous to health, and the methods of restraining or destroying them are without effect on the bacteria of consumption, typhoid, or other fevers that might contaminate milk in certain places."

Dr. Kellogg declares that:-- "Present methods of controlling the milk supply are by no means entirely satisfactory. This is especially true as regards the bacteriological examination of the milk. At the present time this examination usually extends no further than the determination of the total number of bacteria present except when a special research is undertaken. The number of bacteria present is no criteria whatever of the character of the milk as regards safety to life and health. In general the greater number of bacteria present are ordinary sour milk germs which are entirely harmless."

So much for that; let us come now to the changes in the milk itself. These are the serious effects of pasteurisation. If pasteurisation only killed a few harmless germs nobody could offer any objection to it.

There is a great and physiologically important reduction of the bone-nourishing salts of the milk. Calcium magnesium carbonophosphate is broken up into its constituent salts and at least three of these--calcium phosphate, magnesium phosphate and calcium carbonate--are practically insoluble and their usefulness almost destroyed.

There is a partial coagulation of the milk protein, the coagulated portion being precipitated with the salt, and the milk albumen being practically destroyed as food. This destruction of the protein and disturbance of the mineral balance of the milk destroys much of its food value. That food quality to which the term vitamin C has been given, is also destroyed by pasteurisation. The sugars are broken down and to some extent the colloids are agglutinated. The original structure of the milk is broken down and there is a slightly reduced cream line. The chemistry and physical structure
of the milk are altered, its growth-promoting and life-sustaining qualities are greatly impaired. It is more unfit as food than raw milk.

Its digestibility is markedly impaired. It produces constipation and if fed exclusively, scurvy, rickets, scrofulosis and kindred diseases, if fed continuously. Dogs fed pasteurised milk develop mange and other disorders. The same litter, fed on raw milk thrive. Pasteurised milk is simply not capable of sustaining life, health and growth for very long.

McCann says:-- "In early infancy, during an exclusive milk diet, a few teaspoons full of sweet orange juice strained through a clean linen cloth, will offset any so-called disadvantages that here and there the enemies of pasteurised milk have charged against it."

This is ridiculous, although it is the attitude of Sherman, McCullom, Howe, and most other experimenters who recognise the impairing work of pasteurisation--and these "so-called disadvantages" are not merely charged against pasteurised milk by its enemies; they are admitted by its friends.

A few teaspoonful of orange juice, or tomato juice, or lemon juice will not and cannot replace the destroyed and impaired substances in pasteurised milk. Dr. Howe says: "If milk is to come from unknown sources, I prefer to have it pasteurised, because I can compensate for the loss of vitamin C by taking enough orange juice." But there is more loss to milk through pasteurisation than the mere loss of this hypothetical vitamin and orange juice and tomato juice cannot entirely take the place of the qualities lost. The whole theory of denaturing some of our foods and "offsetting" these with foods that have not been denatured is false and ridiculous, whether we are dealing with milk or with white flour.

Assuming that orange juice, lemon juice, or tomato juice will prevent the development of scurvy in infants fed on pasteurised milk; this is not enough. We don't want our infants merely to escape recognisable scurvy. We want the maximum of health and development. A child may present no recognizable signs of deficiency, may appear normal, and still not have the high standard of vigorous positive health that is always desirable.

Dirty milk is almost assured by pasteurisation. The false sense of security created by faith in the protective power of the process discourages rigid cleanliness and promotes carelessness in handling on the part of the
producer and all concerned. A high standard of cleanliness is not
demanded by the friends of pasteurisation. Milk produced under all kinds
of conditions, even though pasteurised afterward, is not as desirable as raw
milk produced under sanitary conditions. Pasteurisation does not make
unclean milk clean.

In many instances there is nothing wrong with babies except that they
are being starved by being fed pasteurised milk. Babies do not thrive, or
cease to thrive on heated milk. The same babies do well when changed to
raw milk.

The London *Lancet* reported, a few years ago, some experiments by an
English physician who fed a number of kittens and puppies on pasteurised
milk. They died. Kittens and puppies fed on raw milk thrived well.

The very best of cow's milk is poor enough as infant food, without
making it still worse by pasteurisation. The best of cow's milk can be
obtained only from healthy, range-fed cows, which get plenty of green
foods, an abundance of sunshine and fresh air, and are not tuberculin tested
(poisoned) and are not stuffed on protein-rich foods to overstimulate milk
production.

The present method of keeping cows for producing certified milk, in
sunless barns, feeding them dry food and tuberculin testing them at
frequent intervals and force feeding them assures us a milk of poor quality.
Milk from cows out of the sunshine is not good milk. Dr. Hess found that
it will not sustain life. The infant death-rate in Toronto, Canada is 29 per
cent higher than that of London, England and double that of rural Ontario.
Toronto uses pasteurised milk while both London and rural Ontario use
natural milk. When pasteurised milk was substituted for raw milk in
Toronto, the death rate in three of the cities large homes and hospitals for
children increased.
CHAPTER XIV
THREE FEEDINGS A DAY

The baby that is healthy at birth possesses the power and ability to digest and assimilate, easily and continuously, an amount of food necessary to produce normal growth. This rate of growth cannot be exceeded, although it may be and often is retarded, by feeding the child excessively for as many children have their growth checked by too much food as by a deficiency.

Most people have a mania for fat babies; they like to be able to say the baby gains a pound a week. This gives rise to excessive feeding. Most cases of gastrointestinal disorders in infants are due solely to too much nursing and can be remedied simply by giving the digestive organs a much needed rest.

When a baby is increasing in weight during the first three months after birth from a half to a pound a week it is merely a rolling on of fat--disease--and is not healthy growth. It is always abnormal and is a snare and a delusion. Fat children do not have great resistance to disease.

From time immemorial it has been thought necessary to keep babies stuffed with something, to keep them growing and fat--they must be fat. From the time they are born until they die, the greatest anxiety has been to keep their little bodies full of something. During the first year of their lives, infants are, as a rule, stuffed early and late. This is the chief cause of the great mortality at this time.

After the first year they are allowed more time between meals and hence a less proportion of them die. About one-third of the deaths are in children under one year and only about one-fifth between the ages of one and five. After the age of five children are fed on something like a three-meal plan and comparatively few die between the ages of five and twenty. is true, as Dr. Page says, that those children who reach five years are, as a rule, the toughest and therefore the "fittest" to survive.

Dr. Page says:
"The farmer who wants to raise the best possible animal from the calf, lets the creature suckle in the morning at milking-time, and again at night. He is wise enough to feed his calf only twice and the result is, the calf thrives from birth, and sickness is unknown.

"The same farmer has a baby born, and a contrary course is pursued, with a contrary result. Even before nature supplies the food--before the mother's milk comes--the ignorant nurse undertakes to supply the seeming deficiency, and doses the baby with sweetened water, cow's milk, saffron, or the like, instead of giving nothing but what nature supplies, which for the first few days at least is sufficient.

"The dosing referred to results in stomach-ache, and the cries of pain being mistaken for cries of hunger, down goes another dose, until finally, when the mother's milk does come, the child's stomach often is in a condition to revolt at anything. If the little victim goes along for a few weeks or months, it is generally fed every hour or oftener, unless it happens to be, as is often the case, in a lethargic state for several hours, sleeping off the surfeit as an adult sleeps off a 'drunk.'

"It is often the case that an infant is eating and vomiting, alternately, from morning till night; indeed, so common is this that it is regarded as altogether natural. It is expected that the child will 'throw up' continually, at least after being fed, and the nurse declares that 'it is all right--nature takes care of all of that.'

"It is not all right; it is all wrong. Nature indeed revolts at this barbarous treatment of the baby's stomach. Early and late, often during the night, as through the day, the stomach is kept; full and distended, every hiccup is an attempt of the stomach to eject its overload, or evidence of an undigested residue, and the habitual vomiting is simply the result of cramming, until the little, helpless babe has become a confirmed dyspeptic. The mother or nurse habitually flies to the sugar-bowl to relieve the infant's hiccup. But the remedy is worse than the disease and although the hiccup may disappear, it will, if the habit be continued, be succeeded sooner or later by symptoms of deeper disease in the form of so-called cold, feverishness, etc., the result of the excess of food and excess of saccharine maker."
Happily such gross feeding has disappeared among the better informed classes with a consequent improvement in the health of our babies. But it is still all too true that babies are greatly overfed and are frequency dosed. There are no reasons for doubting that dyspepsia which Page calls "the parent of nearly all our ills," is the result of overfeeding in infancy, confirmed by continued over-indulgence through life.

However well intentioned mothers and nurses may be, the almost universal custom of constantly feeding infants is extremely cruel, and we may be sure that were such mothers and nurses compelled to take food as often and in the same excessive quantities that it is forced upon the baby, night and day, the abuse would soon be ended. The cruelty of the practice would soon be apparent.

Children thus punished sooner or later arrive at a condition where their digestive organs are unable to function efficiently. The constant overwork will impair and cripple them. Then it is that we see children literally starving to death on five, six and even more meals a day. As paradoxical as it may seem, many children starve because of being over-fed, just as many adults do.

Dr. Tilden well says:-- "If mothers could be made to see the fearful price they pay for keeping their babies fat they would hasten to learn a better plan of feeding. Children who are overweight are more susceptible to disease influences than are smaller and lighter children. The fat, chubby baby, everything else being equal, is always the one to take the croup, tonsillitis, diphtheria, scarlet fever, and when a few years older, pneumonia, rheumatism, and other forms of common diseases."

In his In a Nut Shell, Dr. Dio Lewis relates the following experience of his:

"When I was a boy my sympathies were awakened by what I thought the crud starving of the calves. They were fed only twice a day, morning and evening. Eating all day myself, I thought it very cruel to tie up these poor, hapless things, and give them no food or drink from morning till night.

"Each of my brothers had a calf, my sister had a calf, and I had a calf. The others were satisfied with John's assurance that twice a day was
enough. I knew better and made such a fuss about their starving my poor little Sam, that the 'powers that be,' ordained that the feeding in the case of young Samuel should be as his owner directed. Upon the proclamation of this ukase I determined to show 'em what's what, and to make sure I fed Samuel myself, and gave him all he wanted once in two hours.

"At the end of six weeks how the rest of 'em did crow over me. It was true, as they said that at the beginning of my sausage-stuffing system, as they called it, Samuel was the biggest calf in the lot, but at the end of six weeks what a fall there my countrymen. Even my smallest brother's little Fan could give Samuel odds. To cap the climax, when we untied and turned them all out together, little spotted Fan went at my Sam, upon whom my hopes had centred as the bully of the yard, and walloped him in no time. For a long time they wouldn't stop plaguing me about that good-for-nothing calf. My little sister asked me one morning at the breakfast table, 'howls 'ep'opher Sam'el this morning.'

"From that day to this I have never advocated the frequent feeding of calves. They do best on two meals a day, and now I have no doubt that some calves I wot of would do vastly better on two meals a day."

At my father's dairy we fed the calves twice a day and they thrived well. I do not recall that we ever had a calf to die and only one or two to ever be sick. I recall an occasion or two when a calf escaped from the pen and got too much milk, whereupon it would develop a severe diarrhoea known among farmers and dairymen as the "scours." In our home the babies were fed every two hours during the day and every time they cried at night. Colic, constipation, diarrhoea, hives, feverishness, croup, colds, and more severe types of disease were as frequent among the children as they were rare among the calves.

In those days the medical profession urged two hour feedings and night feedings as well. Many older people have not gotten away from this view yet. They still think that children should be gorged until they are surfeited and sickened or else they are not fed enough.

Long prior to this time, however, Dr. Page and others had proven that three meals a day are enough for a baby. Asserting that no infant can thrive unless well fed and assuming that a well fed baby is one that secures the minimum amount of suitable food that will suffice to produce a
comfortable, happy, thriving baby, with body and limbs well-rounded with
flesh, not fat, and whose growth shall be uniform throughout its whole life,
and until the frame is fully developed, he declared: "It is my belief,
verified by experience in the case of my own infant, and from other
substantial proof, that three meals a day, with sufficient restriction at each,
will accomplish this end, and are all that should be permitted from birth,
and the intervals should be at least five or six hours between meals."

He assumed, and probably correctly, that the rate of growth of the infant
after birth should correspond with its rate of growth before birth. In the
case of his own child, he says:-- "Our three-meal infant has doubled in
weight at nine months, verifying, to that extent, my theory that the normal
growth of infants corresponds to the (normal) foetal growth. She is taller
than the average child at this age, and though less heavy than most
children, she is more muscular, and, had I permitted it would have become
fat, for she has given abundant evidence of the ability to fatten rapidly on
three meals."

He tells us that her sleep was perfect, sound and continuous, there was
entire exemption from hiccup, throwing up, colic, constipation,
diarrhoea, stomach trouble, and all other troubles, and she completely
escaped the fat disease, with its pasty complexion. Her limbs lengthened
by normal growth, were well-covered and rounded with muscle, her
complexion was brown and ruddy from being perfectly nourished and
being in the open air during winter, as well as in the spring and summer.
She was able to hold her head erect from the fourth day onward, and sat
erect on the floor without support at four months.

My own experience corroborates all of this. I believe it to be an
invariable rule that babies fed as herein directed grow faster and develop
better than the overfed children of the average home. They do not weigh as
much, for they are never allowed to be

come fat. More than once I have stopped all food but orange juice in my
own children to counteract a tendency to get too fat.

Any normal baby should be able to hold its head erect at four to six days
of age. My own children sat erect in my hand without support, I of course
balanced them, at one week. They could stand erect in my hand at three
months, and stiffen their little backs and hold themselves out on a perfectly
horizontal plane, without support, as I held them just above the knees, at four months. At five months the two boys could, while lying on the back, their feet held down, raise themselves up to a sitting position several times in succession. The girl was practically six months old before she could do this. But she accomplished a new "stunt" which I tried. She held herself out horizontally, being held by the legs only, with her back down. All three of them could make a wrestler's bridge at four months. These are: only a few of the things they did that the average child does not do.

If children are fed three meals a day and are not over-fed, the following high standard will be attained: "ease and comfort through the day and perfect rest at night; freedom from hiccough, vomiting, constipation, 'colds,' diarrhoea," digestive disorders, skin eruptions, etc. "There will be a steady gain in weight from month to month, by reason of healthy growth, without the abnormal accumulation of fat so surely indicative of disease." There will be the greatest possible happiness for both the baby and those who care for him. He will not be forever fretting and crying due to the discomfort of gluttony. Its chances of growing into hale and hearty manhood and womanhood, with good health and splendid physique, will be increased many-fold.

There is no reasonable basis for the statement, often made, that, while some infants may thrive on three meals a day, some, probably most, infants would starve unless fed more often. We know that in the feeding of hogs, cows, horses, etc., the ration that suffices for one individual suffices for all. Among adult men and women we do not find the need to feed some of them but three meals a day and others six or eight meals a day.

Infants are fundamentally the same. Their bodies are all constructed alike and function in accordance with the same general principles. One man is a type of the whole race.

Young animals, like the calf, cat, kid, etc., which grow more rapidly than does the human infant and reach maturity before the infant has passed babyhood, do not require to be fed as often as we are in the habit of feeding infants.

Dr. Page weaned a kitten at six weeks of age and put her on two meals a day of milk and whole wheat bread. Her meals were served at 8 A. M. and at 8 P. M. When she was two-thirds grown, he says of her that she "has
outstripped the others of the same litter, who have been fed oftener in thrift
and growth, nd in muscular activity she excels them all. Certainly no one
could well imagine a livelier or happier kitten than 'Topsy.' In flesh her
condition has remained about the same as when feeding s commenced."

It overfeeding tends to stunt growth is well proven. Why should we go
on stuffing our children in an effort to fatten them or to force them to grow
more rapidly than normal?

Dr. Tilden says that:-- "If a child (on the three meal plan) grows thin and
really loses weight after the second week it will not be an indication that it
is not fed often enough. My experience has been that the mother's milk is
deficient in some of the important cements, or that she does not give
enough."

In discussing this three meal plan he says:--"If an infant is properly
cared for from birth it will not be awake oftener than two or three times--
we will say three times--in twenty-four hours. This, then, I assume, is as
often as nursing children should be fed, and I have succeeded in
influencing a few mothers to feed their babies according to this plan, and
the results have been gratifying, indeed.

"The children are smaller (not fat) and very active, and much stronger
and brighter than children fed in the ordinary way."

He also says:-- "Children fed three times a day will not be troubled with
constipation and will not have white curds in the discharges from the
bowels."
CHAPTER XV
NO STARCH FOR INFANTS

Dr. Prospiro Sonsino, el Pisa, proved years ago, by a number of experiments, that there is a "physiological or normal dyspepsia to starchy food (absolute inability to digest) in the first portion of infant life." Certain it is that, since starch of all foods, requires thorough and complete mastication and insalivation, it should not be fed to infants before they have their teeth. This view was supported by Dr. Routh, professors Huxley, Youmans, Dalton, and perhaps by all who ever examined the subject.

Dr. Page was particularly bitter against the practice of feeding starches to infants. "Farina, corn-starch, fine flour, and refined sugar," he declared, "are the fashionable materials for the infant dietary; but a worse selection could hardly be made." He cautioned against the injury to the vital organs resulting from "prematurely feeding the infant on even the best selected articles of the general table," and added: "It is not uncommon for infants to be given cakes and candies, and even pork, fried fish, cabbage, ham, potatoes, etc., while the teeth are blamed for the ensuing gastrointestinal disorders."

It will not do to feed mashed potatoes, corn meal, mush, farina, and the like to toothless infants, and imagine that because these things can be swallowed without chewing, the problem is solved. They are also swallowed without being insalivated and are eaten by one whose digestive juices are ill adapted to starch digestion.

The fact that Nature makes no provisions for the digestion of starches before full dentition, should be sufficient evidence that she does not intend it to form any part of the infant's diet. Before the teeth are fully developed the saliva of the infant contains a mere trace of ptyalin, the digestive ferment or enzyme that converts starch into sugar. There is just enough of this ptyalin present in the saliva to convert sugar into primary dextrose. It is this almost total absence of starch-splitting enzymes from the digestive juices of the infant that accounts for the great amount of digestive disorders which result from feeding starch foods to infants. When starch digestion is impossible, starch fermentation is inevitable. This poisons the baby.
If we limit the following remarks of Page's to the milk from a healthy well nourished mother, he is eternally right. He says: "Milk is the food for babies and contains all of the elements necessary to make teeth, and until they are made, it should continue to be the sole food. It is not enough that two or three or a half dozen teeth have come through, that they should be expected to do any part of a grown child's work."

Dr. Densmore, who did not favour starches, even for adults, says of them for infants *(How Nature Cures, P. 55)*, a diet of cereal or grain and all starch foods: "is especially unfavourable for children, and more especially for babies. The intestinal ferments which are required for the digestion of starch foods are not secreted until the baby is about a year old; and these ferments are not as vigorous for some years as in adults. All starch foods depend upon these intestinal ferments for digestion, whereas dates, figs, prunes, etc., are equally as nourishing as bread and cereals, and are easily digested—the larger proportion of the nourishment from such fruits being ready for absorption and assimilation as soon as eaten."

Dr. Tilden is equally as strong for what he calls the no-starch-for-babies plan. He says:--"It is a mistake to feed starch foods too soon--before the end of the second year; for young children cannot take care of too much starch." "Children under two or three years of age have trouble in converting starch into sugar. They should get their sugar from fruits: fresh fruit in summer, and the dry, sweet fruits in the winter--raisins, dates and figs."

In my own practice I make it a point never to prescribe starch food of any kind for babies under two years of age. In my own family I have never fed my children cereals. The cereals are the most difficult of all starches, unless it is beans and peas, to digest. There are strong reasons to think that cereals cause the production of poor bones and teeth.

Babies do not need starch foods and cannot utilise them to any advantage. Much of the troubles from which children suffer are due to the practice of feeding them starch. Cereals with sugar and cream or sugar and milk are especially bad--the cereals and sugar are usually denatured and the milk is pasteurised, to add to the evils.
"Upon no consideration," says Dr. Page, "should any of the farinaceous or starchy articles be added until the mouth bristles with teeth; then it may be justly considered that he can handle something of the adult diet."

Macaroni is a "slippy, glutinous mass of starchy acid which is never chewed, and equally of course is never digested," and should never be eaten by child or adult.

Cakes and cookies, breads and pastries, jellies, jams, custards and the like should never be fed to children or eaten by grown ups.

If cereals are fed to children only the whole-grain cereals should be given. It is a crime to feed denatured cereals to children. Doctors who advise them are either ignorant incompetents, or else knaves who have their eyes on the money they derive out of the sicknesses caused by these.

All starches should be served dry, to insure thorough chewing and insalivation. They should be taken with green vegetables, raw or cooked, but never with acid fruits, proteins or milk. Jellies, jams, etc., should not be fed with them. Cream and sugar should never be served on cereals. Raw starches are easier to digest than cooked starches and require more chewing; this probably accounting for a part of their greater ease of digestion
CHAPTER XVI
REGULAR CRIMES IN FEEDING

Infant feeding, as at present practiced, is a crime and it will someday be recognised as such. Anyone who will take the trouble to read through the confusion on infant feeding, in books upon paediatrics, will soon realise that specialists in the care of infants do not have the slightest comprehension of the requirements of a natural diet. They almost wholly ignore many physiological facts, and stubbornly refuse to conform to others. It may truthfully be said of them, as of the average parent, that they are better fitted for feeding hogs than for feeding children.

The feeding method in vogue is a hit and miss system. It is a case of "try this" and "try that" and then try something else. The mother, the nurse and the physician chase "from pillar to post" and tax themselves to the uttermost, in a vain effort to find a suitable food. Dr. Tilden says, of his efforts with this kind of a system, with which, he says he was as successful as that of other physicians of the guessing schools, "when the guess hit it hit, and when it missed it missed, and I knew the reason for the one just as well as I knew the reason for the other."

It would really be amusing, were it not so tragic, to watch the jumping from food to food that occurs under present feeding methods. A food is tried and continued so long as the child appears to do well; but if the child develops a diarrhoea or an "upset" stomach, a change is made; another food is tried. This process goes on until all the known foods, and many drugs, have been tried out. The little victims of this guessing and abuse, who are fortunate enough to live in spite of such handicaps, finally arrive at the period when they are taken off the baby foods and then the death rate is lowered. Credit for the child's salvation is attributed to the baby food that chanced to be used last.

This infantile abuse precedes from a number of sources, not the least of which is ignorance. Parents and physicians are afraid of natural foods. Everything must be cooked and sterilised changed and drugged before it is fit for use by the baby. One listens to their grave warnings about the dangers of natural foods and wonders how man, who was "made upright"
ever managed to survive the long period that elapsed before he "sought out many inventions."

Here are some of the drugs with which they habitually dope the hand-fed baby's milk: milk-sugar, cane-sugar, maltose, lime-water, cereal-diluents, bicarbonate of soda, citrate of soda, pepsin and milk albumen.

There are a lot of proprietary baby foods on the market also, such as condensed milks, malted foods, sugar and starch foods, dry milk, and the like.

These foods are poured into children until they develop stomach trouble or diarrhea and then constipation, and then the children are drugged with castor oil, milk of magnesia, paregoric, etc., until neither their stomachs nor bowels are capable of normal function.

Whether breast-fed or fed unnaturally, the stuffing process is the vogue. The wonder is not that so many children suffer, but that as many pull through, in spite of such abuse, as do.

The medical feeding of infants calls for weaning at the age of nine to ten months. They are supposed to begin having whole cow's milk, with or without the addition of one of the cereal waters, before this age. At about nine months, and sometimes, much earlier, cereals are added to the child's diet. Salt is usually added to this. At about this time, beef juice and beef broths are given. These things are fed at the same meal with the milk, a dietetic sin that the child pays for.

At ten or eleven months bread crumbs or zwieback are added to the beef and a little later boiled (polished) rice and plain, boiled macaroni (a thoroughly denatured food) are fed to the child. Zwieback, stale bread (white), "plain white crackers" are given "in its hand" to eat at this time. Baked apple and apple sauce are also given.

Then we come to the second year. Morse-Wyman-Hill say: "the beginning of the second year the baby will usually be taking five feedings at three hour intervals or four feedings at four hour intervals." They also say:--"During the first half of the second year the breakfast should consist of milk, cereal, and bread toast zwieback, or cracker. The orange juice is usually given about an hour before lunch. The dinner consists of broth or
beef juice, with bread, zwieback, rice or macaroni. It may have milk or a plain desert, such as junket, plain blanc mange, cornstarch pudding, prune juice, baked apple, or apple sauce. It's supper is the same as breakfast, except that, if it is constipated (and it will be, if it doesn't have diarrhoea. H. M. S.), and needs prune juice, baked apple, or apple sauce, they may be given with the supper instead of the dinner. The bread may be given in the form of milk-toast, that is, toast bread soaked in hot milk without thickening."

The parent, nurse or doctor never lived who could produce a healthy, well-developed child on such an unholy abomination for a diet. What wonder that they say "have your doctor and your dentist to examine the child frequently."

These authorities then take up the last half of the child’s second year and say:"When the boy is a year and a half old baked potato and sofa-boiled or coddled eggs may be added to the diet. They should both be given at dinner. (These two foods should never be fed at the same meal. H. M. S.). If the egg does not disturb it, it may have baked custard as another dessert, but never on the same day that it has a boiled or coddled egg. Butter may be begun at about the same time. Further additions to the desserts are plan tapioca and apple tapioca."

Other cereals are also added to the cereal list at this time. Including an orange juice feeding at 10 a. m., their schedule calls for six feedings a day at eighteen months--six feedings of the abominable mess mentioned above and a quart of milk.

They caution against feeding green vegetables before the child is two years old.

At the age of two years they add meats to the child's diet cautioning, only, against fried fats, which are indigestible, pork, and twice-cooked meats--"A fundamental principle in feeding is that foods that are cooked over are much less digestible than foods that have been cooked but once."

At two and a quarter to two and a half years, they add green vegetables--spinach, string beans, asparagus, peas, cooked celery. Peas and spinach should always and string beans should usually be put through a sieve, they say. "Canned asparagus is usually somewhat indigestible."
Fish and other meats are added to the child's diet during the third year; carrots and squash may also be begun at this time. "Cabbage and cauliflower are very easily digested if they are not served with a cream sauce. Cabbage should never be given raw. We do not approve of tomatoes, beets and corn for children."

Then comes the astounding part of this insane advise about feeding children. I presume that after reading the above the reader should be prepared for almost anything, however. They say:

"Pears and peaches may be given cooked at three or four years. In general it is not advisable to give them uncooked before the child is five years old. The pulp of the orange may be given at four years. We do not think that grapefruit should be given to young children."

They cast doubts on bananas, then say "they are rather more digestible when baked, and, of course, when taken raw, should be scraped or cut into fine pieces"--to train the child to swallow its food without chewing it, I suppose.

But let us go on: "We do not believe in giving raw apples to children, at any rate, before they are six years old. Raw apples are indigestible for many children, as well as adults, even when they are scraped (But not when they are chewed. H.M.S.) The old saying that 'an apple a day keeps the doctor away' has been a great boon for those physicians who specialise in diseases of children." "Uncooked berries should not be given to children before they are six years old. Cooked strawberries and blueberries may, however, be given cautiously after children are four years old. Melons are not a suitable form of food for young children; nor are nuts."

After expressing all this fear of the best foods in the world for children--fruits, berries, melons, nuts; and these raw--they tell us that the list of desserts may be increased during the third year to include prune whip, simple gelatins, bread and rice puddings, baked custard--plain cookies are added after the fourth birthday, as is, also vanilla ice cream.

Nor do these complete this catalogue of crimes against the health of the child. For, as a climax, to all of this stupidity, they say: "Whole wheat bread has but very little, if any, more nutritive value than bread made from white flour. The same is true of brown and polished rice."
I write this book for intelligent people, and not for those who foolishly follow such advice as the above. Yet, bad as it is, it is not as bad as the advise many doctors give on infant feeding. I have selected as a prize exhibit in dietetic insanity, the dietary of leaders in the profession, not that of the small-fry. The deplorable results of such feeding speak for themselves. The fallacies in this diet will be made apparent as we proceed.
CHAPTER XVII
FEEDING OF INFANTS

We have heard many reputable physicians say that infant feeding is the hardest problem with which they have to deal. This despite the fact that about all the time spent in Medical Colleges, in the study of diet, is devoted to infant feeding.

Every old grandmother knows all there is to be known about the care and feeding of infants. She may have given birth to ten children and half of these may have succeeded in reaching maturity but this terrible death rate does not convince her that her pet superstitions about infant care are not "law and gospel." The fact is these people usually know about as little about caring for a baby properly as the physician does.

When we see or even think of the many senseless abuses to which many thousands of babies are forced to submit we do not wonder that the death rate among infants is so terribly high. A great part of these are actually killed--murdered. Many mothers feed their children so much and so often that the baby is in a constant state of discomfort or actual suffering. Every time it cries from this cause it is fed again. One soon comes to believe that babies are incapable of crying except when hungry. As the crying continues some soothing syrup, which invariably contains opium in some form, is given. Very often an alcoholic is administered and in many other ways baby is druggled.

Then there is a widespread superstition that if a mother allows the baby to "taste" some of each food she eats, her milk will not give baby the colic. We have seen many mothers begin feeding their babies in this way by the time they were a few weeks old and long before they were really capable of properly caring for such foods they were eating, corn, oatmeal, beans, meat, eggs, etc. Such crimes against infants would be tolerated by no stock raiser towards his young animals. He knows only too well that the consequences to the animals would be disastrous.

Dr. Tilden says: "if we ever get on to a rational plan of eating, children up to two years of age will be fed on an exclusive milk diet, with orange or
other fruit or vegetable juices."

Certain it is that nature did not intend the baby to chew food until its teeth are sufficiently developed to perform this function. Since they reach this stage of development at from twenty to twenty-four months after birth, there seems to be no earlier need for "solid" foods. If earlier need for such foods exist why does nature not supply the needed chewing equipment at an earlier period?

The natural indications are for an exclusive milk diet for the first two years. We add fruit juices, not because there is any need for them in nature's scheme of things, but because in our unnatural life, we do not supply them with milk of proper quality. Soft fruits may be used before the teeth are fully developed, but only after they are sufficiently developed to enable the child to mash these up well.

Eminent medical authorities and child specialists write voluminously upon the feeding of infants and they go contrary to all of this; but if their advice is good, why the prevailing frightful infant mortality? Why the terrible amount of sickness and suffering in infants and children? Why the deformity and defects among our children? "By their fruits ye shall know them."

Investigations made in Boston a few years ago, showed that a breast-fed baby has six times the chance of living through the first year as a bottle-fed baby. Elsewhere I have shown the great percentage of infant deaths from gastrointestinal disorders.. Less than ten percent of the cases of death from "diarrhoeal causes" occur in breast-fed babies, while ninety percent of all infantile deaths are in the bottle-fed babies.

Breast-fed babies have a better start in life. This can be given them by no other means. As a class they are more vigorous and healthy and are more resistant to disease than bottle-fed babies. They develop into better and stronger children.

If Nature has prepared milk for the young animal, it is quite obvious that milk is its natural diet, during the period in which it is provided. The fact that shows clearly and convincingly the splendid food value of milk is that during the period of most rapid growth, in the lives of mammals, milk is the sole food. So efficient is it as a food that a baby ordinarily will double
its weight in 180 days with no other article of food. A calf or colt will
double its weight in sixty days and a pig in ten to fifteen days on milk
alone. It is equally apparent that the milk of the species to which any
young animal belongs is the one best adapted to it. That this is very true in
the case of human infants is amply demonstrated by the following facts.

Statistics compiled by the Child Hygiene Association of Philadelphia
covering 3,243,958 infants who died during their first year of life showed
50 out of every 100 bottle fed died during the first year of life, as
compared to but seven deaths during their first year out of every one
hundred breast-fed babies.

This fact caused one eminent woman specialist to write the following:
"The first and most important duty of motherhood is the breast-feeding of
her baby. Next to the right of every child to be well born comes the right to
his best food, his own mother's breast milk. Mother's milk is the only
perfect infant food; it cannot be imitated; and anyone who advises a
mother differently is guilty of a serious crime against a helpless baby.
When a baby is denied his mother's milk and put upon a bottle he loses
half his chance to be kept alive, and nine-tenths of his chances to grow up
into a normal healthy man or woman."

Statistics show that only two breast-fed babies contract the so-called
contagious diseases where five bottle-fed babies do so, and that where
such diseases are contracted the chances for recovery are greatly increased
in the breast-fed baby as compared to the chances of the bottle-fed ones.
Adenoids and enlarged tonsils are also more common among bottle-fed
than among breast fed babies.

Perhaps I am wrong, but I am inclined to believe that a profession that
knows the relation of cows milk to tonsillar and adenoid troubles, and
which makes large sums of money out of its ruthless slaughter of these
organs, knows what it is doing when it urges great milk consumption by all
children and even by adults. They know that the more milk one consumes
the more tonsillar and adenoid troubles he is likely to have. There is so
much commercialism in the medical profession that I think it it capable of
almost anything.

American and English mothers are fast losing the capacity to nurse their
babies. Investigations have shown that only 12 per cent of American
babies are entirely breast-fed, while 28 per cent are absolutely bottle-fed and the residue from both breast and bottle but many of these insufficiently from the breast. These young citizens get a bad start in life and the results show up very plainly when the call for men comes, as in the recent war. Less than fifty per cent of the young men of this nation were found physically fit. In New Zealand, where breast feeding is the rule, the infant death rate is only half of that in America. This is significant and should lead mothers to a more wholesome mode of living to enable them to suckle their own children.

Breast feeding is nature's own method and there is none equally as good. No other method can assure your baby the health and strength that breast feeding will. Breast-fed babies have less disease than bottle-fed ones, while ten bottle-fed babies die to one fed on breast milk. Bowel troubles, often fatal to infants in the summer, are comparatively rare in breast-fed infants. Breast milk requires no fixing. It is always ready and never sour. It is free from dirt and all contamination from without. It does not have to be measured and prepared. It does not undergo deterioration like cow's milk. It is given fresh and warm and flows directly from the producer to the consumer, as nature intended.

Aside from their frequent failure to suckle their young, civilized mothers do better after the baby comes, while savage mothers do better up to the time of birth. After that ignorance and lack of sanitation among savages work for a high mortality.

If civilised mothers will learn to do as well or better before baby comes as the savage mother does, and learn to suckle her child as well as the savage mothers this, coupled with her tremendous sanitary and hygienic advantages and greater knowledge, will enable her to reduce the infant death rate to but a small per cent of what it now is. It goes without saying that they should learn to care for baby in every way.

I have little faith, however, in the likelihood of the modern woman ever returning to her primitive vigor and strength. She is not possessed of the desire to do so, nor of the necessary self control to avoid the evils and abuses that have brought about her present condition. Give to a woman a popular cook book and a rational work on diet and she will almost invariably employ the cook book and let the work on diet rust. Teach her the value of exercise and she will ride the cars with her dog. Paint, powder
and the dressmaker's art will pass for the appearance of health. Even our athletic girls, of whom we read and see so much today, are semi-invalids. They have not learned how to live and they will not learn how. Of course, their male acquaintances are not one bit better in these respects. Women can have normal childbirths and supply their children with milk when they learn to live normally. Until then, they will have to depend on artificial foods and that abomination of infant life-calf food.

The chief cause of digestive disorders in infants and of all those other complaints that grow out of these is overfeeding. The habit of feeding babies every two hours during the day and every time it wakes up and cries at night is a ruinous one. Such feeding over works the baby's digestive organs and introduces an excess of food into the alimentary track to ferment and poison the child. It weakens and sickens the child producing diarrhoea, colic, skin eruptions, and more serious disorders.

Feeding the baby at night prevents both mother and child from sleeping and teaches the child irregularity in sleep. When the mother's sleep is disturbed in this way, she is weakened and normal secretions are interfered with, resulting in an impairment of her milk. The impairment of the milk reacts unfavourably upon the child. Feeding at night is not only unnecessary, it overfeeds and sickens the child.

This method of feeding, which is also the popular one, is what really makes the problem of infant feeding a difficult one. There is no way to adapt even the most wholesome and easily digested food to an infant when it is fed in such quantities. With proper feeding it is but little trouble to find a food that will "agree" with the baby.

Real hunger seldom appears for two or three days after birth as is evidenced by the fact that the baby will be satisfied by a water diet. During this period nature does not provide real milk, but a secretion, called colostrum, which probably serves several needs of the child and does not behave merely as a laxative, as it is usually supposed to do.

We hear of a so-called "inanition fever" that is supposed to develop in rare cases during this period, when it becomes necessary to feed the baby artificially. This is a medical fallacy and need not be considered here.

Some ignorant and ill-advised nurses and mothers, thinking it necessary
to feed the baby during this period, when nature has not supplied food, give it cows milk or sugar in water, or other "food." This is a needless and pernicious practice. The baby need not be put to the breast during the first twenty-four hours after birth.

Three to four feedings in twenty-four hours is enough for any baby. No feeding should be done at night. Babies fed in this way develop faster than those stuffed in the old way. Over nutrition actually inhibits function and retards growth and development. No feeding should ever be done between meals. Every time a child cries it is not hungry.

An infant is nourished in proportion to its power to digest and assimilate the food supplied to it, and not in proportion to the quantity of nutrition it may be induced to swallow. Not the large quantity swallowed, but the right quantity perfectly digested and perfectly assimilated can secure best results with infants as well as children and adults.

In spite of the obviousness of this principle, it is almost an article of faith with many parents, nurses and doctors, a dogma so firmly fixed in their minds that they cannot be persuaded to the contrary, that the infant that is fed most thrives best. If the infant is losing weight it always suggests the need for a larger supply of food while every cry means hunger and must be silenced with more food.

The cat, dog, cow, hog and, indeed, all other animals, do not permit their young to suck as often nor as long as they desire. The cat will often absent herself from her kittens for as long as six hours, while I have seen dogs deliberately get up from their resting places when their puppies attempted to nurse, and run away from them. On the plane of instinct there is no such folly as the stuff-them-to-kill-them practice, and the animals are more successful than we.

All around us are healthy-born children who are "starving to death under the eyes of parents who would pay a dollar a drop for food to restore them." Many of these children are surrounded with every requirement for a healthful life except one--namely, "the knowledge on the part of the attendants of the fact that the Creator did not design that a baby's stomach should be treated like a toy balloon!" They are famishing from too much feasting.
What is the great secret of success in feeding babies? Dr. Tilden well expresses it thus: "FIT CHILDREN TO THE FOOD AND NEVER ATTEMPT TO FIT THE FOOD TO THE CHILDREN." How? Easy! Watch these few simple rules:

1. Feed the child natural, that is, uncooked, unprocessed, unsterilised, unadulterated, un-drugged, foods.

2. Do not stuff the child. Feed it three moderate meals a day.

3. Feed simple meals. Do not feed foods that are mixed in such a way as to cause fermentation.

4. Do not feed between meals, nor at night.

5. If the child is upset, or feels bad, or is excited or tired, or over heated, or chilled, or in pain or distress, or is sick, DON'T FEED IT. IF THERE IS FEVER, GIVE NO FOOD.

No other food except milk or milk and fruit juices should be given the child for the first two years of its life. At about eighteen months of age soft fruits may be added to the diet. These should form one or part of one meal a day. If four feedings have been indulged in up to this time one of these should now be stopped.

No starchy foods or cereals should be given under two years. Artificial sweets--candies, cakes, pies, sugar, etc.,--should never be fed to children.

The child should be taught early to thoroughly masticate all food. This is best done by giving it foods that require chewing when the child first begins to eat solid food. Many mothers feed their children mush's, gruel's, and foods that have been put through a sieve (perhaps because the child specialist has ordered it), which may be swallowed without chewing. The result is they never learn to chew. Never give a child mashed food or mush. If the child can't chew its food it is not ready for that kind of food.

If the child does not relish or desire food it is folly to force or persuade it to eat anyway. Never compel a child to eat. If the child is uncomfortable wait till comfort returns before feeding. Children fed in this way will grow up strong and healthy and miss the so-called children's diseases.
Overfeeding, and wrong food combinations are responsible for most of the diseases peculiar to children. A little intelligent attention to proper feeding will avoid all of these.

Regularity in feeding quickly establishes the stuffing habit. It teaches the infant to eat at certain times as a mere matter of habit, and not because there is a real demand for food. It prevents the development and regulation of natural desire, which, alone, is a reliable guide to frequency in feeding.

It goes without saying that all food fed to infants and children should be fresh and pure. But we do well to remember that the most wholesome food soon becomes poisonous if taken in excess.

NURSE your child as long as you can. So long as it is thriving well on your milk this should form its food. If it does not thrive well on this alone, give it an orange juice and grape juice feeding each day, in addition to your own milk. Indeed I believe that with the poor milk supply of modern woman, these juices should be fed even if the child does seem to thrive well. See directions in this chapter.

Supplement your own milk with cow's milk or goat's milk, If you must, but do not do so, unless this becomes necessary. Let your child nurse as long as possible, even though it gets only a small amount of its food from you. Up to five years, if you can supply it milk, do so.

Dr. Tilden says: "I am compelled to compromise with most mothers, and permit four feeds a day, and then the majority will sneak in a extra feed at night, which, of course, the baby has to pay for with occasional sick spells."

Night feeding saps the mother in supplying the abnormal quantity of milk and in depriving her of sleep. It overfeeds the child and causes trouble. Don't do it.

THE WET NURSE, though now almost obsolete, has saved the lives of many children and deserves to be restored to her former position from which the cow has dislodged her. That the best food for an infant is that of its own mother is undoubted by those who are in a position to know. Next to this, is the milk of a healthy, properly fed wet nurse. Indeed, where the mother's milk is defective, that of the other woman will be best for the
Formerly wet nurses were more plentiful than now, because there was more demand for them. Unnatural feeding had not then supplanted the natural method.

Many babies can be saved if supplied with the milk of a healthy wet nurse, who will be almost certain to die without it. Others that will eventually "pull through," in spite of artificial feeding, will be saved much illness and suffering and the parents will be spared much anxiety if a good wet-nurse is employed.

The qualifications for a wet-nurse are health and cleanliness. It makes no difference what her race or color or religion, or social status. She imparts none of these to the child through her milk. In the south are many adults who were nursed at the breasts of "old negro mammies," and though we often hear the old mammies say "that boy sure must have some negro in him," it is not so. We do not become cows by drinking cow's milk.

The Wasserman test is unreliable claptrap and syphilis is a frightful nightmare. Don't worry over this in choosing a wet nurse. See that she has good health and is cleanly. See that she is properly fed.

It does not hurt a child to be given milk from several women any more than it does to be given milk from several goats or cows. Breast milk, put on ice, will keep as well or better than cow's milk. It is also cleaner and more wholesome. Where a wet-nurse cannot be had, milk taken from more than one woman may be fed the child.

Hospitals, maternity homes, physicians and nurses can usually supply one with a wet nurse. In some of our larger cities, Boston for instance, there is a directory for wet-nurses. One can usually be found if we seek diligently enough. An ad in the paper will often produce results.

COW'S MILK, when fed to babies should be diluted. Equal parts of pure, whole, raw milk, and pure, preferably distilled water, should be given to the young child. Absolutely nothing but water is to be added to the milk. If goat's milk, mare's milk or asses milk is used, these same rules and regulations should apply.
Milk for babies should be half-and-half,--half water and half milk--up to six months, after which time it may be increased to two thirds milk and one third water.

Until the child is six months old, milk feedings should be four ounce feedings.

At six months these may be increased to six ounce feedings.

At nine months they may be increased to eight ounce feedings.

They should never be given over eight ounces.

One is apt to get a more uniform standard of milk where the milk comes from a herd of cows, than if it is taken from only one cow. It does not injure a baby to have its milk come from several cows in this way.

LIME WATER has been added to the milk of infants for several generations, because the doctors ordered it. The lime is not only of no value to the child, due to its crude form, it is also an irritant as well as a nutritive evil. An excess of lime, even of the organic lime salts, interferes with the mineral balance in the body. This is of particular importance to young babies. Besides these considerations, cow's milk contains three times as much lime as human milk. The giving of lime salts to children produces acidosis.

We must get the mineral elements that form the body in our foods. The body cannot utilise them in the forms of tinctures of minerals. Drug store iron or phosphorous or lime are not only absolutely valueless, but also harmful. This same fact holds true for common table salt.

BICARBONATE OF SODA added to the milk of an infant is an unjustifiable stab at the baby's digestion. It increases the alkalinity of the milk and calls for greater effort in digestion. It overworks and impairs the gastric glands. It also destroys some of the vitamins of the milk.

MILK with corn starch, or arrow root, or crackers, or rice or barley water, or cereal water of any kind, or farina, or oatmeal, is an abomination. Babies so fed suffer and die from wasting gastrointestinal disorders. These foods set up fermentation, diarrhoea, etc.
SUGAR should never be added to milk. It tends to produce fermentation and all of the resulting evils. A child can be given all the sugar it needs in fruit juices.

FRUIT SUGAR, or levulose, is pre-digested and ready for instant absorption and use in the body. It is this pre-digested sugar that instantly refreshes and revives the greatly fatigued man or woman.

The best source of sugar for the infant is found in grapes. Take the required amount of fresh, ripe grapes and crush them in a vessel. Squeeze the juice out of these and strain it. Put it into a bottle and give it to the child just like it takes its milk. Do not dilute the grape juice. Small babies may have four ounces of this at a feeding; older babies, that is after six months, eight ounces. Never give bottled grape-juice. Never cook the grape juice.

When grapes are out of season un-sulphured figs or prunes may be used instead. These should be soaked over night in the usual way, then crushed and the juice strained off. This juice should be fed in the bottle and may be given in the same amounts that the grape juice is given.

These sweet fruit juices should not be given with the milk but should be given three to four hours after the milk feeding.

ORANGE JUICE is one of the most delicious and attractive foods that can be fed to babies. It contains pre-digested food that is ready for absorption and utilisation when taken. This, perhaps, explains why a glass of orange juice is so refreshing to the tired person or to the man who has been on a fast. The sweeter the orange, the more refreshing it is.

Oranges are rich in lime and other alkaline salts and prevent or overcome acidosis. Ignorant doctors who decry oranges because they "make the blood acid" need to be punished severely.

The regular eating of orange juice results in the retention of calcium and phosphorous in the body, and in the assimilation of nitrogen (protein), out of all proportion to the amounts of these elements contained in the juice. The juice actually enables the body to utilise the elements better than it could otherwise do.
Nothing can be more helpful to children, and particularly undernourished children than orange juice not two or three spoons full a day, but from a glass-full to three glasses full. Don't be stingy with the orange juice; stop kidding yourself and the child with tea-spoons full of the juice.

Orange juice may be given to infants from birth as may grape-juice. The two weeks old infant should be given juice of one-half an orange, about two ounces, undiluted. By the time the child is three months old it should be taking four ounces at a feeding of undiluted orange juice. At six months it should be taking eight ounces. Never add sugar or other substance to the orange juice.

Lemon juice, lime juice, tomato juice, grape-fruit juice, melon juice or the juices of other fruits may also be used, but are not always to be had, as is orange juice. Most children will relish grapefruit juice although many of them refuse tomato juice.

Never give canned or cooked fruit juices to infants and children. Never add sugar, oil or other substance to them.

The orange juice feeding should be given three to four hours after the milk feeding.

Baby's feeding schedule should be as follows:

6 A. M. Milk.

10 A. M. grape juice or other sweet fruit juice. (In the south fresh fig juice may be used in season.)

12 M. milk.

3 P. M. to 4 P. M. orange juice or tomato juice or grapefruit juice, or other juice.

6 P. M. Milk.

If four milk feedings are given these juices should be given not less than
thirty minutes before the second milk feeding of the morning and afternoon.

MILK should be prepared as it is used and not prepared a day's supply at a time. Bottles and nipples should be thoroughly cleansed each time but the usual fuss over these things is ridiculous and born of the fear engendered by the germ theory. All of this boiling and sterilising of bottles, nipples and vessels belongs to the germ fetich. It is a lot of bothersome foolishness that is possessed of neither rhyme nor reason. Mothers patiently carry out such processes day after day and, then, when their over-fed, over-heated, over-excited, over-treated babies develop diarrhoea or cholera infantum, they accept the doctor's verdict that the child is suffering because of some want of cleanliness on the part of the mother. She failed to boil the nipple long enough, or something. If these mothers could watch young pigs and see how they scoff at this thing called sterilisation they would demand of the doctors intelligent reasons for their babies illnesses.

"All milk-eating creatures are and should be sucklings," says Dr. Page. Quite right! Milk should never be drank like water. Nature teaches us how milk should be taken. So long as your child is to have milk, up to five or six years, give it to him or her from a bottle and nipple. This will insure through insalivation and prevent the child from gulping it down.

ARTIFICIAL INFANT FOODS are undesirable. Dr. Robert McCarrison of England, says that the "seeds" of diseases that inevitably kill their victims in middle life are often introduced into the body with the first bottle of cow's milk or artificial baby food--and he is not referring to germs, either. Dr. Page condemned these various artificial foods, advertised as "substitutes for mothers milk" and, although, "many infants manage to subsist on them, and in many cases, thrive on them," he did not consider that such foods are good.

Dr. Tilden says: "There are many brands of artificial foods on the market, and there are tons of these foods used in this country every year, but so far as being of real benefit is concerned, it is doubtful if they are beneficial when it comes to supplying a need that can't be supplied by something of greater food value.

"I do not say this from lack of experience, for I have had years of experience. I once believed that most of the better brands were really of
great use, but I discover after a thoughtful retrospection that I have gradually and unwittingly abandoned the use of all of these foods, and it has come about not because I love them less, but because I love natural food more, and, of course, secure better results with them."

Scurvy, rickets, anaemia and malnutrition are often the results of the use of artificial foods. Many children seem to thrive on them for a while, may actually appear to do better than children fed on their mother's milk, and then disaster overtakes them. Be not deceived by the advertisements of those who have infants foods for sale. These concerns exist for profit and not for baby's welfare.

Condensed milk, evaporated milk, dried milk and other artificial foods are unfit for the baby and no intelligent mother will ever feed these to her child.

SUMMER FEEDING: Hot weather is accused of having much to do with the fearful slaughter of the human animal-- a distinctly tropical animal and certainly well adapted to a hot climate.

Blaming hot weather for certain "diseases peculiar to children" and for the deaths in these conditions, is a very misleading way of saying, as Page puts it, that, "the excess of food that can be tolerated under the tonic and antiseptic influence of cold weather, engenders disease during the heated term."

Hot weather favours decomposition, cold weather retards it. But, on the whole, we are hurt almost, if not quite as much by food excess in the winter as in summer. We are more likely to have bowel diseases in summer, respiratory diseases in winter--this is the chief difference.

Adults usually instinctively eat less in hot weather than in cool or cold weather. They often miss a meal or two altogether. How often do we hear one say "it is too hot to eat!" We find the adult, also, without any scientific knowledge of dietetics, living largely on green vegetables, fresh fruits, melons, etc. They consume bread, potatoes, meats, cereals, etc., in less liberal quantities. They frequently omit the noon-day meal.

How many parents exercise as much common sense in feeding their infants and children during the summer? How often do we see the
suffering infant crammed with as much milk as during the winter! Then when the baby is made sick--There is diarrhoea or fever--we see it dosed and drugged to drive the demon of disease out of its little body.
CHAPTER XVIII
BABIES GENERAL CARE

Shortly after a child is born it begins to breathe. This is followed immediately with a lusty cry which means vigorous action of the chest, diaphragm and lungs and a full inflation of hitherto unused lungs with air. Shortly after that little cry has heralded to the world the birth of another living child, the physician, mid-wife or attendant severs the cord through which the child has secured not only its air, but its food and water, as well, during its nine months of intra-uterine life, and its existence as an independent being is fully launched. From this point onward, the needs of the child are more complex and its care is no longer so simple.

BREATHING: Not all babies breathe immediately after birth. Such cases are due chiefly to the use of anaesthetics, to a difficult birth, and to pressure upon the cord. Anaesthetics and measures to hasten delivery should not be employed; anaesthetics being justifiable only in those cases where surgical interference is essential.

When baby does not begin to breathe promptly after birth, gentlespanking, dashing cold water on the face and chest, alternate immersion in hot and cold water, and artificial respiration are resorted to.

As soon as the cord is severed and properly tied the child should be wrapped in cotton or other soft material and placed where it will be warm and undisturbed. After a few minutes to an hour, depending on the strength of the child, it should be carefully but quickly cleaned. The clean baby needs no other bath than one of plain lukewarm water. No soap should be used, and no oil. Never anoint a child's body in oil.

Mothers who have had frequent intercourse during pregnancy will give birth to babies covered with a cheese-like substance called vernix caseosa. This substance can best be removed by pledgets of cotton dipped in olive oil. The oil should then be thoroughly removed from the skin.

As soon as the baby has been cleansed, it should be prepared for bed and permitted to sleep. No food should be given for the first twenty four hours.
THE EYES: The eyes should be carefully cleansed with warm water and cotton pledgets. It will be well for the father to attend to this himself rather than trust it to an ignorant and careless nurse, for nurses are never trained to properly cleanse the eyes of infants.

Infection of the eyes in infants is comparatively rare, and in cases where it does occur, proper cleansing after birth will prevent it. It is the medical practice to drop an antiseptic into the eyes, while naturopaths who have embraced the germ delusion use lemon juice. Thorough cleanliness is the thing needed.

The eyes should be shielded from strong sun light or artificial light and from dust and wind.

THE MOUTH: There is no need for washing the mouth of a healthy baby; either at birth or subsequently. The mouth is self-cleansing, the saliva is a sterilising fluid and health prevents the mouth from becoming dirty. It is almost impossible to wash the mouth of a new-born baby without causing some irritation and injuring the delicate membranes and predisposing these to inflammation. Let the mouth alone.

THE NOSE: What is said of the mouth applies to the nose also.

THE EARS: The external ear should be washed daily with plain water. Keep out of the internal ear. There is always some wax in the internal ear which should be let entirely alone.

THE GENITALIA: The genital organs should be kept scrupulously clean. In girls these should be washed during the bath with plain water and absorbent cotton. No soap or antiseptics should be used on these tender parts. Be careful to dry them thoroughly after each washing.

In boys the foreskin is almost always tight. There is nothing abnormal about this. Every other day, however, the foreskin should be pulled back and the secretion thoroughly washed away with plain water. Do not use boric acid ointment or other drugs to smear the parts with, as is usually advised.

If the foreskin is very tight, so that cleanliness is difficult, it should be
stretched each day until this difficulty is overcome. In some cases the
prepuce is merely too tight to be retracted. In others it is so tight that it
interfere with urination, being contracted in a few cases until the opening
is no larger than a pin head. In such cases a sebaceous secretion of the
glans penis, called smegma, accumulates under the foreskin, decomposes
and causes considerable irritation and even more serious trouble. Dr.
Lindlahr declares that "the intolerable itching caused by such irritation not
infrequently leads to masturbation."

*Phimosis* is the term applied to a tight foreskin and circumcision is the
customary remedy. Among the ancient Egyptians and Jews and among the
Jews of today, as well, perhaps, as among other people, circumcision was
and is practiced as a religious rite.

Circumcision is a barbarous and criminal procedure, whether done as a
religious ceremonial or as a medical measure. It results in severe surgical
shock to the delicate nervous system of the child and, where an anaesthetic
is employed, in depressant effects from this cause also. It not infrequently
results in severe inflammation and much suffering and in a few cases in
death. The medical notions that circumcision, like the pruning of a tree,
results in better development of the boy and that it also tends to prevent
venereal disease are rank nonsense. Jews are not better developed than
Irish or French, while the fact that there is as much venereal disease among
them as among other tribes is proof that circumcision is a mighty poor
substitute for good behaviour.

In phimosis, if daily traction will not overcome it, a probe should be
inserted and the part stretched. The foreskin should be drawn over the end
of a syringe and warm water forced into the cavity between the glans and
foreskin, to cleanse it. It necessary, a doctor may be called to dilate the
foreskin with a dilator. It causes a little pain but is soon over. In cases
where the foreskin is adhered to the glans, it should be peeled loose.

THE NA VEL: This is usually an object of much concern, except in the
lower animals. It is the custom to wash it with antiseptics and put a "drying
powder"--arisol, bismuth subgallate, etc.--on it. A shield is then placed
over the parts and the usual "belly-band" tied around the child. All of this
monkey-work is pernicious and needless.

Cleanliness is all the navel requires. Clean it with plain warm water and
let it alone. If the navel is discharging and a strap is applied to it, so that
the discharge is pent-up, Infection is almost sure to follow.

THE SKIN: Two things are needed by the skin of a baby—*cleanliness*
and *dryness*. Anything else is pernicious. A baby's skin is tender and
delicate and becomes irritated from slight causes. Soap, powders, oil,
dampness, especially in the folds and creases of babies with the fat-bloat,
soap-containing diapers, rough clothing, uncleanness, drugs, etc., irritate
the skin.

Wash the baby in warm water. Use no soap or other unnatural
preparation. Keep powders and oils—olive oil, lanolin, etc.—off its skin. Oil
only succeeds in occluding the pores of the skin. Massage creams are
worse and should not be employed.

Powders often contain poisonous antiseptics; but are not to be used even
where they do not. They are dirt, at best.

Rough towels, rough cloths, etc., should not be used on a baby's skin.

CHAFFING: This is due to dirt, a wet skin, sweat or water left in the
folds of fat on fat babies, over clothing, tight clothing etc. The usual
treatment disregards the causes. Bran baths, powders, medicated and
otherwise, sea-salt baths, vinegar, starch and boric-acid powder, etc., are
the foolish procedures of the "do something" schools.

If a child is washed in plain water, thoroughly dried after each bath, not
allowed to acquire the fat-bloat and is not over clothed, its skin will not
chafe. If it has been allowed to chafe there is nothing better for it than to
expose the baby's body to the air.

THE SCALP: This should be washed every day with plain water.

"Cradle Cap" is a scaly condition of the scalp seen in some babies.
Medical treatment consists of shampoos, olive oil soaks, applications of
boric acid salve, and scraping the scalp with a fine comb.

All that is required is cleanliness and sun and air. Keep drug, and soaps
and oils off baby's head.
SWADDLING BANDS: As soon as baby is born it has to be propped up and girded with hoops and bands to prevent it from falling to pieces. Accordingly, a band is pinned snugly about its abdomen and it must wear the thing for several days--to prevent rupture--after birth. Pregnancy and parturition are also such unnatural conditions that nature is unable to meet such emergencies, so the mother must be tightly bound around the waist as soon as the baby is born to keep her from falling apart.

Injurious belly-bands about an infant's abdomen, often pinned as tightly as a woman's corset, diapers pinned so smugly about the waist and drawn so tight between the legs as to produce discomfort and pain, make life very unpleasant for many infants. There is not the slightest reason why the abominable bands should be worn by either mother or child.

Medical works advocate the wearing of abdominal bands "as long as it is possible to buy them large enough (ten years), the reason for this being that it is important to protect the bowels from sudden changes in temperature or chilling even in older children."

Why not also in adults? Surely bands can be made that are largely enough for the biggest of us. The fact is that this band business belongs to the sick habit and the doctoring game and is injurious bunk. There is no reason for these bands. These sudden changes of temperature are quite natural and man can meet them as well as rabbits or deer.

E. B. Lowry, M. D. says, in Your Baby: "A baby's bands should not be taken off until he has finished teething. Day and night, winter and summer, the baby should have flannel (not outing flannel) about his abdomen. He is far less likely to have summer complaint if he wears bands. After the first few months it is better to get the knitted ones with shoulder straps as these require no pins and there is no danger of them being too tight. For the first few months, the bands, should be fastened snugly (not tight) so as to prevent rupture of the umbilicus."

No sensible, well informed parent will ever follow such insane advice. Keep these bands off of the baby from the first day of its life. Summer complaint, due to overfeeding, will not be prevented by such hoodooism.

When I read through a medical work on obstetrics, the strongest impression that comes to me is that it is almost impossible for a woman to
give birth to a baby. When I read through a medical work on the care of babies, I get the impression that it is almost impossible for a baby to live. It seems that nature cannot take care of our babies as she did those of the "cave man" or as she does those of the lion or eagle. If we are not carefully held together with artificial bands we will rupture! Instead of compelling prospective doctors to spend three years in pre-medical training before they can enter medical college, why not compel them to spend two years on a ranch?

Ridges and red lines on the abdomen, made there by these strips of flannel, are seen on the abdomen of babies whose mothers have put them on tight as the belly-band of a saddle. Many a fretful, wakeful and crying baby has been doped and purged for colic whose suffering was the result of these tight bands. There is no earthly need for these bands to start with; there is still less need for them being drawn as tight as the corsets of our mother's girlhood days.

Dr. Oswald said: "Indian babies never cry; they are neither swaddled nor cradled, but crawl around freely, and sleep in the dry grass or on the fur covered floor of the wigwam. Continued rocking would make the toughest sailor sea-sick. Tight swaddling is downright torture; it would try the patience of a Stoic to keep all his limbs in a constrained position for such a length of time; a young ape subjected to the same treatment would scream from morning till night."

WARMTH: Infants and young children must be kept warm and not allowed to chill. They must not be over clothed or too heavily covered, but they must be kept comfortably warm. I believe in the good old-fashioned natural method of cuddling an infant to warm it

BATHING: Daily bathing, or as often as needed, is necessary to cleanliness. Luke warm water should be employed. No soap should be used. The warm bath may be followed by a cool (not cold) splash. Then the child should be thoroughly dried. By all means do not soak all the vitality out of your child as many mothers do. The quicker a child is thoroughly cleansed and dried, the better for its health and strength.

A daily air bath should be given the infant and child and a sun bath every day the sun shines.
CLOTHING: Baby's clothing should be made of silk, soft cotton, or linen. Wool should not be worn next to the skin.

Clothing should be loose and simple and no more should be put upon the child than is necessary for comfort. Do not pamper and coddle the child. The child that is over wrapped, other things being equal, will have more colds than a child that most people would consider under clad.

In the summer and in warm climates the rule should be: WEAR NO MORE THAN ENOUGH CLOTHES TO KEEP OUT OF JAIL. In the case of infants a diaper will be enough. Let the baby be comfortable and cool. In older children a sun suit in warm weather is the near ideal.

Hats, bonnets, caps and other head-gear are for Indian chiefs and clowns. Keep them off baby's head. Except when the thermometer is down below freezing, there is no need to cover baby's head when it is taken out. Garters and tight bands are decidedly bad. Shoes should not be worn before the child walks and should be broad of toe with no heels.

Diapers should be light and loose. They should be washed before using and should never be merely dried, without washing, and then used. Don't pin the diaper so snugly about the baby that all circulation of air about the parts is cut off. This will make the baby hot and uncomfortable.

DIAPERS, or hip-pins, should be changed as soon as they are wet. The child should be sponged off and dried before another diaper is put on.

The diaper should then be washed before using again. Skin derangements are often caused by using diapers after they have been wet and dried without being washed. Keep the skin clean and there will be no chafing, excoriations, scalding or skin irritations. These are caused by a lack of cleanliness--they are prevented and cured by cleanliness.

I quote the following from Dr. Tilden: "It is not necessary for a child to have any malodours. Perfume is absurd; it neither covers the odour coming from lack of cleanliness, nor causes the child to be clean. There is no odour so splendid as the real sweetness of cleanliness. Perfume, like the doctor's antiseptic, is made to hide, or antidote, filth. Neither is needed when proper cleanliness is maintained; and both should be recognised as advertising lack of cleanliness."
DRESS: The summer, night dress should be a short, thin cotton or linen gown, or nothing but a diaper. Comfort at night means sound restful sleep. An overdressed and, therefore, overheated child is restless and does not sleep well.

In winter the gown may be of heavier material and long enough to cover the feet. Over clothing and too much covering at night cause much suffering in infants and children. Dr. Page aptly remarked, overcareful parents often force their children to undergo such an amount of clothing and "tucking up" in bed, as literally to constitute the "dry pack," "a sweating process which is tolerable only for short intervals, being very depleting when long continued."

In homes heated by hot air, hot water or steam, where a summer temperature is maintained at all times, children should be dressed in winter as in summer. They will require more clothing in homes heated by stove or fireplace.

Dr. Page says: "Babies are often tortured by too many and too tight-fitting garments, through the ignorance or carelessness of their attendants, or simply to gratify a mother's silly pride, and are treated in all respects, in many cases, more like a doll in the hands of a make-believe mother, than like a sensitive little human being entitled to every possible comfort, in the free use of the developing body, limbs, muscles, and organs."

BOWELS: The stools of a newborn are dark-green for two or three days after which they become brown. The stools resemble melted tar. There is, then, a gradual change from brown to yellow; by the end of the first week the stools should be a golden yellow. The foolish practice of some, of giving laxatives to babies to rid their bowels of this dark faeces is pernicious in the extreme. For your child's sake break yourself of this doctoring habit. Let the baby's bowels alone and let them take care of their own function. Don't begin to build chronic constipation in the child from the day of birth.

WATER: Most authors urge frequent water drinking upon infants. Just now excessive water drinking is a fad and is heralded as almost a panacea. It is quite natural that baby must also become a victim of this senseless fad.
My two boys did not get water to drink until they were each a year old and at this writing the little girl (age 6 months) has not had water. Children on milk and fruit juices are on a diet that is almost all water and have no real need for a lot of chlorinated, iodised and mineralised water.

SLEEP: At birth the normal infant sleeps approximately 20 hours out of each twenty-four, during the first month. As it grows older the amount of sleeping it does grows somewhat less. From one month to six months the normal infant averages about sixteen hours sleep a day; from six months to a year, about 15 hours; from a year to two years, about 14 hours; from two years to five years, eleven to fourteen hours.

The healthy infant sleeps more and sounder than the sick one. The more a baby sleeps the more it grows. Overfed infants do not sleep as well as properly fed ones. The acutely ill child that is fed hardly sleeps at all. It is fitful restless and irritable and cries most of the time. The acutely ill child that is not fed, or that is given fruit juices only, sleeps most of the time. It is less irritable and not so restless.

Sleep in infants and children should be encouraged. The sleeping infant should not be waked at meal time to feed it. Doctors and nurses make an awful lot of unnecessary fuss about regularity in feeding. This regularity is unnatural and unnecessary. Nature knows nothing of regularly in eating. Irregularity might almost be said to be the rule. If then, baby sleeps for an hour or more past feeding time it is well and good. If the child sleeps so long that a meal is missed entirely it is well. Never wake a child to feed it.

As children grow older they should be allowed to sleep for as long as nature demands immediately after their noon meal each day. There is benefit and not injury in going to bed and to sleep immediately after eating. Children who do not secure this afternoon "nap" grow tired and cross and are prone to cry and fuss a great deal. Their health and growth suffer from this lack of sleep. The more they sleep, the better for them, and this afternoon nap will be good if they keep it up until they are a hundred or more years old.

A healthy child will sleep through the night if not disturbed. A child that is not over fed will not pass urine and faeces, at frequent intervals during the night. Overfeeding, over clothing, overheating, chilliness' soiled
diapers, pain, discomfort from any cause --a loose safety pin, wrinkles in its clothes, etc.--will cause a child to wake. Physical comfort is the greatest hypnotic (sleep producer) a child can have.

Keep the child always in a well ventilated room. Last winter I went into a home where a young infant was kept in a gas-heated room with the windows always down. The infant was never well and did not sleep well. I advised that the child be kept in an unheated, but well ventilated room. This advice was followed with happy results. Better sleep and improved health followed immediately. Infants cannot breathe without air. Give them plenty of it. Keep them out doors winter and summer. It is good for them. The baby's face should never be covered or "tucked in," but should remain fully exposed while in its crib or carriage.

TEETH: After advising regular brushing of the teeth of young children, Morse-Wyman-Hill say: "Every child should be taken to the dentist as soon as it is three years old, or earlier, if necessary, and thereafter every six months." What for? "In order that the teeth may be examined and any cavities which may have developed filled while they are still small." In plain English, these authorities do not expect the advice they give to mothers for the care of the teeth of infants to insure and preserve good teeth. They say in effect: Take our advice and then go to the dentist to "remedy" the results of following such advice. Filling a cavity does not correct or remove the causes that have produced the cavity and, therefore, does not prevent the cavity from becoming larger and the filling falling out. We reject the ideal of frequent examinations of the teeth, with early discovery and early filling of cavities. We insist on preserving the teeth whole. To this end, never permit the brushing of a child's tooth before the child is fifteen years old, and not even after this age, if you value the teeth and gums of your child. Scrubbing away the gums and teeth of a child is a poor means of preserving its teeth. Such a program results in pyorrhoea in many children around the age of thirteen.

Health and a proper diet will produce and preserve good teeth. Without these there can be no good teeth.

The present tooth brushing insanity was organised some years ago by a company which manufactured and sold tooth brushes, tooth paste, toilet articles, etc. They conceived of a plan to increase their profits by inducing everyone to brush their teeth several times a day. Part of this plan consisted
in getting dentists into the schools of the land to examine the teeth and recommended the tooth paste of this particular company. At first the scheme failed, but after enough newspaper publicity and lengthy "discussions" the Schools Boards consented to let the dentists go to work. The ultimate success of the scheme was greater than any member of the manufacturing company had ever dreamed of, even in his wildest moments. Today the dentists are not only in the schools, they are being paid out of public funds, for the work of drumming up trade for dentists and tooth bush manufacturers. "Credits" are given to those children who posses and vigorously use tooth brushes, while the tooth-brush drill is a regular feature in many schools.

At the present time no one dares question the value of this silly practice. Everyone advises and endorses the tooth brush and the soaps that are used on the teeth. It is rank heresy to dispute their value. I dispute it nevertheless.

THE EYEBROWS: In her Better Babies, Anna Steese Richardson says: You child has a right to all the beauty with which you can endow it. If your baby has thin eyebrows and lashes, try to encourage their growth. It can be done. Feed the eyebrows with a little cocoa butter, or vaseline. If you are very careful you can even touch the lashes with a tiny camel's-hair brush dipped in melted vaseline. I know a man and wife whose looks were marred by scanty lashes and colourless brows. When their babies came the woman determined to do something to improve the unfortunate inheritance. She rubbed vaseline into the brows, had the lashes cut twice before the babies were three months old, asking the family physician, an excellent surgeon, to do this for her, and she touched the roots of the lashes with melted vaseline. Her children, now in their teens, have beautiful brows and lashes."

This is misleading bunk. The hair cannot be fed from without. Even if it could be, oil is not hair food and does not stimulate hair growth. Still less is vaseline, an inorganic grease, made from petroleum, of value. Cutting the hair will not make it thicker or put hair where there is none. Cocoa-butter, olive oil, vaseline, hair tonics, etc., are without the least value. They all belong to the doctoring habit--directly descended from voodooism.

HANDLING: Most babies are handled too much. The young of no other species can withstand so much handling and survive. Kittens, puppies,
goslings, calves, birds, indeed all young animals, soon languish and die if handled very much. Man, including infant man, can live through more abuse, of all kinds, than any other animal on earth. Nevertheless millions of infants are injured in health and many of them killed by being subjected to too much handling. The following words of Dr. Trall are to the point:

"Never mistake infants for toys or playthings. Never employ them to amuse yourself or entertain company. Never exhibit them for the purpose of reflecting inherited charm and qualities of which the parents are proud--perhaps justly."

EXERCISE: Trall declared that "the business of infants is to grow," and that to grow normally they must have exercise. The exercise of infants and children is self-regulating, if they are given an opportunity to express themselves, physically. The best exercise for infants, said Trall, is letaloneativeness. Place them on a smooth surface, do not bind and cramp them, throw off their clothes and let them exercise in a natural manner. Elastic baby jumpers and other such contrivances are not commendable.

The best exercise in the world for the baby is to place it face down on the bed or palate and let it work. This is Dr. Page's method. Lying on its back, its back and neck muscles are never exercised, while they are overheated. The back, neck, arm, and legs get the best of exercise when the baby is face down. It develops a strong neck and back and sturdy arms and legs. Place them on their faces from the day of birth. They will be better babies for it.

ROCKING: Babies should never be rocked. The old habit of rocking babies to sleep is particularly pernicious.
CHAPTER XIX
FEEDING CHILDREN FROM TWO TO SIX YEARS

Infants and children are not addicted to the many weakening and enervating practices so common among adults. For instance we cannot accuse any infant of bringing on enervation and toxaemia by the tobacco habit or by sexual excesses or over work or jealously, etc. Babies are subjected to many adverse influences, but probably the worst of these is over feeding, or improper food.

A friend writes from New York that her little child was very sick, but had recovered. She adds: "she was gaining in weight so nicely. Looked fine, and everybody remarked how lovely she looked, and how pretty she was getting and then she had to get sick and lose weight again."

Acute illness as a means of casting off excess lard, is nature's preferred method. Nature really doesn't admire a fat baby, as misguided parents do.

The lady then tells of her boy, age about eight, that he "was having a terrible time with his teeth--had cavities that sure gave him trouble. I started him off with a dentist--already had two extractions and one tooth filled; will have two more extracted soon."

She then adds that she also had to have dental work done. She is on the sunny side of thirty and had $63 worth of dental work done at one time. She adds: "I haven't been feeling well for a long time. I don't know what the trouble is. Almost every day I have a headache--don't feel like myself at all. I am afraid to go to a doctor because it generally ends with an operation (of which she has had several), or something just as bad.

Her husband is also troubled in various ways. The whole family from the baby to the oldest member is sick and ailing. Why? The medical profession answers, "germs." I say, and I know how they live, it is a very faulty mode of living particularly a faulty diet.

Children are frequently made into a veritable dumping ground for all the
various patented foods, emulsions, and even drugs that clever advertisers offer to the public and to physicians.

They are victims of the fallacy that they require lots of fats and sugars and starches, which has evolved the present one-sided and deficient diet. This diet is virtually robbed of mineral salts and vitamins and then doctors and parents add a few teaspoons full of tomato juice, or orange juice and nauseous cod-liver oil to this diet, to make up for its deficiencies. Cod-liver oil and other fatty emulsions added to a diet already over-burdened with fat only helps to make the child sick.

"Infants are kept in arms, rocked, tossed, trotted, and stuffed with food, in a vain effort to keep them quiet," when they are suffering from surfeit, and the older child is fed in season and out on a diet that is more in the nature of a poison than of food.

Everywhere one goes he sees children eating cookies, candies, crackers, ice cream and other worthless things, "With hands full of cookies and pockets full of peanuts" they gorge and stuff, filling their little bodies full of these acid-forming foods and robbing their tissues of their precious alkaline elements.

I recently saw a little child pick up a luscious ripe cherry in a fruit store and start to eat it. Her mother immediately said "Don't put that in your mouth; it is not good for you. I will give you a cake when we get outside, but don't eat that."

Such lamentable ignorance! Most people deserve to lose their children. My sympathies are for the children. Any parent can have the truth about the proper care of children who will seek to acquire it. Most of them are too brain-lazy and indifferent. It is so much easier to follow traditions and customs.

If this mother desired to teach her child not to take fruit from the stores, she certainly went at it the wrong way. The idea that she conveyed to the child was not, that it should not take the fruit, because it should never take that which belongs to another; but that she should not eat the fruit, because it was not good for her--would make her sick.

Parents often feel sorry for their children when they see them deprived
of certain foods, but they are wasting their sympathies. Such sympathies are tantamount to wishing for them a continuance of disease. "When parents are intelligent enough to know their duty to their children," says Dr. Tilden, "they will not feel sorry for them because they are not eating in a way to make them sick."

Too many parents are ruled by their emotions and sentiment and not by knowledge and reason. Give your child those foods that are good for it and do not cultivate in him an appetite for harmful foods.

Beginning with the second year fruits and vegetables may be added to the child's diet. Any fruit in season, if well ripened, may be fed. There is no reason to fear fruit of any kind; peaches, plums, apricots, cherries, figs, apples, pears, grapes, berries, bananas, and so on through the whole list. Give the child the pulp and all—not merely the juice.

Water melons, cantaloups, honey dew melons and melons of all kinds may be given. All kinds of nuts, except peanuts, which are not nuts, may be given.

Any or all fresh vegetables may be given either raw or cooked, preferably raw. Spinach, chard, kale, cabbage, beet tops, turnip tops, asparagus, celery, lettuce, tomatoes, onions, squash, fresh green beans, brussel sprouts, cauliflower, etc., may all be given to the child. Carrots, peas, fresh corn, (not canned corn or peas), beets, parsnips, salsify, etc., may also be fed. There is no reason to fear to feed your child vegetables, provided they are fresh and clean and properly prepared. Do not give the child any processed starches, refined sugars, or so-called "breakfast foods." The widespread use of "breakfast foods" is one of the worst of our present day dietary faults. Corn flakes, puffed rice, puffed wheat, bran foods, cream of wheat, cream of barley, wheatena, etc., are not good foods for child or adult. All the great claims made for them are false. For heaven's sake never feed these things to your child. Oatmeal is perhaps the worst of all cereals for child or adult. Cereals are among the most difficult of foods to digest. These certainly do not belong in the diet of infants and young children when the ability to digest starch is so low.

Give no sugar, salt or soda with anything. The practice of neutralising the acid of lemons, by adding soda to the lemon juice, is both useless and injurious.
It is necessary to observe the same rules for combining foods, when feeding these to the child as when feeding them to the adult.

Do not feed the child cooked fruit.

Do not feed acid fruits and starchy foods or sweet foods together.

Do not feed sweet fruits and acid (sour) fruits together.

Do not feed sugar or starch with protein foods.

Do not feed sweet foods with starch foods.

Feed but one protein at a time.

Feed no protein food with milk.

Feed plenty of green vegetables with both starches and proteins.

Do not feed butter, oil or other fat with protein foods.

Do not feed between meals.

Give the child 3 meals a day, including his three nursings which are simply supplemented with these foods.

If you desire to bring up your child without the need of a doctor, with perfect digestion, freedom from disease, good teeth, a splendid body and alert mind, follow the advice given herein and keep away from sugars, refined starches and all processed foods. If you are fond of adding to the incomes of physicians and also seeing your children suffer and die, follow the "good old fashioned way" that it is the vogue all around you.

Morse-Wyman-Hill say children "must be made to eat what is given them, ### whether they like it or not, because it is most important for older children and adults to eat a general diet. ### A baby should be made to eat its foods as they are given to it, even if its nose has to be held in order to make it swallow."
This is criminal advice and if followed, is a sure way of creating in the child an antipathy towards its food or some food and a spirit of antagonism. The spirit of children is not so easily broken and subdued as these authors assert. They resist coercion long after an adult has submitted himself to the yoke and become a slave.

Children do not have to be forced to eat that which is wholesome and good, if they have been fed properly from the start and have not had their appetites and sense of taste spoiled by sugar, salt, pepper, spices, etc. Too many children have their appetites for plain food spoiled by the vulgar habit of seasoning their foods and cultivating in them the same perversions of the sense of taste and the same abnormal cravings that are seen in adults. Jam or jelly is put on their bread or crackers, sugar is put into their milk, sweet cookies are fed to them often, they are given candy or ice cream or little knick knacks between meals, or they are given sugar out of the sugar bowl. Mayonnaise or other such slop is smeared over their food. Their appetites become so cloyed and their sense of taste so perverted that they no longer enjoy plain food. When they grow older their perverted taste and jaded appetites and overstimulated bodies will demand tobacco, alcohol, and petting; also sex-slush in their movies and novels.

This varied or general diet idea has been and is being greatly overworked, both as regards children and adults. At no previous period in history did man have the great variety of foods he now has. But he does not need to eat every food that grows just because they are now available.

There is no indispensable food. If a child does not like spinach, and many of them do not, there are other foods just as good, or better, that he will like. I have seen a baby's nose held to force it to swallow a poisonous drug prescribed by a doctor, and I don't believe in this method of forcing a distasteful food down a child's throat any more than I believe in its use to compel the child to swallow the doctor's dope.

Never force a child to eat. If he is not hungry let him go without food. His own sense of hunger is a better guide as to when he should eat than all the science of all the ex-spurts in the world, who know all about the thing, and know it all wrong.

You supply them with plain, wholesome natural foods and no other kind and leave it to their natural instincts to teach them to eat foods that are
good for them. Set them a good example--they will follow a good example as readily as they will a bad one.

I leave been asked whether or not it would be safe to turn children loose and let them eat what and when they will, just as animals do. The answer is yes, provided you supply them with natural foods, do not urge them to over eat and have not previously perverted their sense of taste and cultivated in them the stuffing habit. Don't season and sweeten their foods to stimulate a false appetite and induce them to over eat.

Children quite naturally eat *monotrophic* meals. They like to make a meal on one thing. Parents usually do not permit them to do this, being under the variety "spell" and being convinced that we have to have our variety all at one meal. If children were given natural foods they could safely be left to follow out their instinctive monotrophic practices. But to permit a child to make a meal on jam and bread, or on cake, or on cheese, and macaroni, would not be so good.

A few words may be said about the foods that people have unfounded fears concerning.

FRUITS are especially valuable for the mineral salts, sugar, organic acids, vitamins and distilled water which they contain.

APPLES are among the choicest of foods. They are rich in phosphoric acid and are especially valuable for nervous and rickety children. They contain much iron in its most assimilable form.

STRAWBERRIES are delicious and contain a sweet acid that makes them popular as food. They are rich in food-iron and food lime, excelling all other fruits, except the raspberry and fresh fig, in richness in iron. They are also richer in iron than most vegetables, being excelled as a source of iron only by green peas and fresh lima beans. They are also rich in vitamins.

Dewberries, blackberries, raspberries, huckleberries, and all other berries are fine for children. They should always be fed raw, never cooked, and never with sugar.

BANANAS have long been condemned by the medical profession as
indigestible. This was declared false by the Hygienists who highly recommended them. "Orthodox" experimenters now declare that the banana, when fully ripe, is easily digested. But the average physician has not found this out. Bananas are very wholesome food and rank high in vitamins. They should only be eaten when *thoroughly ripe*, and should never be cooked.

NUTS are also very bad food and very indigestible, if we listen to the antiquated pill pedlars and serum squinters, who claim to have been commissioned by the Almighty to look after our health. Nuts are not indigestible. They are the best of foods, and if thoroughly masticated, and not eaten at the end of a hearty meal, are easily enough digested.

RAW STARCH is not indigestible as is generally taught and believed. It is well known that cattle digest raw starch more easily and completely than cooked starch. Milo Hastings has shown the same thing to be true with man. The Department of Agriculture, in Washington, conducted experiments which revealed that raw corn, rice and other starches are digested in amounts up to eight ounces daily. Raw potatoes showed a digestibility of seventy-eight per cent.

Berg advises "from five to seven times as much vegetables, potatoes and salt-rich fruits (apples and pears are poor in this respect), as of meat, eggs or cereal products--for otherwise an adequate excess of bases cannot be guaranteed," to supply the needs of growing children. With this I concur. The pregnant and nursing mother should make up her diet in the same way, if she wishes to supply her child with adequate bases.

Now for a few words about some of the old stand-bye that have served long and well the interests of doctors and undertakers.

MEAT BROTHS have practically no value. They act as stimulants rather than as foods, and all such stimulation is decidedly injurious.

MEAT should never be fed to a child under six years of age, and better never at all.

EGGS are divided into *yolk* and *white*. The yolk is an alkaline food, the white is an acid-ash food. The white is difficult to digest and poorly assimilated, if at all, and contains poisonous properties that render it
dangerous as food. Leave out all eggs.

    PICKLES are indigestible and unfit for food.

    PRESERVED FRUITS are confectionery. Do not consume these abominations with any thought that they represent fruit.

    SUGAR and honey should never be eaten with fruit of any kind. Fermentation is almost sure to result.

    Dr. Wm. H. Hay says: "Without a doubt the greatest curse of the early years of child life is the general impression that sugars are good for children, furnishing many calories of energy, either this or the use of pastries and the two evils are one, for the same objection that holds against the sugars holds equally against the pastries."

    One's heart must grow faint when he sees the children of this country stuffing bonbons, cakes, crackers, bread and jam, candy, ice-cream, soda-fountain slops, and similar stuff down their throats at all hours of the day. What do parents mean, by giving these things to their children?

    Children soon cultivate a "sweet-tooth" and are not long in learning that they can get what they cry for, if they only cry loud enough and long enough. How many mothers and fathers have the moral courage to listen to a baby's cry? Not many. They are ruled by sentiment and emotion, rather than by knowledge and reason. It is so hard for them to listen to the cry of the baby: they feel so sorry for the poor child. They don't want their baby to cry. It is so hard on their nerves to listen to baby cry. They are just moral cowards and sentimental jelly-fish, who injure their children physically, mentally, emotionally, socially and morally, because they have not disciplined themselves to do what is right. They take the easiest course for the present, little reckoning that they have to pay for it later.

    Baby soon learns that if it will only cry for a few minutes it does not have to eat spinach, but can have cake instead. Mother will give it ice-cream or candy if it only cries for it. What a terrible moral lesson to teach a child!

    The cracker-habit usually follows the sucking habit. Baby discards its nipple and takes up the cracker. If he is taken to church, to the theatre, to
the park, to a friend's house or goes to see grandma, he must have his cracker. Mother carries a whole box of crackers,—nice white ones, well salted, or graham crackers, well sweetened—along with her, for baby must have a cracker every few minutes. If he does not get a cracker he is pulling at mother's dress and crying and fretting. The cracker is given him to solace him and keep him quite.

Poor mother! Poor child! They are both undisciplined and ignorant. Mother is the slave of her badly spoiled child and is as badly spoiled as the child.

The whole program of living of such children is wrong and ill need of correction from the ground up. Can such mothers be induced to make the needed change? Have they the moral courage to let baby "cry it out" and adjust himself to a better life? I fear not. Their emotions would get the best of them.

Morse-Wyman-Hill say: "There is no food which causes more disturbances of digestion in childhood than sugar. As money is said to be the root of all evil, so sugar may be said to be the root of all disturbances of digestion in childhood. Further than this, sugar is a very common cause of loss of appetite in children, and destroys their appreciation of proper food. It also, more than any other one thing, is responsible for the decay of children's teeth. Candy, therefore, should never be given to children. It can do them no good and may do them much harm. It is idle, of course, to claim that two or three pieces of candy a day will disturb the average child's digestion or prevent its normal development. Children that have two or three pieces, however, usually want more, and are quite likely to get more. It is true that some kinds of candy are richer and more indigestible than others, but they are all made of sugar, and plain sugar is bad for children. Children should be brought up not to eat sugar on anything. There is no objection to putting a little sugar in the food during its preparation, but no sugar should be put on it when it is served. (This is a case of splitting hairs—sugar is just as harmful when put in the food as when put on it. H. M. S.)

"It is often said that sugar is a necessary article of diet for children. This belief is fostered by the manufacturers of sugar and of candy. It is, however, not true. Carbohydrates are advisable for children as a source of energy. They are not absolutely necessary, however, as is shown by the fact
that Eskimo children grow up without them." (Eskimo children do not
grow up without carbohydrates. H. M. S.)

Sugar, candy, syrup, etc., inhibit gastric secretion and impair digestion. 
This is true of cakes, pies, etc. It is just as true of brown sugar, maple 
sugar, and cakes and cookies made of whole-wheat flour and brown sugar 
or honey, as of white sugar and white flour products.

Two or three pieces of candy a day may not perceptibly injure children; 
but when it is added to the cookies, cakes, pies, jams, jellies, white bread, 
denatured cereals, saturated with white, or even brown sugar, mashed 
potatoes, pasteurised milk, and other denatured products, it only adds to an 
already preponderantly acid forming diet and further leeches the child's 
body of its precious alkaline elements.

Many candies contain poisonous dye-stuffs, adulterants, flavors, etc., as 
well as nuts, milk and other things that form, with the sugar, bad 
combinations.

ICE-CREAM is an abominable mixture of canned milk, powdered milk, 
pasteurised milk, gelatin, sugar or syrup, colouring matter, flavouring 
extracts and often of canned fruits. It is no good for child or adult.

The following is quoted from The Ice Cream Field, the National Journal 
of the ice-cream manufacturers, for July, 1928; and is headed, "Baby 
specialist Favors Ice Cream."

"Ice cream has been prescribed for infant food for several years by Dr. 
Luther R. Howell, of Columbus, Ohio, one of America's leading baby 
specialists. Dr. Howell states that ice cream has proven an ideal food for 
dernourished babies and in several instances was a means of saving their 
lives. He says that the homogenisation of milk and cream, as carried out in 
the manufacturing process of ice cream, makes the food particularly 
digestible, an important factor in infant feeding."

This is just plain ordinary bunk and known to be false even by the man 
who made the statement. In McCall's magazine, July, 1926. Dr. E. V. 
McCullom wrote:
"There is no more attractive way of serving milk to your family than in good ice cream. We have constantly emphasised the importance of drinking more milk, for the average amount consumed per person is still far too low. The more frequent serving of ice cream at the family table is one of the easiest ways of getting milk into the diet, especially for children who do not like milk and for persons who demand food with marked flavors."

Men who have been stung by the milk-bug don't care how they get milk into you, so long as they get you to take it. Why do children cease to like milk? If milk is so necessary, why does nature cut off both the supply and the demand? In opposition to this rank nonsense about ice-cream I offer the following words of Morse-Wyman-Hill, who say:

"Ice-cream, Ice-cream soda, and other sweet drinks ### are always inadvisable for and usually harmful to children. They are harmful chiefly because of the sugar which they contain, partly because they are too cold, partly because they are too rich, and partly because they are usually taken between meals. Children would be better off without any of them. Ice-cream is probably less harmful than the others. Vanilla ice-cream is not as rich as the other kinds. The majority of people are so willing to take the chance of injuring their children's health in order to give them temporary pleasure that we have found it useless to attempt to cut ice-cream entirely out of the diet of children. We therefore compromise and allow the children to have plain Vanilla ice-cream without any sauce on it once a week."

It was asserted at a dental meeting a year or so ago that slaughter-house offal and scraps are now bought up and the fat rendered out of these and used in ice-cream instead of the cream of milk--cooked animal tallow, suet and lard now sold to your children in ice cream!, while subsidised ex-spurts lure you on to "eat a plate of ice-cream every day," and tell you that ice-cream is a "health food."

COD LIVER OIL is not to be regarded as a food. Its use as a medicine covers several centuries but its magic virtues are recent discoveries. For a few years it was a specific for rickets, both preventing and curing the disease. Now it must have the aid of better food and sunlight, or at least lamp light. There is not really much attention given to sunlight.
Mr. Hater's statement that the giving of "from six to ten drops of cod-liver oil every other day, increasing the proportion as the child becomes older, until at the age of twelve the child is taking" a half a tea-spoonful three times a week "sounds a little like witchcraft," is good. He adds, "It seems only a step from oil from fish livers to the extract of frogs' tongues and newts' gizzards."

I have never used cod-liver oil, but it has fallen to my lot to care for children to whom it had been given for longer or shorter periods without benefit. I have seen troubles that I am convinced resulted from its use. I advise all parents not to give it to their children.

YEAST is a commercial product and all the claims made for it are simply designed to sell more yeast and, thereby, increase the profits of the yeast manufacturers, who have no more interest in promoting your health than have coal-mine owners. Subsidised physicians and scientists are quoted by the yeast companies to convince you of its great value. These statements have as much value as those of any other man who says what he is paid to say.

There is no evidence that yeast preparations or extracts are more effective, more practical or more available sources of vitamins than the common fruits and vegetables of garden and orchard. Indeed, the yeast companies have about completely abandoned this claim and tell us that the value of the yeast lies in other elements it contains. In what other elements, then? They never say.

Claims for the prophylactic and therapeutic value of yeast are false and misleading. Yeast is a ferment and has been employed as such for ages. It sets up fermentation in the digestive tract and this is certainly not desirable.

IODIN in water, in salt and in various drug preparations is advised and freely given to prevent goitre in children, a lack of iodine being regarded by medical men as the cause of this condition.

Now, not only is this theory of the cause of goitre unproven, but we have no reason to believe that drug iodine can be of any use to the body, although we know positively that it can and does produce considerable harm, even death. Its use has actually been responsible for many cases of
goitre.

The amount of iodine found in man's body is a mere trace. It may be a normal element of man's body; it may be a foreign element. But one thing is certain, man's only usable supply of iodine is fruits and vegetables and these supply more iodine than he needs. Asparagus, pineapple, cabbage and green kidney beans will take care of your child's iodine needs without trying to substitute drugs for food. Feed your child don't drug it. Putting iodine in our city water will someday be prohibited by law. The use of iodized salt will also end. Indeed, we will abandon the use of salt entirely.
CHAPTER XX
A HEALTHY CHILD

There are certain leading characteristics of a normal, healthy, well-
nourished child which every parent should familiarise himself with; for, a
lack of such conditions indicates an impairment of health. Such are the
following evidences of health:

Mental alertness, brightness.

Cheerfulness and a contented disposition.

Bright, sparkling, wide-open eyes.

A good appetite.

Absence of vomiting and regurgitation of food.

Normal bowel movements, with normal color and consistency. Very
little crying.

A steady gain in weight, from healthy growth and not from the fat-
disease.

Firm elastic flesh with springy muscles.

Perfect, sound continuous sleep, with eyes and mouth closed. Sound
sleep all night.

Constant growth in height, and intelligence, with an increase in
circumference from healthy growth.

Symmetrical development of muscular and not fatty tissue. A clear skin
with a "peaches and cream" complexion.

An absence of emaciation.
No evidences of pain or discomfort.

A normal rate of development as set forth in the Chapter on *Baby's Development*.

The signs of impaired health in children are quite numerous. There are various symptoms of disease which are so nearly universal in civilised life that ignorance calls them natural or normal. The universal fat-bloat, and the common habit of spitting are among these. Here is a list of the earlier manifestations of impaired health in infants:

- Mental dullness, stupidity.
- Crossness, fretfulness, irritableness, and discontent.
- Dull, half-closed eyes.
- Pasty or muddy complexion.
- Lack of appetite--indifference to food.
- Vomiting and regurgitation of food.
- Hiccough.

- Flatulence with eructations of gas and with gas from the bowels, with usually a strong odor.
- Constipation.

- Diarrhoea--loose watery stools, green or other abnormal colour, with milk curds in the stools. Stools have strong odour.
- Colic.
- Colds in the head," stuffing up," "snuffles."

- Much fretting and crying.

- A loss of weight, even emaciation.
Fat-bloat.

Disturbed sleep. Sleep not sound or continuous. Does not sleep all night.

Grunting and crying in sleep. Hard to put to sleep at night.

Restlessness. Hard to take care of.

Pain and discomfort.

Congestion (excessive redness) of cheeks.

Mouth open while sleeping.

Mouth breathing.

Slow or arrested growth.

Lack of symmetry in development.

Soft, flabby muscles.

Skin eruptions.

A too slow, or perhaps too rapid, development, as set forth in the chapter on *Baby's Developments*.

Purging, wetting, nose-running and drooling attest to nature's efforts to get rid of the excess, in food salivated infants. "If a child is awake and fretful, apparently demanding food every two hours or oftener," says Dr. Tilden, "that child is sick, and should be dealt with accordingly."

It is the overfed infant whose inflamed stomach has a never-ceasing craving for food or something to appease the "gnawing" sensation in its stomach. It is such an infant that develops the morbid, dyspeptic appetite, which always demands more food.

Red cheeks, commonly considered a sign of health, are evidences of plethora and irritation and denote a predisposition to febrile diseases. It is a
congestion of the cheeks and is no more a sign of good health than are the flushed cheeks of pneumonia.

The first signs of approaching troubles in a child are usually fretfulness and irritability. There is often an indifference to food and then, in a short time, a rise in temperature. There is usually a "running nose," also. The child becomes listless and desires to lay down. From this time on, if feeding is continued, the child grows very sick. If drugging and feeding are kept up, what might otherwise have been but a brief and slight indisposition, may easily become a serious disease, even ending in death.
CHAPTER XXI
UNDERNUTRITION

Malnutrition, (Innutrition, undernutrition) is simply poor or inadequate or defective nutrition. The child or adult is undernourished or is not well nourished. Such a person may be overfed. The cases of malnutrition in those who actually do not eat a sufficient bulk of food are comparatively very rare.

Almost the whole of the American population is suffering from undernutrition. The discovery during the war that so many of the young men in this country are such miserable specimens of physical manhood occasioned a temporary interest in the subject of malnutrition, just as a similar temporary interest in the nutrition of her young followed a similar discovery in the young men of England during the Boer war. Although, this temporary interest in the physical welfare of our future cannon-fodder waned as the patriotic fervour, which gave rise to it, lessened, with the passing of the war, malnutrition of our children and adults is as acute as ever if not more so. Routine examinations of school children have revealed that malnutrition is as prevalent in these as it was in the young men examined in 1917-1919.

It is difficult to capitalise such a condition and, therefore, no serious effort is being made to remedy it. The doctors and public health workers soon turned their attentions back to serums and vaccines and to removing tonsils and pulling teeth. The little attention that is being given to the subject of malnutrition in children is practically wasted because; 1st., physicians do not have a dependable knowledge of diet and do not know how to properly feed children; 2nd. they do not fully understand the causes of undernutrition; 3rd., they devote too much attention to purely arbitrary standards of height and weight and too little to other and much more important evidences of innutrition; and, 4th., commercial surgery, commercial dentistry, commercial serums and vaccines and commercial food manufacturers stand in the way of sincere effort.

The United States Children's Bureau found that from one-fourth to one-third of the children in this country are definitely malnourished according to medical standards. In some communities malnourishment is so common
that it is hardly recognised as an abnormal condition. They found that the number of children of really superior nutrition is really very small.

While a majority of these children manage to grow up, they carry the marks of faulty nutrition with them throughout their lives. Small bones, weak, receding, deformed chins, deformities, defective teeth, undeveloped bodies, flat chest, deformed spines, poor sight, anaemia, marked susceptibility to disease, and low mentality are only some of the more obvious, results of malnutrition. Here in San Antonio, among our Mexican population, one scarcely sees a single Mexican who does not present unmistakable evidences of malnourishment.

Malnutrition manifests itself not only in a failure to gain in height and weight but in many other ways. Indeed many malnourished children are fat, while, others are as tall as the average child of their age. A child may be normal, meaning the median or average, as far as height and weight are concerned, and still present many evidences of malnutrition.

The more common symptoms of malnutrition are a dry, delicate skin which is either pale, or wax-like or else sallow, or pasty, or earthy in appearance; dry, rough hair, brittle nails; blue circles or dark hollows under the eyes, with a pale, colourless mucous lining of the eye-lids; loose skin, flabby, undeveloped muscles; round shoulders, projecting shoulder blades, fatigue posture, prominent abdomen, irritability, listlessness, inattention, "laziness," undue mental and physical fatigue, mental backwardness, a temperamental disposition, lack of natural inquisitiveness and a lessened power of concentration; the child is also likely to be finicky about his food. The undernourished child is usually underweight, although some of them are fat and flabby.

The causes of malnutrition are commonly divided into three classes, Physical, social and dietetic.

The "physical causes" are diseases and various malformations. Among these are listed tuberculosis, chronic disease of the tonsils and sinuses connected with the nose, pyelitis, decaying teeth, adenoids and deformities of the jaw and nose. Chronic disease of the tonsils and sinuses connected with the nose are said to be "the most common of the diseases causing malnutrition in childhood." "Decaying teeth often cause malnutrition." "Adenoids and deformities of the jaw and nose are the most common of
the deformities which produce malnutrition." Tuberculosis is not considered a common cause of malnutrition in childhood.

Morse, Wyman and Hill say of malnutrition due to these causes: "The remedies are obvious: removal of diseased tonsils and teeth and of the adenoids, treatment of the sinuses and pyelitis, and correction of the deformities." This is a surgical program and is aimed at effects, not causes.

K. B. Rich, in a report of the work of the educational authorities in the Chicago Elementary Schools, showed that the treatment of enlarged tonsils, adenoids, carious teeth, and flat-foot was ineffectual in overcoming malnutrition, although the program had been undertaken with great expectations of success. Fresh air, sun shine, exercise, an improved diet and cleanliness were then tried and these proved effective.

Decay of the teeth is due to malnutrition. So is tuberculosis. So are most deformities of the nose and jaw. The medical profession is so in the habit or getting the cart before the horse--of converting an effect into the cause--that they do it unconsciously. Take the one factor of decay of the teeth. This is so unmistakably an effect of faulty nutrition that we can hardly excuse those who say that the tooth decay causes faulty nutrition.

In the discussion of the "social causes" we usually find more evidence of intelligence, although the treatment of these causes seldom goes far enough, due to the fact that our universities and research institutions are controlled by big business interests and to the further fact that these same universities and research institutions are large stock holders in oil companies, mining companies, cotton mills, etc., and are deeply interested in the dividends of these. It is, therefore, more profitable to these institutions to vivisect animals, study germs, and endorse serums and surgery than it would be to tell the truth about the social causes of disease, where this might tend to decrease the incomes of these big business concerns.

Under social causes we find listed lack of fresh air and sunlight, too hot or too cold houses, mental over fatigue and physical over fatigue. Physical over fatigue is said to be due, usually, to too much hard play. The more than two million children employed in poorly ventilated, poorly lighted mills, factories and sweat shops in this great land of "progress" and prosperity" are not likely to play too hard.
There is no condemnation of the crowded slums of our larger cities, where sun shine and fresh air are lacking. There is no condemnation of the low wages, high rents, and other economic factors that prevent parents giving their children the benefits of resin air and sunshine. Any one who would condemn these things would immediately be denounced as a "red," and it would be asserted that Moscow had paid him to say such ugly things about our "glorious American institutions."

Other "social causes" are insufficient sleep, due either to excitement or improper food, or to the premature abandonment of naps and rests or to not putting the child to bed early enough; too much study, neglect at home, family friction, unsuitable books and stories, too many parties, movies, long automobile rides, and too much other such excitement or improper amusement.

To these causes, let me add nagging, scolding and whipping and slapping of children, over clothing, too much handling, especially of infants, smoking by older members of the family in the house, drugs, serums, vaccines, surgical operations, etc.

"The remedy," say Morse-Wyman-Hill, "is, of course, a simple rational, not too strenuous life, without undue excitement, and with plenty of fresh air and sunshine." The remedy must go beyond this prescription. It must take the children and their mothers out of the mills and sweat shops; it must remove them from the slums and crowded tenements; it must supply these children with an atmosphere of love and kindness. It must supply them with houses that are not "too hot or too cold." It must keep them out of the hands of the surgeons and the pus punchers and serum squirters.

Under "dietetic causes" is mentioned "improper food" rather than a "lack of food." This means that the child is fed on foods that are inadequate in one way or another and do not supply the child's body with all of the needed food elements. Without indulging in the customary stereotyped chin music about "calorie requirements," "balanced diet," "protein needs," "fat needs," "accessory foods or vitamins," etc., let me say that this means that the child is fed on white flour and its products, degerminated and demineralised corn meal, denatured cereals, pasteurised and canned milk, sulphured and canned fruits, jellies, jams, white sugar, candies, ice cream, cocoa, chocolate, soda fountain slops, cooked
vegetables, mashed potatoes, pies, cakes, crackers, cookies, etc., to the exclusion of fresh raw fruit, fresh raw green vegetables, fresh raw milk (preferably its mother's milk), raw nuts, and whole grains, if grains are to be used. I have discussed cod-liver oil elsewhere.

A child may be eating foods containing all the food elements required, and yet, due to indigestion from over eating or from any of the above mentioned "social causes," not be able to digest and assimilate its food. Many cases of malnutrition are due to this cause. Undernourishment from over eating is common in our oft fed babies.

Dr. Geo. S. Weger rightly says that an: "Overcrowded nutrition means starvation, whether it be in the infant that is fed more because it cries from already having had too much, or in the adult who gluttonises because he is drunk on food and craves more stimulation of the same sort." When parents and physicians accept this fact and act upon it, children will be more healthy and will develop more beautifully.

A common, but unrecognised, cause of innutrition is toxaemia resulting from impaired elimination. This toxic state of the blood and lymph is back of the chronic disease of the tonsils, adenoids and sinuses, which is listed as a "physical cause" of malnutrition. Toxaemia deranges and perverts nutrition. It is due to anything that overtaxes the vital or nervous powers and checks elimination.

There are all degrees of malnutrition ranging all the way from a near-normal condition to a condition presenting all of the symptoms previously described and many more and worse conditions. Malnutrition lays the faulty anatomic foundation of venous organic diseases in later life. The remedy is a complete overhauling of the child's life--social and dietetic. See Feeding of Children.

What are classed as nutritive, or deficiency diseases have two groups of causes--namely:

1. Deficiencies in diet, either in quality or quantity, usually, except in famine districts, in quality.
2. All of those factors and influences, whatever their nature and source, which render it difficult or impossible for the body to utilise the elements of its food, even though the food is perfect.

Dieticians and other such cooties rarely give any attention to this second group of causes. They experiment with healthy animals and seldom see any other factor than that of a studied and deliberately made dietary deficiency. They are easily misled by their one-sided, or as they call them, controlled experiments.

In dealing with children and adults let us always keep in mind that we are not dealing with controls. The life of a human being, child or adult, is much more complex than that of any experimental animal in the laboratory. His environment is more varied, his contacts greater in number, the influences to which he is subjected more numerous, and the resources of his environment greater.

Pregnant mothers that are fed on a good diet, if their nutrition is impaired by overwork, worry, fear, or other cause, will not be able to assimilate the elements of their food and their babies will be born with the "seeds" of some deficiency disease "in their bones." The babies will then be fed up (stuffed) in an effort to force them to take on weight and their own weak nutritive machinery will be so impaired that, in spite of an adequate diet, deficiency diseases will develop. Too much handling, drugging, and any other cause that debilitates the infant and child will derange its nutrition sufficiently to bring on nutritive disease. Indeed there is an element of nutritive disease present in every so-called disease.

ANAEMIA is a deficiency disease. It is characterised by a lack of red blood cells, a lack of iron, a pale complexion, nervousness, often night sweats and susceptibility to disease. Anaemia may be due to haemorrhage from a wound or from an ulcer or tumour, etc., but this is not the type of anaemia we are going to deal with in respect to children.

In children anaemia is due to a lack of proper food, or to an inability to assimilate the food, or to both factors combined. There is a gradual decline of the body's power to produce red blood cells due to imperfect nutrition--a lack of food iron or an impairment of the nutritive processes. In all such cases it is as important that the child's power to assimilate iron, sometimes more important, be restored, as that it be fed foods rich in iron.
In my *Human Life, It's Philosophy and Laws* and in my *The Regeneration of Life*, I have emphasised the value of fasting in blood rejuvenation. Readers of these two books know that I especially claim for the fast great virtue in anaemia. I am glad that I can quote Dr. Wm. H. Hay in confirmation of these things. In *Health Via Diet*, Dr. Hay tells of treating 101 cases of progressive pernicious anaemia, during twenty-one years, by fasting, correct diet and colonic irrigation. Of these 101 cases he says that 8 failed of initial recovery. Part of these recoveries were made permanent by right living. Some of those who relapsed resorted once more to the fast and recovered again.

The first 13 cases of progressive anaemia placed upon a fast by Dr. Hay recovered in from 2 weeks to longer. The with case, being in a dying condition when she arrived, did not recover. Dr. Hay says: "The blood during a fast undergoes no visible changes as to cell count unless markedly abnormal when the fast is begun in which case there is a return to normal."

### "For most of two weeks (in pernicious anaemia) the red, or erythrocyte, count continues to fall before there is regeneration in the blood-making organs; then gradually the microscopic picture begins to show new round erythrocytes with regular edges, no crenations or irregularities, and soon there is noticeable increase in number of these with gradual disappearance of the adventitious cells present in the beginning.

"Not unusually there is a gain during the succeeding two weeks that brings the total back to the normal five million erythrocyte count, even though this may have been at or below one million in the beginning."

This blood regeneration, while fasting, is confirmed by other investigators and practitioners and is not a matter to be longer questioned. The value of the fast in all forms of anaemia is beyond doubt. Dr. Hay says: "Progressive pernicious anaemia is considered an incurable disease, and so the writer always regarded it, and it was a case of this kind that started serious thought in his mind before his own physical breakdown, thoughts that perhaps coloured his view of his own recognisably incurable state of disease." Does anyone imagine even for a second that fasting introduces iron into the system. These improvements in the blood occur because the fast increases the body's power to utilise the food reserves it has on hand.
CARE OF THE PATIENT: Children that are properly cared for from the moment of conception will never have anaemia. Those that have been allowed to develop anaemia should be given a short fast--three to five days; older children longer--or a few days on orange juice and fed properly thereafter. Their whole life should be adjusted into harmony with physiological requirements, as outlined in the other chapters of this book. Daily sun baths will be found to be very beneficial in improving nutrition.

RICKETS: This is a constitutional disease characterised by impaired nutrition and bone changes. It is confined to infancy. In this disease there is considerable diffuse soreness of the body, slight fever, and profuse sweating about the neck and head. There is softening of the bones resulting in deformities, and considerable thickening of the cartilages and periosteum. The teeth are delayed and defective or fail to appear at all. The fontanels do not close. There are nervous symptoms and sometimes convulsions. The liver and spleen are enlarged and the child has a pot belly. The head is usually too large for the body.

It will be noticed that in all cases of deficiency diseases there are artificial foods; pasteurised milk and lots of breads, breakfast cereals, cookies, cooked fruits and a dearth of fresh (raw) fruits and green vegetables. Drs. Trall and Taylor pointed out seventy-five years ago that lack of sunlight, improper feeding and bad hygiene are the causes of rickets. They overcame the condition by proper food, sun baths and improved hygiene. The medical profession has not caught up with them yet.

CARE OF THE PATIENT: The worst case of rickets I ever saw was in a nine months old baby, brought to me in New York City, which had been under medical care for about four months and had been growing progressively worse all the while. It had been fed the regulation medical diet, had been given cod liver oil regularly and had received regular exposures to the rays of an ultra-violet lamp, with the result that it did not improve but grew worse.

I had the oil poured into the sewer, the diet changed to raw milk and fruit juices (orange juice and grape juice), and sun baths given instead of the lamplight bath. Marked improvement began at once and continued until after a year the child was practically fully recovered--there still remained a slight bow in its legs.
McCollum found that fasting has a beneficial effect in cases of rickets. This is old stuff to those of us who know fasting, and McCollum does not. Fasting properly done, promotes growth. If a salamander's tail is cut off it will grow a new one. Fasting does not interfere with the regeneration. Prof. Morgulis found that the tails grew slower during the fast than the tails of those salamanders who did not fast. But he says: "when, after several weeks of starvation (he means fasting, only he does not know what he means), the salamanders having in the meantime lost one-fourth their original weight, they were fed once more, the regeneration of the tails was immediately improved and in the course of time ATTAINED OR EVEN EXCEEDED IN LENGTH THE TAILS WHICH WERE CUT OFF." (Caps. mine.)

Prof. Morgulis further says: "It has been repeatedly emphasised that just as soon as an animal, which through acute or any other form of inanition lost weight, is given proper nourishment it commences to grow at a spectacular rate and in a comparatively brief period regains all it had lost or even increases beyond the original level. The rapid gain in weight is a manifestation of a vigorous process of growth. There is not merely an accumulation of reserve substance, but a true growth in the sense defined previously. There is prolific cell multiplication, great expansion of the cells and a re-accumulation of reserves in the form of intracellular and intercellular deposits of products of their metabolism. Nitrogen is retained with an avidity characteristic of the young growing organism. Frequently, IN A SHORT SPAN OF TIME AN INCREASE OF THE BODY MASS IS ACCOMPLISHED, WHICH REQUIRED YEARS OF NORMAL GROWTH TO BRING ABOUT. THE INANITION HAS PRODUCED A REJUVENATION OF THE ORGANISM. In the study of histological phenomena accompanying inanition it has already been learned that EXCEPT IN THE ADVANCED STAGES THERE IS SCARCELY ANY EVIDENCE OF TISSUE DEGENERATION. On the contrary, the cells remain intact though they loose a large portion of their substance. In the keen competition which reigns in the organism subjected to inanition the weaker and less essential parts of the cellular organism are sacrificed first, just as we have seen this to happen to the less essential parts of the entire organism. THE MORE VITAL PARTS REMAIN AND THE VITALITY OF THE CELLS AND THEIR VIGOUR IS THEREBY IMPROVED. This seems to be the rationale of the invigorating and rejuvenating effects of inanition. Biologically speaking, though the organism acquires no new
assets it becomes stronger by ridding itself of liabilities. In the foregoing (see P. 200) it has been pointed out that the cell-nucleus ratio changes in such a manner as to increase the preponderance of the nucleus. Morphologically, therefore, THE CELLS COMPOSING THE ENTIRE ORGANISM ASSUME A YOUTHFUL CONDITION. They resemble more the embryonic cell in this respect, and this may account for the expansive growth which they display under the proper nutritive regime." (Cap. mine.)

Prof. Morgulis further says: "Further experiments performed with the salamander demonstrated that the growth impulse and not the quantity of food consumed plays the leading role. These experiments substantiated the idea that growth which ensues after a preliminary inanition is not unlike embryonic growth in its intensity. It is well to bear in mind that the reduced size of the cell, or rather the altered cell nuclear ratio, is probably in some way responsible for the vigorous growth process, and that the rejuvenescence of the organism is dependent upon this condition. Many years ago Kagan observed that following 17 days of complete inanition rabbits gained 56 per cent in weight on a diet which could just barely maintain a state of equilibrium in the normal condition."

I have seen this same thing in patients in hundreds of instances and so has every other fasting advocate. But Prof. Morgulis cuts himself off from all the literature on "therapeutic" fasting and refers to us as "amateurs" and "enthusiasts." Carrington is the only man of our school he will condescend to notice and, good as it assuredly is, Carrington's book is far from complete.

In connection with the phenomena of increased growth after a fast, even without excess of food, Thompson and Mendel found that a period of suppressed growth, due to under-feeding, is followed by increased growth when better food is given, and that the acceleration of growth following this suppression, is ordinarily accomplished on less food than is consumed during a period of equal growth at normal rate from the same initial weight.

These facts should certainly encourage mothers not to overfeed their babies, for overfeeding certainly stunts growth.
SCURVY: This was the first condition to be recognised as a nutritive disease. It was very common among sailors and passengers in the days of sail boats with their salt pork diet. The first "remedy" found was lemons.

In this disease there is swelling and tenderness of the joints, gums and jaws. There is, in severe cases, spontaneous fracture of the bones and loss of teeth. There are also haemorrhages in the limbs and frequently into the intestinal tract, if the condition is not remedied.

Pasteurised and canned milks are among the potent causes of this condition. So also are cereals, especially the denatured ones, and salted and canned meats. Cooking foods, even the best of them, greatly reduces their antiscorbutic qualities, or destroys them altogether. Foods dried at a high temperature also lose their antiscorbutic properties.

The present white-flour- white-sugar- meats- denatured-cereals- pasteurised milk diet keeps the whole population in a mild state of chronic scurvy or near scurvy. We usually eat just enough fresh fruits and green vegetables to keep us from becoming markedly scorbutic. But we are never as healthy and sound as we should be.

Over seventy years ago Dr. Trall declared that "All good fresh fruits and vegetables are antiscorbutic." In those days and until quite recently, the medical profession taught that fruits and vegetables were not valuable as foods, and advised against their use. They are beginning to catch-up with Trall and Graham--they even dare to tell us now that yeast, eggs, and milk (cow's milk) are not of "therapeutic value" in scurvy.

Fruits and leafy vegetables are the great antiscorbutic foods. Mother's milk will be antiscorbutic if she eats an abundance of these and is in health herself.

Prof. H. C. Sherman, of Columbia University, says: "In the Orient, where very little milk is available to the majority of the people, green vegetables, rich in calcium and vitamins, largely take its place."

Y. G. Chen, an oriental student, tells us that green vegetables are five times as prominent in the diet of the Chinese as in the average American diet.
Americans are beginning to eat fruits and vegetables also, despite the opposition of the medical profession with its calories, white flour and meat, and despite the opposition of the meat packers. Not even the great Brisbane can stop them. Graham and Trall started a dietary reform that cannot be stopped.

Morse-Wyman-Hill tell us that the artificially fed baby should have orange juice and that "one tablespoonful of orange juice daily is usually sufficient and a tablespoons full always sufficient to prevent the development of scurvy." Now, who wants to barely keep their child on the health side of the "dead line?" Who does not want his child to have better health than this will insure? Scurvy does not exist, in the medical mind, until it is severe enough to produce recognisable physical signs. The initial stages back of these signs mean nothing to medical men; to your child they mean impaired health and future suffering. Build in your child a state of positive health which will assure it freedom from all so-called disease.

The scorbutic diathesis (tendency to scurvy), says Dr. Page "is induced by deficiency of vegetable food," especially grains and fruits, in the mother's diet, "the milk secreted being deficient in certain vital constituents." This statement was published in 1882, long before medical men began to recognise such facts. Mother's milk is made from her blood and where her food does not contain the essential constituents, nature takes these out of her own tissues. But this weakens her and impairs her health. The milk is of poor quality and deficient in quantity.

Most if not all the so-called hereditary diseases are due not to heredity, in its scientific sense, but to faulty pre-natal nutrition. A farmer who would not think of working a mare in fold, does not hesitate to permit his wife to work herself to exhaustion and kill her children. But this is not heredity. I do not believe that there are any hereditary diseases and I do not believe that any amount of statistical studies can ever prove that there are. Statistics show results, not causes.

Catlin tell us that: "in England there are (were) something like 35,000 idiots and lunatics, 17,000 deaf and dumb, and 15,000 hunch-backs, and about an equal proportion of these mental and physical deformities in the other civilised nations of the Earth!" He says that other than the defects above named, curvature of the spine, nightmare, polypus of the nose, malformation and premature decay of the teeth, toothache, tic
douloureaux, rheumatism, gout, and many others are affections "to which the Brute creations are strangers, and to most of which the Savage Races are but little subject."

In one Indian tribe of 2,000 souls he learned from the chiefs "that there was not an instance of Idiocy or Lunacy—as of crooked spine (or hunch-back), of Deaf and Dumb, or other deformity of the disabling kind." He found the same among the Pawnee-Picts, the Kiowas, the Kaskaskias, the Winnebagos, the Osages, and others. He says: "Among two millions of these wild people whom I have visited, I never saw or heard of a Hunch-back (crooked spine), though my inquires were made in every tribe nor did I ever see an Idiot or Lunatic among them, though I heard of some three or four during my travels, and perhaps of as many Deaf and Dumb."

These evidences of perfection in the Indian were not due to heredity, as the conditions of present day Indians show, but to good nutrition and a near-natural life. Indian mothers did not eat denatured foods.

TUBERCULOSIS is developed out of the same systemic derangement as are scurvy, rickets, and anaemia. It is aided and abetted by so-called scientific care and treatment. It develops out of the same "enervated, toxaemic and putrescence infected" and malnourished body-soil.

All over the land we see posters, large and small, advising us to "Protect Them (children) From Tuberculosis." Stop and read the advice given and you are advised as follows: "Keep them away from sick people;" "Insist on plenty of rest;" "Train them in health habits;" "Consult the doctor regularly."

There are two million child labourers in the United States. Try and "insist on plenty of rest" for these, if you are seriously delirious of ascertaining how little big business cares about the welfare of children. I never see any protests by the National Tuberculosis Association, which is responsible for these posters, against child labor. Like all good ruling class organisations, it conveniently closes its eyes to the social and economic causes of disease.

The under-nourished children of the poor, the poor, unfortunate children of America's huge standing army of unemployed (Think of the shame of employing two million children in mills and factories and letting millions
of men walk the street week after week in search of employment!), are the ones who are in greatest danger of tuberculosis. The children of the poor in the crowded almost sunless slums and tenement districts of our larger cities are not likely to derive any benefit from these posters.

"Consult the doctor regularly" is advice intended to increase the doctor's business. It is not intended to prevent tuberculosis. Doctors know so little about its prevention and cure that they and members of their families frequently develop the condition and die. The tubercular sanitariums contain many physicians suffering with tuberculosis. When they learn how to prevent tuberculosis, let them demonstrate it by preventing it among the members of their own profession and among the families of these numbers.

That they do not expect their advice to prevent tuberculosis is evidenced by the great emphasis they place upon frequent examinations by the physician. In effect they say to us, follow our advice and then come to us frequently in order that we may discover, in its incipiency, the disease thereby produced.

They take the same stand in this matter of tuberculosis that they do with regard to the teeth. They say brush your teeth often and keep them clean and visit your dentist often, so that he can discover the cavities early and plug these at so many $ $ $ $ a plug.

Why will people continue to care for children by methods, which they know and those who advocate and exploit such methods know, will not preserve the health of their children? They stuff their children on milk and denatured foods, because the doctors tell them to do it, and then they allow these same doctors to stuff them even more on the same milk and denatured foods in an effort to cure the resulting tuberculosis.

Prof. Morgulis says: "As a social phenomenon malnutrition is not simply a matter of insufficient or improper nourishment; it is the sinister combination of blighting influences of poverty--over-crowding, under-clothing, unhealthy and un-hygienic environment. Here is the fertile soil on which tuberculosis reaps its ghastly harvest."

Tuberculosis is largely an outgrowth of social injustice--of low wages and high prices and unemployment. It is an outcome of the rent, interest
and profit system that robs millions of workers in order to make one millionaire. It will be with us until a social and economic revolution sweeps away the evils that inhere in the capitalistic system and a more rational and more human system has taken its place.

Efforts are made to prevent tuberculosis by tampering with the milk supply of infants. They feed infants milk from tubercular cows and expect to make it good nutriment by pasteurising it. It can't be done. Such milk is inadequate before it is pasteurised and becomes more so through pasteurisation. McCann, in defence of pasteurisation, says: "bovine tuberculosis is transmissible to the child not only through milk, but through pot cheese, ice cream, butter and raw meat, such as the uncooked bolognas common throughout the United States."

To use a vulgar slang, this is a lot of bologna. This idea was hatched in the brain of Robert Koch, of tuberculin fame. But Koch later recanted. After numerous experiments he came to the conclusion that he had been mistaken and concluded that "the bacillus of bovine tubercle was innocuous to mankind." But the medical profession and the dairymen would have nothing to do with his recantation. They had "traced" tuberculosis to the cow and it had to stand. They refused to admit that their "tracings" were incorrect.

The prevention of tuberculosis is fresh air, an abundance of sunshine, wholesome outdoor play, plenty of fresh fruits and green vegetables' cleanliness and plenty of rest and sleep. This is also the remedy. And this means that tuberculosis will neither be prevented nor remedied for some years to come.

MAL-NUTRITIONAL OEDEMA is a dropsical condition of the tissues which results from long continued undernutrition. It is seen in famine districts and was common in Germany and other of the Central Powers, during the war. Many of these cases died. This condition is never produced in patients during even the most prolonged fast.

MALNUTRITION AND RACIAL DEGENERACY: I have repeatedly declared my lack of faith in the ancient belief in hereditary disease. This declaration on my part usually brings down upon my head a storm of protest and often abuse. In 1922, while teaching dietetics in the American School of Naturopathy, in New York City, I endeavoured to explain to one
of the professors the difference between intra-uterine infection and a hereditary disease and was greatly amused by having this infallible dignitary get a bit excited and hurry out the door, calling back while on the way out: "I don't want to listen to such non-sense." Four years later, having calmed down somewhat, this same professor listened to the same explanation with patience and interest and remarked: "Perhaps you are right."

In the same year (1922), when the professor ran out on me, Prof. Thomas Hunt Morgan, of Columbia University, said: "There is a growing impression that a good deal of feeblemindedness and insanity are environmental rather than hereditary traits; poverty, malnutrition, and especially syphilis are said to play a considerable role in their production. It is unsafe, therefore, to conclude that the human germ-plasm is as badly contaminated as some pessimists seem to think."

Prof. Morgan, ever the cautious scientist, never goes as far as he should for fear that he will go to far. Why not tell the whole truth and say that, while human germ-plasm may be somewhat weakened, it is not tainted or contaminated? We may as well understand, also, that human germinal weaknesses are not insurmountable and that with intelligent care, these may be completely overcome in three to four generations.

A special study of the effects of malnutrition on school children was made by Dr. Blanton, who was stationed at Thier, Germany, with the American Expeditionary Forces. He found that malnutrition had produced a marked lowering of scholarship and that pupils previously remarkable for their superior work were doing poor work. A loss of nervous energy and a marked increase in the number of "border line" cases of mental defectives resulted from malnutrition. There was frequent impairment of the nervous coordination involved in good speech. The number of children with poor, lisping, slurring speech was markedly increased. Lack of nervous and mental energy, poor comprehension and poor memory for school work, general nervous restlessness during school hours and inattention are listed as specific changes caused in the children by malnutrition. He found, also, that in more than five per cent of the total school population, the amount of injury sustained by the nervous system was enough to permanently affect the intelligence. Children who fail in their studies, who are stubborn and manifest an antipathy towards learning,
suffer from malnutrition. Malnutrition is the greatest single cause of "repeaters" in the public schools.

Blanton thinks that resistance to the blighting effects of malnutrition depends on the nervous strength and intelligence of the original stock. Prof Morgulis cautiously points out, in reply to this, that, "when one recalls, however, that children received at orphan asylums and other charitable institutions, coming from the strata of society where existence has always been more or less precarious, were generally about 30 per cent below standard weight, it seems at least reasonably doubtful if the five per cent of permanently injured in intelligence children are necessarily of tainted heredity. Malnutrition of some degree is invariably associated with poverty and poverty did not originate with the World War but has merely become extensive under its impetus. It is only natural that those whose physical stamina had been undermined even before the war should have crumbled under the additional strain of war-time parsimony and want."

Faulty nutrition rather than tainted germ plasm is the explanation for most of the ills attributed to heredity. There are other causes, such as poisoning, injury, etc., to account for the other cases. We may completely rule out the medieval dragon, syphilis, but we cannot rule out the mercury sent to slay this mythical monster. Alcohol is known to weaken the germ plasm. No doubt many other poisons do likewise. I know of no reason why the systemic derangements of mother and father cannot impair the germ plasm, but I am convinced that if this impairment is great, the germ-plasm will either not be able to produce a new being or will produce one that is too weak to live. Certainly, in spite of nature's protective safe-guards, profound and lasting toxaemia in a pregnant woman will result, not alone in malnutrition in the foetus, but in a greater or lesser degree of poisoning as well. Such cases are not examples of true heredity at all. They do not result from a change in the germinal constitution but from extraneous influences which bring about nutritive and chemical changes in the cells--germinal or somatic.

A lack of sunlight has been shown to weaken the germ cells of plants so much that they soon ceased to be able to reproduce themselves. Plants grown in poor soil produce fewer and smaller seed than those grown in fertile soil. Such seed, even when planted in good soil, give rise to smaller plants and seed than those of the normal seed.
Defective nutrition, particularly in childhood and youth, not only causes defects and troubles that persist throughout life, but affect also the offspring of the child after he or she has grown up. Upon this point Dr. Taliaferro Clark, expert in child feeding for the United States Public Health Service says: "Underfeeding in certain essential food elements to a degree not necessarily accompanied by evidences of ill health or the production of pathological change, when continued from generation to generation will cause marked changes in hereditary characteristics."

Dr. Clark quotes definite experimental proof showing that rats, when fed for several generations on a slightly deficient diet, produce offspring that, even when fed a complete diet, do not thrive as well as rats that possess well fed ancestors. In addition to this he gives evidences from observation on human beings that reveal the same thing. It is evident that a defective diet impairs the germ-plasm to some extent and thus injures the offspring. It is obvious, of course, that a defective diet eaten by the pregnant mother will injure the offspring. Proper feeding should begin, then with our great-great-grand parents--or, to put it the other way around, if "civilized" peoples continue to eat denatured foods, each succeeding generation of our posterity will be more defective and ailing and shorter lived.

Fortunately, these changes being quantitative and not qualitative do not change the hereditary constitution and, if their causes are removed, disappear in one or two generations. Indeed, Nageli found that plants which have acquired certain adaptive modifications by living on the Alpine heights since the "ice age," lose these characters perfectly during their first summer in the low lands." If ages do not serve to fix apparently hereditary beneficial characters, a few generations certainly will not fix harmful characters.

Prof. Morgulis says: " a striking example of wretched physique resulting from the wretchedness of living condition is presented by the Jews of Poland. Their physical strength, their muscular power has diminished in each succeeding generation; their blood is poor, their stature is small, shoulders and chest narrow. Many have an emaciated pallid look, and show signs even of racial decline and degeneracy. Held back by various disabilities, crowded into the Jewries of Poland, with limited opportunities for gaining a livelihood, they have literally been the victims of malnutrition for generations. Their poor constitutions, physical frailty and stunted growth make them manifestly unfit for heavy work. Leroy-
Beaulieu says of them, "few races have so many men who are misshapen and deformed, disabled or hunchbacked, so many who are blind, deaf-mutes, or congenital idiots." Close inbreeding owing to marriages between near relatives can hardly be held responsible for this physical degeneracy. The inbreeding only accentuates the evils of age-long confinement, lack of exercise, lack of pure air, lack of healthy social environment and above all else, lack of wholesome nutriment. The role played by malnutrition in producing racial deterioration of the mass of Jews especially in the Polish ghettos can be best appreciated from the fact that investigation of their living conditions has shown that they were so poor that for generations they subsisted on nourishment below the actual minimum requirement. Tchubinski actually found that the Jews of Little Russia and Poland consumed less food than either their Greek Christian or Polish Catholic neighbours. Transferred to a less forbidding environment the inherent recuperative powers of the organism under favourable nutritive conditions show remarkable effects already in the first or second generation."

Dr. Abraham Myerson says of the descendent of the Russian and Polish Jews who migrate to America, "he becomes a follower of sports" and "the remarkable rise of the Jewish prize fighter stands out as a divergence from tradition and mocks at theories of inborn racial characteristics."

Eugenic fanatics who desire to save the race by breeding specialised types (the so-called "improved" types), as the farmer does his cows and sheep, by forbidding the unfit to bread, may not welcome these disconcerting facts. They have been preaching a doctrine of heredity, a breeding-stable salvation and a surgical program, which is welcomed by the commercialists. All their breeding experiments have never shown anything; other, than that, animals produce "after their kind" in the broad sense that one species never produces another species. Heredity is the transmission from one generation to the next of germinal characters. Absolute uniformity is possible only if we view heredity in its broader sense and do not attempt to restrict it to details.

It is not proven and not provable that degeneracy is hereditary. True, there is ample statistical "evidence" that degeneracy is hereditary, but statistics give results not causes. It can be shown statistically that the children of criminal parents are ten times as likely to be criminals as are the children of "normal" citizens. But it can also be shown that children of criminal parents are a hundred times more likely to be born in an
environment which breeds crime, than are the children of "normal" parents. The child's social inheritance is the determining factor. A child of Catholic parents is many times more likely to be a Catholic than is the child of Protestant parents; but surely no one will maintain that religion is hereditary.

All existing degeneracy has a cause and that cause is not heredity, for heredity is not a cause of anything. When degeneracy increases from generation to generation, it is for the reason that its cause remains uncorrected. When it diminishes with each generation this is because the cause has been removed. No other explanation is logically tenable. Eugenists and geneticists have known very little about the evils of malnutrition and they have cared less; for they have been preaching a doctrine of aristocracy and capitalism and have frowned on any hint that there are any reasons other than inherent "superiority" and "inferiority" for the differences between the upper and lower strata of society.

Chronic undernourishment is not only incompatible with the highest enjoyment and the greatest productive and creative abilities, but it cripples the very functions that perpetuate the species. There is a marked repression of the normal sex impulses. In Germany, during the war, when her people were very inadequately fed, sexual desire was greatly diminished in the men and menses ceased in large numbers of women.

Animal experiments along this line have shown the same thing. Leo Loeb subjected guinea pigs to chronic undernourishment and reduced them 20 to 30 per cent below normal weight. Atrophic changes occurred in the ovaries while no follicles matured under such circumstances. He found the condition of the ovaries to be "entirely incompatible with ovulation and the normal course of the sexual cycle."

Animals fed, by Reynolds and Macombe, on a diet deficient in protein, calcium and "vitamins," developed partial or complete sterility. Evans and Bishop discovered that a diet deficient in "vitamin A" results in a prolongation of the changes incident to the period of "rut" and a failure of ovulation in rats.

It should be quite obvious that such results are not confined to the ovaries and testicles, but that they reach the germ plasm and injure this
also. Here then is a real cause of degeneracy which eugenists persist in overlooking.

Germinal injury must result in somatic defect, but germinal regeneration will occur if the causes of the injury are removed. It is quite probable that the power of regeneration is greater in the germ-plasm than in the somaplasm. If we are to prevent degeneracy we must discover and remove the initial causes of degeneracy. For, even granting that degeneracy is transmissible, it certainly cannot exist without cause. The causes of degeneracy, if not corrected, will produce a new crop of degenerates each generation, despite the watchfulness of eugenic breeders of man.

THE REMEDY: What can be done for children whose growth has been retarded through deficient food and other unfavourable conditions? Can they attain normal development? Can they fully recover from their abnormal conditions? These are important questions. Their answers depend on how much damage has been done and how early and how completely the remedy is applied.

Experiments on animals and observations on children and adults have shown that when the environment is rectified and the food supply rendered adequate, there follows rapid growth and development, so that, despite a prolonged retardation of growth, full size may ultimately be attained. In the case of some organs, as the regenerating tail of the salamander, they may actually grow larger than those in whom there has been no retardation of growth. In many animals a prolonged period of stunting is followed by an increase in weight and even of size which takes place at a more rapid rate. The first experience I ever had with this phenomenon was over twenty years ago, when I bought a pig, the smallest and poorest in a litter of ten pigs--a "runt." When I gave her adequate food she rapidly passed her brother and sister pigs of the same litter. Ten weeks of partial "starvation" was followed by rapid growth and development. The same fact has been repeatedly observed in experimental animals in the laboratory.

Shapiro chloroformed some kittens twice a day. In this way he was able to retard and even bring to a complete standstill their growth. But as soon as the chloroforming was discontinued growth activity was renewed with increased vigour so that the stunted kittens soon caught up, in weight, with the control kittens which had not been chloroformed. The temporary
retardation of growth was at least greatly compensated for by an acceleration of growth. Aaron found, in the case of rats, that if the stunting of growth is continued until they attain to an advanced age, the rats will not attain normal size, although they do increase in stature and weight following improvement of their food.

At this point let me remind you that defective development due to germinal weakness, brought about by malnutrition, is not eradicated in one generation. Two, three, or four generations are required. There is experimental evidence for believing that malnutrition during childhood and infancy leaves a permanent mark on the germ plasm, even where the nutrition of the child is later improved, and the child attains normal development.

It is also necessary to point out that, while the stunted animal attains normal size and weight, he does not alway, if indeed he ever does, attain a normal condition of his tissues. These are "not entirely free from the stigma of partial inanition. Their brain and spinal cord had a higher per cent of water and a lower per cent of alcohol-ether extractives (lipinis)". The tell-tale evidences of early malnutrition are probably carried with individuals throughout their lives, even though they appear to be normal in every respect.

The famous anthropologist, F. Boas, after making an extensive study of the growth of children in the various strata of society, says: "It seems very likely that the abnormally large amount of energy expended upon rapid growth during a short period is an unfavourable element in the individual development. A study of the phenomena of growth of various groups of the same population has shown that early development is a concomitant of economic well-being, and that a characteristic of the poor is the general retardation in early childhood, and the later rapid growth. it follows from this that there is a corresponding, although not equal, retardation in early mental development, and crowding of development processes later on, that probably place a considerable burden on the body and mind of the poor, which the well fed and cared for do not bear. The general laws of growth show also that a retardation of growth kept up for an unduly long period cannot be made up in the short period of rapid growth; so it would seem that, on the whole, excessive retardation is an unfavourable element in the growth and development of the individual. Whether there are similar disadvantages in a considerable amount of early acceleration is not clear."
Boas also says: "Among the poor, the period of diminishing growth which precedes adolescence is lengthened and the acceleration of adolescence sets in later. The whole period is less than the amount of growth attained during the shorter period of growth of the well-to-do." "The whole group of the poor are, at any given time, physiologically younger than the well-to-do."

Figures gathered in Germany from the public schools and gymnasiums show that children of the middle class have a distinct advantage over children of the poor. Figures from France, Italy, Spain and England show that this advantage is permanent.

From these things, we conclude that those conditions favouring a moderately early development, are advantageous to the well-being of both the minds and bodies of children and the resulting adults. This seems to be at variance with the notion of Sir John Fiske that there is a causal relationship between the prolonged infancy of the race and progress. It is not in full harmony with the theory that "the highest civilisations and a prolonged adolescence are found together; maturity among savages comes at an earlier age, and the process is of shorter duration."

While much can be done to overcome the effects of malnutrition, if we begin early enough, the real remedy is prevention. In many homes this calls not alone for education, but for the removal of poverty.

Professor Morguls rightly says, "prolonged retardation of growth among children is not merely an effect of undernourishment but of poverty, and poverty is a social and not a nutritional condition. Poverty means poor nourishment but it spells in even bolder type: squalor, putrid air, want of hygiene. Like poverty, retarded growth is therefore a sociological problem. It usually results from the most insidious form of deficient diet--malnutrition."

Here is a social problem that capitalism has proven wholly unable to cope with. Even while the republican wing of our capitalistic ballahoo artists is screaming the loudest about "prosperity," poverty and want are abroad in the land. When business is shut down from over-production there are thousands suffering from under-consumption. The periodic crises arising out of over-production, which is the same as under-consumption,
only makes it harder for these thousands. Someday we will revolutionise our social, economic and industrial life and remedy all of this.
CHAPTER XXII
THE ACUTE "INFECTIOUS" DISEASES
OF CHILDHOOD

"Children's diseases are really parent's mistakes," says Dr. Harry Clements (London), and this is very largely true. There are, of course, social and economic factors over which the poor have little or no influence, at least, not in their present unorganised state.

It may be difficult for the average reader to grasp the thought that parent's mistakes are responsible for the so-called infectious diseases of childhood. Few people have been able to disabuse their minds of the ancient notion, our heritage from our ignorant prehistoric forebears, that a so-called disease can be "caught" from someone else who has it. Morse-Wyman-Hill say, for instance; "measles is a very contagious disease and almost every child coming into contact with another child who has it, especially in the early stages, will develop it."

This statement is false, as every informed person well knows. My two sons have been repeatedly in contact with measles, scarlet fever and whooping cough. On one occasion they were visiting, for over a week, with a cousin who had measles. They were in the room with him daily, even on the bed. More than a year has since passed and they have not developed the disease.

It will be said they were immune. I agree. But what is immunity? Upon what does immunity depend? It is the Hygienic theory that Health is the only immunity there is. Health depends on certain definite factors of hygiene--proper food, pure water, fresh air, sunshine, rest and sleep, mental poise and freedom from all devitalising habits--and not upon artificial and disease producing agents. So-called artificial immunity is a snare and a delusion.

Morse-Wyman-Hill say "the cause of measles is unknown." Of scarlet fever they say, "the exact cause of the disease is unknown." They are silent about the cause or causes of mumps, smallpox and chickenpox. Diphtheria
and whooping cough are attributed to germs—which means that they do not know the causes of these troubles.

Despite their ignorance of the causes of these troubles they know all about caring for them and know how they are "caught." Their view was born in ignorance—and born a long long time ago. They know all about how long the "incubation" period is in each of the troubles, but can't demonstrate that there is an "incubation" period.

Close your eyes for a moment and imagine yourself standing back in the Garden of Delight when man and his helpmate were first raised from the dust of the earth and began to fill the earth. Follow the crowd down the stream of time until the first of Adam's posterity developed the smallpox. There was no prior case for him to catch it from. How, did he get it, or how did it get him, as you prefer? How did the first case of measles develop? How did the first case of scarlet-fever, or mumps, or diphtheria, or cholera, or bubonic plague, or English sweat, or typhus fever, or yellow fever develop? A true theory of cause will answer these questions easily.

When the true cause of these diseases is known, we will also know, not only how the first cases developed, but how every subsequent case developed, for, every case of any so-called disease develops just alike. If the body of your child is in condition to develop scarlet fever, for instance, he will develop that disease if there is not another case in the world--this is the way the first case developed. If the child is not in condition to develop the disease, it will not do so, even if there is a case in the same bed with him--there have been thousands of cases like this.

These things being true, it is up to parents to see that their children are properly cared for so that they will at all times be in perfect physical condition. Don't depend on artificial measures to protect your child. Don't give any attention to the propaganda of private and public institutions and individuals who are financially interested in the promotion of vaccines and serums.

The student will quickly notice that the following so called contagious diseases run a more or less definite and orderly course. They are as lawful in their courses and development as any process in nature and tend unerringly towards recovery. They are said to be self-limited. This is
because their causes are limited. As soon as the cause is eliminated the
disease ends.

Their cure is accomplished by the forces of the body. There are no cures
which can be squirted into, rubbed on, or poured down the child. Never
permit such things to be done to your child.

By all means never let anything be done to reduce fever. Fever is a life-
saver. Its suppression is always injurious. Sir Wm. Osler says, "The
cardiac (heart) complication of the disease (scarlet fever) are often latent," and
that, "It is not very uncommon to see cases of chronic Bright's disease
which date from an attack of measles."

These cardiac complications and cases of Bright's disease are due to the
suppressive treatment so commonly employed. Such treatment fools the
uninformed and ignorant into thinking the patient is being cured, whereas,
in reality he is being killed.

SMALLPOX

Terror of the unenlightened! Nightmare of the Health Boards! God of
the vaccine manufacturers! What crimes have been committed in thy
name! What lies been told about thee!

Sydenham, the English Hippocrates, who saw more of the old, virulent
variola vera than all the now living physicians in this country together
have seen, said:

"As it is palpable to all the world how fatal small-pox proves to many of
all ages, so it is clear to me from all the observations that I can possibly
make, that if no mischief be done, either by physician or nurse, it is the
most safe and slight of all diseases." --The works of Sydenham; the

Sydenham differentiated smallpox from measles and introduced a saner
method of treating smallpox than the one in vogue before his time, thereby
reducing the case rate by more than one half and the death rate by more
than 75 per cent. Smallpox is safe and slight and beneficial. Cast away
your superstitious fears of this so-called disease.
The eruptive diseases all represent eliminative efforts through the skin. Abundant proof of this has been given in my "Human life, It's philosophy and Laws." A little orthodox testimony about one of these conditions, however may be appropriate here. Sir Wm. Osler, says, "If survived, an infection, such as confluent smallpox, seems to benefit the general health." Sir Wm. Broadbent declares, "smallpox has been known to eradicate consumption." In the Lancet, London, Jan. 10, 1925, Dr. R. W. Jameson calls attention to the discharged smallpox cases "obviously benefitted by their stay in the country hospital," whilst, "the so-called protected children are little bundles of misery with bad vaccination arms." The benefits derived from such a cleansing are also seen following measles, scarlet fever, chicken-pox, etc. All are similar in character.

Convulsive paroxysms, proving them to be due to poisoning, frequently precede the eruptive stages of small-pox, scarlet fever, measles, erysipelas, etc. These cease when the eruption comes out, proving the eruption to be an eliminating measure.

Smallpox, along with measles, scarlet fever etc., is commonly referred to in medical works as "disease of unknown origin." It is assumed to be due to germs, but the supposed causative germs have never been found.

SYMPTOMS: The disease begins with a chill, or in children, often with a convulsion. This is followed by intense pain in the back and limbs and vomiting. The temperature rises rapidly to 104 or more, the pulse is rapid and a restless delirium is quite common. A transitory rash, similar to that of measles or scarlet fever, may next appear. On the fourth day the true smallpox rash develops. Bright red spots (macules) appear in the wrist and forehead, and in a few hours on the face, limbs, and trunk. They soon become raised and feel like shot in the skin (papules). When papules appear the fever abates and the patient feels better. Two or three days after the rash appears the papules develop a cap of clear fluid and thus become vesicles. The fluid becomes yellow as the serum in the vesicles becomes pus, forming pustules.

Notice the evolution of this disease. Chill, perhaps a convulsion, pains, vomiting, rapid pulse, restless delirium and a high fever, and then large quantities of toxin-laden blood thrown into the skin, causing redness. The toxins are collected into circumscribed lumps, after which the temperature
returns to near normal and the other symptoms practically cease.

The pustules are surrounded by a narrow area of inflamed skin. The pustules begin first on the face and cover the body by the eighth day. The fever then rises again--the "secondary fever of suppuration"--and the general symptoms return. The pustules dry down to crusts and these gradually drop off, beginning on the face on the fourteenth or fifteenth day of the disease. The "secondary fever" may last twenty-four hours, but it usually is longer. When it ceases, convalescence begins. The crusts may and may not leave scars, "pits," when they fall off. When the pustules are so thick that they coalesce the condition is called "confluent" smallpox.

In "hemorrhagic" (black) smallpox there are haemorrhages under the skin and into the eyes. There is bleeding from the mouth, nose, lungs, rectum, kidneys, etc., so great is the effort to get the poison out. These cases are very severe and often die before the papules develop.

Smallpox is practically unknown in America today. Cases are met with among negroes, Mexicans and Chinese. There are many conditions, such as ivy poisoning, mosquito bites, chickenpox, ammaas, cuban itch, wisse pocken, etc., that are frequently diagnosed as smallpox. If a case of chicken-pox has no vaccination scar it is smallpox. If a case of smallpox has a vaccination scar, it is chicken pox. Few cases now reported as smallpox are ever sick enough to go to bed. The mortality from vaccination is much higher than that of smallpox. Vaccination injures thousands which it does not kill.

In a paper entitled Smallpox--Its Differential Diagnosis, by Archibald L. Honey, M. D., read before the Northwest Branch Chicago Medical society and published in the Illinois Medical Journal, June, 1923, the following words are found:

"In examining a case of suspected smallpox, close observation is of the utmost importance. If the patient shows evidence of a typical vaccination scar of comparatively recent date, variola may be almost absolutely ruled out."

In Osler's "Modern Medicine," (Vol. I, page 853), William T. Councilman, M. D., referring to the differential diagnosis of chickenpox
and smallpox gives as the first differential point, "THE VACCINAL CONDITION OF THE PATIENT."

Health Boards, working in cooperation with the makers of vaccine, stage frequent fake smallpox-scares to frighten people into being vaccinated. Numbers of these panics for profit have been exposed within recent years.

The assertions that vaccination prevents smallpox and that it is harmless will be discussed under the disease, Vaccinia.

The vaccination of infants is a more serious thing than the vaccination of older children or adults. For instance the *London Lancet*, Jan. 29, 1927 (P. 239), said editorially:

"It is a mistake to suppose that all the opposition (to infant vaccination) Is due to lack of imagination or crankiness.

"Vaccination at the age of six months inflicts an infectious disease on the child at a time when its digestive mechanism is being rapidly modified, and many reasonable people, although convinced that vaccination will prevent smallpox, think that the advantages of immunity do not outweigh the disadvantages of its production.

"There is enough sense in the opinion ### to make universal and full vaccination of infants (as theoretically enforced by Parliament) impracticable at the present time."

CARE OF THE PATIENT: The care of a patient with smallpox is simplicity itself. So long as there is fever, nothing but water should be allowed to pass the patient's mouth. After the temperature is normal, while the eruption is still present, if there is hunger, oranges or grapefruit or fresh, raw pineapple may be given.

The disease is as contagious as ingrowing toenails, and every case must be quarantined. Fear of the disease must be kept up in the public, for it is only thus that the present farce can go on.

Place the patient in a well-lighted, well ventilated room. Make him
comfortable, see that his feet are warm and then let him rest. His body should be sponged twice daily with lukewarm or slightly cool water for cleanliness.

Itching will be slight if proper care is instituted at once. Scratching must be discouraged.

Give the patient all the water to drink that is desired. But there is no good to be derived from forced water drinking.

If the patient sleeps but little do not be disturbed over this.

Cared for as above, few cases will ever pit. The subsequent health will be much better than the prior state. Dr. Claunch declares smallpox to be almost a cure-all.

CONVALESCENCE: If the patient is properly cared for during this illness, convalescence will be a joy. There will be no dangers. Under proper care there are no complication and sequelae. There is no danger of a relapse.

The diet should be fruit for breakfast, fruit for noon and a large raw vegetable salad and a cooked non-starchy vegetable in the evening. After the first week this may be changed to fruit for breakfast, a salad and cooked non-starchy vegetable and a starch at noon, and a salad, two cooked non-starchy vegetables and a protein in the evening.

MEASLES

MEASLES begins with a "cold in the head," accompanied with slight fever and malaise. These last from three to six days during which time the patient feels wretched. Soon there follow headache, nausea, sometimes vomiting, and chilly feelings. The coryza is intense with cough and redness of the eyes and eye lids. The temperature rises and the skin, especially on the face, feels hot and tingling. The tongue is furred. The mucous lining of the mouth and throat is an intense red. Little blue dots may be seen on the inside of the cheeks.

The skin rash develops on about the fourth day, starting, usually, on the
forehead, then the face, then over the body generally. The eruption begins as little red spots, which increase greatly in number and are gradually arranged in groups, sometimes in crescentic groups.

The fever begins to fall on the fifth or sixth day and a fine, bran-like desquamation (scaling) of the skin begins, which lasts from a few days to several weeks.

BLACK MEASLES is a failure of the rash to "get out," accompanied with haemorrhages under the skin. These cases are said to be usually fatal, perhaps largely as a result of the failure of the eliminative effort.

COMPLICATIONS AND SEQUELAE: Under medical care these are chronic coryza, enlarged tonsils and adenoids, tuberculosis, laryngitis, otitis media, severe bronchitis, bronchopneumonia, severe inflammations of the mouth, Bright's disease, nose bleed, arthritis, meningitis, paralysis, and brain abscess. These must all be the results of suppressive treatment, since they never develop under orthopathic care. One medical author, in discussing the complications of measles says: "Hot drinks should be given freely as these help to 'bring out the rash.' A sudden chilling sends the blood to the internal organs and may cause a congestion of the kidneys." This is evidence, from an orthodox source, that complications are due to suppressing the eliminating effort through the skin--the rash.

GERMAN MEASLES is described as "having the rash of measles and the throat of scarlet fever." It begins with slight fever, headache, pain in the back and limbs and coryza. On the first or second day the rash develops, beginning on the face and spreading, in twenty four hours, over the whole body. The rash, consisting of little pink raised spots, fades after two or three days. The fever is slight, the rash is diffuse and of a brighter colour than ordinary measles.

CARE OF THE PATIENT: Due to the persistence of the contagion-superstition these cases have to be isolated.

The patient should be kept quietly in bed. The room should be light and airy and fresh air should circulate in the room at all times. Medical authors say, "great care should be taken to keep him (the patient) from catching cold, for bronchopneumonia is to be feared as a complication of measles, and tuberculosis as a sequelae" This fear of "catching cold" from fresh air
is more superstition.

The patient should be kept warm and not allowed to chill. Chilling checks elimination and retards recovery. If it is winter time a hot water bottle, or other means of applying warmth to the body, should be placed at the feet.

No food should be allowed until 24 hours after all acute symptoms are gone. All the water desired may be given, but water drinking need not be encouraged or forced on the theory that it flushes toxins out of the body. Anyway, nature has concentrated the toxins in the skin and has adopted unusual methods of elimination. No drugs of any kind and no enemas are to be employed.

A lukewarm sponge bath twice a day, for cleanliness, should be given. Antiseptics and alcohol are to be avoided. Do not use oil on the skin when it begins to scale.

Medical authors tell us that the room should be kept darkened as the light hurts the child's eyes. This I have not found to be so. I always have the room well lighted. I believe that the darkened room is more likely to injure the eyes.

The mouth and throat should be kept clean. Plain warm water, or warm water with lemon juice, or fresh pineapple juice will do for this purpose. Use no antiseptic gargles. Do not try to reduce or control fever.

CONVALESCENCE: This is a critical period if the patient has been cared for medically. There is nothing to fear if the patient has been cared for as above directed.

Feeding should begin with orange juice, or grapefruit juice, or fresh pineapple juice, or fresh apple juice. This should be given as much as desired, for the whole of the first day. The second day, breakfast may be of orange or grapefruit or peaches in season. Lunch should be pears or grapes or apples in season. Dinner may be a raw vegetable salad and one cooked non-starchy vegetable. The third day may begin the normal diet, but in reduced amounts. By the end of the first week the patient should be eating normally.
The patient should remain in bed for at least twenty-four hours after all acute symptoms have subsided. Physical activity should be mild at first. Healthful living thereafter will maintain the improved health that has resulted from this house cleaning.

CHICKEN-POX

In his *Children's Ailments*, Dr. Harry Clements repeats a story that went the rounds of the English newspapers, telling about a man who was suffering with tuberculosis being cured of the tuberculosis by a case of chicken-pox. He "caught" the chicken-pox and when he had recovered it was discovered that he was also cured of the tuberculosis. English medical men explained that the chicken-pox germs had destroyed the tuberculosis germs, and that by the "ill-wind" of the battle between these warring germs, the patient had been "blown some good."

An understanding of the orthopathic character of disease would have saved them from this absurdity. Chicken-pox is one of nature's most efficient house-cleaning processes. It is a curative process with few superiors.

Chicken-pox (*varicella*) begins with a chill, vomiting and pain in the back. The rash develops within the first twenty-four hours of fever. As a result, the disease is mild. The rash begins as small red papules which develop into vesicles, but without, as in smallpox, the surrounding area of inflamed skin. In two days the fluid in the vesicles develop into pus. In two more days the pustules dry to dark-brown cruts. These fall off without, as a rule, leaving a scar. Successive crops of the eruptions develop at intervals of from one to four days, so that unlike small pox, all stages of the rash are present at the same time. The eruption seldom begins on the face, but begins, usually on the trunk, back and chest. The pustules never coalesce.

CARE OF THE PATIENT: This condition should be handled the same as measles or small-pox. It is a mild disease, does not last long and is very comfortable under hygienic methods.
SCARLET FEVER

This disease was not considered dangerous until after the invention of a prophylactic serum, whereupon it immediately became one of the worst scourges of childhood.

The child becomes "suddenly" sick. In most cases there is vomiting and, in children, often a convulsion. The temperature runs up on the first day to 104 or 105. The face is flushed, the skin hot and dry, the tongue heavily coated and the throat is sore. On the second day, often on the first, the rash develops. This appears as tiny red dots on a flushed surface, giving the skin a vivid scarlet colour. Beginning on the neck and chest, it spreads rapidly, covering the whole trunk in twenty-four hours. It is not really a "breaking out," but is an intense congestion (erythema, or blushing) of the skin. The skin is swollen and tense and often there is intense itching. The redness disappears upon pressure and disappears after death, as the blood leaves the skin.

One standard medical author tells us that "after the use of belladonna, quinine, potassium iodide, or diphtheria antitoxin, there is sometimes a rash closely resembling that of scarlet fever. In septicaemia (blood poisoning) there may be a similar rash." The rash is a means of eliminating the drugs, serums (proteins) and septic matter. A condition so like scarlet fever that authorities can't agree whether it is or not, frequently follows surgical operations.

The tongue, though coated, is very red on its edges. The taste-buds are swollen, producing the "strawberry" or "raspberry" tongue. In severe cases the throat, always sore, is covered with a membrane which greatly resembles that of severe diphtheria. Other symptoms are those common to all fevers.

The rash begins to fade in two or three days and is completely gone in four days to a week. I have never had a case to last over four days. The skin peels off.

COMPLICATIONS: Nothing condemns the prevailing medical methods like the frequency with which complications occur in this disease. Acute nephritis develops in 10% to 20% of their cases and is regarded as the starting point for many cases of Bright's disease in later life. Arthritis,
acute inflammation of the lining and investing membranes of the heart (endocarditis and pericarditis,) otitis media, often resulting in deafness, and other troubles develop so often as a direct result of the suppressive methods employed that is is a crime to permit them to continue. I have never had a complication to develop in a single case I have treated.

Dr. Arnold H. Kegel, Health Commissioner of Chicago, stated last December, in one of his daily radio speeches to the citizens of Chicago: "The Chicago Board of Health has received numerous letters from parents asking whether it would be advisable to have their children immunised against scarlet fever with serum."

"We cannot assume the responsibility of advising parents to use this serum as it is not in as good standing as it was a year ago. We have been forced to take this stand because of the many unhappy experiences which have resulted from the use of this serum."

Every serum goes through the experimental stage, during which "many unhappy experiences" result from its use. This does not prevent the Health Boards from advising parents to submit their children to these things and to advocate a new one every time an old one is discarded. Toxin-antitoxin has produced more "unhappy experiences" than any other serum ever used, for the reason that it has been more widely used. It is not in good standing in England. It has been abolished by law in Austria, the land of its birth, because of the "many unhappy experiences" which followed its use. In this country it is still being industriously and clamorously exploited.

The true prevention of disease has nothing to do with vaccines, serums, antitoxins, drugs, operations, and the like. True prevention involves adequate food, pure air, an abundance of sunshine, proper exercise, sufficient rest and sleep, cleanliness, mental poise, safety at work, and the absence of all devitalising habits and ruinous excesses. There is such a thing as being "scientifically ignorant through an excess of science." One may know too much that isn't so.

From 1858 to 1923 the mortality in scarlet fever in New York City was reduced, without the aid of serums, vaccines, antitoxins or toxin-antitoxins, from 155 per 100,000 population to 2 per 100,000. The rate in the city was given in 1927 at 1 per 100,000 population. The Public Health Reports (U. S. Public Health Service), gives the mortality, in 45 states and
the District of Columbia, for 1923, as 3 per 100,000. How easy it will be a few years hence, if this decline continues, to "prove over and over again," that the Dick test and scarlet fever serum "wiped out" scarlet fever.

CARE OF THE PATIENT: Properly handled these cases will be free of all rash in four days to a week. There will be no fever after the third day and the illness will be so slight the: parents and friends will say the child was not very sick. And, indeed, he will not be very sick. It requires feeding and drugging to produce serious illness.

These cases should be cared for just as advised for measles and smallpox. Flannel gowns, employed by medical men, in scarlet fever, are not to be employed. These thing belong to the doctoring habit and are of no earthly value.

WHOOPING COUGH

This is another germ disease caused by an unknown germ. Bordet, of France, thought he found a germ to cause the trouble and called it Bacillus Pertussis.

This trouble is described in medical works as an acute bronchitis. We do not recognise it as a catarrhal affection at all. We regard it as a nervous affection having its origin in disease of the cerebrum or the spine.

The disease derives its name from the long drawn inspiration with a "whoop" which follows a paroxysm of coughing. In ordinary coughing one inhales after each cough. In this condition the patient attempts the impossible task of coughing from fifteen to twenty times during one expiration. Then he draws in the air with a long-drawn inspiration, accompanied with a whoop. But little mucous is expelled and the whole action is evidently NERVOUS.

The trouble begins with a dry, harassing cough with no apparent excuse for existing. For there is no irritation of the throat or lungs. For about two weeks this spasmodic coughing continues when the characteristic whoop develops. The cough comes in paroxysms and is sometimes so hard that vomiting results. The whooping usually lasts about two weeks, then another two weeks are required for the trouble to decline and end.
During the paroxysms the veins swell, the face becomes blue, the eyes bulge out, their whites are "blood-shot," and the child looks as though it must suffocate.

Swallowing, emotions, or even throat irritations may induce a paroxysm. Hearty eating is almost certain to result in a series of paroxysms. The child (it is usually a child) may have but a few or a hundred paroxysms a day. Children who are otherwise in good physical condition appear to be as well as ever when the paroxysm ends.

The only danger in this condition is the rupture of a blood vessel. The violent paroxysms place a severe strain on the heart and blood vessels. Rupture into the eyes, ears, nose, lungs, brain or skin may occur. The hemorrhage into the brain may result in paralysis or even sudden death. Bleeding from the nose and ears and occasionally from the lungs, occurs in a few cases.

A child that sinks exhausted, becomes fretful and nervous and seemingly fearful of the paroxysm, and presents red spots on the forehead and in the white portion of the eyes is suffering with congestion of the brain and is in danger.

The lungs are injured in rare cases by the severe paroxysms of coughing. Sometimes they become emphysematous (distention of the lung tissue with air), sometimes they literally burst.

Bronchopneumonia is a frequently fatal complication known only to medical practice.

Voelker, in his *Index to Treatment*, says: "The treatment of whooping cough constitutes one of the reproaches of the art of medicine. We have no method by which we can shorten the disease, ### no specific for whooping cough has yet been found. To all those I have tried (and they are over thirty in number). the handwriting on the wall is literally applicable. 'Tekel' ('Thou art weighed in the balance, and art found wanting.')"

Sir Wm. Osler agrees with this, saying: "The treatment is notoriously unsatisfactory. Stock vaccines have been used for treatment with some benefit. (sic) A few patients are promptly cured. (sic) Antiseptic measures
have been extensively tried. Quinine holds its own with many practitioners; ### The use of benzoin inhalations is often helpful. For the catarrhal symptoms, moderate doses of ipecac are probably the most satisfactory. Sedatives are by far the most trustworthy drugs in severe cases, and paregoric may be given freely, particularly to give rest at night. Codeia and heroin in doses proper for the age often give relief. Jacobi advises belladonna in full doses, ### Other remedies, such as antipyrin and chloral hydrate may be tried. In older children and adults it would be worth while, I think, to try the intra-tracheal injections of olive oil and iodoform which are sometimes so useful in allaying severe paroxysmal cough ####.

I should think that such treatment would be "notoriously unsatisfactory" and "one of the reproaches of the art of medicine." It is a crime to punish sick children in this way. It is wholly symptomatic and suppressive. There is nothing in the treatment to indicate that the medical man even remotely suspicions that there may be a cause for whooping cough.

Dr. Logan, a chiropractic authority, says in his *Technic and Practice of Chiropractic*: "Pertussis, or Whooping Cough-- Tends to run its course despite adjustments, though some aborted cases are reported. All cases are mild under adjustment, with some liability of complications. A nervous cough is likely to persist for months after the infection has passed. Adjustments seem seldom to prevent contagion."

Chiropractors, according to Firth's *Chiropractic Symptomatology*, hold that the disease is due to subluxations of the lower cervical and upper dorsal vertebrae and the "kidney place" and, accordingly, "adjust" these points. We may wholly ignore their vague reports of aborted cases, just as we may discount Osler's claim of good coming out of stock vaccines.

Osteopaths used to look to subluxations of the lower cervical and upper dorsal vertebrae as the cause of the trouble. Most of them now look to the germ theory to supply the cause. They are no more successful than chiropractors in caring for this condition.

CARE OF THE PATIENT: As harassing as this condition usually is and as notoriously unsatisfactory as the paregoric, freely given, protective vaccines, "large quantities of good nourishing food" and "change of
climate," of medical methods, the condition can be made tolerable by giving the children proper care. Dr. Tilden declares:

"If it starts in children who already have deranged digestion, and they are then fed, not allowing them to miss a meal, complications are liable to occur, such as tremendous engorgement of the brain during the paroxysms. The blood-vessels will stand out like whip-cords on the forehead, and when the child is over the paroxysm it is completely exhausted. Unless such a case is fasted, the cough grows more severe, the stomach derangement increases, causing more and heavier coughing, until there is danger of bringing on a brain complication."

How different this is to the wail of the medical man that: "Some children vomit at the end of a paroxysm, and so often during the day that they almost starve."

The "disease" is of the nerve centres, the cough being a "reflex cough," and the nervous system of the child must be looked after. He should be put to bed at once and the feet kept warm. He should be given all the fresh air possible and as much water as thirst calls for, but no food of any kind until complete relaxation is secured. Children that are out-doors all day suffer less than those in the house. Whenever possible the bed should be out-doors. Otherwise, put the child by the open window. The rest and warmth will quiet the nervous system. It is questionable whether the whooping stage will ever develop if this "treatment" is instituted at the beginning of the trouble. Complete relaxation should occur in three or four days.

The commonly unrecognised evils of mental over-stimulation of children is usually very evident in troubles of this nature. This should be particularly avoided. Complete relaxation and rest of the nervous system is very important in this condition.

After full relaxation is had, fruit juices may be given morning, noon, and night for two or three days, after which fresh fruit may be used. If the cough tends to increase after feeding, stop the feeding at once. "It is usually observed," says Page "that the cough grows worse toward evening, and is worst at night. By morning there has been something of a rest of the stomach, and the cough is easier--perhaps disappears entirely. A full meal is often the exciting cause of a fresh and violent paroxysm. Other things
equal, the child who is oftenest and most excessively fed will suffer most and have the longest 'run.'" After the paroxysms have ceased gradually return to a normal diet.

Dr. Osler thought that the two most important things in the treatment of the disease are six weeks and a good big bottle of paregoric. Others give quinine instead of paregoric to suppress the cough. Both these drugs depress the nervous centres. Some medical works recommend over fifty drugs for the disease, some of these being used to swab the throat. As well salve the big toe.

CONVALESCENCE, medical men tell us, is tedious. This is their experience. We don't weaken and kill our patients. They tell us that the child must not be allowed to "catch cold." or over do. A change of climate and "large quantities of good nourishing food" (meaning by this meat, eggs, pasteurised milk, puddings, white bread, etc.), are recommended for the chronic cough that so frequently follows in medical treated cases.

We recommend an abundance of fresh fruits and green vegetables, sunshine, fresh air, exercise and rest and sleep. These are the elements of which health is compounded.

MUMPS

This is an inflammation of the salivary glands especially the parotids. It is "caused by some germ not yet discovered" and is so very contagious that one may have it on one side of the face and not "catch" it on the other side.

The swelling is just below and in front of the ear, and lifts the ear a little. The first evidence of the disease may be a sharp pain felt upon swallowing something sour, though the trouble may be preceded by a few days of fever and malaise. For about two days the swelling increases and the submaxillary and sublingual glands may become swollen. For another seven days the patient has a "swell time" and then the fever and swelling begin to decrease. The mouth can scarcely be opened and there is pain on swallowing when the swelling is at its worst.

Adults usually have more suffering with this disease than children. In some male patients the disease is said to "go down on them" when orchitis
(inflammation of the testicle) develops in one or both testicles. This complication is supposed to result in sterility when both testicles are involved. The complication is due to wrong care. The same is true of vaginitis and the enlargement and tenderness of the breasts, which sometimes complicates the trouble in girl patients. Inflammation of the ovaries is a very rare complication.

COMPLICATIONS: Most medical authorities declare that mumps do not, endanger life and that all fatalities are due to complications. Heart disease, kidney trouble, arthritis and meningitis, are only a few of a formidable list of complications they describe. These are the complications that develop in all the other acute diseases of children and are due to suppressive treatment. "It should always be borne in mind," says Harry Clements, N. D., "when thinking of complications, that they too often wait, not upon the original disease, but upon the treatment of it." The way to avoid complications is to avoid the suppressive and "drastic cure-quick," methods of treatment.

CARE OF PATIENT: Rest in bed with warmth until the temperature is normal and the swelling is gone will hasten recovery. No food and no drugs should be given. There is nothing to the popular superstition that acids should not be taken during this time and if the child refuses to fast, orange juice or grapefruit juice may be used. The author had mumps when a boy and used lemon juice through the whole of the trouble.

As soon as the swelling has subsided fruit may be fed three times a day for the first three days, after which a gradual return to a normal diet may be made.

The above care will prevent complications, but if these have developed before this care is instituted, the fast should continue until all swelling and pain are gone.

DIPHTHERIA

This is a disease of the throat. It is caused by the germ that causes diphtheria, that is, by the bacillus diphtherae. There is no doubt about this. In fact so certain are medical men that this germ causes the trouble that when they fail to find the germ in the excretions ("Bacteriological
examination is necessary for diagnosis since some cases cannot be told on inspection alone from acute tonsillitis, and other cases have no membrane at all"--Emerson, Essentials of Medicine), they name the disease something else. The disease may present a perfect clinical picture of diphtheria and no germ be present. This is pseudo-diphtheria and receives another name. One may only have ordinary tonsillitis, "sore throat," and, if the germ is found, it becomes diphtheria. It was adding thousands of cases of this latter type to the diphtheria figures that enabled them to show a 100% increase in the diphtheria case rate and a corresponding nearly 50% decrease in the death rate, without any lessening of the actual number of deaths, but often with an increase in deaths, when diphtheria antitoxin came into use. The supposed diphtheria germ is often found in the mouth and throat of healthy people who do not have, have not had, and do not subsequently develop diphtheria.

The Encyclopaedia Britannica tells us: "If, in diphtheria, the bacillus is not found, the illness is renamed something else." Sir Wm. Osler, M. D., says in his The Principles and Practice of Medicine, Page 151, under diphtheria: "The presence of the Klebs-Loeffler bacillus is regarded by bacteriologists as the sole criterion of true diphtheria and as this organism may be associated with all grades of throat affections, from a simple catarrh to a sloughing, gangrenous process, it is evident that in many instances there will be a striking discrepancy between the clinical and the bacterial diagnosis."

The germ is found in simple catarrhal conditions and also in the mouth and throats of healthy infants and children; and is often absent from the throats of those presenting clinical pictures of diphtheria.

The germs almost never get into the blood. They are on the body, not in it. They remain on the false membrane, or leather which caused the trouble to be named diphtheria. The membrane is a fibrogenous exudate poured out by the mucous membrane as a protective covering. Virulent protein poisons and lost immunisation are the causes. I have never known a case of diphtheria in strict vegetarians on a low-protein diet. Intestinal indigestion in children who are habitually over fed and have a chronic state of decomposition and putrescence in the intestines, and whose resistance has been broken down by the usual enervating influences, are the ones who fall prey to diphtheria, as well as whooping cough, measles, etc. Healthy children, who are properly cared for, do not have these diseases.
It is the fat, soft, sleek, "well-fed" children, so generally admired, who develop this disease. Such children are chronically diseased, are predisposed to "attacks" of all kinds and, if they reach adulthood, supply the greater portion of cases of tuberculosis. Children who spend most of their time out of doors, are thinly clad, sleep in cold, well-ventilated rooms, have a spare diet and who are not pampered, do not develop this disease.

SYMPTOMS: The symptoms of this disease are out of all keeping with its much advertised dangers. The patient seldom feels as ill as in acute tonsillitis. The fever is seldom high and soon falls to normal. The throat is not very sore. In some of those cases which have the severest suffering and little membrane, some even have no fever. In some the temperature is subnormal, indicating a lack of reacting power. These cases are especially dangerous. Diphtheria of the nose, of the eye and around a recent wound may cause no serious feeling of discomfort.

The disease begins with fever, chilly feelings, pains, in the limbs and back, headache and malaise. The throat is not very red and the tonsil is not greatly swollen. The glands in the neck enlarge and the face becomes an ashen gray. The patch of white membrane enlarges and extends beyond the tonsil. The membrane may grow rapidly and extend over the soft palate to the posterior wall of the fine bronchi. The membrane may even extend through the Eustachian tube into the middle ear, along the nose into the nasal sinuses and sometimes it extends down the oesophagus into the stomach. Under the membrane there is death of tissue and there follows sloughing. The disease is self-limited and after about ten days the membrane loosens and falls off in shreds. In the more severe cases the temperature runs 102 to 103.

Within recent years medical men have recognised that "membraneous croup" is diphtheria and these cases are now quarantined. When the writer was younger, cases of membraneous croup were not quarantined and no one ever "caught" the disease from these cases. An un-quarantined case did not produce an epidemic.

In his *Mother's Hygienic Handbook*, 1874, Dr. Trall asserted "the pathological identity of croup and diphtheria."
"Membranous croup" is the worst form of diphtheria. These cases seldom appear to be very ill. For two or three days there is a rough, croupy cough which becomes a little more croupy each afternoon and evening, but wearing off somewhat in the forepart of the night and in the morning. The child's breathing is not affected, he has an appetite and there is usually little uneasiness on the part of parents. Then, suddenly, the child almost suffocates. He tosses about on the bed, sits up and struggles in various ways in an effort to breathe. He becomes blue In severe cases the child suffocates unless relieved by incubation or tracheotomy. In the milder cases the paroxysms are soon over, but they some times recur later.

Dr. Tilden says of this type: "I never knew a case to get well where this disease is located in the pharynx, and passes down only a very short distance into the trachea, sometimes the membrane is thrown off and the child recovers, but this is so rare that I have heard only of a few cases." Again he says: "I have never seen a case of bronchial diphtheria get well, and I never expect to." The disease is best prevented.

COMPLICATIONS: Under regular medical care, acute myocarditis, severe nephritis, and bronchopneumonia are common. The first two, at least, are results of anti-toxin. Various forms of paralysis, especially of the throat and eye muscles and of the limbs develop as sequelae in about one-fifth of medically treated cases. Paralysis is often the result of antitoxin, although we cannot always attribute this to the antitoxin, for it sometimes occurs in cases which have had no antitoxin.

Antitoxin does not cure the disease and toxin-antitoxin does not prevent it. Both these foreign proteins are responsible for many deaths in both the well and the sick, and for much other injury short of death.

CARE OF PATIENT: The decrease both in the number of cases of diphtheria and in the percentage of deaths has not been as great as that of scarlet fever, due, no doubt, to antitoxin. Yet the medical profession claims that it knows nothing of scarlet fever.

No food of any kind should be given. In croupy cases, whether it is or is not membraneous croup, it is well to stop all food the instant the first sign of trouble (the cough) shows. These cases may stand some chance of recovery if proper care is taken before the membrane spreads to such an extent thee breathing is made impossible.
Put the child to bed in a well ventilated room. If it is winter place a hot water bottle at his feet.

Drinking should be discouraged. Swallowing tends to break up the membrane and carry it into the stomach. Small water enemas, given after the bowels have been thoroughly cleaned out, must take the place of drink.

The throat should not be gargled. No sprays or washes of any kind are to be employed.

The child should be placed in a position so that everything will drain well out of the mouth. Place him on his right side so that he leans well forward and with his face down. If the child is permitted to lie on the back, the secretion tends to run down the throat and into the trachea and stomach. This must be avoided. If he tires of lying on one side he may be placed on the other, or may be placed on his face.

These children should be left alone and not allowed to talk. No questions should be asked them which require answers.

No drugs of any kind are to be tolerated. These lessen the chance of recovery.

Although comparatively few who come in contact with this disease develop it, it is considered highly contagious and, due to the contagion-superstition, these cases are quarantined. The writer has never handled but one case and saw this but once. After the quarantine was slapped on the case I handled it over the phone. The child made rapid recovery with no complications or sequelae.

Food must not be given until the throat is healed. Then fruit juices may be given for two days and then a gradual return to the normal diet.

Death in this disease results from suffocation, and from maltreatment. The exudation into the wind-pipe, with the subsequent formation of the false membrane, chokes the patient to death. In so-called membraneous croup this is seen at its worst.

If this can be prevented there is no danger from the disease. If the above
methods are not sufficient to control the exudate. In any given case, a certain amount of drugless suppression will form the lesser of two evils. Cold cloths around the neck and ice held in the mouth and applied directly to the inflamed parts will suppress the inflammation and exudate. Dr. Trall who treated hundreds of cases by this method says of it:

"There is little danger of this formidable disease, which often desolates the family circle of all the little ones, terminating fatally, if this plan of "treatment is thoroughly carried out--unless it is a very frail and scrofulous child. Nor have I yet known it to fail in but one such case."

Plenty of fresh air and sunshine should be had during convalescence. As the disease is most common after the thanksgiving and Christmas feasts, it is best prevented by avoiding protein decomposition and by maintaining good health. Diphtheria is a phase of albuminuria.

**TYPHOID FEVER**

This is an acute disease involving largely the small intestine. The *bacillus typhosus* is accused by the medical profession of responsibility for this condition. There is, under medical mismanagement, swelling and enlargement of the clumps of "lymphoid tissue" (tonsils), called Peyer's patches of the intestine, followed by ulceration and sloughing of these. Haemorrhage from the intestine sometimes follows this sloughing, although nature usually succeeds in sealing the blood vessels before sloughing occurs. The abdomen is tender and distended with gas. The gas pressure upon the heart often overstimulates this organ. On the seventh on eighth day red spots develop on the abdomen.

In severe cases "secondary" disease develops in the kidneys or lungs or spleen or cerebrospinal centres. Complications and relapses are quite frequent under medical malpractice. The regular treatment of this disease is an unpunished crime. I have analysed this treatment in detail in my *HUMAN LIFE*, and the student who is interested in this phase of the subject is referred to that book.

**SYMPTOMS:** The disease is preceded by a few days or weeks of headache, backache, nosebleed, perhaps, and a period of not feeling very
well. There is usually constipation and a coated tongue. The breath is foul and there is often a bad taste in the mouth. For days or weeks the patient is sick and gives no attention to his condition, except, perhaps to drug it. Had he cared for himself properly from the beginning of these symptoms he would be well before any typhoid developed. Dr. Tilden rightly observes: "Typhoid fever (more a disease of adult life) is evolved by feeding and medicating acute indigestion."

After a period as described above, the temperature begins to rise and the patient becomes so weak and miserable that he goes to bed. The fever rises slowly and in from three to seven days reaches 101 to 106. Here it usually remains, under the stuffing and drugging plan, for a week or more, before it begins to fall. It falls and rises for another week or more and finally reaches normal. Under medical care these cases last from two weeks to a few months. The strong man presents a slow, "soft" pulse and the pulse rate is often very slow during convalescence.

During the first few days of the fever, the headache is very severe even, at times, terrible.

Typhoid is a self-limited disease. This is to say, it gets well of itself and the medical profession acknowledges that it has no cure for the disease, although, they do claim great things, all false, of course, for their prophylactic serum. Emerson tells us: "After the fever has gone, convalescence begins. The patient is at first thin and weak, but slowly returns to good health and to even better health than he formerly had."

He also tells us in dealing with complications: "Perforation is the most dreaded complication of typhoid fever, and the cause of death in almost a third of the fatal cases. When the slough peels off, the ulcers usually have a very thin base, sometimes as thin as tissue paper, but in about 5 per cent. of the cases even this gives way and the intestinal contents pour into the abdominal cavity, at once producing peritonitis, which without operation is almost always fatal. (And with operation is equally as fatal. Author.) In the very few cases that do recover there is in the abdomen an abscess which later may require operation. A perforation occurs especially during the third week, although it may at any time (as we reckon the days), and since due to almost the same cause as haemorrhage, occurs very often with this."
The reader may not be able to understand why there should by any "intestinal contents" to pour into the abdominal cavity. Fasting would have prevented such a thing. But it is the medical notion that the sick "must eat to keep up strength" and some hold that if the fever patient does not consume even more food than when in health the fever will burn up the body. A high-calorie diet is usually employed in typhoid.

CAUSES: This disease results from decomposition in the stomach and intestine due to imprudent eating. The more such patients are fed the more decomposition and sepsis will develop. There will be higher fever, more tympanitis, greater suffering and more danger. There will be germs, of course, and the more food is taken the more germs there will be. When such patients are fasted the stools and urine are germ-free by the time convalescence begins.

Milk, butter milk, boiled milk, peptonised milk, koumiss, eggs, meat juice, barley water, strained vegetables, soups, iced tea and ice-cream are among the recommendations made by standard medical authors for feeding in typhoid.

In feeding in typhoid they take about the same position as that taken by Emerson in "influenza." He says: "He should receive the fullest diet possible and should be well purged and stimulated." He adds, and very appropriately so, "the convalescence is long and tedious; it may take months, and for even years the patient may not be well. For this reason, a change of climate, when possible, is a great aid." A change of doctors and methods at the outset would have been wiser.

We still hear much of anti-typhoid inoculation and are advised to be inoculated when we travel into strange territory. The Public Health Report (Vol. 34, No. 13, March 26, 1929), prints in full a circular issued by the Chief Surgeon of the American Expeditionary forces under the title Typhoid Vaccination No Substitute For Sanitary Precautions, in which are cited numerous cases of typhoid among our thoroughly "protected" (inoculated) soldiers.

In March 1914, five months before the outbreak of the war, anti-typhoid vaccination was made compulsory in the French Army. Yet up to October 1916, there were 113,465 cases of typhoid fever with 12,380 deaths in the French Army alone. There are still two more years of war to be accounted
for in these figures.

In the British Army up to December 1918, there were according to General Goodwin, 7,423 cases of typhoid with 266 deaths--practically all of which had been inoculated. These figures do not include the "fearful and unparalleled toll of disease and death from typhoid" in Gallipoli and Mesopotamia. The failure of the British forces in Gallipoli is attributable largely to typhoid. The figures are so horrible that they don't seem to have been given out and cannot be obtained.

In France and Belgium the English forces suffered less from typhoid than did the French. Why? The French were equally "protected." Sir Malcolm Morris and Captain J. Stanley Arthur both stated that the English sanitary conditions were better. Filth and sewage water laughed at the vaccine and the soldiers suffered and died in spite of their "protection." The vaccine could not make uncleanness safe any more than smallpox vaccine could do so in the war of 1870, or in India.

It is now everywhere admitted that the decline of typhoid fever, along with typhus, cholera, bubonic plague, yellow fever, etc., has been due to hygiene and sanitation. The serum is pushed for commercial reasons only.

CARE OF THE PATIENT: The care of the typhoid patient should now be apparent to the student.

Rest in bed in a well lighted; well ventilated room, with all unnecessary noise and distraction kept away from the patient. A daily warm sponge bath for cleanliness is essential. If it is winter a hot water bottle should be kept at the patients feet.

Absolutely no food except water should pass the patients lips until several days after all acute symptoms are gone.

No drugs of any kind should be employed. No purging; no sustaining" the heart, no controlling the fever and no checking of the bowels should be allowed, Hydrotherapy also should be avoided.

Let the patient alone and he will get well. Feed him and drug him and he may and may not pull through. In the first instance he will be comfortable in three days and out of bed in from seven days to fourteen days. In the
second instance he will not be comfortable at any time and will do well to get out of bed in several weeks.

Where haemorrhage occurs, the foot of the bed should be elevated and absolute rest and quiet. No one should be allowed to speak to the patient and no mad-cap endeavours to restore or "sustain" the patient should be resorted to. Haemorrhage will be extremely rare if the case is not stuffed and drugged.

**TONSILS AND ADENOIDs**

Dr. Harry Clements, of England, an esteemed friend of the author's, remarks in his *Children's Ailments;* "When parents and guardians become enlightened as to the proper function of the tonsils, they will not turn to surgeons for help; they will turn on themselves with reproach." He makes this sage observation in his discussion of tonsils and adenoids. I endorse it unqualifiedly.

The tonsils, like the appendix and gall bladder, are special friends of the commercial surgeons. They are little bundles of adenoid tissue (lymphoid structures) in the throat. There are several of them as follows; the FAUCIAL tonsils, one on each side of the throat; the PHARYNGEAL tonsil on the roof of the space above the throat (the soft palate) and back of the nose, (This is the so-called adenoid); the EUSTACHIAN or TUBAL tonsils, one surrounding the opening of each Eustachian tube; the LINGUAL tonsil, a cluster of tonsillar tissue at the base of the tongue; and, finally, the LARYNGEAL tonsil in the larynx or "voice box." These tonsils are all connected by means of lymphatic vessels and form what is known as WALDEYER'S RING.

These lymphoid structures have as their most important function, the arrest and detoxification of organic toxins which may get into the circulation from the mouth, nose or adjacent structures and from the intestines. When more toxins reach them than they are able to detoxify, their cells enlarge, thus enlarging the tonsils, in order to increase their capacity for work. An enlarged tonsil is an effort to preserve health. Rather than being a menace to life, it is a benefit.

The FAUCIAL tonsils help to support the soft palate and are also
important in producing the great variety of tones in the voice. Removal of these tonsils frequently ruins the singing and speaking voice, lowering the voice by one octave.

ACUTE FOSSULITIS, erroneously called ACUTE TONSILLITIS, is inflammation of the mucous membrane which covers the outer surface of the faucial tonsils and dips down into and lines the tonsillar crypts or fossulae. This is the most common from of tonsillitis or "sore throat."

QUINCY, erroneously called abscessed tonsil, but really a peritonsillar abscess, is an abscess which forms in the tissues surrounding (usually above) the faucials. This may form on one or both sides of the throat. It begins as common "tonsillitis" or acute or chronic fossulitis and, due to improper care, or to overwhelming of the lymph glands, extends to adjacent and underlying, tissues and nodes and nodules culminating in abscess formation. The abscess usually ruptures into the throat. Rare cases require to be lanced. Thus, these "two diseases" are really one.

SYMPTOMS: The "onset" of acute fossulitis (follicular tonsillitis) is usually sudden with a rapid rise of temperature which may range from 101 F. to as high as 104 F. The throat is sore, hot, dry, scratchy and swallowing is difficult. The tongue is coated and the breath foul. The tonsils enlarge, the surrounding tissues become congested and inflamed, the glands under the jaw and down on to the throat become swollen and sore. One or more gray or yellow spots or patches form on one or both tonsils. These spots are composed of a cheesy or "pussy" matter in the crypts or fossulae. They are not composed of pus. Headaches, backache; etc. may be present.

Quincy presents these same symptoms, often aggravated, plus the formation of the abscess.

CHRONIC FOSSULITIS, or chronic follicular tonsillitis is a persistent, low grade catarrhal inflammation. The condition is characterised by the constant presence of dirty gray or yellow plugs of cheesy" matter hanging from the fossulae. When these are thrown out they have a foul taste and a foul odour.

"ADENOIDS," which is the popular name for enlargement of the pharyngeal tonsil, usually accompanies chronic follicular tonsillitis. Adenoids are also frequently referred to as "adenoid growths" and
"adenoid vegetations." The membranes of the nose and throat are passively congested and thickened. Besides the enlargement of the pharyngeal tonsil, there is a concomitant swelling of the thousands of lymph nodes and nodules adjacent to the tonsil.

In young children (under fifteen) "adenoids" are frequently so much enlarged that they obstruct the nasal passage, resulting in the habit of breathing through the mouth. Due partly to the interference with oxygenation, but largely to the systemic condition that gives rise to this condition, such children are flat-cheated, thin, anaemic and often mentally dull. The nostrils are pinched and coughing commonly accompanies the condition. Sleep is interfered with and these children become dull, listless and chronically tired. Frequent attacks of bronchitis are not uncommon concomitants.

Surgical removal of the pharyngeal tonsil is the common mode of treatment. It is unsatisfactory as well as damaging. The tonsils usually regrow or other lymph glands adjacent thereto enlarge and the trouble is as bad as ever. We frequently meet with people who have had two or three such operations and who are worse than ever before. A third operation is advised. Only recently I saw a child which had had three operations and a fourth was now demanded by the surgeon. These cases quickly yield to the care that will be described fully in this chapter. Dr. Faulkner says of the surgical methods in these cases:

"The results of operation will always be disappointing in cases that accompany nasal catarrh; with thickening of the lining of the nasal passages, in cases of narrow nostrils, and mix-shaped nose; in cases of irregular teeth, in deformity of the upper jaw; deformity of the mouth and palate, in cases of deafness, with inflammation of the middle ear and with thickening and hardening of the linings of the ear passages; in affections of the ear drum; and in all children with poor constitutions, improper or insufficient food, and bad hygienic surroundings."

If there are any cases not included in this, let me add that the operation will always be unsatisfactory in these also.

The "adenoids" normally shrink in size after puberty and are seldom the seat of trouble thereafter.
Inflammation, enlargement or abscess of the lingual tonsil (the tongue tonsil), although apparently less common than troubles of the faucial and pharyngeal tonsils, may occur more often than generally supposed. When it becomes inflamed the whole base of the tongue sometimes becomes inflamed also. The tongue becomes tender on pressure and both talking and swallowing become difficult. Breathing may even be affected.

THE TUBAL TONSILS often become enlarged and inflamed. This is usually accompanied with the swelling of the thousands of nodes and nodules in the immediate neighbourhood, and also by a passive, non-inflammatory swelling of the mucous membrane lining the cavity back of the nose and this may, in turn, partly close the Eustachian tube resulting in catarrhal deafness. This catarrh may even extend up into the eustachian tube and into the middle ear. Most such cases are curable by the methods later to be described.

Inflammations and enlargements of the various tonsils are usually associated with other conditions of the mouth, nose and throat, such as catarrh, colds, sinus inflammation, inflammation in the antrum and posterior nares, abscessed teeth, etc. The patch work methods of medical men in treating these conditions are as absurd as those employed in treating the tonsils. The method, described in this chapter will prevent or correct these other conditions also. After all, prevention is the logical plan and natural hygiene will really prevent the development of disease.

CAUSES: These troubles develop in children and adults who suffer with gastrointestinal indigestion and who habitually over eat on milk, bread, cereals, and other starches, sugar, cakes, pies, preserves, syrups, pan cakes, candies, ice cream and the like. Add these factors to faulty elimination and such persons will develop trouble every time a drop in temperature, an unusual exposure, or an environmental stress places a heavier tax upon their nervous energies and, thus, puts and added check to elimination. "Adenoids" are less frequent in breast-fed than in bottle fed infants. The manner in which medical men insist on lots of milk for children and, then, follow this with wholesale tonsil operations, looks suspiciously like they know how to build trade. Cereals with milk and sugar, fruits with starches and sugar; frequent between meal eating--these will cause enough digestive derangement to produce tonsillitis. The medical man's insistence on plenty of nourishment leads parents to believe that these troubles are
due to lack of food. They stuff and cram their children and feed them cod-liver oil and, as a direct consequence, they are made sick.

The present vogue is to cut out the tonsils upon the least sign of trouble and often when there is no trouble at all. This method is both futile and damaging, although lucrative to the doctor or surgeon. In my book, *The Natural Cure of Tonsillar and Adenoid Affections*, I have carefully analysed this practice from every angle and shown its damaging character, as well as the utter needlessness if it.

Here before me as I write, lies a book entitled *The Mother and the Child*. It is written by a registered nurse, Kathryn L. Jensen, and published by the Review and Herald Pub. Assn., the official publishing house of the Adventist Church. The book has had a wide circulation among these faithful of the Lord. In this book I find such atheism as the following:

"There is only one remedy for seriously diseased tonsils and that is the complete removal of the diseased tissues by a competent surgeon. Whether or not the tonsils are diseased is of course, a question for a competent throat specialist to decide."

Miss Jensen seems wholly unaware of the fact that it is to: the financial interest of this competent throat specialist to decide that the tonsils are diseased, and that he usually decides in his own favour. Because she is ignorant of methods, other than surgical removal, which remedy the condition of the throat, she is not, thereby, licensed to offer her ignorance as an infallible rule for the mothers of this land. There was never a more false statement made than that removal is the only remedy for diseased tonsils. Removal is not even a remedy--still less is it the only remedy. Miss Jensen may be forgiven for repeating what she has been taught by her medical superiors, but those superiors are certainly guilty of crime.

The inevitable results of leaving to experts the matter of determining whether or not the tonsils of your child are diseased, is well illustrated by the following facts. In his popular newspaper column, *How to Keep Well*, Dr. W. H. Brady recently ran an article entitled "*The Scandal of Tonsillectomy.*" In it he mentions a certain mid-western city in which, in a given month, approximately a thousand tonsils were removed. A pathologist went to the trouble to examine one thousand tonsils, removed
in a dispensary, and found that 710 of them had never been seriously affected, and that 430 did not reveal any evidence whatever of the need (from the medical viewpoint) of an operation. These specialists, who spill the blood of your children for money, cannot be trusted to tell the truth about the conditions they find in their little throats.

Miss Jensen says: "Only yesterday a mother exclaimed, 'Had I only known two years ago that my boy's diseased tonsils and adenoids would cause deafness.' "Another parent rejoices because a supposedly dull child is now making his grades with ease, as a result of the removal of diseased adenoids. The anaemic, underweight child can usually be helped if diseased tonsils or adenoids are the cause of the malnourished condition. These diseased tissues act as distributing points for germs, and through the blood stream infect every part of the body.

"This pus, even in minute amount, may cause rheumatism of the most serious type, affecting joints as well as muscles. Chronic middle ear disease, causing deafness, is a common result, because of the easy access to that organ from the tonsil. Many of the serious heart diseases, acute and chronic kidney diseases, and some serious eye troubles are the result of infection from diseased tonsils and adenoids.

"Because diseased tonsils and enlarged adenoids in childhood impair nutrition, the vitality is correspondingly lowered, and the child is more easily susceptible to colds, pneumonia, tuberculosis, and other contagious diseases."

Now that we know the diseases that are caused by diseased tonsils, we only need to know what causes the diseased tonsils. If we think that perhaps Miss Jensen knows the secret, we are to be disappointed; for, our search reveals only that she is a product of her medical training. She knows no more than the medical profession and might well have left her book unwritten. There already are too many such books. She advices: "Observe carefully the eating, breathing, and sleeping habits of your children. Have their eyes, nose, throat, ears, and teeth examined carefully once a year by a competent physician and dentist. Upon the first evidence of impairment of tonsils or adenoids, take the child to a competent throat specialist. If you do this, it will later save you many dollars in doctor bills."
This is the old story. Watch for symptoms and have these treated as soon as they appear. She heads this advice, "Prevention." But no trouble is ever prevented by treating it after it develops. I don't care how many medical men and their echoes in the nursing profession dispute this, prevention makes treatment unnecessary. If a trouble is prevented, there will be no "first evidence of impairment of tonsils and adenoids." Miss Jensen simply does not expect the carrying out of her advice to prevent tonsillar troubles.

Under "after effects" Miss Jensen says: "Adenoid tissue (the tonsils are composed of adenoid tissue) does sometimes reappear, and a second, and sometimes a third removal may be necessary after the first." She tells us that "this happens only in extreme cases," a statement that is contrary to the testimony of the leading throat specialists of both Europe and America.

CARE AND REMEDY: If the case is acute all food should be withheld until all acute symptoms are gone after which a fruit diet should be given for three to five days. If the case is chronic a fast or an orange or grapefruit diet may be employed until the throat is clean and breathing is free and easy. Then, a fruit diet or a fruit and green vegetable diet should be fed until the tonsils are nearly normal, after which moderate quantities of proteins and starches should be added to the diet.

The mouth and throat should be kept clean. Antiseptic washes and gargles, however, should not be employed for this purpose. Most drugless men employ dilute lemon juice for this purpose. If the reader is still addicted to the sick habit and the "doctoring" habit, he may employ the dilute lemon juice.

After the tonsils are normal it is an easy matter to keep them so by proper care of the body. Plenty of rest and sleep, an abundance of sunshine, daily out door exercise and a proper diet are all that are essential. No drugs should be given at any time, during or after the trouble.

Massage of the throat should be avoided, as should, also, packs around the throat.
CHAPTER XXIII
SKIN DISORDERS

The German school now speaks of an exudative diathesis, in children who have a tendency to certain kinds of skin eruption. Many children seem prone to skin troubles, while others, though frequently ill, do not have much skin trouble. Skin troubles are due to a few simple causes, but these causes produce skin troubles in one child and catarrh or bronchitis or gastritis in another.

Toxaemia or auto toxaemia of one form or another seems to be associated with practically all forms of skin disease. In Bright's disease, for instance, the poisons that are held in the body, frequently give rise to skin disease. Eczema, in particular, is frequently seen in diabetes. Stomach and bowel disorders in children frequently give rise to skin troubles. Indeed digestive troubles are frequently the sole cause of skin troubles in growing children. "Erythema" (redness or blushing), a slight inflammatory condition of the outer layers of the skin, seems to be definitely due to deranged digestion. This condition may sometimes be accompanied by a slight exudation. It may and may not itch. There may be kidney "derangement" and fever. All gastrointestinal diseases and general nutritive disturbances--gastric and intestinal dyspepsia, gastric irritation, gastrointestinal, catarrh, etc.--giving rise to gastrointestinal autointoxication, may result in skin diseases. These disorders are present in almost every case of eruptive skin disease.

Food, if fresh and pure, is not poison. But the best of food, when it undergoes putrefaction and fermentation in the stomach and intestine, becomes poisonous. Sugars, candies, syrups, etc., by over saturating the blood with sugar, and also by deranging digestion and producing a general abnormal chemical action in the body, are frequent causes of skin eruptions. Wrong food combinations--starch and sugar, cereal and sugar, hot cakes and syrup--fats, gravies and all "rich" foods may give rise to skin troubles.

Certain foods, such as strawberries and peaches, cause a skin rash in some people, when eaten. Oysters and shell-fish do the same with many people. Such people are said to possess an idiosyncrasy or
hypersensitiveness to such foods. Some article of food is often blamed for trouble when it is the combination that is at fault. Cow's milk, particularly if sugar is added, is a common cause of eruptions in children. Any disease associated with digestive disorders and nutritive impairments, such as Brights disease, diabetes, rheumatism, uric-acid diathesis, ulcerative processes, child-bed fever, scrofula and menstrual disturbances, may be accompanied by skin disorders.

Serums and vaccines are frequent causes of skin eruptions. Serum rashes may be of different forms and degrees and may be apparently cured only to recur immediately in the same or another form. There are few skin diseases that cannot be produced by drugs alone. Morphine, turpentine, quinine, copabia, chloral, iodine, salicylic acid, arsenic, the bromide, coal-tar products (most of which are used to reduce fever and "kill" pain), mercury, belladonna, formalin, digitalis, arsphenamine, veronal, tea, coffee, alcohol, insulin, etc., used internally, are frequent causes of skin diseases. Belladonna produces eruptions resembling scarlet fever; mercury may produce eruptions simulating measles, while its eruptions are frequently called syphilis. Many drugs produce urticarial eruptions (hives), papules (small bumps), pustules and even hemorrhagic (blood-filled) eruptions. Others produce scaling or desquamation of the skin.

Such irritants as strong soaps, mustards acids, cantharis, or Spanish fly, croton oil, aniline dyes, iodoform, some salves, carbolic acid and other antiseptic and counterirritant preparations and washes cause skin trouble.

Mercury may be used as a medicine or may be absorbed from working in quick-silver mines, and mirror and thermometer factories. Arsenic may be absorbed from wall paper. Quinine is used in many hair tonics. Bromids form an important ingredient of Bromo-seltzer, so freely used in this land of "beverage" guzzlers. Paraphenylenediamine, used to colour furs black, and quinone, used to make brown furs, produce skin troubles in fur workers and fur wearers. The artificial leather used in making hat bands and for other purposes may cause skin troubles. Phosphorus matches have been causes of skin trouble. Many face powders, cream, lotions bleachers, whiteners, etc., cause skin eruptions.

Poison ivy or poison oak, dogwood, sumac, poison primrose and certain nettles and other poisonous and irritating plants cause skin disorders.
Putrescent matter from decaying meats and vegetables, coming in contact with the skin may cause a local infection and give rise to skin eruptions of various forms.

Uncleanliness, the use of soiled diapers which have been dried without washing, allowing a baby to go for long periods without drying or cleaning it, etc., may all give rise to irritation of the skin, with redness, rawness, soreness, pain, etc.

X-ray burns, radium burns, burns from so-called therapeutic lamps, sun burns, cuts, bruises, tearing, scalds, burns, friction from tight bands, garters, etc., and like thermal and mechanical injuries cause local trouble.

The prevention of drug and serum induced skin diseases is accomplished by avoiding the drugs. Never drug your child and never permit anyone else to do so. Never permit a physician, however "great," to give your child a serum or vaccine of any kind for any purpose. Don't use soaps, salves, lotions, antiseptics, etc., on the child. If these things have already been used and skin troubles have been produced, the cure is: CEASE USING THESE THINGS.

Local treatment, except cleanliness, is valueless in skin disease, Skin diseases, except where due to accidental mechanical or thermal causes, are not local troubles. General health measures are required to remedy them. The employment of lead, zinc, mercury and other suppressive ointments cannot be too strongly condemned.

The following are the most common skin disorders of children and develop most commonly in those of the "exudative diathesis," and in all forms of digestive disorders.

BLACK HEADS: Excessive oiliness of the skin (seborrhoea oleosa) which usually occurs upon the face, forehead, cheeks and nose, results in black heads, enlarged blood vessels and a dirty, begrimed face, as though settled with dust. Faulty diet is its cause.

CHAFING is due to lack of cleanliness, to the fat disease, friction, sweating in the folds of fat on babies suffering with the fat-bloat and to over-clothing or friction.
Cleanliness, thorough drying of the baby after bathing, better feeding, more sun and air to the skin and the removal of friction are the remedies. Keep powders, vaseline and castor oil off the chaffed parts.

DANDRUFF, (Seborrhoea Sicca) is characterised by a decrease or absence of the skin oil so that the skin scales off. The scales are yellowish or grayish. This condition develops, in babies, on the head and eyebrows. In adult males it may also develop in the beard, and even on hairless surfaces. Falling hair is usually, though not always, associated with dandruff.

Faulty feeding is the cause of dandruff and a corrected dietary will overcome it.

HIVES is a whitish blotching of the skin attended with an intolerable itching. Its cause is wrong feeding. With-hold all or part of the child's food until complete recovery and feed properly thereafter.

ITCHING OF THE ANUS is due to uncleanliness, to thread worms or to a slight abrasion of the mucous membrane of the anus. Hardened fecal matter in the rectum may give rise to considerable irritation of these parts. In some cases the itching and smarting may be so intense as to prevent sleep.

Get rid of the worms, feed properly and keep the parts clean.

MILK CRUST (Crusta Lactea), or seborrhoea of the scalp in infants, is an abnormal secretion of the oil glands in the face and scalp. It sometimes occurs soon after birth, but most frequently develops during dentition.

It consists of irregular groups of little pustules on the face and scalp, which discharge a viscid and yellow or greenish fluid. At times there is intense itching.

It is the outcome of wrong feeding and lack of cleanliness.

Astringents, caustics and measures to "dry up" or suppress the eruptions are of no value.
Cleanliness and proper feeding are the remedies. An orange juice diet of from three to four or five days will hasten recovery.

NETTLE-RASH or *Urticaria*, seems to develop most often in the nervous type of child and in children with a very sensitive skin. It is an eruption of *wheals* with red bases and white summits raised irregularly on various parts of the body. It is popularly called nettle-rash because the appearance and itching so resemble those occasioned by the sting of the nettle.

Sudden exposure to cold air makes it worse. Rubbing the skin does likewise.

The cause is wrong feeding and digestive derangement. Cut down the food or with-hold all food until it is gone.

PRICKLY HEAT is a fine burning, itching eruption that is very common in hot weather, but disappears when the weather is cool. Over clothing, woolen or flannel clothing and over-feeding, are the causes. It develops most often in bottle fed babies The remedy is right feeding and less clothing. Flannel clothing should be discarded.

ROSEOLA is a term applied to various eruptions of a trifling and "non-infectious" character. The term is obsolescent.

PSORIASIS frequently develops in infancy and early childhood. It is a chronic inflammatory skin disease which commences as small reddish papules crowned with small silvery scales. The papules increase in size gradually to the size of a dollar. Several patches may coalesce thus covering an extensive area with overlapping scales. Any and all parts of the body may be affected, but it appears most often upon the extensor surfaces of the body. Patches of normal skin are always found between lesions, although I cared for one case with a solid eruption from knees to ankles on both legs. The generalised form belongs to early adulthood and later life. Itching may be intense, slight or wholly absent. There seems to be a hereditary tendency to this disease in many families. The general health seems good in most cases.

The disease is definitely a nutritive disease. Wrong feeding and toxaemia are back of every case. It tends to disappear in summer, when
there is plenty of sunshine and fresh vegetables and fruits, and to reappear in the fall and winter, when these are absent.

Proper care will remedy every case, although weeks and some times months are required to complete the cure. Nothing will produce as much or as rapid improvement as fasting. Sun bathing and green vegetables always improve the trouble. Meats, eggs, bread, sweets, and all "rich," greasy, denatured foods make the condition worse.
Recurring "attacks" of any acute disease tend to become and are on their way to becoming chronic. Recurring sick headache, "biliousness," bronchitis, bronchopneumonia, indigestion, rheumatism, cold, etc., represent a chronic condition which manifests itself at times in these acute outbreaks. Chronic illnesses, although always present, are not always equally present or are not always present in equal extent or degree. They have their periods of recession and exacerbation--are better at one time and worse at another.

Recurring sick headaches or recurring "bilious" attacks, lead to to rheumatism or the formation of tumours and cancers. The end results of the process, represented by the recurring "attacks" of minor illnesses, can be prevented by preventing the minor difficulties. If the individual who so suffers can be induced to reform his mode of living and particularly his mode of eating, he will gradually overcome his troubles. By adopting a correct mode of living and continuing it he can not only get rid of his present troubles, but he can also prevent future troubles.

We ought to cure recurring affections in the intervals between and not during the "attacks." For, whatever is done to alleviate the pain and discomfort of the "attack" is largely only palliative and almost always evil in its effects.

The important thing for us to get firmly fixed in our minds is that disease is, an evolution, beginning in small, imperceptible stages and advancing step by step to cancer, or tuberculosis, or Bright's disease. We will then realise the extreme importance of preventing the development of these early stages of disease by the proper care of infants and children.

The practice of "letting well enough alone" until the child becomes sick and, then, treating the sickness is one of the greatest evils of child-life. Diseases do not require treatment, but they should be prevented.
Treatment presupposes the prior commission of a wrong which requires correction. It should be obvious to the least discerning that this is not the ideal. Education goes far deeper than treatment. It anticipates an effect resulting from a given cause and points the way to prevention.

Dr. Page once asked a very clever old lady why it is that babies are "usually crammed full of milk every two or three hours, without regard to the weather or their needs, kept puking and purging, until finally they become constipated, and writhe and shriek with colicky pains, and then the nurse or mother wraps them in hot cloths, and turns them on their bellies and tries to jounce the wind out of them. What is the use of all this?"

He tells us that the lady answered rather non-plussed, "why it seems as if we were doing something for 'm!"

Do something for them is the thought of every mother, father, nurse, doctor; when, what they need is to be let alone. If children were left alone more in health, they would be sick less and if a let alone policy were pursued when they are sick, they would die less often. Most of this "doing something for them" is really doing something to them. The amount of suffering that is caused in infants, by this almost universal habit of treating them, is incalculable.

Mothers desire strength and beauty in their children, but fail to secure these, because they violate those laws of nature that control the development of strength and beauty. They not only violate these laws, themselves, but, through their example and training, they teach the children to do the same thing. In this last, they are given plenty of help by fathers, and often the sins of the mother during pregnancy originate with the father.

BED WETTING (enuresis nocturna) is the involuntary emptying of the bladder during sleep. Involuntary emptying of the bladder is normal and natural, from the day of birth, until the child has reached that stage in its development, when it assumes voluntary control of this function. Children with nerve derangement will involuntarily void the urine while asleep, long after they should have complete voluntary control over urination--sometimes for years.
Digestive disturbances, overfeeding, feeding between meals excesses of sweet foods and excesses of fluids are among the chief causes.

These cases should be cared for as advised for the nervous child and every cause of nervousness corrected. An occasional period of two or three days on fruit with rest in bed will be found very helpful. The amount of fluid given in the evening should be reduced. Dr. Harry Clements writes:

"The highly sensitive child who becomes a victim to this distressing complaint may find it difficult to escape from his bonds, and the effects of the injury to his emotional condition may be apparent for years. If the parents of the child happen to be stupid and unkind, he may be abused and brow beaten until all sensibility is lost and he becomes case-hardened and a real problem. If the parents extend to him more consideration and more hope--particularly more hope--he will grow out of the habit and it will not seem to him so dreadful after all. In many cases the hyper-sensitiveness and self-discouragement of the child stand most solidly in the way of successful treatment. It is only when he has freed himself from the obsession of weakness, and the fear of the act, that the problem is solved. It is not the appeal to force or coercion that cures the child; it is the development of self-control through the realisation of dawning boyhood and its responsibilities that lifts the burden from his mind and body."

BITING THE NAILS may be only a habit without reason, but it is most likely to be a symptom of nervousness. Look to the correction of nervousness.

BRONCHIAL ASTHMA is a catarrhal condition and, together with hay fever, is the easiest of all so-called diseases to remedy.

A fast or fruit juice diet, until breathing is normal and the chest is clear of all abnormal sounds, followed by correct feeding and care will remedy all cases, even the supposed hereditary ones.

BRONCHITIS is inflammation of the mucous membrane lining the bronchial tube. The lung tissue itself is not involved in this. Bronchitis is a catarrhal condition due to an excess of fats, sugars and starches.

SYMPTOMS: Acute bronchitis presents, as its chief symptoms, rapid breathing, a sharp, dry cough and fever. The temperature runs about 101 to
102 degrees Fahrenheit. In older children the rapid breathing is not likely to distress them, although there is apt to be a sense of constriction about the chest, with soreness under the breast bone and pain when coughing; but in infants breathing may be so rapid and difficult that they become blue.

Wheeler's *Handbook of Medicine* says of the treatment for bronchitis:

"In the first stage employ the bronchitis kettle, containing a solution of eucalyptus or pinol; administer a brisk saline purge, and a diaphoretic mixture. *** The cough may be relieved (*suppressed*) by Dover's powder, or by heroin, but opiates tend to depress the respiratory centre, and should not be used if there is much cyanosis (blueness). When expectoration has become more copious, ammonia, with senega and ipecacuan; or ammonia, and iodide of potassium, with paregoric, may be given. The strength must be supported (destroyed) by tonics (atonics) hypophosphates, etc. Later, the mineral acids are of use in diminishing the amount of expectoration."

This treatment is symptomatic and suppressive and is all injurious. It is employed without the slightest suspicion that bronchitis has a cause, or that the symptoms are curative processes. It is the outgrowth of voodooism. Sane men and women do not employ such devilish methods.

CARE OF THE PATIENT: Give the child all the fresh air possible. Put him out of doors if it can be done. Keep him warm. Warmth is especially important. Stop all food at once, and give no food until the symptoms are gone. Feed fruit juices and fruit at first, and only gradually add the other foods to the child's diet.

Rest and quiet are essential. Do not disturb the baby. Looking at its tongue, counting its pulse, taking its temperature and similar procedures are exhausting to the child. The tongue is coated, the pulse is rapid, there is fever. You know this and do not have to be forever confirming these facts. Wine of ipecac, mustard poultices, flax-seed poultices and other forms of voodooism should be avoided.

CHRONIC BRONCHITIS is the result of chronic provocation and the suppression of acute bronchitis. The patient should be fasted or put on a fruit juice diet until the symptoms are all cleared up and then fed properly.
Rest in bed during the fast or fruit juice diet is needed.

CHOLERA INFANTUM is an inflammatory disorder of the alimentary canal of infants which prevails in the summer months. This disorder was formerly much more prevalent than now and in some localities was the occasion for more dread and anxiety among parents than any of the diseases "peculiar to children." The death rate in this disease in children between the ages of one and two years was once fearful.

SYMPTOMS: The trouble comes on apparently very suddenly, with great restlessness, fever ranging from 102 to 104 degrees Fahrenheit. There is much diarrhoea, the bowel discharges are accompanied with "bearing down," straining at stool, and considerable pain. Preceding the bowel movement the child will gag or retch.

The sickness of the stomach and all of the other symptoms gradually increase until vomiting becomes frightfully severe. There is very rapid emaciation and parents and friends usually give up hope of saving the little one--not knowing that the rapid emaciation is one of nature's most potent saving measures.

The bowels are filled with gas, the abdomen is very sensitive and, where there is much gas accumulation there is a rapid pulse, rapid, oppressed breathing, and a rise in temperature.

There is extreme thirst, which, alas, was and sometimes is yet, mistaken for hunger. The stools are yellow or whitish-yellow, or they may be tinged with green at the outset, becoming grass-green, with white lumps of milk curd, as the condition grows worse.

Children may die in twenty-four hours in this condition or the symptoms may abate after the first twenty-four hours and convalescence set in. Dr. Tilden says: "Cholera infantum proper is of twenty-four hours duration; after that, if the child remains sick, the disease assumes one of the types given in the nomenclature"--gastrointestinal catarrh, gastroenteritis, summer complaint, summer diarrhoea, gastritis, enterocolitis, ileocolitis, diarrhoea, dysentery.

He also says: "After twenty-four hours, if the disease has spent its force and the child is still alive, the bowel movements continue in frequency and
contain more mucus, and at times specks or very delicate streaks of blood, and the fever remains about the same. The thirst is consuming: the child puts anything into its mouth. The restlessness is marked by rolling of the head from side to side and throwing the arms and legs from one place to another.

"Occasionally these cases start with convulsions and quickly sink into a stupor or comatose state, from which they gradually sink into death. Again, stupor may be light, the eyes partly closed, the child becomes more restless and cries at every bowel movement."

Many of these cases, particularly if badly treated, pass into gastroenteritis. This is, or was, particularly true in the middle states where summers are hot. Surprising as it may seem to the uninformed, many people from these states often come to San Antonio to escape the heat of summer. Cases where gastroenteritis has followed a severe cholera infantum, are liable to relapses if they are not handled very carefully. Such children are sick and are liable to relapses every few days or every week or two. Dr. Tilden says: "The doctors of thirty years to forty years ago (now longer) did not pretend to cure these children; they congratulated themselves on being very successful if they could keep the little ones alive until the frost came in the Fall."

It was not uncommon in those days to see these miserable little sufferers reduced to veritable skeletons, waiting for frost to come, but often, unfortunately, dying before the weather became cold enough to frost.

The disease, as previously stated, ranges in severity from a light case of indigestion to a severe case that culminates in death in twenty-four hours. They are all the same and distinctions are those of degree only.

CAUSES: Cholera infantum is a case of septic poisoning; the putrescence arising from gastrointestinal putrefaction. It is a ptomaine poisoning brought on by wrong care and wrong feeding.

In health the body is "potentised with immunising power," and can, to a large extent, render innocuous deleterious substances taken into the stomach. The secretions of the stomach and intestine take care of such substances for us every day that we live. But by wrong eating, and poor hygiene we break down the body's resistance and derange digestion and
decomposition produces poisons in excess of the immunising power of these secretions.

Babies are often born with a predisposition to digestive derangements. Mothers do not realise, or if they do realise it, they sometimes don't seem to care, that the further they depart from an ideal standard of health, before and during pregnancy, the less resistance their children will be born with.

After birth, with its meddlesome midwifery, babies are handled too much, fed too much and too often, bathed too much, over clothed, kept in poorly ventilated rooms, over excited, not permitted to sleep enough, subjected to tobacco smoke by those who smoke in the house, and subjected to many influences which weaken them and lower their resistance.

These are frequently fed from the family table, whatever the older members of the family eat. They are given bad milk from an overworked, over-excited, overfed, or sick mother.

They are brought up in crowded cities with all their heat, filth, foul air, constant noise and nervous irritations. They enter a world where almost every influence is opposed to them.

Add to all this the abuses of treatment to which they are subjected—laxatives, purgatives, castoria, paregoric, drugged milks, serums, vaccines and all the rest of the evil influences of voodooism, and that glorious state of life which we know as health is seldom assured them. They are forced to be content with half-health and lowered resistance.

Against the poisons resulting from the decomposition in the digestive organs in these little children, the body puts up a fight that is all to often a losing fight.

When the decomposition overwhelms the immunising power of the digestive juices, the body is poisoned and a real battle begins. The vomiting and purging, so commonly regarded as enemies, are conservative or defensive measures. These are nature's means of expelling the decomposing matter. The putrefying contents of the stomach and intestine are not absorbed. The absorbents, instead of taking up the fluid contents of the digestive tract, reverse their functions, and pour a large amount of
fluid--blood-serum into the stomach and intestine to dilute and neutralise the decomposing matter, and wash it away in vomiting and purging. This great quantity of fluid flushes the entire alimentary canal and the poison is washed out. It is this great pouring out of the great amount of serum that causes the great and rapid wasting of the child and the great thirst.

There is no absorption from the stomach and intestine under such conditions. To feed in these cases is to make the child worse. There is no possibility of nourishing such a child. Digestion and absorption are impossible.

CARE OF THE PATIENT: No doubt some of the worst of these cases will die under the best of care, but undoubtedly most deaths are due to the murderous methods used in treating these cases.

Food to sustain the patient, drugs to relieve pain, dope to make them "rest" and "sleep," calomel and salines to increase the purging followed by opiates and other drugs to check or suppress the diarrhoea, drugs to depress the nerves--how murderous!

Stop all food at the first sign of trouble. This is the remedy par excellence. Indeed, it often means the difference between life and death. The parent or doctor who stops all food at once fights a winning fight from the start. Fasting is the great pain killer, sleep producer and life saver. There is no danger of starvation and no possibility of nourishing the child.

Isolation and quiet will secure rest. Drugs to force rest only depress the nervous system, weaken the body, lower resistance and assure chronic after-effects, where they do not result in death. Separate the child from the rest of the family and give it quiet.

Give it all the pure cool water it desires and it will demand much of this, but never give it food until all acute symptoms are gone and the bowel movements are normal or ceased.

Keep the child warm. Do not toast it, but keep it warm.

Never permit a doctor to administer heart tonics (really atonics), for these only help to kill the child. Few people die who are not killed by the efforts to save them.
Dr. Tilden says: "When the child is very sick, with blanched countenance and almost imperceptible breathing, slip the pillow out from under the head, elevate the feet (by raising the foot of the bed), if possible, without disturbance, place artificial heat around the body, secure plenty of air, and let the child alone. Further than this is malpractice."

Children that are sick for days and weeks are fed and drugged. These should be fasted until the stomach and bowels are cleaned out and the decomposing milk curds are gotten rid of, then fed according to their powers to digest.

Dr. Page says of such cases: "Cases are on record where a change in the mother's diet--the avoidance of meat, pastry spices, hot sauces, tea, coffee, chocolate--and the adoption of a generous diet of plain wheat-meal bread (varied with rye, corn, and oatmeals), milk and fruit has rapidly restored infants dying of cholera infantum, without aid from any other source."

The old Frost Cure, was simply a waiting until the passing of hot weather, which favours decomposition, and the coming of cold weather, which checks decomposition. But it allowed many children to die, because it did not correct the cause of the trouble. Even after the frost had come and the diarrhoea had ceased, the real etiological factors were still present and these children frequently died of "diseases peculiar to winter." Those who managed to pull through had about all the "diseases peculiar to children" and if they did not die young, but grew up, they later had all of the "diseases peculiar to adults." The same general fact is still true for the very obvious reason that no efforts are ever made to correct the real causes of disease.

Colds: (rhinitis, coryza) represent processes of vicarious elimination. They are not caused by cold feet, damp air, night air, exposure to cold, eating your gruel out of a damp bowl, exposure to heat, etc., nor are they caused by germs.

The two great causes of colds are repletion and exhaustion. Anything and everything that tends to tax and lower the vital or nervous powers, impairs digestion, checks elimination and tends to bring on disease.

Repletion or plethora, (overeating with surcharged blood vessels) tends
to overtax the functions of life, poison the body and necessitates a process of compensatory elimination, which is disease.

Eating when exhausted, when worried, or over excited, or under any similar circumstance, when the digestive powers are low, also poisons the body and calls for an unusual house-cleaning process.

Excesses of sugar, starch and milk are the chief causes of colds and other catarrhal conditions.

We do not "catch" colds; we develop them within ourselves. The cold, *per se*, is a life saving measure, a process of elimination.

Many so-called diseases begin with a cold and others develop after recurring colds and this has given rise to the theory that colds prepare the way for "other diseases;" that they weaken the body and prepare it for attack by some other and more virulent disease. Nothing can be farther from the truth. If the prevailing theory that colds and other so-called diseases are due to germs is correct, there seems to be no reason why the less virulent germs (of colds) must first break down the resistance of the body before the more virulent germs (of infantile paralysis, measles, tuberculosis, etc.) can cause disease therein.

I do not accept the germ theory and I have no patience with those who use this superstition as a means of frightening people out of their wits. Mr. Harter, of the Defensive Diet League, lists an array of troubles which, he says are "all spread by what is technically known as 'spray infection,' " and that the "common cold" is responsible for "a tremendous amount of sickness and many fatalities" from these diseases. He says "The germ laden spray from such a person carries up to five feet when he talks or laughs; up to ten feet when he coughs or sneezes without covering his nose and mouth with handkerchief, or mask or hand. Venture within five or ten foot limits unprotected at your own peril." This is just voodooism.

The germ theory is a theory of chance and lawlessness. We are here by accident. How we managed to escape annihilation, during the ages of ignorance and stupidity that elapsed before Louis Pasteur came upon the scene, is inexplicable. Without bacteriologists and serologists we would all soon perish.
The medical profession is satisfied to have every disease caused by a germ and in those diseases for which a germ has not been discovered, the profession assumes that germs cause them just the same and treat these conditions accordingly. Assuming the truth of this theory, there are several important questions that need answering. Dr. Tilden has well put them as follows:

"What prevents sporadic cases of disease from kindling endemics? And why do not endemics create epidemics? And epidemics create pandemics? Why is it that in families of children one or two may have diphtheria, scarlet fever, or typhoid fever, and no other member of the family takes the disease? The answer may be that as soon as the disease breaks out those who are not sick are rendered immune. But I must meet this statement with the very stubborn fact that this was true before the alleged discovery of immunisation; and it is as true of scarlet fever today as in all past time. It must not be forgotten that the germ of scarlet fever has not yet been discovered; hence its cure and prevention are still in the maze of obscurity. But, in spite of this fact, scarlet fever has declined as rapidly, if not more tepidly, than diphtheria, which disease has been almost entirely wiped out by the great discoveries in the line of immunisation."

Coming back to colds, instead of laying us liable to "other diseases," they tend just the other way. That condition of the body that makes the cold, or a series of colds necessary, may and often does, due to the persistence of its causes, demand other forms of eliminating crises (disease) to remedy. But tuberculosis no more develops out of a cold than the hair on a man's face develops out of the hair of his head. A cold may be and usually is part of an acute disease, like measles or scarlet fever, and it may be the first part of this marvellous process of systemic purification to develop.

CARE OF THE PATIENT: It is only because the cold may be the prodromal symptom of a formidable disease that this condition should receive immediate care in a child. A disease cared for properly from the start never becomes serious, nor results fatally.

Whether it is a "common cold" or a prodrome of typhoid or spinal meningitis, the child should be put to bed, all food stopped, except perhaps some orange juice, where there is no fever, and kept warm. That is all there
is to the treatment of any acute so-called disease—rest, fasting, warmth. Rest includes quiet and physical comfort. Fresh air is always imperative. No common cold can last long when the patient is cared for in this manner.

COLIC: Dr. Page says: "When a vast audience is convulsed with laughter over Mark Twain's witty description of the experiences of parents with colicky babies, it may be well for them to forget, for the moment, the thousands of little audiences of two, or three, or four, gathered about the death-beds of emaciated little ones dying in convulsions, not of laughter, and that provoke no laughter, either on earth or in heaven. More than eight hundred such audiences in one city, in a single week, who can force even a smile to their wan countenances, except it be, perchance, a smile of resignation to what seems to be a token of the chastening, though loving hand of God."

Have you ever watched the tossing and listened to the agonising cries of the baby with colic? Have you ever watched anxious parents walk the floor nearly all night with such a baby in their vain efforts to stop its crying? If you have, you know that colic is no laughing matter—at least, not with the child and its parents.

It was and is yet to some extent, the custom to cram babies full of milk every two hours and feed them every time that they cried between feeding times, and keep them purging and puking, until they finally became constipated, after which they would writhe and shriek with colicky pains. Then mother or nurse or even father would wrap them in hot clothes turn them on their little bellies across the attendants knees and try to jounce the wind out of them. Paregoric, castoria, cathartics and other forms of drugging are frequently resorted to.

Drawing up the legs when crying is not an evidence of colic. Most babies draw up their legs when they cry from whatever cause and one that is crying vigorously will always draw up the legs and arms.

The symptoms of colic are pain, flatulence, expulsion of gas, diarrhoea, or constipation, green or curdy stools, eructations and perhaps vomiting.

Besides over feeding (the most common cause), colic may be induced by getting cold or over heated or by any other influence that deranges digestion. Babies that are fed properly, kept dry and warm and not handled
to much and not over heated do not have colic.

The remedy for colic is: stop all feeding until comfort has returned. Thereafter feed and care for the child properly.

CONSTIPATION is the result of tired overworked bowels. It is an aftermath of diarrhoea and purging and of enervating influences. It is the reaction from over action.

The greatest single cause of constipation in infants is overfeeding. The constant overfeeding of infants results in diarrhoea and finally, an overworked colon, which is to tired and exhausted to function efficiently.

"Passing Enervation and Toxaemia which are basic causes and omnipresent where there is any departure from the normal health standard overfeeding is first, last and all the time the cause of constipation in children," says Dr. Tilden. Overfeeding is followed by imperfect digestion, flatulency, bowel discomfort, loose movements with curds in the stools. The amount of the curds increases as the digestive impairment becomes greater and, finally, the stools may become hard, dry and even lumpy. Children that are properly cared for and properly fed never have constipation.

Medical authors give as a cause of constipation, a "lack of food." But it is obvious that in these cases there is no real constipation. The bowels in such cases do not move simply because they are empty or nearly so.

I received an agreeable surprise while preparing the manuscript for this book, by finding, while reviewing two medical works on the care of children, that some of these, at least, are beginning to present a rational view of constipation in infancy. One of these books, jointly written by three leading child specialists, Drs. Morse, Wyman and Hill, declares: "In any case constipation is the least of evils in a breast-fed baby and ought not to cause any anxiety. Many mothers worry most unnecessarily about what they think is constipation, when there is really nothing the matter with the baby. It must be remembered, in this connection, that it is not necessary for every baby to have a movement every day, and that the consistency or the stools may vary normally in different babies." It is greatly to be regretted that these authors do not take the same view of the hand-fed baby.
The second such book, by Belle Wood Comstock, M. D., says: "If baby's bowels do not go over twenty-four hours without moving, do not worry. Patience is usually all that is necessary, and if baby is all right in every way, he is willing to wait a day and give his bowels a chance. Over anxiety and fussing have laid the foundation for many a case of chronic constipation. Never begin milk of magnesia, Castoria, or any laxative--just wait."

I have seen babies go for three days without a bowel movement and no harm result. These babies were sick and in such cases, even Dr. Comstock would resort to the enema, or other means of forcing action.

Dr. Comstock cautions: "Don't ever give soapsuds enema, Castoria, or castor oil. Castor-oil days for babies are past." Would to God that they were! But there are still too many doctors, nurses and parents giving this and other purgatives to babies. For instances Morse- Wyman-Hill say, castor oil "is by far the best and most efficient cathartic. Its action is rapid and very thorough, and it does not ordinarily cause griping."

Parents should never give purgatives of any kind to their children, whether the doctor advises it or not. Purgatives are the chief cause of chronic constipation. They upset the whole digestive tract, deranging their secretions and leaving them dry and exhausted.

Morse-Wyman-Hill say: "Great care must be taken in the use of both suppositories and enema not to establish a bad habit. It is very easy to so accustom the baby to them that it will not move its bowels without them, although the need for them has long passed."

A measure that "loosens the bowels" does not cure the difficulty, says Dr. Page. "It only produces more or less purgation." "For my own part, speaking with relation to the constipated habit so common, I consider that we should look for a remedy to the promotion of the general health, and having decided upon the diet, we should avoid frequent changes of amounts and proportions, which are always made at the risk of the system not getting accustomed to any one variety."

Page also says: "Sometimes there is no occasion for a movement for a day or two--no evidence of a desire for one. To use purgatives or injections
in such cases is mischievous. A change of diet, or in the weather, may
temporarily affect the babe. In bringing one over-fed bottle baby to three
meals, four days passed, and then he had an easy, natural movement; then
three days and another; then two. After this he had regular daily passages."

While in ordinary cases I never give nor advise an enema, there are rare
cases in bottle-fed infants, where the milk curds are so large that they
become impacted in the colon and in such cases a bowel movement,
without aid, seems almost impossible. The child will grunt and strain and
cry, but the impacted curds will not move. In such cases a warm water
enema should be employed.

CONVULSIONS: There are few conditions that strike more terror into
the heats of parents than to see their child in convulsions. Yet convulsions
are not, of themselves, dangerous and it is a very uncommon thing for a
child to die in convulsions.

Convulsions occur chiefly in infants and children with unstable and
poorly adjusted nervous systems. Slight causes may bring on convulsions
in some children. Undoubtedly these are the children that give us most of
our cases of epilepsy. Most children never have convulsions, while others
may have them at frequent intervals if their nervous systems are irritated
from any cause.

Convulsions may occur during a high fever or at the beginning of any
acute so-called infectious disease, but by far the greatest number of cases
are due to digestive disturbances, due in most cases to over-feeding. Many
cases result from the suppression of skin eruptions.

CARE OF THE PATIENT: The cause reveals the prevention and the
remedy. Stop all foods and give no drugs. Put the child to bed, in front of
an open window or door and let it alone. Don't disturb it. Keep the child
warm.

Last year (1929) I visited a child that I was told was dying. When I
reached it, from across the street, I found the child in convulsions. The
mother was sitting in a chair, with the child in her arms, tossing it up and
down and sobbing: "Oh! my poor child! Oh! my poor child!"

I took the child from her, laid it on a table, over which a folded quilt had
been hastily spread, and placed it in the open door. Almost immediately the twitching movements began to cease, the eyes, thrown upward, soon returned to their normal position, the head which was thrown back, relaxed and the child began to look around. In fifteen minutes the child was asleep.

This child had been given a cup of coffee only an hour previously, the milk-man having delayed in delivering the milk. The poor ignorant mother who made her own breakfast on coffee, as so many other ignorant people do, gave this poisonous drug to the child also. I attribute the convulsions in this case to caffeine poisoning.

CROUP: This is a common malady of early childhood. Scrofulous and plethoric children are most subject to it. Many children have it every winter. Candies, cakes, greasy mixtures; fried foods, excesses of Milk, bread, cereals, sugar, syrups, etc., tend to produce this condition.

Formerly croup was divided into membraneous and non membraneous or simple croup. Membraneous croup is now regarded as diphtheria. Dr. Trall thought the two croups differed only in degree and said "in the former case the exudation which forms on the mucous lining of the wind pipe (trachea) concretes into a membraneous covering, and in the latter case, the excreted matter is expectorated without consolidation."

The differences in the behaviour of the two exudates show a big difference in their characters, and points to differences in their causes. Simple croup is of a catarrhal nature and results from carbohydrate plethora; membraneous croup is of a serous nature and is the result of protein poisoning. Protein poisoning is more virulent than starch poisoning.

Croup is a catarrhal inflammation of the larynx with swelling of its mucous lining. It is a very alarming condition but not serious. It usually comes on about midnight, appearing quite suddenly and manifesting itself by a sharp, dry, hoarse barking cough. In severe cases it is difficult for the child to breathe, the child making an apparently superhuman struggle for breath, and there is often a temporary high fever. To be awakened about midnight from a sound sleep and find your child, whom you had put to bed apparently in the best of health, struggling for its breath, with shrill wheezy inspirations, perhaps blue in the face, and coughing almost constantly, is enough to frighten any parent. It does not matter how
frequently one sees croup, it never fails to produce a feeling of apprehension and terror.

However, the condition soon passes off, the child goes to sleep, and by morning seems as well as ever, giving one the impression that the whole experience was a horrible nightmare.

An overloaded stomach almost always precedes an "attack" of croup. Breathing the hot dry air from stove or furnace, tends to produce the condition. Many cases would never occur if bed rooms were properly ventilated and stoves kept out of them. Where a stove is in the room a pan of water should be placed on it to keep the air in the room moist.

Croup is always the result of wrong feeding and bad hygiene. The fattest children are the ones who have the croup most. It does not result from cold or exposure or wet feet and similar bugaboos. No child need never have the croup.

CARE OF THE PATIENT: Children who are prone to have croup frequently are overfed on bread, potatoes, beans, cereals, sugar, syrups, jellies, jams, cakes, pies, milk, etc., and are housed in poorly ventilated homes. When the diet is changed and the home ventilated, the croup disappears, never to return. These children should not be permitted to overload their stomachs at night, nor at any other time, for that matter.

There is no treatment which can do any good during an "attack." Hot baths or warm cloths applied to the chest are the least harmful of the palliative measures in use, but even these are unnecessary and not curative. The "attack" only lasts a few minutes and the real treatment should consist in the reordering of the life and habits of the child so that there will not be subsequent attacks. The ancient rule laid down by Galen that recurring affections are to be treated during the intervals rather than during the "attacks," should be our guide in croup.

If a child has an attack of croup, stop all food at once and either give nothing but water or water and orange juice or grapefruit juice for three full days. This is especially important since an occasional case of croup, which turns out to be the early stage of a fatal diphtheria, would probably never have been fatal if feeding had been stopped at the first signs of trouble. It is also necessary because croup usually lasts about 3 days, the
"attacks" coming on only at night. There may be almost no hoarseness in the morning and during the day, until late in the afternoon, when he again becomes croupy.

Hot mustard baths, wine of ipecac, syrup of ipecac, paregoric, emetics, warm enemas, inhalations of chloroform, turpentine vapors, moist inhalations and adenoid operations are among the medical measures in use. None of these are of value, although they may do much harm, not the least of which is the fact that they teach parents and children to rely on these things for palliation rather than on hygiene for permanent cure. They build the sick habit and lead us away from a sense of personal responsibility.

CROWING DISEASE: Laryngismus stridulus, laryngospasm, spasms of the glottis, is a spasmodic affection of the windpipe (trachea), which closes the glottis and threatens suffocation. The term crowing disease or crowing inspiration, is applied to the condition because the patient makes a noise similar to that attending the inhalation of air in croup or whooping cough.

The paroxysms occur at irregular intervals. During these periods the patient struggles for breath and seems to be actually suffocating or strangling. In some cases the struggling terminates in a general convulsion. If crying or coughing occur the paroxysm is ended.

The disease looks more dangerous than it really is. It occurs almost wholly in rachitic children. The paroxysms are brought on by emotions, indigestion, or irritating and exciting influences. Fatal cases are rare.

CARE OF THE PATIENT: The paroxysm lasts only a few seconds, but may recur frequently. Rest, quiet and warmth are all that are required during the paroxysm.

The real care of these children is to correct their diet and general hygiene and get rid of the rickets. See the care of this condition.

DIARRHOEA may be due to a number of causes. Overheating, chilling and over excitement are often causes. In such cases the stools are likely to be normal in all other respects except diminished consistency.

Diarrhoea is, in most cases, the result of indigestion brought on by the
stuffing process. An oversupply of milk or of some part of the milk will produce a diarrhoea.

An excess of fat causes the stools to be yellow or yellowish-green; and often to look oily. They are apt to be rancid, and are acid in reaction. They are prone to irritate the buttocks. The stools often contain mucus and soft curds.

An excess of sugar (any kind, even milk sugar), causes the stools to be more or less green, and gives them an acid odour. They are acid in reaction and also irritate the buttocks. Mucus and sometimes small, soft curds are found in them.

Maltose-dextrine preparations produce brown or yellowish-brown, seldom green, stools. Such stools are acid in reaction, possess a peculiar acid odour and irritate the buttocks. Mucous and small soft curds are often present.

Diarrhoea produced by starch is similar to that produced by the maltose dextrines except that they usually do not contain mucous or curds.

Protein excess produces brown or yellowish-brown stools, with a foul or musty odour and an alkaline reaction. The curds are plentiful and large. The stools may, but usually do not, cause irritation of the buttocks.

Blood and mucous in the stools indicate an acute inflammation.

If curds appear in the baby's stools, or if the colour and consistency are not normal, the amount of food should be reduced.

If these signs of indigestion have been ignored until diarrhoea has developed, all feeding must be immediately stopped. No food should be given to the child until the bowels are normal again.

If there is no fever and the child demands food, fruit juice may be allowed. If there is fever, nothing but water should be given to the child.

Castor oil, milk of magnesia, soda, enemas, etc., should not be given.

Mucous and blood call for perfect rest and quiet and warmth; no food
and, neither last nor least, no drugs.

Dr. E. B. Lowry says: "Another measure that will aid in the prevention of summer diarrhoea is the wearing of a woollen binder. Until the baby is about two years old it should have its abdomen protected by flannel at all times. No matter how warm the day may be, there are liable to be little drafts which, will cause a sudden chilling of the abdomen. The knitted bands with a shoulder strap probably are the most convenient. They should be pinned to the diaper in front so that they will protect the abdomen well."

So long as such nonsense can be passed off on parents as science, just so long will infants suffer and die. These hot, constricting binders should no more be thought of for babies than for young puppies or young calves. One of these animals has as much need for a binder as the other. Binders belong to the sick habit and the doctoring business.

Some medical authorities advise boiling all milk fed to infants and children in the summer time, as a means of preventing diarrhoea. Some, also, advise feeding boiled milk to the child with diarrhoea as a means of curing the trouble. Boiling milk subjects it to greater changes than pasteurising and renders it less fit than ever for food. Boiled milk causes constipation. This is the reason it is used to prevent and cure diarrhoea. It is the ancient practice of "curing one disease by producing another." L. Emmett Hold, M. D., L.L. D., and Henry L. K. Shaw, M. D., two noted baby specialists, are advocates of boiling milk to prevent diarrhoea in the summer time. It is only added evidence of my frequent assertion that baby specialists know less about the proper care of babies than any one else. Their book is published and endorsed by the American Medical Association. May heaven save the children from the ex-spurts who know all about a thing and know it all wrong.

DYSENTERY: This is a distressing inflammation of the mucous lining of the colon, an acute colitis, attended with fever of the "typhoid" form. The bowel is affected by an agonising bearing down sensation, termed tenesmus.

It is caused by the same causes that produce cholera infantum and is really the same condition in a different location. It should be cared for as directed for cholera infantum.
EARS, INFLAMMATION OF: *Otitis media*, is inflammation in the cavity of the middle ear. Medical authors tell us that otitis media is very common in babies and young children. This may be so in babies and children fed as they advise, but it is nor so in those who are fed and cared for Hygienically.

SYMPTOMS: The symptoms are earache, and sometimes a discharge from the ear. In some cases there is no ache and the first indication of trouble is the discharge. Fever, crying, and restlessness are the chief symptoms in babies. The child may continually place its hand on its ear. The child will often scream and it keeps this up no matter what is done for it. In other cases, where there is apparently no pain, there is fever.

CAUSES: Exposure to cold is the cause, according to popular superstition. Medical superstition has is that the condition arises out of an acute cold, an infection in back of the nose, etc. Otitis media is an extension of catarrh which passes up the Eustachian tube to the middle ear and is due to the same things that cause catarrh in any other part of the body.

CARE OF THE PATIENT: Most cases of this trouble last but a few hours and, while they cause considerable pain, do not result in a discharge or any serious trouble. The old fashioned "remedy" was to place a hot "poultice" over the ear--a bag of hot ashes, hot peach-tree leaves, hot sand, etc., depending on which of these substances one placed his faith in. I recall an instance when my father filled his pipe with tobacco and lit it. Placing a thin cloth over the bowl of the pipe and placing the end of the stem near the entrance of my ear, he blew through the cloth and sent the hot smoke into my painful ear. This soon brought relief, as will heat, however applied. The "virtue" in the poultries did not lay in the ashes or the leaves, but in the heat. Today the hot-water bottle or the therapeutic lamp are used for the same purpose and with about as much blind faith in their "curative" powers.

The heat gives relief from pain, but I doubt that it is in any way beneficial. I am inclined to think it is harmful. I know that doctors and parents tend to consider the condition cured when the pain is relieved. The basic causes of the trouble are not corrected.

These children should be put to bed and all food with- held from, them
so long as the pain lasts. After this their diet and hygiene should be adjusted in such a manner as to produce and maintain health. If this is done there will be no recurrence.

Do not syringe the ears. Keep everything out of the child's ear.

ERYSIPELAS is due to septic infection of the child due to uncleanliness and carelessness. Irritants, washes, soap, alcoholic stimulants and all drugs irritate and do not help the condition.

Fasting or fruit juice diet, with strict cleanliness, is the remedy.

FEVER indicates poisoning (not drug poisoning), usually decomposition in the intestine. It means that there is a mass of rotting food in the food tube poisoning the body.

It, means something else--namely: *Nutrition is suspended until the poisoning is overcome*. It means that no more food should be given to the child until all fever and other symptoms are gone. It means that nothing but water, as demanded by thirst, should be given to the patient.

So long as there is fever and diarrhoea, no food, of whatever character, can be of any use to the child. If the child appears to be hungry it is thirst. Give it water, for food will not relieve thirst.

If food is given to the feverish infant it usually vomits it up immediately; nature refusing food as fast as well meaning, but misguided parents and attendants force it upon the child.

Bear in mind that the food decomposed and poisoned the child because the child's digestive power had been greatly impaired and that to give it more food, under such conditions, is only to add to the poisoning.

The disease will last until the poisons have been eliminated and the decomposing food has been voided. Fever, vomiting and purging are natures methods of getting rid of the poison and when these cases are fasted and not fed such troubles soon end. There is no danger in them. Feeding and drugging are the elements of danger. Never permit your child to be drugged and do not permit the physician to reduce (suppress) its fever.
When animals, young and old, become sick they instinctively refrain from eating. *Warmth, quiet and fasting,* with a little water, are all they want. When they take nourishment, it is a sure sign that they are recovering. They eat but little at first and gradually eat more as they grow better. They never worry about calories or protein requirements, either.

Infants call for *warmth, quiet and fasting,* plus water. They will take nourishment, if they are not given water, because they are thirsty. But they are made sicker each time they take it.

The body never preforms any of what Dr. Tilden calls "Hindi tricks" in this matter of taking nourishment. It does not digest and absorb food when digestion is suspended and the membranes of the stomach and intestine are exuding matter instead of absorbing it. It is exuding fluid to aid in expelling the mass of putrescence in the food tube and to protect the walls of the tube and any irritated surface from the irritation. Sometimes nature even rejects water, expelling it by vomiting, as often as it is forced down. How foolish, in such cases to continue to force food and drugs on the patient and water into his stomach. Nature is trying to protect herself by this vomiting. She even guards herself against water by creating a bad taste in the mouth that causes the patient to refuse water.

"In all sick stomachs," says Dr. Tilden, "especially in Typhoid or cholera infantum, there is an irritation due to the bad effect of decomposition, and the nausea and vomiting is a conservative measure, and, rightly interpreted mean, #### a suspension of absorption and a pouring out of the water of the blood and other secretions for the purpose of immunising and flushing" the stomach and intestine.

Parents; if you are wise, you will never feed your sick children. Be not afraid to let them fast. For, everyday that they fast lessens' their illness and their danger. Feeding adds to their suffering and danger and prolongs their illness.

GRINDING THE TEETH: is an indication of nervousness or indigestion. Where the trouble is due to indigestion the child is apt to cry out at night. Eating between meals will often cause this trouble. Worms are thought to be the most common cause by those who know nothing about feeding children. The remedy is apparent--correct the diet and all causes of
nervousness

HERNIA (Rupture); sometimes develops in infants and children. Crying is often held responsible for this condition. I do not think crying ever produces hernia. Over-feeding with gas distention of the abdomen is probably the chief cause.

CARE OF THE PATIENT: stop the over-feeding. Give the child abdominal exercise. I advise that this be done by some one fully acquainted with corrective gymnastics.

INDIGESTION is due to over-feeding, wrong feeding, over excitement, over-heating, chilling, to much handling and to drugging. Sugar, candy, cookies, etc., are frequent causes of indigestion.

If a child "loses its appetite," know that it is either sick or fatigued. Do not coax it to eat. The lack of appetite is a saving thing.

Pain, fever, nausea, vomiting, diarrhoea, foul breath and loss of appetite, with listlessness are the chief symptoms.

It is said that many of the acute diseases begin with these symptoms, and so they do; they would also end with these if feeding and drugging were not resorted to. Most serious illnesses are the results of feeding and drugging simple ailments.

Never feed sick children. Let them fast. And please bear in mind that fasting is not starving. On this subject of fasting I recommend to my readers my two books, Human Life It's Philosophy and Laws, and The Regeneration Of Life.

Don't give your child bicarbonate of soda, castor oil, pepsin, hydrochloric acid, pancreatin, bile salts, or other drugs commonly used in cases of indigestion. Do not give them tonics (atonics), appetisers, anti fermentatives, etc. These do not remove the causes of the indigestion; but they do add to the causes. They are injurious and valueless.

Stop all food so long as there are acute symptoms. Keep the child warm and in bed.
After the symptoms are gone, feed and care for it properly. If your child suffers with digestive disorders, you are to blame.

INFANTILE PARALYSIS (poliomyelitis), is paralysis in infants and young children. It is divided into the intra-uterine and the post-natal classes. Dr. Tilden says "the ante-birth causes are not hereditary; for an influence to cause paralysis to be hereditary would prevent conception; or, in other words, sterility prevents such calamities." Nature brands unfitness with the stamp of sterility.

The Paralysis may be due to changes in the brain or in the cord. Several forms are described, but these relate to location and not to the actual cause or causes of the affection.

CAUSES: Cases developing before birth are due to injuries and poisons. Doubtless most of these cases are really due to injuries, received at birth. Cases developing after birth result from infection, either from gastrointestinal decomposition or from vaccination. A plethoric state, due to over-eating, is described by medical men as a "well-nourished" state. They say that acute epidemic poliomyelitis "appears in children previously well nourished."

Children usually completely recover from these conditions. Many die, many more are left crippled for life. Undoubtedly many cases of death and permanent disability are due to the drugs and serums used in treating the condition in its early and acute stages.

CARE OF THE PATIENT: Rest in bed, with plenty of fresh air in the room are essential. Stop all food until all convulsions, twitchings, spasmodic movements, spastic contractions, fever, etc., are gone. After this feed the child a fruit diet for a week, then feed it normally. Cases that are left with muscular and nervous incoordination require muscular and nervous reeducation in the form of educational gymnastics.

JAUNDICE OF THE NEW BORN--approximately no per cent of babies show more or less jaundice in the first week of life. One maternity hospital reported some years ago that out of nine hundred babies three hundred developed jaundice. Doctors call this condition icterus neonatorum--that is a name to frighten parents with.
In a day to a few days, from the second to the fifth being the usual time, after birth the baby begins to turn yellow and parents become alarmed. The condition gradually grows worse, and then gradually disappears. Its average duration is three to four days although it may last longer, even two weeks. The yellow colour is first noticed on the skin of the face and chest, then in the white portions of the eyes (conjunctive), and then it spreads over the body. The skin varies in colour from a pale yellow to a yellowish brown.

The general health of the baby is unimpaired and jaundiced babies fare as well as others. The condition is not serious, is never fatal and requires no treatment. Our mothers used to brew saffron tea to dose their children for this condition. It had no value, but the condition speedily cleared up, as it always does, anyway, and this proved the value of the tea.

MASTOIDITIS: This is inflammation of the mastoid, a small piece of the skull which lies directly behind the ear.

SYMPTOMS: There is deep-seated pain and tenderness over the mastoid process, more or less fever, swelling, and in some cases pus formation.

CAUSES: In cases where earache, *otitis media*, is treated with heat, dry wiping, syringing, etc., and the causes of the catarrhal inflammation ignored, as is usually the case, the inflammation may extend to the porous bone back of the ear--the mastoid. This does not occur in the vast majority of cases, for nature is always busy limiting inflammation as much as possible. Mastoiditis will never occur as a "complication" of *otitis media*, if the earache is properly cared for and not merely suppressed and then forgotten.

CARE OF THE PATIENT: Operation is the usual recourse. It is a very dangerous procedure and seldom advisable. Rest, warmth, fasting and fresh air will speedily remedy nearly all such cases.

NERVOUSNESS is quite common in children today. Parents, teachers, nurses, doctors and everyone who has to deal with children know only too well how prevalent is this condition.

The nervous child is irritable and ill-tempered, fretful and capricious.
His sleep is likely to be disturbed and un-refreshing. He seldom sleeps soundly. His appetite is capricious, his tongue often coated, and his breath bad. He is usually underweight and does not put on weight no matter what food is given him. On occasions he will be a little feverish and may present extreme lassitude. In the worst cases enuresis (bed wetting), diarrhea, vomiting and other evidences of physical disorders are present.

These "trivial" ailments may seem to the average person to bear no relation to the nervousness, but they are truly indicative of an underlying systemic derangement that must be attended to at once if more serious developments are to be avoided.

Nervous children are not likely to be well developed and alert. They are more prone to be limp, underdeveloped and listless. Some of them are said to be "on the go" all the time, but this overstimulation does not last. Soon these lack the zest and eagerness that should be the mark of all young life. They bear every evidence of nervous fatigue and physical exhaustion.

The round shoulders, flattened chest, protruding abdomen, exaggerated spinal curves, loose knees, and sallow, pasty complexion all bear evidence that the child is not well nourished.

Dr. Harry Clements says: "In all cases the condition of the alimentary tract will be found abnormal and far from wholesome. In the worst form we may see the condition known as cyclical vomiting. The child is prostrated under the attack. The face has no colour, the lips may be red but dry, and the muscular structure of the body seems utterly relaxed. The breath is foul, and the bowels are either violently diarrheic or badly constipated. The whole picture is that of systemic poisoning, plus a violent reaction of the digestive processes against normal functioning."

Incontinence of the urine, day and night, and incontinence of the faeces are seen in extreme cases also.

It should be evident that we are dealing with a condition that requires study and patience, for in a large number of these cases there enters a hereditary neurotic diathesis, which makes the child's nervous system unstable. Dr. Harry Clements astutely remarks. "It will be obvious that the old-fashioned method of looking at his tongue and prescribing a laxative will neither help, the child nor satisfy the parent that the physician has
grasped the significance of the problem."

It is necessary to thoroughly study such a child. Its whole life and its heredity must be gone into. Its diet, sleep, social contacts and its studies and mental efforts are all important. Much of the remedy is educational and few parents and physicians are prepared to handle such a case correctly. Indeed parental mismanagement is largely responsible for the condition of the nervous child. The mental overstimulation of children, by our present hot-house method of mis-education, is a large factor in producing nervousness in children. Whipping, scolding, nagging, fault-finding and other such elements in the child's environment, are injurious to the nervous system of a child. Frightening children with scary stories, bogie men, dogs, etc., and leaving them in dark rooms for something to catch, and locking them in closets are criminal procedures. Parents guilty of such cruelty deserve severe punishment.

Says Dr. Harry Clements: "The nervous child suffers from his contact with grown-up persons who are forever communicating to him their criticisms, their failures and their fears. When he reacts with fits of temper, irritability, fretfulness, he meets with reproofs and punishments which he neither respects nor heeds."

The nervous child needs sympathetic understanding, kindness, firmness, and the best of care. Nothing helps such children like a proper diet and outdoor life. Such a child, if his condition is bad, should be removed from school. All criticism, nagging, scolding, whipping, etc., should be abandoned. The genitals should be carefully cleansed and cared for to remove all irritation that may exist in these. Plenty of rest and sleep are required. By all means avoid drugs, serums, tonics, coffee, cocoa, chocolate, operations on the tonsils and adenoids, etc.

PICKING AT THE NOSE is the result of irritation of the nostrils. It is evidence of a catarrhal condition. Correct the catarrh.

PNEUMONIA is inflammation of the lung tissue. There are two forms.

*Bronchopneumonia* presents small scattered spots of inflammation in the lungs. This type is the most common in small babies.

*Lobar pneumonia* is inflammation of one lobe, and even more extensive
areas of the lung. It is the more common form in older children.

Pneumonia does not develop in children who are properly cared for. It is more serious in infants than in children from three to twelve years. The mortality in pneumonia in early childhood is lower than during any other period of life.

SYMPTOMS. The "onset" is usually apparently sudden, although it may be preceded by a cold or bronchitis, with a severe chill or chills, lasting fifteen minutes to an hour, followed by a sudden rise in temperature. Intensely sharp pain in the lower front part of the chest or in the region of the arm pits develops in a few hours. Breathing is laboured. There is a dry painful cough, with scanty, sometimes, blood streaked mucous. After the first day the sputum becomes orange-yellow or prune juice colour. There is rapid pulse and heart action.

MEDICAL ABUSE of these cases continues, despite the fact that they admit that they have no cure for the trouble. For instance, Morse-Wyman-Hill say: "There is no drug which will cure pneumonia. Many babies have been killed by being fussed over too much, handled to much, and over-medication. The two things for a mother to remember especially about pneumonia are that much medication and much handling of the child do more harm than good and that there is no specific cure for the disease. It must take its course and the child must fight it off itself."

There is not a word in this quotation which does not apply to every other so-called disease. There is no drug or specific that will cure any disease. Every disease must take its course and the patient must get well himself. Too much handling, being fussed over too much, and all medication tend to kill. Disease is a process of cure--yes, even pneumonia is a curative process.

Sir Wm. Osler says: "There is no specific treatment for pneumonia. The young practitioner should bear in mind that patients are more often damaged than helped by the promiscuous drugging, which is still only too prevalent."

Yes indeed! But listen to this from this same Osler and this same Principles and Practice of Medicine: the pain at the "onset" of the disease "may be so severe as to require a hypodermic injection of morphine." Then
he offers bleeding, serums, veratum viride. digitalis, digitalin, strychnine, camphor, cafffein, musk, alcohol, saline infusions, the Paquetin cautery, hot and cold applications, Dover's powders, (an opium mixture favouring the accumulation of the exudate in the lungs, because it suppresses the cough that clears the lungs, and "aids," as Tilden says, "all severe cases in dying of asphyxiation."), hot poultices, ice bags, and cold sponging. He says, "The stitch in the side at onset, which is sometimes so agonising, is best relieved by hypodermic injection of a quarter of grain of morphia."

Drugs and applications to relieve pain, check the cough, allay delirium, reduce fever, control blood pressure, "sustain" (depress) the heart, allay nervousness, etc.,--all of which is symptomatic and suppressive treatment--accompanied by feeding, kills the patient. Osler says: "The food should be liquid, consisting chiefly of milk, either alone or, better, mixed with food prepared with some one of the cereals and eggs, either soft boiled or raw."

Osler tells us that "pneumonia may well be called the friend of the aged. Taken off by it in an acute, short, not often painful illness, the old man escapes the 'cold gradations of decay,' so distressing to himself and to his friends."

This is a cleverly camouflaged confession of failure, a failure that should cause people everywhere to avoid the doctors and their dope. Osler has the courage to caution against the use of the oxygen tank in this disease. The average physician feeds and dopes these patients and neglects ventilation, until the patient is nearly dead of dope and asphyxiation, then he scads a "hurry-up call" for the oxygen tank and finishes off his patient with one last grandstand play of scientific D--foolishness.

What wonder that the hospital mortality in this disease runs 20 to 40 per cent and in people over sixty from 60 to 80 per cent!

Dr. Richard C. Cabot says: "A person needs good nursing and fresh air in pneumonia, and that is about all. There is very little that we physicians can do at the present time to cure pneumonia. It is a very sharp illness, but short, and the drain upon the patient's finances is not often great if we have the true diagnosis. About 25 per cent of all adult cases die. When it occurs in alcoholics seventy-five per cent die. ### The doctor is almost never to blame for the death in pneumonia, nor responsible for the recovery in
favourable cases. In children outdoor treatment seems to help very much, but children do much better than adults anyway."

I do not agree that doctors are almost never to blame for death in this disease. I am convinced that at least ninety per cent of the deaths, at least in younger persons, are caused by doctors. Look over their program for treating a trouble for which they can do nothing, and see if you like this method of "doing nothing."

CARE OF THE PATIENT: Open the windows and doors, or take the patient out-doors, stop all food but water. Keep the patient warm--keep a hot water bottle at the feet. Let him rest. Do not disturb him. Secure peace and quiet for the patient. Let him alone and led him get well.

For heaven's sake don't drug your child and don't let anyone Use do it. Don't allow any serum to be given. Never permit a doctor to experiment on your child. You have no right to do this.

When the fever is gone and the lungs are clear, and there is no more cough, give the child orange juice. Keep him in bed for at least a week. Rest is important. Keep him on orange juice for the most of this time, after which give fruit and then gradually work up to the normal diet. Nursing infants may be given light breast feedings, instead of fruit, after the preliminary period on orange juice.

Pleurisy, empyema, endocarditis (heart inflammation), acute arthritis, meningitis and jaundice will not develop as complications, if the above plan is carried out. Chronic pneumonia, abscess and gangrene, mental disturbances, including temporary delusional insanity and tuberculosis, will not follow as a sequelae.

PURULENT CONJUNCTIVITIS OF THE NEWBORN: This affection, also called ophthalmia neonatorum, is the result of septic infection of the eyes at birth. It is caused by the eyes of the child coming in contact with the diseased vaginal secretions of the mother as the child is passing out of the mother's body. Its symptoms are less violent than purulent conjunctivitis of adults and the consequences are less severe.

Medical men recognise three sources--i. e., infection by the staphylococcus, pneumococcus and the gonococcus. The gonococcus (in
gonorrhoea ophthalmia) is considered the most virulent of these three types of germs.

Gonorrhoea and purulent endometritis (inflammation of the lining of the womb) are considered the chief sources of infection. Someday it will be recognised that a leucorrhoea which does not drain well, or which is bound on the mother by pads, will generate enough putrescence to infect the eye or eyes of the infant. Indeed, Gould and Pyle say; "severe cases have been caused by the secretions of nonspecific vaginitis." A clean mother cannot infect her child. An unclean mother who throughly douches her vagina immediately before or during labor greatly reduces the likelihood of infection.

The present-day practice of physicians and nurses of rupturing the "bag-of-waters" as soon as the os uteri is distended, robs the child of part of its natural insulation during passage and, undoubtedly, increases the likelihood of infection. Dry births act in a similar manner.

The medical notion is that most of these cases are due to gonorrhoea in the mother and that, as Dr. Cabot expresses it, "propel obstetrics and the putting into every new-born baby's eyes a proper antiseptic, will stop the disease in every single case." Practically all of our states have a law requiring the use of an antiseptic in the eyes of every child at birth. How successful this is, is shown by the fact that over half of the cases of blindness are still attributed to Purulent Infantile Ophthalmia, as it was formerly called.

Dr. Tilden says of the practice: "In these days of much medical delusion we hear that children should have a weak solution of nitrate of silver dropped into their eyes as soon as they are born, to prevent ophthalmia neonatorum--a venereal inflammation of the eyes of newborn babies. Doctors who gain their experience from free clinics, hospitals, and slum practice become deluded with the idea that all mankind are tainted with venereal diseases. Their delusion should not be taken too seriously.

"There may be a little danger of this infection in the slums, but the danger is nil among the representative, better class of poor as well as among the well-to-do of this country."

SYMPTOMS: The symptoms are usually less violent and progress less
rapidly than in purulent ophthalmia of adults. A few days (two to five), or a week after birth the eyelids become slightly red and swollen, with a purulent secretion. The swelling of the eyelids increases, the conjunctiva becomes greatly infiltrated, swollen, and roughened. The secretion becomes thickened and of a yellow or green colour. The disease is self-limited and runs its acute course in four to six days, after which time there is a longer period of mild trouble.

The cornea soon becomes affected. If the affection of the cornea should result in a scar over the pupil, blindness may result. Even if it is but a small scar there may be a serious impairment of sight.

One of the first things a medical man does when he is called upon a case of this kind is to make a smear for the bacteriological examination. The condition is seen, at a glance. The diagnosis is easily made. Why, then, the bacteriological test? Because the trouble, in his view, may be due to either one of several types of organisms. But it makes no difference in the treatment which type he finds. The treatment is the same whether he finds the staphylococcus, the pneumococcus, the gonococcus, or some other coccus. Why, then, the test? Echo answers, why?

PROGNOSIS: Under medical care these cases usually recover in six to eight weeks, although chronic blenorrhoea (a purulent discharge) and blindness, due, no doubt, to the suppressive measures employed, are common aftermaths. Medical authorities tell us that "the prognosis depends on the severity and the nature of the infection and the time at which the patient comes under treatment." Dr. Cabot says: "if the disease has taken hold of the baby's eyes, vigorous treatment in a hospital will cure a great many who otherwise would go on to partial or total blindness." The danger of blindness is reduced to almost nil by proper care from the start.

Dr. Trall, on the other hand, declared, "the common lotions and potions, washes and swashes, are very apt to aggravate the disorder, deform the eyelids, or destroy the sight."

PREVENTION: Health, cleanliness -- these two words sum up the whole of the work of preventing the condition. The pregnant mother should give more attention to her own health and cleanliness than most of them are willing to devote to these. A clean, healthy mother cannot possibly infect her child. We are frequently told that if we give prospective
mothers the necessary knowledge their mother instincts will prompt them to live, eat and care for themselves in a way to insure the highest welfare of their unborn child. This is only partially true. A woman does not lose her love of pleasure, indulgence and indolence and greatly add to her self-control when she becomes pregnant. She is still inclined to follow lines of least resistance.

Cleanliness of the child's eyes is important. It is unfortunate that mothers and nurses do not know how to thoroughly and properly clean a child's eyes. The poor job that most of them do is lamentable. Nurses are trained to sterilise and not to cleanse the eyes. Dr. Tilden declares that:

"If the eyes are kept clean--not pretty nearly clean--there will be no excuse for carrying out the medical superstition of medicating the eyes of every newborn infant with argyrol, to prevent the possibility of ophthalmia neonatorumi--gonorrhoal inflammation of the eyes developing; a sort of left-handed compliment that all mothers have gonorrhoea. Gonorrhoea is a disease of filth, and will end when the human family learns the art of keeping clean (not near clean)."

The eye; should be carefully cleansed with warm water, using pledgets of absorbent cotton instead of the usual washcloth. Eyes, mouth, anus and genitalia should not be washed with a cloth, for the secretions and excretions from the eyes, nose and mouths of infants should be removed with absorbent cotton and not with the handkerchief. Parents should learn to clean the eyes of a child and not trust a careless or inefficient nurse.

There should never be any trouble with the eyes of infants except for the careless use of wash-cloths by mothers and nurses. Dr. Tilden says: "Few if any mothers know how thoroughly to wash a child. When they learn how, there will be fewer blind, deaf, and catarrhal. Skin diseases will disappear if personal liberty ceases to be abrogated by manufacturers of vaccine and serum through their henchmen, the vaccinators, and such diseases as infantile paralysis, meningitis epilepsy, and rheumatism will be heard of no more."

He also says: "Cleanliness is more far-reaching than prayer under such circumstances. The mother who will neglect her child in every way except prayer will probably send her child to heaven very early."
CARE OF THE PATIENT: Prompt and persistent action is necessary in order to prevent infection or possible ulceration of the eyes. Cleanliness is the great desideratum. The swelling of the eye lids closes the eyes, the secretion glues the lids together and drainage is prevented. Herein is the real element of danger.

The eye lids must be opened and the eyes thoroughly and completely cleansed every two hours day and night. The discharge must not be permitted to become pent up and septic. Drainage is absolutely essential if the eyes are to be saved.

Medical men employ solutions of silver nitrate, borac acid, bichlorid of mercury, argyrol, and other antiseptics in the eyes. In severe cases ice compresses are constantly applied until the inflammation is suppressed.

The application of ice to the inflamed lids and eyes has the following distinct disadvantages: It suppresses the inflammatory process, reduces the number of white corpuscles, devitalises the tissues, reduces resistance to infection and perhaps, also, impairs the antiseptic secretions. Coupled with the frequent employment of antiseptic washes which also devitalise the tissues and lessen resistance to infection, this must favour the spread of the infection.

The application of the ice bag, by suppressing the inflammation reestablishes drainage and makes it easy to cleanse the eyes. As drainage and cleanliness are the factors most needed, this constitutes a distinct benefit.

In each case, therefore, the practitioner must carefully weigh the disadvantages and the advantages of the ice pack and decide the procedure in each individually. Where the inflammation is not great enough to materially interfere with drainage the ice pack should certainly be avoided. Where drainage is absent, the ice pack becomes the lesser of two evils and should be chosen. It should be understood, however, as suppression and the after-care carefully provided for.

Thin pledgets of cotton are placed over the eyes (over the affected eye if only one is infected) and so arranged that no weight rests on the eye. Small pieces of ice are placed on the cotton and renewed when necessary. This
should not be carried further than is essential to insure drainage and perfect cleanliness.

Dr. Trall said: "the eyes should be bathed several times a day in moderately tepid water at first, and finally as cold as may be found consistent with comfortable sensations after the application."

Some drugless healers use lemon juice solutions in bathing the eyes, while others resort to the antiseptics. Dr. Tilden advises a salt water solution.

If one is not fully free of fear of germs, argyrol is probably the least harmful of the antiseptics and is usually employed in a 10 per cent solution, although this is probably too strong.

Thorough washing with plain warm water is probably enough. But the germ theory has so frightened everyone, even the drugless men who profess not to accept it, that men and women lack the courage to depend on cleanliness. Indeed, they do not know what cleanliness is; they think only in terms of sterility and antiseptics. Trall and others who lived before the germ theory produced the present insanity, cleansed the eyes of these cases with plain water and enjoyed a remarkable success. The water did not injure the eyes, while, unlike the present anti-septic practice, germs never become adapted to cleanliness as they do to antiseptics. I say germs, because I find Naturopaths, Osteopaths, Chiropractors, etc., all accepting the germ theory and living in constant dread of their activities.

Cleanliness is the great need. The secretions must not be permitted to become pent-up and force absorption after they have become septic. An aseptic condition must be maintained, as far as possible, until recovery is complete. This is all there is to be done. Nature alone does the healing. Vigilance should not be relaxed at any time. Where but one eye of the child is affected every precaution should be used to prevent the infection from reaching the other eye, and to prevent it from reaching the nose and mouth. The child's hands must not be permitted to rub its eyes and then be carried to its mouth.

Attendants should use every precaution not to infect their own eyes, or the eyes of others. Strict cleanliness on their own account should be the rule.
SORE EYES--*Catarrhal conjunctivitis*-- is a catarrhal inflammation of the lining membranes of the lids and globe of the eyes.

SYMPTOMS: The trouble begins with dryness and smarting of the eyes, as though there is something in the eyes. Swelling of the lids follows and then there comes an abundant secretion of water, then mucous, and lastly, muco pus. Feeding and drugging increase the suffering and prolong the trouble.

CAUSES: *Enervation* and *toxaemia* build a catarrhal state of the body which finally involves the mucous surfaces of the body. Excesses of sugar, syrup, candy, bread, cereal, etc., are the chief causes of this catarrhal condition. The condition frequently becomes chronic due to chronic provocation.

CARE OF THE PATIENT: Stop all food until the inflammation subsides. Keep the eyes cleansed with warm water, use no salt, soap, boracic acid, or other antiseptics. After the inflammation has subsided, put the child on a fruit diet until all symptoms of the trouble have cleared up. Feed properly thereafter.

Chronic conjunctivitis should be cared for in much the same manner, but it will usually require longer time. Repeated short fasts with a rigid diet between these will finally remedy the trouble.

SORE MOUTH (*Aphoe, thrush, canker stomatitis*) is nicely divided by medical men into five different kinds of stomatitis; these kinds representing degrees of severity. It is the first evidence of acid poisoning and scurvy.

*Catarrhal stomatitis* is a simple inflammation of a part or of the entire surface of the mouth. It occurs most commonly during the period of the first dentition and results from wrong feeding and uncleanliness. It may also be present in fevers, and is quite commonly present in gastrointestinal disorders.

The mouth is dry, hot and red with an increased flow of saliva. The tongue is coated, there is constipation or diarrhoea, thirst, and slight fever. Nursing is quite painful and should be omitted. The condition lasts from
three or four days to a week.

The calomel and alkaline mouth washes usually employed in these cases cannot be too strongly condemned.

*Aphthous stomatitis* is a little worse stage of catarrhal stomatitis. There is hyperaemia (excess of blood) in the mucous membrane of the mouth, with the formation of small, yellowish-white vesicles commonly called fever-blisters. It is a self-limited affection and is caused by bad hygiene, improper feeding and lack of cleanliness.

Boric acid and sodium salicylate mouth washes, commonly advised, should be religiously avoided.

*Ulcerative stomatitis* differs from the above only in that it is severe enough to produce ulceration. Ulcers may form anywhere in the mouth, but form chiefly on the gums.

The gums are red and swollen and there is considerable pain. There is a profuse flow of acid, irritating and offensive saliva (salivation), a foul breath and haemorrhages from the mucous surfaces on pressure.

This condition develops in scurvy and other severe types of malnutrition, and in the so-called infectious diseases. Mercury is a potent cause. Improper feeding, and uncleanliness are chief causes where mercury can be excluded.

Mouth washes made of borax, salicylate of sodium or hydrogen dioxide, are commonly used. These should be avoided. Potassium chlorate, commonly administered internally, should also be avoided.

*Gangrenous stomatitis* (*noma, nancrum oris*) is a still more severe type of the above condition and develops in greatly debilitated children and in maltreated cases of "infectious" fevers.

These cases are very rare and usually terminate in death in from a few days to two or three weeks. I have never known of a case cared for hygienically and cannot say what we may expect from natural measures. But I am sure that if recovery is possible these methods would be far better than the tonics and operations employed by medical men.
In these cases there is gangrenous destruction of the tissues of the cheek and perhaps also of other adjacent structures.

PARASITIC STOMATITIS (Thrush) is a catarrhal inflammation of the mouth and tongue. The membrane is dotted with white flake-like patches which are claimed to be due to the presence of a vegetable parasite (a mold fungi) called by such good English names as Saccharomyces albicans and oidium albicans. It is due to faulty feeding and lack of cleanliness.

MERCURIAL STOMATITIS, commonly called salivatin is inflammation of the mouth, tongue and salivary glands, due to calomel or other form of mercury taken internally through any channel.

Its symptoms are fetid breath, swollen and spongy gums, sore and loosened teeth, a profuse tenacious saliva, inflammation of the membranes of the mouth, a strong metallic taste in the mouth, headache, insomnia and emaciation. Severe cases go on to ulceration of the jaw bone and the falling out of the teeth. Gangrenous stomatitis is frequently due to mercury.

Dr. Tilden says: "I began to practice my profession long enough ago to witness little children pick their own teeth out of their sloughing gums, made so by the use of calomel."

He tells us also that "fear of water drinking by sick people we developed in those days" and that "water was forbidden all fever patients because their systems were filled with mercury (calomel) and when mercury is in water must stay out; if not, salivation--mercurial poisoning--takes place." All of this is the result of curing one disease by producing another, and of the principle that "our strongest poisons are our best remedies." The destructive effects of mercury are not confined to the mouth. For a full account of its many evils, I refer the reader to my Natural Cure of Syphilis.

After producing this disease with mercury, doctors treat it with antiseptic mouth-washes and the iodide. Beware of both of these. Better still, beware of all drugs including mercury in all of its forms.

CARE OF THE PATIENT: all forms of stomatitis are to be treated alike
with assurance that all cases, except perhaps many cases of the gangrenous type, will recover. Many cases of mercurial poisoning will leave the teeth permanently loosened and injured. Many cases of pyorrhoea are due to mercury.

The mouth should be frequently cleansed with plain water or with dilute lemon juice or fresh pineapple juice.

All food should be withheld until the inflammation has completely subsided. In mercurial poisoning little or no water should be taken.

If there is fever or malaise, the child should be kept in bed and made comfortable.

Follow this with a fruit diet for a few days after which return to a normal diet. Fruit juices are the best remedies for the dyscrasia back of the sore mouth.

ST. VITUS DANCE (chorea): This is a nervous derangement and develops largely in those of the neurotic diathesis--a tendency to disease of a nervous type. Osler tells us that it is often found in "abnormally bright, active-minded children belonging to families with pronounced neurotic taint."

Chorea is caused by anything that will use up the child's nervous powers and impair its health. Good general health, based on natural hygiene, is the best protection against chorea. Dr. Bendix says: "Anaemic, scrofulous and debilitated children, as well as those children who have become weakened by acute or chronic disease and nutritive disturbances, are unquestionably affected by chorea more frequently than those who are robust. Therefore anaemic, chlorotic conditions, exhaustive diseases, rapid growth, improper nourishment, the influence of school and other factors, appear to be favorable media for the development of this affection."

Cases following scarlet fever, diphtheria, measles, etc., must be attributed to the suppressive drugging and the inoculations commonly employed in these conditions.

Chorea develops most frequently from the ages of seven to fifteen, although it may develop as early as two years. From seven to fifteen when
the "deleterious influence of school life makes great demand on the youthful organism," it is most common.

Night-lessons or "home work" keep children's noses buried forever in their books. There is no time for play; no time to get out-doors. A child, unless he is exceptionally bright, either neglects his home work or else he neglects more important things. The mills of education grind slowly but they grind exceedingly anaemic. The nervous, anaemic, mentally and physically stunted products of this senseless process are unfitted for the burdens of life. Sir. Wm. Osler says:

"The strain of education, particularly in girls during the third hemi decade, is a most important factor in the aetiology of this disease. Bright, intelligent, active-minded girls from the age of ten to fourteen, ambitious to do well at school, often stimulated in their efforts by teachers and parents, form a large contingent of the cases of chorea in the hospital and private practice. Sturgis has called attention to this school-made chorea as one serious evil in our modern method of forced education." ### "So frequently in children of this class does the attack of chorea date from the worry and strain incident to school examinations that the competition for prizes and places should be emphatically forbidden."

This condition is often attributed to tonsillar troubles and "rheumatic" affections. There is nothing to this however. They are not causes of the chorea.

Fear, excitement, masturbation, overfeeding, wrong feeding sugar-excess, lack of rest and sleep, undue fatigue, ghost stories, harsh treatment--"punishment"--all help to bring on nervous derangement.

SYMPTOMS: The disease manifests in all degrees, ranging from mild to severe and even maniacal forms. Jerky, twitching movements, restlessness, inability to keep still, and ungraceful movements in getting about are seen in mild stages.

The severe form is more distressing. The involuntary contractions of its various groups of muscles partially disable the child, which must have some help in attending to itself and its daily tasks. These symptoms are all greatly exaggerated in the maniacal forms and the child requires constant
supervision.

Pains in the limbs and joints and disturbances of the heart attest to the general impairment of the child's health. Fits of crying, loss of temper, irritability, and a general lack of mental and physical poise indicate an unbalanced "psychic" life and a profound impairment of the nervous system.

MEDICAL ABUSE: The medical abuse of these cases is appalling. Dr. Osler says: "Medical treatment of this disease is unsatisfactory; with the exception of arsenic no remedy seems to have any influence in controlling the processes of the affection." Of course, arsenic it not a remedy for anything, unless death may be regarded as a cure. Not all doctors share Osler's skepticism and they do not hesitate to dope and drug these children as long as the money and patience of the parents hold out. For instance, in his Diseases of Children, Dr. Jacobi says:

"The best remedy for mild and severe cases is arsenic. The liquor potassii arsenitis should be given three times a day after meals, amply diluted in water. The doses should be slightly increased from day to day, and may reach the double or threefold quantity; for instance, half an ounce may be mixed with one ounce of water. The initial dose of one--six drops may be seven drops, eight drops, nine drops, etc., up to fifteen or twenty or more, a drop to be added every consecutive day. If symptoms of over-dosing appear, oedema of the eyelids or face, intestinal disturbance, eruptions, no increase would be allowed, or the dose slightly diminished. When no effect is attained, the dose was too small. Medicine should be given for effect or not at all. A dose of antipyrin with a bromide, or codeine, will secure a good night's rest. When chorea persists in the night, rest must be enforced by chloral and a bromide. Bad cases must be made to sleep from fourteen to eighteen hours daily."

It is not Dr. Jacobi who is forced to take these dangerous drugs so freely. It is not he who has to stay in a stupor (it is not sleep) produced by chloral and bromide, fourteen to eighteen hours a day. It is not his nervous system that is wrecked by such criminal treatment. It is your child and not the doctor who is submitted to this damaging abuse. No sane doctor or parent can approve of such mad-house processes as Dr. Jacobi advises.
CARE OF THE PATIENT: The key to the proper care of these cases lies in the fact that the nervous twitching and other symptoms are seldom present during sleep. Rest in this, as in all nervous cases, is the great desideratum. The child should be put to bed and kept there until all twitching and convulsive movements are thoroughly controlled.

Everything that tends to excite or disturb the child should be excluded from his environment. Noise, bright lights, quarrelsome people and other disturbing factors should not be permitted in the child's room.

When the child is put to bed, he should also be placed upon a fast. No food should be allowed for at least a week. The fast may be carried further if the child's condition warrants.

After the fast the child should be placed upon a fruit diet for from a week to ten days.

If after a week to ten days on fruit, the nervousness is overcome and the child has control over its movements a normal diet, as described in this book, may be fed to the child.

After all symptoms are overcome, exercise, sunshine, fresh air, play and outdoor life will rapidly restore the child to full health. All factors that impair health and weaken the nervous system should be corrected in the child's life. If the child is of school age, it certainly should not be re-entered in school until it is fully recovered.

THUMB SUCKING is not a disease. It is merely a habit. Dr. Wood-Comstock advises keeping the infants and children in a sleeping bag. She also advises striking the baby on the hands. Both methods are barbaric and she attempts to justify them on the grounds of discipline. Dr. Lowry says: "Various methods have been tried to break this habit of sucking the thumb but I have yet to learn of any reliable method."

Bitter substances, pepper and other things are often put on the fingers. The fingers are sometimes bandaged for a time. None of these are valuable.

The thumb sucking habit is simply a bad mental habit. It does not deform or distort the mouth or teeth. It does not cause tonsillar troubles.
The same is true of the "pacifier" or nipple. But there is no need for such habits.

The thumb sucking tendency is easily checked if it is attended to at once. Take the baby's finger or thumb out of its mouth every time it puts these in and watch that it does not go to sleep with the finger in its mouth. Persist in your efforts and you will succeed. Dr. Lowry tells of a mother who broke this habit of her child by constant watchfulness for two weeks, "taking the thumb out every time it went into the baby's mouth."

VOMITING in infants is often the first symptom of acute disease. It is a means of emptying the stomach preparatory to the work in hand. NO FOOD SHOULD BE GIVEN THE SICK CHILD.

Vomiting, when there are no other symptoms of illness, simply means indigestion from food-excess or from wrong food. It is thought to be due to excesses of fat and sugar more often than to excesses of protein.

When due to an excess of fat the vomitus often has a rancid odour.

When due to an excess of sugar it is strongly acid and is apt to smell like vinegar.

In either case, food should be withheld and the child allowed to rest. Not even water should be given while the child is vomiting. Do not give soda or other drug.

"WORMS will never trouble a well-fed child," says Dr. Page. "Indigestible food or overeating is usually the cause of these 'natural scavengers,' Bread, of unbolted grain, ripe fruits, and vegetables, simply boiled or baked, infrequent meals and temperance, constitute a plan of medication that is death on worms, and better than all the nostrums and vermifuges in existence."

The powders and medicines used to destroy worms upset the stomach and intestines of children and seldom hurt the worms.

Most cases of "worms" are not worms. The following symptoms of worms are the most common ones: Fretfulness, crying fits, great irritability, nervousness; intense pain under the navel, vomiting (in some
cases), disturbed sleep, grinding of the teeth in sleep, tossing in sleep, fits and convulsions. The child may awake with fits and starts.

These symptoms may all be caused by over-eating with no worms present. They are symptoms of indigestion.

Worms and parasites find lodgement in the human intestine only after these organs and their secretions have been weakened and depraved. Enervation and wrong eating give them a chance to live in our bodies. Candy, sugar, butter, jam, jelly, yeast bread, etc., and general lack of cleanliness are the chief causes.

A fast and a fruit diet is the immediate remedy. After the worms are banished, proper feeding and better hygiene will prevent a recurrence of the trouble.

Only those have tapeworm, hookworm and other intestinal parasites whose digestive secretions have lost their defensive potencies. Only those harbour germs whose secretions have lost their immunising powers. To cure such, we must do more than get rid of the worms and germs. Such a procedure only brings the body back to where it was before the infestation took place and leaves the way open for re-infestation. These people need to have their health built up, so that their lost self-protective powers are restored. Until the broken-down-defenders are restored and normal resistance rebuilt, no true cure can be claimed. This restoration of the body defences cannot be accomplished by artificial measures of any kind.
CHAPTER XXV

CHILD EDUCATION

We are frequently reminded that this is a difficult age for youth to grow up in. And so it is. From infancy up our children are overstimulated and under-nourished. From the first day of their extra-uterine life, they are subjected to unnatural influences and conditions which mar their natural unfoldment. Dire poverty on the one hand and gross luxury on the other is an unhealthy condition for any nation to get into.

So long as the highest ideal which we hold up to our young people is that of securing, by any possible means, social and economic advantages over their fellow men and using those advantages to squeeze everything out of their fellowmen that they can, we are going to have our troubles. A white-collar ideal of work, a civilisation of lazy, money-mad, thrill-fed, stimulant-driven people cannot be expected to offer growing, expanding youth an ideal place to grow up in.

Most of our children grow up in the cities--yet the cities are not for children. Cities are for adults and for commerce. Cities are the centres of the ceaseless adult struggle for place, power and pelf. In the city there is no place for children to play; there is not enough sunshine; the children are divorced from nature. The streets are dangerous; the mental atmosphere even more so.

The cities have divorced the child from nature. Contact with nature is essential to the normal unfolding of the child's mind. In the larger cities children spend their lives in apartment houses. Where they have advantage of the infrequent city playgrounds, it is always canned play. Spontaneous, self-directed play is an urgent need of our children.

"What sense is there in making a success in business but missing the one big thing that makes a success worth while?" This pertinent question was asked by Dr. Henry Neuman, of the Brooklyn Society for Ethical Culture, in a lecture before the annual spring conference of the Metropolitan District of the New York State Congress of Parents and Teachers, held in the Hotel Commodore, April 16, 1927.
Dr. Newman was discussing the relations of parents to their children and to their homes. "A home," he said, "is a place where young and old live together." He advised parents to do more than merely work for their children. They should "live with them, play with them, read, laugh, discuss, and think and work with them." These things may all be done in the home "where old and young live together."

It is in the home that parents and their children meet and mingle. If the home influences are good, it will require an awful lot of unfavourable influence outside the home to counteract these. The value of advice and suggestion is in direct proportion to the faith the receiver has in the giver. Children quite naturally have great faith in their parents. It is quite natural for every child to regard his own father as the best, the greatest, the strongest and the wisest man in the world. Every father is a hero to his children. And these things are just as true of the relations of mothers to their children. No woman can take the place of mother in the heart of the child. But these things are only true if the child knows his parents and associates with them and draws his mental and moral sustenance from them.

Dr. Newman says: "In the changing family life of today, the larger freedom of the young need not lead to moral disaster if the young are trained to manage their freedom wisely. Persuasion, example and advice will go further than whippings and scoldings when parents have learned to keep their children's confidence in them."

Freedom lead to moral disaster! Stifle the thought! There can't be any morality without freedom. An action loses every bit of its moral value when it becomes an act of compulsion. If we are coerced into doing right we are not moral. Only that is moral which is done of one's own choice and volition.

Punishment cannot make children good. It may make slaves and puppets--but not moral beings. There are example, persuasion, advice; and the greatest of these is example. Children pattern after their parents as naturally and spontaneously as they eat and sleep. This is the reason the right kind of home influences are so important. The child does what he sees his parents do and says what he hears his parents say. The parent is the natural teacher of the child. An ounce of parent is worth a pound of
teacher or preacher. See that you are a real parent to your child, and not merely a boarder at the same house with him.

The Rev. Walter H. Stowe, rector of St. Mary's Church in Dover, warns the home, school and church about passing the buck. He charges that these three institutions each pass the buck to the other, in matters relating to child training and youthful delinquency.

He strikes the vital spot when he declares the home should be more than a lodging house for the family. He scores another centre shot when he declares the school should not serve as an over parent; that the church should not serve as a policeman. Our present educational system cannot be defended. It is top heavy. Its foundations are sometimes rotten. It is often meaningless and purposeless. Education should prepare one for the battles of life. It does not always do this. It is supposed to teach students to think. It frequently succeeds in teaching them to repeat the textbooks. Education should have some relation to life as it is being lived today. It devotes too much time to the past--not enough to the present.

We stumbled into our educational system blindly. We have not been able to extricate ourselves from its restrictions. Yet the average parent has great faith in education. He desires that his children go through the stereotyping process. He is anxious to have some place to send his child. He wants to get the child off his hands. He does not want to shoulder the responsibility of rearing the child. Some women send their children to boarding schools and adopt a pug dog. Such women are not mothers. They are slackers, moral cowards.

The state claims the child. It takes the child at an early age. The parent has no choice. The child must go to school and learn all the vices, or the parent is punished. Parents are responsible for this. The state could not have confiscated their children had the parents not been all too willing. Children interfere with the pleasures of parents. They create responsibilities. They are glad that the state demands to be allowed to serve as parents.

Complaints have come from the police at Coney Island that many mothers temporarily abandon their children while having a "good time" at the beaches. It is stated that mothers have been seen drinking and dancing while their children were crying their eyes out, believing they were lost.
Nearly all the leaders in the feminist movement demand state care of children, this care to commence before birth and extend to maturity. Feminists especially do not want to be bothered with children. The children interfere with the glittering careers they seek. Children, they say, should be brought up by trained nurses plus the cow. The church cannot and should not usurp the duties of parents. The duty of training a child falls naturally upon the parents. Moral instruction particularly should be given by the parent. Not alone by precept, BUT BY EXAMPLE. Character building in the young belongs to the parent. The chief trouble with the youth of today is their slacker parents. Parents pass the buck to the institutions. And institutions cannot perform the work of parents.

Two young ladies sat in a restaurant having lunch. They talked of friends and families. We learned from their conversation that they were both single. From their appearance and from remarks they made we judge them to be about 23 and 26 years of age. They work in an office in the city. The conversation turned to the young baby of a friend of theirs. They discussed its name. Then the oldest girl remarked: "I am going to name my baby Evelyn." The younger one remarked "I am going to name my baby Doloris." Now, there are more important things to give a baby than names. The right kind of a baby can make a name for itself. But here were two prospective mothers--or at least they think they will some day be mothers--who were only thinking of names for their future babies, providing (and they probably haven't considered this) that they are to become mothers.

They were both extremely thin--twenty or more pounds under weight. They carried their complexions in their handbags and put on a new one after they had finished eating. Their lips were of a deep red hue--but it was rouge. There was redness of their cheeks which feebly imitated but over emphasised the pink cheeks of health--but it was rouge. At so young an age their teeth were defective. One of them had at least one tooth with a gold filling. Their "eats" could not be called food--it consisted of egg on toast and a cup of coffee. The toast, two layers of it, was of white bread. Into the coffee, one of them put four teaspoons full of white sugar, and the other two. One of them smoked two cigarettes during their short stay at the table. The other felt that she had had enough until later in the day.

We are beginning to learn something of the influence of poor nutrition on the germ plasm. We are learning of the influence of food, sunshine, poisons, etc. Only a properly fed mother can have sound children. She
must also have sunshine. She must not be poisoned. We have learned that so-called hereditary syphilis is mercurial or arsenical or other poison derived from the mother. It is time the future mothers and fathers, that are now growing up, were informed of the evils they are bringing upon their children by their own reckless follies and mad pursuit of the goddess of false pleasure.

An infant needs more than a name that the mother likes. Give the child a sound body, and he'll bless you for it to the end of his life.

Some people smother their children with indulgent attention. They spray them with meaningless education. They raise them in crowded apartments and feed their growing bodies on denatured foods. They over-stimulate them in a hundred different ways. They do not give them an opportunity for normal development. Then they blame the children when they become bob-haired bandits, or youthful gunmen, or boy murderers, or present other neurotic manifestations. We have to build prisons and insane asylums to house them later. We have to maintain police forces and courts to corral and convict them. We sometimes have (?) to electrocute them.

Many parents neglect the moral development of their children. They bring them up in a social whirlpool. They fail to give them the most vital facts of life. They grow up amid the strife and greed of business ethics that hark back to the jungles. They are often taught that they should avoid hard work. They look for soft jobs at big pay. They are sometimes supplied with a constant round of thrills and excitement. And the parents who are often to blame, hold their children responsible for the inevitable results of their own ignorance and folly.

Children are not naturally evil. All life is good. All normal manifestations of life are good. Under natural conditions life develops naturally. Body and mind unfold in an orderly and progressive manner. Mentally, physically, morally and socially, the child tends naturally toward the ideal. Only suppressed and perverted development is productive of evil.

Give children a chance and they will produce splendid types of manhood and womanhood. Take them out of the crowded, filthy slums. Give children a place to play. Give them fresh air and sunshine. Feed them wholesome food. Provide them with an opportunity to exercise their
creative ingenuity and imagination. Give them a wholesome environment. Stop poisoning their bodies with drugs and serums. These provisions will give us strong, heartily virile men and women. These provisions will ultimately empty our prisons and asylums. They will give us workers instead of shirkers. These children will then grow up well-poised instead of weakly neurotics. A really cultured and intelligent people will always create the good and beautiful and not the ugly and immoral.

CHARACTER BUILDING

This is an age when children are trained instead of being permitted to develop. Like circus animals, they are trained to go through certain motions and say certain things without understanding them. The idea is general that the form is enough--the spirit back of the form is unimportant. Voluntary or spontaneous activities are not encouraged.

Ellen Key tells of a little boy who had been rude to his brother and whose mother placed him on a chair to repent of his actions. After a time she inquired if he was sorry. "Yes," he answered with great emphasis. The mother, however, detected a mutinous sparkle in his eyes and asked, "Sorry for what?" "Sorry that I did not call him a liar, besides," came the quick reply. His mother had made the mistake of forcing him to repent. She demanded an expression of sorrow. She was transforming her son into a hypocrite and an artful liar.

Children are frequently compelled to apologise for something they have done. They go through the motion to avoid difficulty. They make an apology they do not feel. They are thus made into smooth hypocrites. When a child becomes truly sorry for something he has done, he shows his sorrow in his own way. Spontaneous penitence of this kind is full of meaning. There is no pretence about it. There is, at its base, a real desire for pardon and a desire to make amends.

Artificial or pretended emotions are both worthless and injurious. Parents should refrain from forcing their children to pretend sorrow and emotions they do not feel. We have learned that morality cannot be legislated into people. Do we imagine this applies only to grown-ups? Do we imagine we can force morality into children? The effort makes hypocrites out of grown-ups. It can but do the same for children.
An expression of "sorry" should be felt and meant, not merely made. Children should not be made into diplomatic hypocrites. A forced apology is no real apology. A forced "I'm sorry" is no expression of real sorrow. It is an expression of fear or of expediency. It is not sincere. Children have the same right to be sorry or not to be sorry that adults have. They have the same right to express their sorrow in their own way as adults have. Their morals should not be put upon them like a coat. Give them an opportunity to express their own inner natures.

The well known myth about George Washington cutting down the cherry tree with his hatchet, was once being told to a little boy. That part of the story was reached where young George escaped a spanking by the remark: "Father, I cannot tell a lie. I cut it down with my hatchet." The little boy quickly remarked:--"It is no trouble telling the truth when one has such a kind father."

That remark is full of meaning. Every parent should mentally digest and assimilate it. Children lie through fear of punishment. A father once told his young son that if he would always tell him the truth about his activities he would never whip him. But, he added, if you lie to me and I find it out, I will whip you all the harder. The boy took the father at his word. He was always honest and truthful. Instead of cuffing's and beatings, the father gave the boy advice and instruction.

Then, one day the father lost his head, when the boy confessed to some mischief. He gave the boy a severe whipping. This ended forever the beautiful relationship between the father and son. The boy no longer trusted him. He feared him ever after. He feared to tell him the truth. He feared he would receive another beating. He learned to lie as cleverly as other boys. He found that if he was clever enough he could avoid another whipping.

He grew to manhood and became a father himself. Remembering his own experience, he never gave his son a whipping. He treated his son with kindness and sympathy. He guided and instructed him. He never drove him like slaves are driven. This beautiful relationship between father and son was never broken until death carried the father away. The son was always honest and truthful with his father. He honoured and trusted his father and respected his advice and counsel.
Ellen Key asks: "How many untrue confessions have been forced by fear of blows; how much daring passion for action, spirit of adventure, play of fancy, and stimulus to discovery has been repressed by this same fear? Even where blows do not cause lying, they always hinder absolute straightforwardness and the downright personal courage to show oneself as one is. As long as the word 'blow' is used at all in a home, no perfect honour will be found in children."

A little boy was telling his mother of some of his troubles at school. He had been into some boyish mischief. Two or three other boys had also been into the same mischief. The teacher asked who was guilty. The little boy, above referred to, admitted his guilt. He was punished. The other boys remained silent. They went unpunished.

--"You see, son, it does not always pay to be honest. Had you been dishonest you would have escaped punishment, as did the other boys." One is forced to wonder what the results of such training will be in this boy. The school places a premium on dishonesty. His mother encourages him to be honest only when to be so is immediately advantageous. Such teachings would soon undermine and wreck society. Human relations can go on only so long as one man may trust another. If we are to tell the truth only where nothing else will fit, business and social relations will end.

A teacher went out of the schoolroom. During his absence three of the boys in the room started a loud noise. They used one hand as a horn, their desk as a drum and the fist of the other hand as a drum stick. Bedlam reigned in the schoolroom. The teacher returned and heard the noise as he approached. When he opened the door everything was as quite as a mouse. He asked who made the noise. One boy frankly acknowledged his part in the celebration.

The other two boys remained quiet. The boy who told the truth was suspended from school. The other two remained in school. The teacher found later, through other sources, who the other two boys were, but as the incident was passed, did not punish them. He penalised truthfulness. He placed a premium upon dishonesty. Such proceedings encourage dishonesty and deceit in children.
Teachers and parents should stop and think what they are doing, perhaps unintentionally, to encourage the development of unwanted characters in children. Surely the development of the character of a child is worthy of as much and as careful thought as the development of a new variety of peonies or a new colour of roses. Children will choose the right as naturally and spontaneously as water flows down hill, if they are not encouraged to choose otherwise. We are too often responsible for ugly characteristics in our children, because we work in a haphazard and thoughtless manner. There is nothing in this world that requires, or that should receive more intelligent thought and patient understanding than the developing child.

"PLAGUING" CHILDREN: Dr. Page says: "The man who would not permit himself, nor anyone else, to 'plague' his colt or young horse lest it make him vicious, will devote considerable time to harassing his infant or three-year-old child to his own and lookers-on infinite amusement, and the destruction of the child's good temper. I have seen a group of parents, aunts, uncles, and cousins, amusing themselves at the anger and vexation displayed by a little, eighteen-months-old girl, whose puzzle had been tampered with so that she could not pull it apart as she had been accustomed to do. The trap was set again and again by the elders, anyone of whom would have been incensed at the suggestion that the action was even of questionable advantage in its influence upon the baby's character and temper."

The average adult is such a super inflated egotist that he resents advice, however well intentioned the giver may be. If he gets fun out of the anger, vexation and temper of his or some other person's child, who dares to suggest to his wisdom that he is an ass and is hurting the child. In a future and higher civilisation adults who "plague" children will be punished in some appropriate manner.

THE VIRTUE OF SELF-ESTEEM

"If a man," wrote the philosopher, Epictetus, "could worthily realise this opinion, that we are all in a special sense the children of God, and that God is the Father both of men and gods, I imagine he would think nothing mean or vulgar about himself."
The man who thinks life is noble will live nobly. He who regards life as ignoble will not strive upward. The worthlessness of terrestrial life, the central dogma of Buddhism, early found its way into the doctrines of the Christian Church. For ages this doctrine of total depravity—that we are born in sin and shaped in iniquity—ruled the European mind. Men looked upon themselves a grovelling worms of the dust. They became lower than worms. They regarded their bodies with contempt. The human body was looked upon as a vile, vulgar and unclean thing. It was allowed to become vulgar and unclean.

This fatal doctrine caused the human race to sink to the lowest depths of depravity. How much better the idea that man is always and everywhere the child of divine love and solicitude?

"You are wrong," asserted Seneca, "if you think our vices are born with us; they are after growths--Nature accommodates us to no vice, but brings us forth pure and free." Epictetus thought we are by nature of noble origin and that we are naturally constituted to do good. We are children of love—not of wrath. This view lends a dignity and importance to human life and conduct. It causes a man to respect himself and to hold his head up. Men and women learn to see the sanctity of life and to reverence its normal manifestations.

How different in its-tendency, is the doctrine of the innate nobility of man, to that of the buddhist's doctrine, of the worthlessness of terrestrial life. The first is uplifting—the second is debasing. The one builds a proud reliance in human nature and sustains a strong belief in its high capacity for virtue. This belief and reliance serve as powerful incentives to good. They also serve as strong safeguards against great moral debasement. The habit of mentally dwelling on the higher and better sides of life and of keeping before the mind the possibility of higher attainments must have a more uplifting influence than that of always harping on the sinfulness of man.

The central doctrine of the theology of the past was the utter worthlessness of terrestrial life. Man's chief duty was to prepare for a postmortem existence beyond the clouds. Man was said to be "born of evil." Unhappiness was thought to be his lot in life. The world was regarded as a "vale of tears." Man was a "lowly worm of the dust." Having decided that these ideas represented eternal verities, the theology of that
day was shaped to insure the evil, unhappiness, tears and worminess that were man's.

Can there be any wonder we call that time the DARK AGES? They were indeed dark. Misery and unhappiness were everywhere. Poverty and squalor abounded. Ignorance and filth went with these. Fears and superstitions made life burdensome. Life was short. Infant mortality was frightful. Epidemics scourged the people. When life is regarded as worthless and treated as such, it becomes worthless. When the human body is looked upon with contempt and treated with abuse it deteriorates and becomes diseased.

It matters not whether the body is abused in the interest of the spirit or the mind. Whether it is abused for the sake of a life beyond or for the pursuit of triangular fiction now; its abuse must always be paid for.

ENCOURAGE YOUR CHILD TO REASON

"Don't talk back to me!" Thus scolded in irate and ignorant mother to her young son. The boy was attempting to make her understand his view of the matter. Her words to the boy simply said to him: "I don't want to hear your side." Many parents tyrannise over their children in this manner. The superior strength or official authority of the older person is used to shut off, in advance, all argument from the child. He is forced to accept in silence what he conceives to be a false statement of a case.

The child feels that he is being unjustly treated. He feels that he is entitled to a hearing. When he does not receive this, a spirit of resentment and rebellion is kindled in his mind. His whole disposition and temper is affected by it. To demand a mechanical and unreasoned obedience from a child, where a reason can be given, is little short of a crime against the child. Those who hold that children should not be reasoned with, but should be made to obey orders without question or hesitation would make good slave drivers but poor parents and educators.

Man is a reasoning being. He is capable of understanding the reason and the necessity for his action. He is intended to control and direct his own conduct. His own judgment is intended for exercise and to enable man to direct, himself. There is a principle of freedom that is more fundamental
than the autonomy of small nations, and this is the autonomy of individuals. The highest aim of education, instruction and training, whether at home or in school, should be to help the child to attain rational self-control and righteous self-direction.

Such an aim cannot be realised by demanding of children unquestioning obedience. Give the child a reason why he should not pursue a given line of conduct. If he is too young to comprehend the reason, make him understand that he cannot understand now but will later. We want men and women whose conduct is constantly determined by intelligence and based upon moral principles. To produce such men and women should be the purpose of the training of home and school. Absolutism should be forever banished from the home and school. Rejoice that your child wants to know the why of his actions. Why is one line of conduct superior to another? Your child is entitled to know the answer to this question. Blind, unreasoning obedience is the mark of slaves, not of free men and women. Children should not be treated as slaves nor prepared for slavery.

Children are suffering from too much protection. There is too much paternalism in our homes and government. People are too prone to ask the state to do for them things they can do for themselves. This is wrong. It should be an axiom of sound government that the parents should do for children only those things they cannot do for themselves. Children should be allowed to use their own brains. They should be placed upon their own responsibilities. They should be called upon to exercise their own powers. They should not be taught to depend upon parents or the state or some organisation to shield them from evils from which they can shield themselves.

It is the duty of every individual to look out for his own interests. If he fails to do so, he usually pays a heavy penalty for his negligence. Nature places us on our own feet and bids us walk. She does not permit us to ride upon the shoulders of others. If we use our own powers, this strengthens them. If the state exercises our functions for us, our powers are weakened thereby.

Vicarious salvation, like vicarious thinking and exercise by proxy, is injurious. Protection weakens. It builds weaklings, cowards, dependents. Too much protection is like compulsion. Compulsion that forces the will of another, or the ideas, ideals and dogmas of another, or of a group, upon the
individual deprives that individual of the right to live his own life, think his own thoughts and form his own ideals. Compulsion drives the individual like oxen and does not permit him to develop and expand. All forms of compulsion are evil. All protection given to the child by the parent that the child can give to himself is evil. Children should learn to defend and protect themselves.

SEX INSTRUCTION

Any one can take paint and daub a canvas. It requires a painstaking artist to produce a work of art. Mind and skill must be mixed with the paint. Any book can build a chicken-coop. It requires a skilled, painstaking mechanic to build a cabinet. Brass and glass may be melted together to produce slag by any half-wit. Skill and intelligence are required to convert these into a microscope. If you do not put your mind into your work, you can never do good work. If you do not take care to do the work right, it will not be done right.

It is the same with life. We get out of life all that we put into it. "As ye give so shall ye receive," as the Master declared. If we are to live in the highest, we must live intelligently. We should comprehend the sacredness of life and cease to hold its creative functions in contempt. The inception of life should not be regarded with contempt or indifference. Parents should not permit their children to grow up in ignorance of life and sex. The old policy of letting children "find out for themselves" is ruinous.

It is not "how long" but "how well" we live that counts. To live well requires knowledge and intelligence. Any boob can stumble along through life in a haphazard manner. Even a fool can drift with the tide or sink into the gutter. An ignoramus can wreck his life. This is no accomplishment. This requires neither effort, skill nor intelligence.

No training or enlightenment is required to daub the canvas of life with varicoloured paints. Training for life should be the highest form of education. It should be the first thought in the minds of parents and educators. Too often, indeed, it is their last thought. How often do they fail to think of this highest of the higher educations, until it is too late.
After life has been wrecked on the shoals of ignorance and misunderstanding, parents and educators sometimes awaken to the realisation that what now passes for education is a miserable distortion of what it should be. The most vital facts of life are concealed and distorted. The most important forces of being are treated as though they have no existence. Each generation is forced to repeat the mistakes of the past, because it is left in ignorance of the vital facts and forces of life. When are we going to really begin to educate our children?

Between the ages of fifteen to twenty-one is a critical period in the life of girls, as well as young men. It has been found that a large majority of the girls who go wrong take the first step in wrongdoing during this period. It is a period of transition. She is passing from girlhood to womanhood. New forces are becoming active. New powers and desires manifest. It is a dangerous period. It is dangerous because of lack of experience. Temptations arise which she has never met before. The fall of most girls, who tread the pathway of vice, is due to seduction. Pitfalls surround her on every hand during this period and mistakes are often made. It is a dangerous period, due to ignorance. Ignorance of sex is a poor protection against temptation. Half truths or distorted knowledge, gained from questionable sources, are often worse than no knowledge at all. To be fully informed is to be forearmed.

Many still object to teaching children the truths of sex. But we do not have to settle the question: Shall they be taught? That question is settled. The knowledge will be given them. The only question we must decide is who shall teach them. Shall parents tell their children the truth in all reverence; or shall they be permitted to get vulgar half-truths, from their acquaintances, where a sacred subject is tinged with vulgar significance?

This is a dangerous period due to lack of self-control. Girls at these ages have not learned to control themselves. They have not learned the meaning of their new emotions and desires. Often, in their ignorance, they cultivate these for their own sakes. Such emotions and desires are often easily aroused. Erotic novels, plays, pictures, thoughts and conversations are effective means of arousing them. But most fruitful of all means is physical contact or association with persons of the opposite sex. This method is now in general use. Petting parties are indulged in for no other reason. They arouse emotions, awaken desire. New sensations are experienced. This is what makes petting a dangerous pastime.
Girls are given more liberty today than ever. They should be fully armed with knowledge. Today we blindfold them and head them towards the cliff. Our girls are above temptation. They are innocent and can do no wrong. This is our attitude. But it is usually the innocent girl that goes wrong. And the descent from virtue into vice is gradual. One step leads easily to another. Petting parties will break down a girl's natural reserve. They may arouse emotions that get beyond control. At any rate, ignorance is never a safeguard. These dangers should be avoided, by supplying the vital facts of life to every maturing mind.

Knowledge is power. Both girls and boys should be thoroughly armed with this protective force.

Modern life is a great source of danger to the adolescent boy or girl. Adolescence is the period of mental and physical unfoldment. Boys become men. Girls become women. New mental and emotional powers are unfolded. New functions become active Boys and girls find themselves in a new world. An ardent emotional life develops. The social qualities of the child unfold and blossom out. The old landmarks of boyhood and girlhood disappear. They no longer serve. A new attitude towards life appears. Life takes on now force, new meaning. The desire to get "behind the scenes" and learn the how and why of things, springs into existence. New companions are sought. New forms of amusement and indulgences are desired and found. New likes and dislikes develop. Life at this time is potent with great possibilities. It is reaching upwards towards its highest goal. Life is unfolding itself. The bud is opening into a beautiful blossom. Nature is producing her masterpiece. All this is natural and as it should be.

In a state of nature the natural tendency of life towards the highest and best would carry the adolescent safely into manhood and womanhood of the highest type. But we do not live in a state of nature. The groping boys and girls of today are thrown into an environment that, is wholly out of harmony with their inner natures. Their instincts relate them to a state of simple nature--their environment is largely artificial and highly complex. With their changing tastes and bewildered instincts they often form habits that lead to their undoing. Often they develop a passionate fondness for stimulants and narcotics. Due to increased nervous tension and an innate fondness for new and novel experiences, which naturally develop at this period, the adolescent experiments with life. In a state of simple nature no
danger would accompany this. The normal instincts of life would guide the adolescent safely man ward and woman ward; and what psychologists wrongly term "troublesome vital energy" and "troublesome tendencies" would be seen to be beautiful and good. The trouble lies not in the normal energies and tendencies of adolescence, but in the vicious artificial environment in which the unfolding man or woman is forced to grow up. Some day our educational system will be fitted to the needs of the child and not to those of the adult, as now.

"Love and marriage can't possibly be clean when childhood is dirty." Thus declares Prof. Schmalhausen in HUMANISING EDUCATION. He says: "The dirty and distorted notions about life and love," "which little children pick up in gangs on street corners, in bed, by hearsay, on the school premises, in adult society, in all the twilight alleys of gossip and scandal, are the chameleon 'damaged goods' later refurnished for show and barter at the Bargain Counters of Life, Love and Marriage."

Children are a constant source of wonderment and awe. The wonder is that they ever do as well as they do. They come into a world that is reeking with moral filth and mental nastiness. There is an adult "conspiracy of silence," which denies them the protective truth and helpful knowledge with which they should be armed. They are forced to gather up bits of information--misinformation and half-truths--from any source they may be able to get it. The frank curiosity of childhood is regarded as indecent. Its constant reaching out for more knowledge is considered an evidence of depravity. Honest questions are answered with myths, fairy tales, lies. What wonder there are so many shipwrecked children! The only wonder is that there are not many times more.

Armed with ignorance, and what is worse, misinformation, they are left to fight life's battles. Bewildered, filled with doubts and fears, not knowing where to turn, nor whom to go to for advice, they flounder and stagger along. From all sides and from a thousand sources there pours in upon them the ever increasing stream of filth and nastiness. That any of them ever survive it, forever gives the lie to the hideous doctrine of total depravity.

Life to such children is a nightmare--a terror. It is a constant round of mistakes and regrets. They grow up and get married. And what marriages! "Love and marriage can't possibly be clean when childhood is dirty."
Society is an Augean stable full of lewd filth. Only by turning the waters of truth from the river of knowledge into it, can society be purged of its filth and childhood be given a fair chance and an even break. A moral Hercules, who can arouse this nation to a realisation that its prudery, pruriency and hypocrisy are dragging its children down to ruin, is the crying need of the times. The children are demanding the truth. They insist on having the knowledge they have hitherto been denied. Why are we not co-operating with them in getting it?

**PLAY AND WORK**

"All work and no play makes Jack a dull boy," runs the old adage. Play is the life of the child. Its instincts are to play almost incessantly. Life is growth. Play is essential to normal growth—of body and brain; of moral and social instincts. Youth requires a stabilising safety valve and this is supplied by play. Wholesome play provides a safe channel for the impulses of childhood and youth.

Jane Adams assures us that "amusement is stronger than vice and that it alone can stifle the lust for vice." The energies and impulses of life demand expression. If they are not expressed through wholesome channels they will be expressed through unwholesome ones. Vice and crime among the young present a great problem. It must be solved. Our young people must be saved from a life of vice and come. They must be induced to lead wholesome lives. Methods of the past have failed. Those of the present are failing. We need to overhaul our training and educational methods.

There has never been a really constructive effort to make wholesome living attractive. We have always tried to scare young people into doing right. Or else we have attempted to bribe them. It is natural for normal beings to do right. They only need the opportunity. Wholesome amusements will do more to prevent vice than all the sermons ever preached. Youthful activities and instincts should not be suppressed. Give them an opportunity for normal expression. Give the children parks and playgrounds. Encourage them to play. Train them in athletics. This will develop strong, healthy bodies, alert, active minds, a spirit of fair play and a wholesome attitude towards life.
The energies and instincts of youth must express themselves. They must flow onward to the sea of life. If not suppressed or thwarted, they flow majestically along, turning neither to vice nor to crime. If suppressed they break out here and there in misdeeds and injure society.

Life will express itself. If not one way, then another. It is the duty of parents and educators to see that children are allowed to express themselves normally. Turn their energies into wholesome channels. Do not seek to suppress them. Wholesome amusement is stronger than vice. It is also more healthful than vice. Give the children their play as regularly as their milk or their baths. Let them laugh and sing and play.

Educators generally consider the segregation of industry, thus taking from children their natural copies, as from the educational view point, a grave evil. Those of us now living are too prone to forget that the home was the original work shop. The segregation of industry and its separation from the home is a very modern innovation. The natural environment of the child, until within very recent times, included the occupations of adults. Children learned from the example of their elders. They learned by watching and imitating, by helping. Every girl liked to play at "helping mother." Every boy played "helping father." In their play they imitated the occupations and activities of adult life. Life was a school and play the means of securing an education. Play related to the future life of the child.

The Indian boy played at making bows and arrows. He played at hunting. He played at war. When he reached a definite age he went with his father to be schooled in the "work of a man." But the work was easily learned, for he had already performed it hundreds of times in play. Play is the natural method of education. By it nature trains the mind and the body. It trains the social faculties, and teaches men to adjust themselves to each other and to varying conditions. By play, children learn the rules of the game of life. Through play they learn to work and learn the work they like best. Through play, as one educator says, the child salts away in his spinal marrow his social inheritance and makes it a part of himself.

Modern life has divorced the child from the parental workshop. Play tends to become a series of meaningless games of amusement. The educational value is partly lacking. The child does not see his father work. Often the girl does not see her mother work. This separation of the child from an essential element in his environment has imposed a great strain
upon our educational system—a strain that it is not, at present, fitted to bear. The play element in education is too little considered in our public schools. Indeed, in great cities, play has been largely eliminated. A radical change is essential.

"The way to keep boys good is to keep them busy." This expresses a half truth. Boys are always busy—if not at "good" then at mischief. They will be busy, REGARDLESS. The way to keep boys good is to give them an opportunity to remain so. Life cannot repudiate itself—it must go right if allowed to. There are several things boys love to do. They love to play. They will play at wholesome games if allowed to—they play at the unwholesome games if denied the others. The point is, they will play, REGARDLESS. They love to work. If there is one thing a boy loves to do more than he loves to play, it is work. He likes to do things, to build things. Probably he does not like to do the things his parents or teachers want him to do. This is one of the greatest evils of our present day miscalled educational system. Instead of permitting the child to unfold in a normal manner, it seeks to force him into a prearranged pattern. Instead of allowing him to express himself in those normal channels, through which his inner nature seeks expression, it attempts to force him to express what some one else desires expressed, through channels some one else wants them expressed through.

The child of "spirit" quite naturally rebels. He is perfectly right in rebelling. It is usually his misfortune, however, that when he rebels against this tyrannising over him by the training machine, his parents and teachers drive him into being a "bad boy." It is not because the boy is inherently evil, but because ignorance attempts to direct life instead of permitting life to direct itself, that such a boy becomes bad.

Boys love to explore. They like to find out for themselves. They explore their environment and, as the environment widens, their exploring work widens. Nothing affords them a better means of development. They love to test their strength—not merely against each other but against everything and every one they contact. This is mother nature's way of teaching them discipline. What they cannot overcome, they learn to let alone. They pit their powers against the powers around them and the outcome is discipline.
All that we have said above about boys applies with equal force and equal truth to girls. Give children an opportunity to express themselves normally and they will do so. But they will express themselves as surely as the waters of the river will flow down to the sea. Dam up the river and its waters will creep out over its banks and lay waste to farm and fireside. Suppress the normal expression of child-life and it will break out and lay waste to society. The point is, child-life will express itself, REGARDLESS.

THE EVILS OF TOYS

Toys discourage the child in the normal exercise of its creative imagination. They teach a child to be wasteful. They teach the child to treat his possessions with indifference, carelessness and even with contempt.

The best toys a child can use are those he makes with his own hands. The toys so freely used today supplant the desire to create with the desire to buy. Children easily learn covetousness by seeing toy windows, toy shops and the toys of their playmates. Toys are painted in bright colors to catch the eyes of children. Toys are made to be active to attract the attention of children. Every means of salesmanship is employed to sell toys. Every advantage is taken of child psychology in the efforts to load the child's arms with worthless toys--toys that last but a day and are forgotten.

Many factors in modern child life are unnatural and detrimental to child development. We do too much for the children. We teach them dependence. They should learn independence. They should be self-reliant. They should be permitted to depend on their own ingenuity. Let them build and create for themselves.

The city child is greatly handicapped in this respect. He has no playhouse, no workshop, no playground. There are no sticks and stones, no pieces of colored glass, broken crockery, bits of steel and iron for him to experiment with. Young ducks raised on hard floors, and never allowed in the water, never learn to swim. Their instinct for swimming is suppressed and, finally, lost altogether. Young children reared in city apartments never
learn to create. Their creative instincts are suppressed. They need more of nature and less of books--more opportunity to create and less toys.

Every Christmas, the toy buying season, many children are overloaded with cheap toys. Fortunately, the toys don't last long. The children will smash them. Don't give your children toys. Don't teach them wastefulness and spend thriftiness. We often ruin our children and then blame the children. Prisons and electric chairs are the penalties they face when they grow up, and the blame should often be shouldered by the parents.

BABY TALK is talked to babies only by adults with baby minds. Never talk down to your children; talk up to them at all times. Baby talk retards their progress in talking, and in learning to correctly pronounce and enunciate words. However cute it may sound to hear their first imperfect utterances, never encourage them in these imperfect utterances. Don't dwarf their speech in this way.

I do not believe in drilling a child in an effort to force correct expression, but if the child must be drilled, it is better to drill it in correct expression than in the incorrect expressions that constitute baby-talk. I have seen adult sisters who never got over their baby talk and who spoke to each other and to their mother in the crude imperfect way of a prattling child. This is a mental handicap I urge you not to place upon your child.

Let the child hear chiefly good language, observe good language and, thereby, cultivate good language. Give him a chance to develop rightly from the start and you and the school will not have to work so hard later to build him all over again--a work you are likely to fail in.

EDUCATIONAL SHORTCOMINGS

Education is the from within outward development of the faculties and talents of the individual. Education is life. Education begins at birth and ends at the grave. It is peculiarly and wholly individual. This is not the present day conception of education. We are too prone to regard training as education. A trainer may train a seal to perform stunts in the circus. Or, he may train children to perform stunts in the schoolroom. In either case, the product is an automaton. We think education begins in the kindergarten. It almost ends there. In the kindergarten training commences.
We polish off our "education" in the university. After this, if we desire proficiency in any of the arts, sciences or professions; we take special courses and post-graduate courses. This takes twenty-five or more years. During this time we are being ground and polished and trained. Our individuality is smothered or suppressed. We have been made into carbon copies of the conventional pattern. We talk and think and act as we have been trained to talk and think and act.

Mental automatons, intellectual nonentities, stereotyped minds -- these are the natural products of such miscalled education. The twentieth century is suffering from mental bankruptcy. Its intellect has been smothered under a flood of training. Mass training produces mass thinking. Standardised training produces a standardised mind. Individuality in submerged and destroyed. All true education is self-education. All real education is founded on truth. Too much of modern training is based on fallacies ancient forms and rituals, traditions of the fathers, conventions and commercialism.

An educated man is not he who knows the most about Alexander's conquests or of Cleopatra's immoralities. The truly educated man is he who knows how to live in the highest and fullest sense, who knows how to make himself useful and who is able to control himself for good. The world is as full of trained men as the circus is of trained animals. But truly educated men are rare indeed. We have a wealth of engineers, mathematicians and mechanics, but few originators. Much potential greatness is smothered and lost forever by the training processes now in vogue. Most of the world's great men are those who have escaped from the spell cast over the mind by the training process. They have managed to squirm out of the mental strait-jacket into which the school put them.

We are accustomed to thinking of education as something apart from life. Something separate and distinct from living. It is detached from life. We think of education as a preparation for life. This conception of education is fundamentally wrong. It is pernicious.

Experience is the greatest educational factor in life. Experience is part and parcel of life. It cannot be separated from life. Every experience prepares one for a broader, fuller life. Life should be a continuous striving for improvement, achievement, beauty. True experiences build character,
strength, beauty. They spur one on to higher things. Where a high ideal of beauty is found there is a people that is climbing upward.

By beauty is meant beautiful bodies, beautiful characters, beautiful ideals. A beautiful heart and a beautiful intellect are as essential to true beauty as strength and beauty of body. Education--life--should be a striving for an ideal of beauty and greatness. Freedom is essential to beauty, to true education, to the highest life.

Free experience is life's great teacher. Compulsion is not education; it is not life. Compulsion does not build character. It builds slaves, serfs, dependents. The soul can expand only in an atmosphere of freedom. Mind and body attain their highest and best only in a free environment. The heart can truly express itself only when it is free to do so.

True freedom is the opened fruit of experience plus intelligence. In society, our rights are those we dare maintain. We are fitted only for such freedom as we demand. Those who demand most are fitted for most. Those who demand least are fitted only for slavery. Freedom is truly the breath of the soul. Without freedom the soul becomes stunted, dwarfed, gnarled and ugly. Beauty of character and intellect can only develop where freedom abounds.

Freedom, guided by knowledge and intelligence and held to a stern self-discipline, will evolve a race of moral and intellectual giants. It is still true that that is the best government that governs least; the best control, self-control. Slaves and serfs are controlled by their masters and make no progress. Free men who control themselves carry the world forward. Ancient civilisations were wrought by the labor of slaves guided by the intellects of free men. Modern and higher civilisations are wrought by the labor of free men and guided by these same free men. More freedom, less bondage, will give us a higher civilisation still.

"Education has become the great enemy of enlightenment. Teachers have become mere salesmen of the intellectual life. School systems are only department stores of the 'higher learning.' The order of the day is Quick Lunch Counter Education! Our so-called education is a study in farce and futility." Thus declares Prof. Schmalhausen, who quotes the following gibe from Mark Twain:--"First God made idiots. That was for practice. Then he made boards of education."
This is a terrible indictment of our present methods of educating our children. Our educational system is being attacked from all sides, it pleases nobody—not even those who conduct it. Least of all does it please teachers and pupils. Many people maintain that our education does not educate; that it lacks vital meaning, and is divorced from life. Many of our foremost educational authorities agree with Henry Adams' declaration that, "The chief wonder of education is that it does not ruin everybody concerned in it, teachers and taught." Pedagogues agree that our system is an accident. It came down to us in its present form from feudalism. Much of feudalism still remains in it. It is unfitted to modern life. It is in violation of the best principles of psychology. As Bertrand Russell so truly declares—"A certain percentage of children have the habit of thinking; one of the aims of education is to cure them of this habit."

Now, no one really intends to cure children of the habit of thinking. But this is often just what we accomplish. The trouble with our educational system is that it lacks plan and purpose. It is a crazy-quilt affair. No one ever planned the system we now have. No one ever desired it to be what it now is. No one ever foresaw what the system would develop into. It has simply grown up in a disorderly and disjointed manner. Many opposing forces have helped to shape it and distort it.

Every one who has studied the problem agrees that the educational methods now in vogue are wrong. Modern "education" is often worse than a failure. Joseph K. Hart, in his Adult Education, declares: "Universal compulsory schooling at public expense is at once the most generous movement ever undertaken by society and the most unintelligent--Compulsory schooling has turned out to be a sort of intellectual canning factory--a factory which cannot, however, guarantee the contents of the cans."

This is a very able summing up of the present public school system. It does not turn out thinkers. It does not produce men and women who drag the world along behind them. Every child is run through the same mould. The mind of a Shakespeare and the mind of a moron are run through the same process. Both are expected to learn the same things, do the same things, think the same thoughts and arrive at the same goal.
Much that is instilled into the school child is trivial, unimportant and often untrue. There is too much of rote, formula, memorising, and not enough constructive and creative thinking. Indeed, the very elements upon which creative work is grounded are often lacking. There is plenty of painstaking supervision, an abundance of blueprints and cut-and-dried formulas. There is much imitation, much copying, but little creating. One must memorise the books and classroom notes if one wishes to receive passing grades and a diploma. He must conform to the prevailing fashions in "thought" if he desires to get on well.

Then, too, the school is so often divorced from life. Mr. Hart rightly contends that it is living and not schooling which educates. Education begins at birth--it ends at death. The school is a passing incident. It may be helpful. It frequently only suppresses the budding genius and transforms him into a dotard. The discipline of the school frequently subdues and, destroys the adventurous, pioneering spirit that dares to do new things or that does old things in a new and better way. We are cursed with too much of the discipline of authority and not enough of freedom.
CHAPTER XXVI
CORPORAL PUNISHMENT

When our fathers desired to impress a child with the importance of doing good they threatened him with hell. Bad little children were supposed to go to hell in those days. Children were supposed to do right through fear of hell. To supplement this, they were promised heaven if they were good.

But children were not afraid of hell--at least, not enough to prevent them from occasionally doing wrong; nor could they be bribed with heaven. So our fathers added corporal punishment. It was a costly effort to build character on fear of punishment and on bribery. It did not work very well.

Critics of modern youth exalt the youth of yesteryear But they do so without thinking. Youth has always been the same. It will always be the same. Youth was ever daring and impetuous. It was ever in need of guidance and instruction. It needed sympathy and understanding. Youth never liked correction and instruction. It always wanted its own way--and had it. Each generation has to learn for itself. Knowledge is never ours until we have lived it.

There are better reasons for being and doing good than few of Lucifer and his sulphur baths. There are better reasons for being and doing good than the hope of an eternal residence in Jehovah's Rest Resort. These reasons relate to the present life, not to a hoped-for future existence.

Teach your children that anything is wrong that lessens their mental and physical powers and lowers self-respect. The conservation and improvement of life is the highest aim of Nature. Anything that conflicts with this purpose is wrong. Anything that accords with it is. We receive our rewards and punishments now. We are punished by our sins, not for them. Virtue is its own reward. If we do as we should--if we think and act uprightly--a long life of health, strength, youth, beauty, joy and efficiency will be ours. If we live the contrary way, a shortened life, full of disease, weakness, misery and inefficiency will be our punishment. We should do nothing that weakens the powers of life.
Prince Kropotkin tells us that the barbarians were our superiors not only in refusing to work their children, but also in scorning to beat them. He quotes them as saying:

"THE BODY OF THE CHILD REDDENS FROM THE STROKE, BUT THE FACE OF HIM WHO STRIKES REDDENS FROM SHAME."

Indeed it should bring a blush of shame to the face of him who strikes a child. The pain is greater than an adult realises. The tender flesh of the child is more sensitive than that of an adult.

But the physical pain, which does not last long, anyway, is the least of the evil effects of this cruelty. Consider, says Alice Park, the "difference between a parent and a young child. If a giant ten or twelve feet tall stood over a man or woman and dealt out blows for infractions of giant-made rules, the parent might realise what he now does to his children. He probably does not know either the pain, the physical injury, the nervous shock the mental effects, nor the effects upon the other children of the family. The effect upon the mother or father is another subject"--but by no means an unimportant one. Beating a child builds brutality in the parent and actually lessens his or her love for the child.

The injury to the 'heart' of a child is often permanent. Feelings of bitterness, hatred and revenge rankle in his bread.

His self-respect is destroyed. No child can ever amount to anything when his self-respect is gone. The fear created in the child is hopelessly bad. "Children who have been asked how they felt," says Alice Park, "after being spanked or whipped, have said that it made them want to hit somebody, anybody. Since they didn't dare hit their mothers and fathers, they had a strong impulse to hit other children, or to kick the dog or the cat. One boy said: 'it made me feel ugly all day'." Think of the influence, on the nervous system, it must have had to create this last effect.

A child is such a tender thing! A harsh word, deed, or look wounds it more than we are wont to imagine. A harsh word to a sensitive horse will increase his pulse ten beats a minute. A child is more sensitive than the most sensitive horse, until persistent harsh treatment has hardened him and made him callous.
Never strike or scold children. The blow injures and bruises the spirit even more than it does the flesh.

Beating children is not a savage practice. No savage race is known that has descended so low in the moral and social scale that it beats its children. Among the American Indians, if an angered parent (and very seldom does a parent strike a child unless he or she is angry) struck a child, the parent was punished by some of his or her own kin. Tehan, the "White Indian," who fifty years ago, was leader of a band of Indian "bandits" in Texas and Oklahoma, tells of seeing his mother, in a fit of anger, strike her child. The child's father then chastised the mother.

Indian children were never whipped and they were never disobedient. They were never thieves—until the white man made them so. They grew in a natural normal way. Mind, body and soul expanded in a perfectly normal way. Their instincts and their environment harmonised. Their punishments were the natural and inevitable results of their deeds. Such punishment bears a natural and obvious connection with the deed. The child can see the connection. This is natural discipline, against which man does not rebel.

Until recent years so-called Christians, who disregard the warning of Jesus to those who "offend one of these little ones," and his admonition not to "render evil for evil," and to be "not overcome of evil, but overcome evil with good," hardly ever thought of training children except by some means of corporal punishment.

Women, children, slaves, criminals, and dumb brutes were beaten. It is now against the law to beat women and slaves. Criminals are beaten only furtively. The Societies for the prevention of cruelty to animals have stopped much of the beating of animals. But parents have not been reformed. The humane spirit has not extended to the care of children—except to a limited extent.

Whipping has been prohibited in many public and private schools, and in some reform schools. One state reform school reported an immediate improvement in the conduct of its 179 boys, representing all ages, when the no-whipping rule went into effect.
Family discipline still includes much whipping, slapping, spanking, threats and blows. Neighbours or the police interfere only where the punishments are known to be extremely severe, but then only in an insignificant number of such cases as occur.

Children are beaten with rods, limbs of trees, straps, paddles, etc., and are slapped and cuffed with open palms. They are 'beaten for wrong doing when the parents are really to blame. Parents have neglected to properly instruct their children.

Children learn best in an atmosphere of gentleness and kindness. They expand best when not repressed by fear of punishment. If their actions are all determined by fear, they change their actions as soon as they grow up and escape from fear of punishment. Fear of punishment forms a very unstable and unsatisfactory basis for conduct. Yet there are many who slap and beat their children almost constantly. There are some who slap the hands and faces of their children for the most trivial things. They scold them and nag them almost continuously. Their children live in a more or less constant state of fear and confusion. This breaks the spirit of many children and thoroughly conquers them. Their self-reliance, innate initiative, self-assertiveness and personalities are repressed. Often they never cast off this spell of repression.

Other children, the more wilful and spirited kind, are made rebellious and unmanageable. They become criminals as a direct result of this cruelty. If their indomitable and unconquerable spirits are rightly directed and instructed, they will give us leaders, great men, builders--men who do things.

If you have a child who has a will of his own, who insists on exercising his own will, don't be anxious to break and subdue that will. Get down on your knees and thank God that you have a child that dares to be himself. Such a child must be handled carefully and patiently. But for heaven's sake don't try to conquer him or subdue him. Don't spoil those splendid qualities that are unfolding in him.

Don't cause your children to lose their love and respect (or you. Don't build rebellion in them. Don't teach them to lie and deceive to avoid punishment.
A young boy, age 17 years, whose father had beaten him severely at frequent intervals during life said: "I only hope I live long enough, and grow large enough, that I can pay my father back for some of the blows he has struck me."

Surely, this is an attitude that no father would desire his son to have toward him. Yet, this attitude was cultivated by the father. He, and not the boy, is responsible for this feeling of enmity and resentment. It is the outcome of the savage practice of beating children when they don't please us. And this feeling exists to a greater or less degree in the minds of all whose parents beat them. A few old hypocrites declare that they are thankful for the beatings their parents gave them.

No child was ever made better by beating. No amount of torture increases the child's love of and respect for its parent. It builds feal of the parent. A young mother called her children into the house. "Come in here and sit down," she commanded. Commencing with the oldest and going down to the youngest they filed by her and took their seats. As the youngest child passed her mother, she drew away, saying, "Mamma, don't hit me. Mamma don't hit me." The obedience of those children was due to fear and they will continue to obey only so long as they continue to fear. As soon as they are large enough, that they no longer fear their mother, they will do as they please and she will have no more control over them. Her weapon is fear and time will rob her of this.

A household of unruly and disobedient children is the product of lazy and unintelligent parents. Parents who are too lazy or too ignorant or too unintelligent to govern their children intelligently, resort to the cruel method of beating their children.

Bertha Meyer, in her *Family Government*, says: "A parent who does not know how to govern a child without whipping it ought to surrender the care of that child to some wiser person. Sportsmen once thought it necessary to lash their dogs in training them for the field. They now know that the whip should never be used. Horsemen once thought it was necessary to whip colts to teach them to start and stop at the word, and pull steadily. They now know that an apple is better than a lash and a caress better than a blow. If dogs and horses can be thus educated without punishment, what is these in our children that makes it necessary to slap
and pound them? Have they less intelligence? Have they colder hearts? Are they lower in the scale of being?

"We have heard many old people say: 'If we were to bring up another child we would never whip it.' They are wise, but a little too late. Instead of God doing so little for little children that they must be whipped into goodness, He has done so much for them that even whipping can't ruin them--that is, as a rule. Many children are of such quality that a blow makes them cowardly, or reckless, or deceitful, or permanently ugly. Whipping makes children lie, Whipping makes them steal. Whipping breaks their spirit. Whipping makes them hate their parents. Whipping makes home distasteful; makes the boys run away; makes the girls seek happiness anywhere and anyhow. Whipping is barbarous Don't whip."

Whipping is not barbarous. No barbaric people was ever guilty of such crimes against childhood. This crime came into Europe during the middle ages as a part of the doctrine of total depravity.

There is another very old, very popular and very ruinous method of scaring children into the desired ruts of conduct. I refer to the methods of frightening small children with bugaboo stories. The "black man" the dogs, the booga man, the dark and other things, real or imaginary, are used to frighten children and force them to obey. "Come back here, or the black man will get you," "Be quiet or the dogs will get you;"--these and similar threats destroy the peace of mind of children and injure their health.

When the writer was a small boy he would often jump up suddenly in bed and let out a scream that would awaken the whole household and sometimes some of the neighbours. At other times he would pull the cover down over his head and hold it with both hands while scarcely dating to breathe. The cause of this was frightful dreams of bears, devils, goblins, booga men and other objects of terror that had been used during the day to dampen his childish spirits. A fear of the dark was developed that was not overcome until maturity was reached.

Children thus frightened become clinging cowards and timid dependents. The natural courage, freedom and independence of normal childhood give way to cowardice and timidity. They become afraid of the dark, afraid of the slightest noise at night, are subject to frightful dreams that disturb their sleep and, it is probable that the shocks to their sensitive
nervous system are never fully overcome. Nervousness, ill-health, and premature death often result from this thoughtless cruelty. In many ways this form of cruelty is worse for children than whipping. As a means of frightening children into goodness or morality it is open to the same objections as all other methods of creating cowards and liars.

I was walking down a certain street in New York City once. Suddenly I heard a mother command: "Come back here! There comes a cop!" She repeated this twice. The little boy was running away from her. She sought to frighten him and, by this means, to force him to return to her. Controlling children by fright is an exceedingly evil means of control; whether we tell them the cops will get them or tell them that the dogs, or the bogie man, or the black man will get them, makes no difference. The effects on the child are the same.

These effects are far reaching and difficult to eradicate. They effect the body and mind and character of the child. Besides, this is the worst means of controlling children. Like other means of fright and pressure, it is effective only so long as the child is young enough to think that perhaps a cop might "get him." When he learns that the cry of, "there comes a cop" is only bluff, he boldly goes on doing as he pleases. Fear of a thing controls child or adult only so long as he fears it.

My oldest boy as a little child, had no fear of the dark. He went and came at leisure in the dark rooms of the house and gave no thought to the fact that it was dark. His mother and I may have been three or four rooms away, but the little fellow felt no concern for his safety. No one had ever scared him. Then one day a young man visited my office, while little Bernarr was present. While he was in the outer office, he told the child of ghosts and bogie men. He pictured them as staying in dark places and as doing vicious deeds. The boy was frightened. The impression made on his young mind was profound and lasting. His mother and I worked for a full year before we succeeded in largely eradicating the fear of ghosts and bogie men from his mind. A crime had been committed against that child. Such crimes should be punishable. People who scare children, who frighten them with imaginary and unreal dangers, are usually ignorant and thoughtless, but they should be dealt with.

Frightening them to control them, as the above mentioned ignorant mother did, or, frightening them merely for the "fun" of telling ghost
stories, as the above mentioned ignorant young man did--its all the same in its effects on the mind of the child.

Fear lowers vitality. It paralyses effort. It shrivels up every emotion towards good behaviour. It injures their health. It makes them nervous. It impairs their growth. It makes cowards of them. It warps and twists their characters. It is all evil and never good. The crime of frightening children should not be tolerated in civilised communities. It will not be tolerated once its enormity is realised.

They were crossing the street--a mother and her little daughter. The child was about three years old. It had done something to displease the mother. Her head went down near that of the child and in angry and excited tones and with a loud voice, she heaped threats and abuse upon the child.

People heard her shrill voice, above the din of traffic, a half a block away. They crossed the street. The mother repeated her foolish performance. Then, with her hand, there in the presence of every passer-by she vigorously spanked the child.

The woman lacked poise and self-control. She lacked intelligence and training. She lacked sympathy for and understanding of her child. Intellectually and temperamentally she was unfitted for parentage. Bullying and browbeating and bruising children in this brutal fashion is not good for them. To treat them thus, habitually, hardens and coarsens them. Such treatment of children always wounds their tender spirits more than it does their tender bodies. It makes them cowards. Brutal, harsh, unintelligent treatment of children does not engender in them any love or respect for their parents. Had this same woman treated a dog or a horse as she was treating her child, the S. P. C. A., would have had her punished for cruelty to animals. But it was "only a child," "her child," which she was abusing, and nothing was done.

But she will pay. The law of compensation will not miss her. The daughter will grow up and all of this cruel treatment of her will produce its harvest. Parents, be kind to yours children. Be sympathetic with them. Strive to understand them and to guide them with love and instruction and control them with reason and kindness. Respect them--their persons, their rights, their limitations, their inexperience, their lack of maturity. Treat
them as you would like to be treated. Brutality does not build in them desirable characters. Give them the best there is in you—not your worst.

The faults of little children are largely the results of ignorance, accident, enthusiasm and the forgetfulness of immature minds.

Children are not adults, with the experience and point of view of the adult. Children do not come into the world with a full knowledge of right and wrong. Their instincts relate them to a state of pure nature. But they are born into the highly complex and very unnatural conditions we call civilisation, with its artificial standards and rules of conduct. Their faults are, then, largely those of inheritance—the inheritance of instincts which are out of place in civilisation.

To whip a child because of ignorance, accident or a lack of the adult point of view is certainly wrong. Is it not a fact that children try much harder to fit themselves into an adult's world than adults try to build a world for children?

Such little minds and bodies and hearts need patient instruction, intelligent guidance, sympathetic understanding. They should be taught, instructed, reasoned with and led.

Children have difficult and nervous days just as adults do. Be patient with them under these trying conditions. Scolding only adds to their discouragement and moodiness. Try to dispel the gloomy, disobedient mood by diverting the child's mind into pleasant channels.

Children are good by nature. They are not vicious and criminal. They are only ignorant and inexperienced and are born into an unnatural environment. They need gentle and patient guidance. They need instruction and enlightenment. They surely do not need cruelty.

A little kindness goes a long way with children. Kindness and gentleness and patience and instruction and a good example are the proper means of governing children.

The gentle answer turneth away wrath. Make life pleasant for the child and it will make life easier for you.
Fear of punishment forms a very unstable and unsatisfactory basis for conduct. Knowledge of the principles of right and wrong are essential to intelligent conduct. Love of right and hatred of wrong are necessary to genuine morality. Any morality that is not founded on these--knowledge of the principles of conduct and love of right and hatred of wrong--is not true morality. All conduct based on fear is founded on sand. It cannot endure.

Whipping and spanking children begin to diminish when the children reach the age and size that they can hit back, and can defend themselves. The offences of older children are often more serious, more deliberate and grosser forms of disobedience and more aggravating, and older children are certainly more responsible for their conduct, but parents are not so apt to beat them. The story is told of a little boy whose father was certain he had inflicted the right punishment on him. To make a deeper impression on the boy and make the lesson complete, he asked, "Do you know why I whipped you?" The little boy answered "Yes; because you are bigger than I am." Had the child been able to defend himself that parent would have treated the child with as much respect as he treats Mr. Jones, his neighbour.

A high standard of conduct is best built by example. Alice Park puts it this way: "How can any parent have the opinion that children may be taught not to strike or hit others, by being themselves hit? ### How can parents or teachers who resort to physical violence, hold up the common rule of our so-called civilised society, 'never hit anybody smaller or weaker than you are, nor any one who is defenceless?"

Stop bullying your children. Stop abusing them. Inspire them to love, trust and confide in you--not to fear you, or dread your approach.

I was walking, one day, along the street in one of New York City's better sections. A woman suddenly thrust her head out of a third-story window and shouted: "I'll fix you. You stop that and come in here right now. Do you hear me?"

Her son had long before learned that this was only an idle threat. He paid no heed to his mother's voice. He did not even trouble himself to reply to her. He continued playing and completely ignored the excited mother up in the window.
The mother became calm and settled down to watch the play. Her threat having failed to frighten her son, she became apparently satisfied. Her pretense of anger disappeared and she ceased her unnecessary noise.

This is no means of training children, common though the method is. It is never wise to threaten a child. There are always better reasons why children should or should not do things than the fear of threatening parents. But if you must threaten your children see that you never make idle threats. If you don't mean them, don't make them. Threats that are only "hot air" soon come to mean no more than that to a child. He learns that he can disobey and "get away with it."

The ideal method of rearing children is by education and not coercion. Neither cruelty nor threats of cruelty have any moralising or uplifting influence. Threats of punishment that are never carried out breed "anarchy" and misbehaviour. The psychological effects of threatening and scolding are distinctly anti-social and more or less ruinous. The child soon forms the idea that he can safely defy all law and order and "get away with it." It is bad in its moral tendencies. It were far better to allow the child to, like Topsy, "just grow up,"

I am taking the liberty of quoting the following by J. W. McEachron, entitled *Just a Boy*, published originally in the *Farmer* and reproduced in *The Household Journal*:

"Listen, son, I am saying this to you as you lie asleep, one little paw crumpled under your cheek and the blond curls stickily wet on your damp forehead. I have stolen into your room alone. Just a few minutes ago, as I sat reading my paper in the library, a hot stifling wave of remorse swept over me. I could not resist it. Guiltily I came to your bedside.

"These are the things I was thinking of son. I have been cross to you. I scolded you because you gave your face merely a dab with the towel. I took you to task for not cleaning your shoes. I called out angrily when I found you had thrown some of your things on the floor.

"At breakfast I found fault, too. You spilled things. You gulped down your food. You put your elbows on the table. You spread butter too thick on your bread. And as you started off to play and I made for my train, you turned and waved a little hand and called 'Good-bye, Daddy!' and I frowned, and said in reply, 'Hold your shoulders back!'"
"Then it began all over again in the late afternoon. As I came up the hill road I spied you, down on your knees playing marbles. There were holes in your stockings. I humiliated you before your friends by making you march ahead of me to the house. Stockings were expensive--and if you had to buy them you would be more careful! Imagine that, son, from a father! it was such stupid, silly logic.

"Do you remember, later when I was reading in the library, how you came in softly, timidly, with a sort of hurt, hunted food in your eyes? When I glanced up over my paper, impatient at the Interruption, you hesitated at the door, "What is it you want?" I snapped.

"You said nothing, but ran across, in one tempestuous plunge, and threw your arms around my neck and kissed me again and again, and your small arms tightened with an affection that God has set blooming in your heart, and which even neglect could not wither. And you were gone, pattering up the stairs.

"Well, son, it was shortly afterwards that my paper slipped from my hands and a terrible sickening fear came over me. Suddenly I saw myself as I really was, in all my selfishness, and I felt sick at heart.

"What has habit been doing to me? The habit of complaining, of finding fault, or reprimanding--all of these were my rewards to you for being a boy. It was not that I did not love you; it was that I expected so much of youth. I was measuring you by the gauge of my own years.

"It is feeble atonement. I know you would not understand these things if I told them to you during your waking hours, yet I must say what I am saying. I must burn sacrificial fires, alone, here in your bedroom, and make free confession. Tomorrow I will be a real daddy! I will chum with you, and suffer when you suffer, and laugh when you laugh.

And I am passing this 'confession' along to the fathers and mothers who may be privileged to read it, and for the benefit of all the 'little fellers'--the growing earth--blessing little 'Jimmies' and 'Billy’s' and 'Mary’s' and 'James' of this very good world of ours."
"It is not so much what you say,
    As the manner in which you say it;
It is not so much the language you use,
    As the tones in which you convey it.

"'Come here,' I sharply said,
    And the baby cowered and wept;
'Come here,' I cooed; and he looked and smiled
    And straight to my lap he crept.

"The words may be mild and fair,
    And the tones may pierce like a dart;
The words may be soft as the summer air,
    And the tones may break the heart.

"Whether you know it or not,
    Whether you mean it or care;
Gentleness, kindness, love and hate,
    Envy and anger are there.

"Then would you quarrel avoid,
    And in peace and love rejoice,
Keep anger not only out of your words,
    But keep it out of your voice."
CHAPTER XXVII
VACCINIA

Vaccinia is an acute infectious disease caused by vaccination. Vaccination is the inoculation of child or adult, well or sick, with septic matter (pus) derived from suppurating (fester ing) sores on the abdomen of a previously infected cow. I think this definition is incomplete in an important respect--I should have said that it is a criminal operation.

The disease dates from about the year 1774 when an ignorant and superstitious English farmer, Benjamin Jesty, vaccinated his wife and three children with matter taken from sores on cows suffering with "cow-pox," using a darning needle with which to make the incisions. Jesty believed a superstition, then prevalent among the milk-maids, that one who had had cowpox was immune to smallpox.

Notes of this daring experiment were made by a doctor Nash who died in 1785. At his death these notes passed into the hands of Mr. Thomas Nash who was acquainted with Edward Jenner, a notorious Charlatan, who is credited with having "discovered" vaccination. In 1789 Jenner inoculated his eighteen month's old son with swine-pox matter. He followed this with other inoculations of other children and the filthy practice of vaccination was definitely launched.

An English writer, Arthur Wollaston Hutton, M. A., says of Jenner's training and qualifications: "But his professional acquirements were but slender; his medical degree was the outcome of no examination or scientific work, but merely of a fee of fifteen guineas paid to the University of St. Andrews; while his other and more important distinction, his Fellowship in the Royal Society, was obtained by what even Dr. Norman Moore, his latest biographer and apologist, is constrained to admit was little else than a fraud."

Thus we have a filthy practice, born out of the ignorance and superstitions of the past and fathered by an ignorant impostor and fraud, palmed off on the world today as a scientific procedure. It is really remarkable, the number of instances in the history of medicine, of
practices and theories now in vogue, that owe their origin to ancient customs, traditions and superstitions.

It is not known how remote was the belief among the cow hands and dairy maids of England in the immunising potency of cow-pox; but it is thought to have come out of the practice of inoculation which was introduced into England, from the East, by Lady Mary Wortley Montague, wife of the British Ambassador to the Ottoman Court, in 1717. The practice was abolished by act of Parliament in 1840, due to its evils. In 1754 the Royal College of Physicians issued the following manifesto, which reads strangely like the statements made by physicians today about vaccination:

"The College, having been informed that false reports concerning the success of inoculation in England have been published in foreign countries, think proper to declare their sentiments in the following manner, viz.: That the arguments which at the commencement of this practice were urged against it have been refuted by experience; that it is now held by the English in greater esteem, and practiced among them more extensively than ever it was before, and that the college thinks it to be highly salutary to the human race."

Despite this evident lie, by this august body, the practice was not successful; it was not highly salutary; and experience did not refute the arguments used against it. It was a very damaging practice which caused an increase in small-pox in England and was finally abolished by law.

Edward Jenner, following Benjamin Jesty, grafted the old inoculation practice onto the milk-maid's creed and vaccination (from vacca--cow) was born.

I mentioned that the inoculation practice was introduced from the east. The date of the origin of this superstitious practice is hidden in the darkness of pre-history. Savage and Barbaric peoples; in various parts of the world, practiced inoculation. It is thought to have started in India, where so many of our superstitions originated, and spread from there to Africa and Europe.

From time immemorial the negroes and Arabs of Nubia practiced
inoculation against small-pox. The Ashantees and the Moorish and Arab tribes in Northern Africa practiced arm to arm inoculation from ancient times. Savage tribes of the Upper Congo practiced it to prevent "syphilis." The Baris of Lado inoculated themselves over the left breast. The negroes in Senegal inoculated their children on the arms. The Moors and Pouls of Senegambia practiced inoculation against pleuro-pneumonia. A practice of this kind was in vogue in Berne, Switzerland in the 18th century.

The first record of smallpox seems to be in India, where also is the first record of inoculation, where the practice was in vogue over three thousand years ago. Dhanwantari, the Vedic father of medicine, and the earliest known Hindu physician, supposed to have lived 1500 B. C., is said to have been the first to practice inoculation and it is also stated that the Hindus employed a vaccine. For over a thousand years inoculation has been practiced in China.

The practice is so mixed up with the religious superstitions of various peoples that its origin may not be difficult for students of religious history to guess. In India, in Malaba and in other sections of the world, inoculation was mixed up in the worship of the smallpox goddess. Inoculation seems to have been nothing more than a superstitious rite designed to placate and appease the wrath of an irascible deity. People who imagined all their sufferings were sent upon them because they had offended some of their gods or goddesses originated the filthy rite to get the goddess into a good humour again.

According to a Mr. Porter, who was English Ambassador at Constantinople in 1755 (Gentleman's Magazine, Oct. 1755): "It is the tradition and opinion of the country that a certain angel presides over this disease. That it is to bespeak his favour and evidence their confidence that the Georgians take a small portion of variolous matter, and, by means of scarification, introduce it between the thumb and fore finger of a sound person. The operation is supposed to never miss its effect. To secure beyond all uncertainty, the good will of the angel, they hang up scarlet clothes about the bed, that being the favourite colour of the celestial inhabitant they wish to propitiate."

I cannot imagine St. Paul, who refused to eat meat that had been offered up to idols, baring his arm for pus that is being offered up to the goddess of smallpox. I cannot imagine Moses, whose Kosher laws, in, most of their
essential particulars, are excellent, commanding the Jews to have this trefe stuff inoculated into their bodies.

SYMPTOMS: Vaccinia begins after inoculation with slight irritation at the site of vaccination. On the third or fourth day the eruption appears in the form of a red papule, surrounded by a red areola. On the fifth or sixth day the papule becomes a vesicle, being filled with a watery substance or a clear substance, with a distinct central depression (umbilication). By the eighth day the vesicle is perfected and is then surrounded by a wide reddened zone of inflammatory oedema, which is the seat of intense itching. By the tenth day the contents are purulent (pus) and the vesicle has become a pustule. The surrounding skin is now much inflamed and painful. About this time the reddened areola begins to fade and desiccation sets in with the gradual formation of a thick brown crust or scab, which becomes detached and falls off about the twenty-first to twenty-fifth day, leaving an ugly scar. The scar is at first red but gradually becomes paler than the surrounding skin; having a punched-out appearance and is pitted.

The evolution of this pathology is accompanied with fever and constitutional symptoms, malaise, and enlargement of the adjacent lymph nodes or glands.

Notice the symptoms above described (and this description is gathered from standard medical works) and you will at once realise that we have been describing an acute disease--really the acute symptoms of septic infection. Vaccinia will be found classified in medical books as an "acute infectious disease."

The infectious matter is pus taken from pustules on a cow which has previously had pus from the pustules of a smallpox patient rubbed into incisions in her skin. It is a morbid product, a Virus, and is not and never was "lymph from the calf." Vaccine is pus--it is the fluid product of suppuration.

To vaccinate a person is to produce disease in that person. It is an effort to prevent disease by producing disease. It does not always "run true to form." The above description of the disease does not fit all cases.

COMPLICATIONS AND SEQUELAE: Irregular and atypical pocks may form; several vesicles may coalesce, a general pustular rash,
covering the whole arm or large parts of the body, and called *generalised vaccinia*, may develop, about the eighth to tenth day.

*Abscess, sloughing, cellulitis, erysipelas, general septic infection, urticarial eruptions, syphilis, leprosy, tuberculosis, actinomycosis* (big jaw), *mental disease, tetanus,* (lock jaw), *paralysis, meningitis, sleeping sickness*, etc., may follow. In rare cases the pock may reappear in the same place after it is apparently healed. In some instances the abscess that may form refuses to heal. I saw one case of this kind where the abscess continued to discharge pus after fourteen years. Speaking of generalised vaccinia, Sir. Wm. Osler says: "In children the disease may prove fatal." Osler quotes Ackland's arrangements of the dates on which possible eruptions and complications may be looked for as follows:

"1. During the first three days: Erythema; urticaria; vesicular and bullous eruptions; invaccinated erysipelas.

"2. After the third day, and until the pock reaches maturity: Urticaria, litchen urticatus; erythema multiformae; accidental erysipelas.

"3. About the end of the first week: Generalised vaccinia; impetigo; vaccinal ulceration; glandular abscess; septic infections, gangrene.

"4. After the involution of the pocks: Invaccinated diseases for example syphilis."

Under the heading "Transmission of Disease by Vaccination," Osler says: "Syphilis has undoubtedly been transmitted by vaccination." Under the heading, "Influence of Vaccination upon other Diseases," he says: "A quiescent malady may be lighted into activity by vaccination. This happens with congenital syphilis, occasionally with tuberculosis. ### At the height of the vaccination convulsions may occur and be followed by hemiplegia." (Paralysis of one side of the body.)

It is the medical alibi, when these evils follow vaccination, and they are far more common than the uninformed may imagine, that they are due to "carelessness" or to "secondary infections.' Dr. Richard C. Cabot says: "The other things that bother people is the fact that vaccination sores get septic, sometimes when the vaccination is clumsily done, and sometimes
when it is correctly done. We need not necessarily blame the doctor because the patient has a bad arm. In spite of all precautions, if the patient is in a bad condition, the break in the skin may become septic.

This is only a half truth. The vaccine sore is septic from the start. Vaccine is septic matter. Vaccination is deliberate and forcible septic infection. We do blame the physician, because he introduced the septic matter into the arm.

This picture of vaccination is a black one, but it is by no means the whole picture. It is almost impossible to exaggerate the evils of this filthy, superstitious practice and any physician or vaccine propagandist who asserts that vaccination is harmless is either an ignoramus or a liar. I shall make this quite clear before I am done with this subject.

"I wish we had known sooner what an awful thing vaccination is," wrote Mrs. A. Kyles, in a letter to the editor of the *St. Louis Times*, of Nov. 1926, after her boy had died of lockjaw following vaccination. He was vaccinated Oct. 15 and died Nov. 8, 1926; the lockjaw developing about Oct. 31. Thousands of other fond mothers have cried; "I wish we had known sooner what an awful thing vaccination is." Why not find out beforehand and not after the child is dead? Why be so willing to believe the sales-talks of those who make money out of vaccines?

On Oct. 7, 1926, little Elmer Perry, four-years-old son of Mr. and Mrs. John Perry, of 35 Schalk St., Newark, N. J. was vaccinated by order of the Health Authorities. Fifteen days later he become sick, and on Oct. 27 they carried him to the hospital suffering with lockjaw. A few hours later he died.

"They killed my boy, they killed him," cried the grief stricken father. "They have taken the sunshine from my life" wailed the frantic mother. This was but one more of thousands of such tragic scenes. Medical men kill them to save them.

The authorities in this case hastily denied all responsibility for the boy's death. They blamed the boy. It is a fair sample of the cowardly manner in which doctors always disclaim responsibility for their deeds. They are the only class of criminals of which I know who can escape the penalties for their crimes by placing the blame on their victims.
On June 20, 1926 little Geraldine Creamer, age 4, 611 John St., Peekskill, N. Y., died of lockjaw, following vaccination during a cooked up smallpox scare--a case of ivy poisoning, having been diagnosed as smallpox.

The culprits in this case explained that the girl, who had been vaccinated on the leg, received the lockjaw infection from garden soil, while playing in the garden. In a full page article in the *New York Evening Graphic*, I challenged them to give me lockjaw, by wounding me in a dozen places and rubbing the soil from the garden in every wound. The Commissioner of Health made a weak reply in the local paper, but ignored my challenge. He did not want his alibi exposed by a test.

Lockjaw is a comparatively rare disease except where a vaccination epidemic rages. In his *Principles and Practice of Medicine*, Sir. Wm. Osler says of tetanus as a disease transmitted by vaccination: "MCFarland collected 95 cases, practically all American. Sixty-three occurred in 19O1, in which R. W. Wilson demonstrated the tetanus bacillus. Most of these cases occurred about Philadelphia."

*The United States Public Health Report*, March 20, 1925 says that "several fatal cases of tetanus in vaccinated individuals, have recently occurred in the United States." The *Report* for June 26, 1925, contains accounts, in its first six pages, of eleven cases of tetanus following vaccination. Boys are more susceptible than girls to post-vaccinal tetanus.

In a letter dated Aug. 9, 1929, and addressed to Senator Robt. F. Wagner, Dr. Hugh S. Cumming, Surgeon General of the U.S. Public Health Service, says the figures, which his letter shows are incomplete, for deaths due to post-vaccinal tetanus are as follow: 1925, 29; 1926, 15; 1927, 17; 1929, 1. As most of these deaths occur after school opens in September, at which time the great orgy of vaccination begins, the apparent reduction in 1929 s probably very deceptive.

In the early part of 1925, while the whole of the East was in the throes of a vaccination epidemic the *New York Evening Graphic* uncovered at least two deaths from post-vaccinal tetanus, and many other cases of vaccinal injury, in Baltimore. After they published the accounts of these cases, the hospitals in Baltimore established a rigid censorship and
suppressed the horrid truth about this criminal practice.

But a truce with tetanus; the newspapers carry frequent reports of such deaths and I can only touch the high spots here. Everyone can know of these cases who cares to investigate.

Within recent years other troubles have been definitely traced to vaccination. I have already quoted Dr. Osler's statement that "at the height of vaccination convulsions may occur and be followed by hemiplegia." Paralysis is a more frequent result of vaccination than has heretofore been suspected. Dr. Osler says: "Cerebrospinal meningitis has a curious predilection for soldiers." Captain Sheffield Neave, of England, says; "meningitis is a disease of soldiers and babies."

During the recent war there was a great mortality and invalidism among soldiers due to cerebrospinal meningitis. Anti vaccinationists declared it to be due to vaccination. This brought vigorous protests and loud denunciations from the devotees of pus and the smallpox goddess.

In the "Lancet," the leading British medical Journal, of September 4th, 1926, is set forth accounts of seven cases of encephalomyelitis (inflammation of the brain and spinal cord, and their membranes), following vaccination in two London Hospitals within recent years. Prof H. M. Turnbull and Prof. Jas. McIntosh who painfully and carefully investigated these cases stated in the British Journal of Experimental Pathology, from which the "Lancet" quotes, that:

"There can be no doubt that vaccination was a definite causal factor."

The Lancet declares that the account in the Journal: "includes summaries of clinical histories and necropsies and descriptions of the pathological changes, gross and minute, in the central nervous system as well as in the vaccinated areas, regional lymphatic glands, and other tissues. Beautifully clear drawings illustrate the histological lesions found in the spinal cord at lower levels. The evidence of aetiology (the science of cause) derived from clinical and histological manifestations is shown to be strong, and is confirmed by the results of biological experiments (experiment on animals made independently by Dr. Paul Fildes and Prof. McIntosh). Inoculation of material from the brain and spinal cord of three
of these cases showed the presence of vaccinia virus, no other virus being obtained."

The suspicions of these doctors were first aroused in 1912 when a postmortem on a recently vaccinated boy of 15 years revealed encephalomyelitis. In December, 1922, a 9-year-old girl came to necropsy with a diagnosis of tubercular meningitis. However the microscope revealed, no lesions except recent vaccination scabs, glandular inflammation in the region of vaccination and slight changes in the central nervous system. Brain and cord presented the same peculiar changes as those found in the boy ten years previously.

"Other cases," says the Lancet, "were now quickly recognised one in a man of 21, and the rest in girls of 7, 12, 15, and 22 respectively. All these patients except one girl died in the course of an acute attack of encephalomyelitis complicated by bronchopneumonia."

As an example of how these seven cases proceeded the case of the woman 22 years of age will suffice. She was vaccinated while and infant and again on November 28th, 1922. Seven days thereafter she developed a severe headache and other symptoms. On the 10th and 12 days she was drowsy and had high fever. On the 13th day she became semi-comatose and on the 14th day she died.

The Lancet for October 9, 1926, states that in Holland, during the period from January 1, 1924, to July 1, 1925: "35 cases, of which 15 were fatal, occurred of Encephalitis following vaccination after an interval of 10 to 30 days," had elapsed.

The Lancet further declares in the article previously quoted from: "Investigation of the possible path of infection gave negative results--Close examination of the vaccinal areas and regional glands yielded but little information, since the histological changes appeared to be essentially similar to those in a control case, a recently vaccinated boy killed in an accident."

This means, reader, that the ordinary and regular course of mischief pursued by vaccination may easily result in the production of these diseases. The Lancet further says: "Though the path of infection cannot be traced, the authors would appear to have ample justification for
concluding, in view of the close resemblance between the clinical histories, the uniformity of the pathological findings, and the absence of similar cases independent of vaccination, that vaccination was a definite causal factor and no chance coincidence." (Italics mine.)

In the year 1927 when Mr. Marky and Senator Love debated on vaccination, we exhibited on the platform, a little girl whose body was frightfully twisted, greatly emaciated and paralysed as a result of vaccination. With the smooth sagacity of the suave politician and with resort to the ancient medical subterfuges of "secondary infection" and "intercurrent malady," Dr. Love attempted to make the audience believe the child's troubles were due to something other than vaccination. But an "intercurrent affection" is mere bunk. It never existed outside the medical mind. The Lancet had formerly held to the same theory with regard to such cases as cited above. Referring in its issue of August 1, 1925, to the numerous cases on the continent, it declares: "Experiment and pathological research have shown that this form of the disease is not due to the virus of Jenner's vaccine" . . . . "There was a latent infection" and "vaccination merely hatched it out."

"Latent infection" is another subterfuge that has long served the blundering medical profession when tuberculosis, syphilis and leprosy follow vaccination. But the end of this subterfuge is drawing near. The Lancet has unsaid what it declared in the quotation above. It declares: "Similar cases independent of vaccination were not observed at the same time nor any other time. The authors give cogent reasons against the assumption that the post vaccinal cases described by them and by workers abroad are merely examples of poliomyelitis, (inflammation of the gray matter of the spinal cord) or encephalitis lethargica (sleeping sickness), in which vaccination was an immaterial accident."

It declares that encephalomyelitis following vaccination always exhibits more extensive lesions than those of sleeping sickness and that "histologically, the inflammation in ordinary cases of poliomyelitis (infantile paralysis) differs conspicuously from that following vaccination.

In 1923, 1924 and 1925 great efforts were made in England to have everybody vaccinated. Thousands of vaccinations were performed. There occurred a great increase in the cases of Encephalitis Lethargica. In 1924, there were 6,296 cases of this and similar affections reported in England.
and Wales, with a population of 38,746,000; or 162 cases per million of population. In Liverpool, with a population of 836,000 there was reported 257 such cases; or 306 cases per million of population. Liverpool was fifty per cent better vaccinated than the average of England and Wales, and had almost 100% more Encephalitis. I presume this was due to an "intercurrent affection," or a "latent infection," or to a "secondary infection."

_The New York State Journal of Medicine_, May 15, 1926, carried two articles from foreign Journals discussing similar cases on the European continent. In one of these Carl Leiner, (Vienna) is said to have discussed encephalitis and meningitis developing in nine to fifteen days after vaccination. He admits that in a generalised infection, like generalised vaccina, there may be intracranial complications. The article also states that Dr. Lucksch saw three cases and knew of four more, and of the seven children, five died. In two autopsies, which he obtained, he was able to show beyond doubt that "death had been due to encephalitis." Bastianse, of the Hague, collected notes of 34 similar cases which occurred in Holland during 18 months of 1924--25, with a mortality of forty per cent--"deadlier if anything than ordinary epidemic encephalitis." "In addition several cases of serious meningitis have been reported."

Three cases reported, by the author of the article, in Austria, showed that "not only the encephalon but the cord and peripheral nerves may be involved, so that the affection may be spoken of broadly as a meningoencephalitis polyneuritis."

The other article is a brief of an article by Dr. W. F. Winkler, chief of the University Clinic of Rostock. It says: "Quite recently isolated cases of cerebral symptoms, suggesting encephalitis, following vaccination have been reported from Holland, Czechoslovakia, and Germany and from Switzerland there have been reported two cases of serious meningitis."

The Netherlands, and other countries, for instance, France, have also reported cases of this kind. _In the Journal of the American Medical Association_, July 3, 1926, P. 45, is an article by its Berlin correspondent discussing "Nervous disturbances and Smallpox Vaccination." In it are these words: "In regions in which there is no organised vaccination of the population, general paralysis is rare. In patients with general paralysis he (Dr. Daraskiewicz), has never seen smallpox scars, but vaccination scars were always present." It is noted that, whereas, boys are most susceptible
to post vaccinal tetanus, girls are most susceptible to post vaccinal encephalitis.

It would be idle to claim that all cases of local or general paralysis are due to vaccination. There are cases due to other causes also. But these other cases must not be made a basis for denying the evil influence of vaccination, as some vaccine apologists attempt.

How new is the phenomenon? Who Knows? Dr. Pierre Baron, Ancien Intern of the Hospitaux de Paris, prefaced his work on post-vaccinal encephalitis (1929), in which his conclusions are based on his own observations, by a case he found after searching through medical annuals and unearthed a report of a case in the "Archives tie Medicine des Infants," in 1907. Dr. Combay of the Medical Society of the Hospitals of Paris, reported a case which had occurred in his practice in 1905.

Dr. Comby tells of a baby girl, in excellent health when vaccinated at four months of age, who developed convulsions on the eighth day, followed by strabismus and other troubles. She did not die but was left with an "important sequel." She no longer recognised her surroundings; almost forgot how to nurse; had a vague look; "veritable intellectual obnubilation," developed idiocy with progressive cerebral sclerosis (hardening of the brain), and nearing her eighteenth month died. Her death went into medical "statistics" as due to pneumonia--and old trick in hiding their crimes.

Dr. Baron's book discusses 255 cases of post vaccinal encephalitis, avowedly discussed as such in medical works. His list is far from complete, for he credits the United States with only four cases, all of these before 1927.

Great Britain appointed two committees to investigate this matter--the Andrews Committee, appointed Nov. 1923, which made its report May 1925; and the Rolleston Committee appointed Feb. 1926, which made its report Feb. 1928. These two committees were composed of eminent medical men all of whom supported vaccination.

The Andrews Committee reported 62 cases of post vaccinal encephalitis with 36 deaths--40 females and 22 males; average age 10-1/2 years. Four cases were under one year, one case fifty years, and forty-eight cases were
from six to sixteen years. Government vaccine had been used in 53 of these cases, of which 30 were fatal.

The Rolleston Committee reported 30 cases with 16 fatalities. Government vaccine was used in 18 of these with 8 deaths. This committee also reported the subsequent history of 10 non-fatal cases under 15 years, showing that 4 were permanently injured in some way--in mind, memory, temper, vigour, relapse.

Since vaccination was made compulsory in England and Wales one million infants have died of convulsions, tetanus, encephalitis, meningitis, and other nervous ailments. How many of these were due to vaccination there is now no means of knowing, but in the light of present facts, we are safe in assuming that a large proportion of them died from this cause.

In 1924 there were recorded in England and Wales 5,039 cases of Encephalitis Lethargica, 397 of cerebrospinal fever, 777 acute poliomyelitis, 83 polio encephalitis--a total of 6,296 cases, with 2,200 deaths, 2,520 permanently injured brains (insane), and 1,575 complete recoveries.

The cases in 1924 were three times as great as the yearly average for the nine proceeding years. In 1922-23-24 the doctors of England and Wales cooked up a number of smallpox scares, causing 288,000 revaccinations. "Extra vaccination was followed by this extra crop of sleepy sickness."

A case of post vaccinal encephalitis was reported in Ireland this year (1930) in a baby boy of 10 months. He was vaccinated on May 3rd and became ill on May 10th, "being cross and very restless with vomiting. Next day he was quiet and apathetic, and on admission to the hospital his condition resembled tetanus."

The League of Nations in its Report of Aug. 27, 1928 mentions 139 cases and 41 deaths in Holland. This resulted in Holland stopping compulsory vaccination during 1920-29. The total number of vaccinations in Holland in the first half of 1928 was less than one-third of those for the first half of 1927 and the deaths from Encephalitis were reduced to less than one-third.

Germany is seeking a modification of her compulsory vaccination law.
She is seeking an optional clause, such as the one England has. The International News Service, Feb. 27, 1930, informs us:

"The change of attitude of some medical experts towards vaccination in favor of a less rigid enforcement of the law has been brought about mainly through a considerable number of post vaccinal diseases observed in Holland and England and in sporadic cases in Germany.

"Vaccinated people developed a sort of cerebral inflammation, (encephalitis post vaccinalis) which resulted in a number of deaths and in several cases of a mild form of mental derangement."

Here is part of an item which appeared in the Journal of the American Medical Association for April 5, 1930: "Reisch reports that following the vaccination of 233 children aged between 5 and 10 years, several cases with encephalitic symptoms were observed. Two were especially severe and ended fatally. The necropsy revealed the changes characteristic of encephalomyelitis. Six other children also developed encephalitic symptoms from six to twelve days after the vaccination."

The Report of the Commission of Smallpox and Vaccination of the Health Organisation of the League of Nations, Geneva, Aug. 27, 1928, says: "The post vaccinal encephalitis with which we are dealing has become a problem in itself mainly in consequence of the events of the last few years in the Netherlands and England and Wales. In each of these countries the cases which have occurred have been sufficiently numerous and similar to require them to be considered collectively. Their occurrence has led to the realisation that a new, or at least a previously unsuspected or unrecognised, risk attaches to the practice of vaccination."

Now what of America? Do such cases ever occur here? They do. But they are seldom reported and, it seems, are never investigated.

This very year (1930) Julia Motley, age 12 of Irisburg, Va., died of acute infantile paralysis which "seized" her 3 weeks after she had been vaccinated. Her parents attributed her death to vaccination, whereupon the State Health Authorities came to the rescue of vaccination. The News Leader, Richmond, March 28, 1930 says: "While the parents gave vaccination as the cause of death, Dr. J. V. Shackleford, the physician,
states that the death certificate (made out by him, of course), shows that the little girl died of acute infantile paralysis, with which she was seized three weeks after she had been vaccinated."

And that's that! The doctor who vaccinated the girl makes out the death certificate to shield himself and the vaccine and the matter in settled. The girl is now immune to smallpox and the smallpox goddess has been appeased.

This reminds me very much of a statement contained in the memorandum, of Professor Jorge, to the Committee of the International Office of Public Hygiene (published in the monthly bulletin of that organisation, for Jan., 1927) where he refers to "the motives which weighed with us not to noise abroad in the great press the news of this complication of a prophylactic operation hitherto looked upon (sic) as innocuous. . ." (Italics mine.)

The press probably would not have published the news had they given it out, for, it always protects the medical profession. The press is as good about suppressing the truth as Professor Jorge and his co-workers.

The mediums of intelligence (?), our newspapers, magazines, movies, churches and schools, play a vast part in the continual bunking of our more or less brainy public, while every subsidised press or scientist, professor or preacher, is entirely a political organ, at the beck and call of the exploiters.

Of course, when it is all said and done, the class of nincompoops who take any stock in the stuff dished out, do not really count. They are like the defenders of any kind of "it-works-one-day-a-week" philosophy; in that when the tide rises they will found to be without a bathing suit.

Surgeon Chas. Armstrong, in Public Health Reports, Aug. 23, 1929, says in an article on post vaccinal encephalitis: "In so far as the age factor is concerned, the custom in this country of performing primary vaccinations at the sixth or seventh year would seem to predispose our population to the complication. Cases have, moreover, occurred. Wilson and Ford, and Fulgham and Beykirk have reported 3 cases in this country which were confirmed by pathological studies. Other possible cases based on clinical and epidemiological grounds have been reported from Connecticut, Rhode Island, New York, Maryland, Illinois, California,
Washington, and the District of Columbia."

The *Weekly Bulletin* of the Dept. of Health, of New York City, Sept. 7, 1929 devotes several pages to a discussion of post vaccinal encephalitis and says: "Although only a few cases have been reported in the United States, it seems advisable to call physicians' attention to this complication so that any cases in which persons recently vaccinated show symptoms pointing to the central nervous system can be carefully investigated.

It may be interesting enough to doctors to study symptoms pointing to the central nervous system but it will not be interesting to you or your afflicted child. Since the medical profession is determined not to abandon this filthy and deadly practice, no matter how many children are sickened, maimed and killed, it is up to you to prevent post vaccinal encephalitis, and all the other troubles discussed in this chapter, by not permitting your child to be infected with this dirty cow pus.

It is your child. It does not belong to the state. It was not born into this world to furnish money to the medical profession. You are responsible for its care and training. If you betray your child by giving it over to this modern moloch, you deserve a worse fate than any Dante ever pictured.

In reply to an inquiry, addressed to the United States Public Health Service, by Senator Robt. F. Wagner, New York, Surgeon General Hugh S. Cumming says: "One case (of encephalitis following vaccination) in the United State was published in 1929 and two in 1927. These three cases seem to be definitely established as sequelae of vaccination. Several other cases less well established have come to our attention but need not be considered here."

That these and all figures given in his reply are not complete is evident from the closing paragraph of his letter. He says: "Although a search has been made of the literature since 1925, we cannot be sure that this is a complete list. While the Public Health Service endeavours to learn of and in many instances to investigate untoward cases suspected of being caused by biologic products, there is no legal mechanism requiring the reporting of such cases to the Public Health Service."

The Report of the Surgeon General of the U. S. Army, 1918, shows that during 1917 there were admitted to the army hospitals 19,608 men
suffering from anti-typhoid inoculation and vaccinia. The Report for 1919 covering the year 1918 shows the total admissions suffering from typhoid vaccination to be 23,191 and 10,830 suffering from vaccinia. Assuming that the proportions of those suffering from these two inoculations were about the same for the two years it means that approximately 20,000 were in the army hospitals admittedly suffering from smallpox vaccination. This takes no account of those whose sufferings were attributed to something else, nor of those whose sufferings, though great, here not great enough to cause them to be sent to the hospitals.

The Chicago Tribune, June 6, 1926 carried the account of the death of Kasmir Jeskey, 10-year-old son of Mrs. Anna Jesky, 1523 17th Ave., Melrose Park. The Tribune stated: "Blood poisoning believed to have resulted from vaccination yesterday claimed the life of Kasmir Jesky."

The Report of The Register General, England, from 1875 to 1923 recorded 1,464 deaths officially admitted to have been caused by vaccination. These figures give but a small part of the picture for most such deaths are covered up. For instance, in one series of deaths caused by vaccination, Public Enquiry revealed that vaccination had been mentioned as a cause in only one case. In another series of seventeen deaths following vaccination, investigated by a medical man, who published the details, only one death had been attributed to vaccination. One British Physician said:

"In certificates given by us voluntarily and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against or reflect upon himself in any way, or which are likely to cause annoyance or injury to the survivors. In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom as the cause of death. As instances of cases which may tell against the medical man himself, I will mention erysipelas after vaccination and puerperal fever. A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, yet in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death."

Vaccination must be saved from reproach at all costs. Who cares how many children are killed if only vaccination may be saved from dishonour.
It is up to parents to put an end to this crippling and maiming of children. It is the sacred duty of all parents to protect their children from all harm. If the medical profession is not honourable enough to abandon this highly remunerative, though evil and deadly practice, it behooves parents to cut their professional throats.

Will it be urged that while vaccination is often productive of harm and death, it produces less of these than it prevents? If so, I shall show that this is not so. But, grant for a moment the truth of the assertion, it is still true that to force such a dangerous process upon one is unjustifiable. It is a danger and we each have a right to choose between two dangers. Compulsory vaccination is a crime.

*The Christian Herald*, England, July 7, 1927, carries an account of a smallpox epidemic, of a very serious type, in 15 departments (counties) in France, with a death rate of nearly 50 per cent in women and about 33 per cent in men. All of these cases were vaccinated people--many of the victims having been vaccinated as many as three times. If vaccination protects, why did it fail in these cases?

In our army during the Spanish American War and in the Philippines the soldiers had been vaccinated, not only annually, but every six weeks. Chief Surgeon Lippincott said "Vaccination is carried on as regularly as post drill." Yet the official report shows 276 cases of smallpox in 1899 with 78 deaths; 246 cases in 1900 with 113 deaths; and 125 cases with 37 deaths in 1901; the case fatality of nearly fifty per cent, in 1900 being the highest ever recorded for this disease in the army -- a well vaccinated army, if there ever was one.

In 1872 Japan passed a compulsory vaccination law which was rigidly enforced. But smallpox continued to ravage that country. In 1885 another law was passed requiring revaccination every seven years. From 1886 to 1892 there were 25,474,370 vaccinations, re-vaccinations and re-re-vaccinations recorded in Japan. During these same seven years, 1886 to 1892, Japan had 156,175 cases of smallpox, with 38,979 deaths or a case-fatality of nearly 25 per cent which exceeds the smallpox death-rate of the pre-vaccination period when nobody was vaccinated. In a single year (1893) Japan had 41,898 cases of smallpox with 11,852 deaths.

In 1896 the Japanese Parliament passed an act, which was immediately
signed by the Mikado, requiring every resident of Japan, whatever his or her station in life, to be vaccinated and revaccinated every five years. The act was rigidly enforced under severe penalties. Baron Takalira boasted in London in 1906, at the Jubilee Dinner of the Society of Medical Officers Of Health of England that:

"There are no anti vaccinationists in Japan. Every child is vaccinated before it is six months old, revaccinated when it enters school at six years and again re-vaccinated at fourteen years of age when going to the middle school, and the men are re-vaccinated before entering the army, while a further re-vaccination is enforced whenever an outbreak of smallpox occurs."

Notice the last part of this statement. If vaccination prevents smallpox, how do "outbreaks of smallpox" occur in such a thoroughly vaccinated country? There can be but one answer--namely; Vaccination does not protect.

This compulsory vaccination law became effective in Japan in 1896. In 1897 there were 49,946 cases of smallpox in Japan, with 2,276 deaths from this cause. In 1908 there were 10,067 cases with 5,837 deaths officially recorded.

From 1889 to 1908 Japan had 171,611 cases of smallpox with 47,919 deaths. If anybody thinks that vaccination, re-vaccination, and re-re-vaccination prevents or mitigates smallpox, let him look at these figures. Here is a case fatality of nearly 30 per cent. It would be interesting to know to what extent the disease was mitigated by vaccination in those 47,919 fatal cases of post vaccinal smallpox.

The New York Medical Journal, July 22, 1899, contains an article on "Vaccination in Italy," by Chas. Rauta, M. D., Prof. of Hygiene and Materia Medica in the University of Perguia, Italy. In this he points out that "Italy is one of the best vaccinated countries in the world, if not the best of all, and we can prove that mathematically." He says further: "For twenty years before 1885, our Nation was vaccinated in the proportion of 98.5 per cent. Notwithstanding, the epidemics of smallpox that we have had have been something so frightful that nothing before the invention of vaccination could equal them." "During 1887, we had 16,249 deaths from
smallpox; in 1888, 18,110; and in 1889, 13,413."

Referring to the Italian army, in which "vaccination had been performed twice a year in the most satisfactory manner for many years past" he says that "now we see that soldiers not protected because vaccination did not 'take' were less attacked by smallpox than those 'duly protected' by the good results of their revaccination; and that the death-rate in those vaccinated with good results was greater than among those in whom the vaccination did not take."

We have forced vaccination on the Philippines since we took over the Islands. Spain had done the same thing previously. In 1905-06; 1907-08 and in 1918-19 these Islands experienced severe smallpox epidemics, the 1918-19 one being the worst of all. There were 47,887 cases of smallpox with 16,578 deaths officially reported in 1918. In Manila alone, the best vaccinated part of the Islands, there were 1,326 cases and 869 deaths, or a case mortality of 65.3 per cent. The lowest mortality, 11.4 per cent was in Mindanao, the least vaccinated portions of the islands.

The Health Service got busy and vaccinated thousands and thousands, performing about four vaccinations for each inhabitant in Manila. The result was that in 1919 there were 99,300 cases of smallpox, with 47,395 deaths.

In two years time in a population of less than 11,000,000 there were 147,187 cases of smallpox and 63,973 deaths.

The 1920 Report of the Philippine Health Service. (see pages 141 and 142), makes the following very brief comment: "FROM THE TIME IN WHICH SMALLPOX WAS PRACTICALLY ERADICATED IN THE CITY OF MANILA TO THE YEAR 1918 (ABOUT 9 YEARS) IN WHICH THE EPIDEMIC APPEARED CERTAINLY IN ONE OF ITS SEVEREST FORMS, HUNDREDS AFTER HUNDREDS OF THOUSANDS OF PEOPLE WERE YEARLY VACCINATED WITH THE MOST UNFORTUNATE RESULT THAT THE 1918 EPIDEMIC LOOKS PRIMA FACIE AS A FLAGRANT FAILURE OF THE CLASSIC IMMUNISATION TOWARDS FUTURE EPIDEMICS." (Caps. Mine.)

Alibis were offered for the failure, however, and the dirty work
continues. No matter how great the evil, those who profit off it will not correct it not so long as profits are still to be made therefrom.

There is an unvaccinated country in this world without smallpox. Australia is the great unvaccinated country and despite dire predictions of disaster from vaccine advocates, Australia remains free from smallpox. Three-fourths of her population have always been in the never-vaccinated class. Under the modern theory that vaccinal immunity lasts only five years (Italy vaccinated twice a year and failed) 2-1/2% of her population are "protected."

In the whole of Australian history less than one person a year has died of smallpox. Many of these were from the outside and were simply quarantined there. In Queensland where the official figures show 1 vaccination for every 1,500 births the state has had but one "outbreak." In 1892 a well-vaccinated quarantine official contracted the disease on ship. There were no other cases. The "epidemic" had no show among an unvaccinated people. In Victoria in 21 years these were 5 deaths from smallpox and 14 deaths from vaccination--these are only those deaths that are honestly attributed to this cause. This coincides with the reports of the Register General of England covering a period of years in which there were, in England, 42 deaths from smallpox under five years of age and 157 deaths officially admitted to have been due to vaccination.

In England and Scotland the decline of vaccination has been accompanied by the practical disappearance of smallpox. Here are the figures, briefly England, 1871-75 percentage of vaccination 97.6%; smallpox deaths per million people, 228; 1910-20 percentage of vaccination 43.9; smallpox deaths per million people 0.4. Scotland, 1855-1874 one of the best vaccinated countries of the world, "not an unvaccinated child in Scotland;" 9,087 children under five years old died of smallpox; 1907-1919 with about one-third of the children vaccinated only 7 deaths under five years from smallpox.

Smallpox is always worse where vaccination abounds. The scratch of vaccination is the "scratch of death." Yet our medically controlled Health Boards cook up fake epidemics, create panics for profit, such as the ones in Kansas City in 1921, Pittsburgh in 1924, Philadelphia, Baltimore, Washington in 1925. An effort was also made to create a panic in New York in 1925, but due to the open fight against it by the NewYork Evening
Graphic, the Commissioner of Health called it off.

Surgeon J. P. Leake, says in *Public Health Reports*, Jan. 28, 1927, the weekly bulletin of the U. S. Public Health Service:

"Will a non immunised person contract smallpox if exposed to the disease? By no means uniformly. Exposure to smallpox, especially to the milder forms, without contracting the disease frequently occurs and is no definite evidence of immunity. The number of cases of smallpox among the unprotected persons in contact with patients suffering from the disease is very much less than 100 per cent."

"Though smallpox is unquestionably many times more frequent in the unvaccinated than in those who have had even a single vaccination, it is believed that neither the vaccination history nor the presence of scars should be given diagnostic weight. The unreliability of such a criterion is especially evident in virulent outbreaks of the disease.....

"The purpuric, uniformly-fatal, form of smallpox is the most difficult to prevent by vaccination, and cases of this form, without a true smallpox eruption, may occur in persons with a fairly good vaccination history."

"The mildness of the form of smallpox commonest at present is one reason for endeavouring to make preventive vaccination as harmless and as mild as possible."

"Cases, and even fatalities, occur in every severe epidemic among persons who were vaccinated in good time but with vaccine found, to late, to he of insufficient potency; such cases and fatalities also occur among persons thought to be protected by successful vaccination performed years previously."

You are vaccinated and have smallpox. The vaccine was of "insufficient potency" although this was discovered to late--that is, after you have the smallpox. You are vaccinated and do not develop smallpox--it is assumed that the vaccine was potent. It is like the old test for mushrooms--eat them and live they are mushrooms; eat them and die, they are toad stools.

In 1926, 30 members of the Dallas (Tex) Chamber of Commerce
cancelled their trip to Mexico because vaccination was required as a precedent to entrance. Nearly a 100 medical men, at a conference in Dallas, went to Mexico, after they obtained permission to enter without being vaccinated. Think this over before you submit your child to this evil and superstitious rite.

This criminal practice will end as soon as parents develop sufficient interest in the welfare of their children. At present parents offer up their children on the alters of the smallpox goddess, because commercial ghouls demand it and hope that the children will not be greatly injured.

If a child is invalided for life or is killed, the parents meekly accept the lying alibis of the scoundrels who maim and murder children for money, cry a little, and return to their movies and joy rides.

Reader do you know how Judas felt after he had sold his master for a few pieces of silver? If you have surrendered your child to be vaccinated and inoculated, after you learned the truth, you know how he felt. There is one great difference between you and him--Judas had decency enough to go out and hang himself.
CHAPTER XXVIII
SERUM POISONING

Vaccines and serums are given on the theory that they act in the same way as one "attack" of an "infectious" disease in immunising the patient against a second "attack." In my Regeneration of Life I have proven this theory, that one "attack" immunises against a second attack, to be illogical, unscientific and contrary to the facts.

I have shown that one may have smallpox, for instance, five times following immediately upon the heels of five successful vaccinations. Cases are on record of patients who had pneumonia as much as fifteen to fifty times.

Think this over and answer the question: What kind of serum will ever be found to immunise us against pneumonia? But if not against pneumonia, how about other so-called infectious diseases?. Suppose we study diphtheria.

Quain's Dictionary of Medicine, (1902 edition) says: "One attack of diphtheria confers no prolonged immunity upon its subject. Even during convalescence the patient has been known to develop the disease afresh, and this may be repeated more than once."

Goodall and Washbourn, in A Manual of Infectious Diseases, state: "It is uncertain how far one attack of this disease (diphtheria) protects against a second. Certainly relapses and second attacks are not very rare."

It is certain from these facts that toxin-antitoxin can no more immunise a child against diphtheria than against burning by fire. In this connection, doctors tell us that babies are immune to diphtheria, inheriting their immunity from the mother, but that they lose their inherited immunity at about six to nine months. The mother must have lost hers about that same age. Where and how did she reacquire her immunity in order that she might transmit it to her child?

A substance called, "diphtheria toxin" is mixed with antitoxin to make toxin-antitoxin. J. W. Hermetet, M. D., in an address published in the
Illinois Medical Journal, Nov. 19, 1929, P. 368 says, of this toxin, which he refers to as a "deadly toxin," that "toxins are—the most concentrated forms of poisonous material. ### One ounce of diphtheria toxin will kill 600,000 guinea pigs or 75,000 large dogs."

In the Annals of Internal Medicine, Jan. 1929, C. D. Mercer M. D., says that "Toxin-antitoxin is not a harmless preparation and should not be given to school children in a haphazard way."

The United States Public Health Service gives the ideal mixture of "antitoxin" and "diphtheria toxin," (forming toxin-antitoxin), as of such a poisonous character that when five doses are inoculated into each of five guinea pigs two shall die acutely in four to ten days and the other three shall die of diphtheria paralysis in from fifteen to thirty-five days. Only a thoroughly dishonest Health Board or school doctor can ever represent this poisonous mixture as harmless.

Dr. Jesse R. Gersterley reported a case of sudden death from nephritis (inflammation of the kidneys) in a child, following inoculation with toxin-antitoxin. This report was published in The Medical Clinics of North America, March 1926. This report caused C. D. Mercer, M. D., F. A. C. P., of West Union, Iowa, to investigate the dangers of this serum.

He reports, Annals of Internal Medicine, Jan 1929, P. 668 that, out of 125 children, between the ages of six and twenty who were inoculated 27, or 20% of them, showed albuminuria after the third toxin-antitoxin inoculation, compared to only 13, or 10%, presenting this symptom of kidney destruction prior to the inoculation. He says that "a great many apparently healthy children have albuminuria" and that "administration of T-A (toxin antitoxin) doubled that percentage in 120 school children."

E. Gatewood, M. D., and C. G. Baldridge, M. D., say in the Journal of the American Medical Association, April 2, 1927: "A multiplicity of untoward sequelae have been observed in patients treated with immune serum. ### The common symptomatology includes fever, urticaria, erythema, oedema, lymphadenoma, (malignant tumour of the lymph glands), arthralgia (pain in the joints), smothering sensations, headache, nausea and vomiting. Occasionally there are more serious and lasting manifestations such as peripheral neuritis, epididymitis (inflammation of
the epididymis, a small body attached to the testicle.) and orchitis." (inflammation of the testicles).

I may add that paralysis, convulsions, inflammation of the heart, heart failure, and sudden death are also more frequent results than the general public is aware of. For a convincing array of such cases, taken from standard literature of the subject, I must refer the reader to my *Serum Poisoning a Medical Crime*.

On Jan. 27, 1928, in Bundaberg, Australia, 8 children received their second inoculation of toxin-antitoxin and thirteen received their first inoculations. The Report of the Royal Commission of Inquiries into Fatalities at Bundaberg, published by the Parliament of the Commonwealth of Australia, June 13, 1928 says: "Of these twenty-one children, eighteen became ill with symptoms of significant similarity during the night of the 27th January or the early morning of the 20th January. Eleven died during the 28th January, and one on the 28th January."

"My little darlings; they are all gone" was the heart wringing cry that came from one poor mother as they lowered her 3 sons, victims of this medical slaughter, into their little graves. One father was at the burial where his two daughters were buried, while the mother was at the hospital with her two sons, who, with more than a score of others, were seriously ill.

Efforts were made to white-wash this "accident," as it is called, but well-informed people are not blinded by such efforts.

At Baden, near Vienna, Austria, in an infants home, in September 1923, seven children died as a result of toxin-antitoxin inoculations. As a result the Austrian government outlawed the use of this serum.

The *British Medical Journal*, Sept. 26, 1925, page 587, says: "On the advice of professor Pirquet, active immunisation of school children against diphtheria with toxin-anti-toxin has been forbidden in Austria."

In 1919 a similar thing happened in Dallas, Texas. Forty "severe reactions" with ten deaths from acute myocarditis (heart disease), resulted
in the H. K. Mulford Company paying damages to the extent of $78,000 in 69 suits. This case was also white-washed as an "accident."

In 1924 at Concord and Bridgewater, Mass., other groups in schools suffered severely. The white wash in these cases was that the serum had been allowed to freeze before using. In 1926 when the famous publicity stunt was pulled off, whereby, a dog team carried serum over land to Nome, Alaska, which did not have an epidemic of diphtheria and which knew nothing of the Herculean efforts to save it, it was explained that freezing the serum does not damage it.

In July 1929, little ten-year-old Anna Voight, New York City, died a few hours after having received an injection of anti-lockjaw serum for a slight wound she had received. In his report, the Assistant Medical Examiner, Dr. Benjamin Vance, gave the cause of death in these words: "Sudden death following administration of antitoxin."

Did I but have the space, I could give the reader accounts of numerous such cases, since it has become the custom to inoculate everyone with tetanus antitoxin for every pin scratch, nail prick, burn, and to do the same for parturient mothers.

Death and damage comes from all serums. On May 14, (1930) news came from Germany, of the death of 8 babies, in the Luebeck home for infants, and serious illness of 24 others, caused by inoculation with a tuberculosis serum from cows. Deaths Continued to occur until on June 4, the news from Luebeck stated that: "Two infants died today, bringing the toll from administration of anti-tubercular serum to twenty-eight persons. Many others are not expected to live." On June 10, news came from Luebeck that "deaths from inoculation with anti-tuberculosis serum here have reached a total of 41, eighty-five infants are ill." On June 26 the death-toll had reached 44 and eighty-two others are ill.

Killed them to save them! And the process goes on. Parents are indifferent or apathetic. Law makers wink their eyes and grant licenses to more men to carry on the same practices, while aiding in persecuting Christian Scientists, Chiropractors, Naturopaths and others.
The serum employed was that concocted by the notorious Calmette, of France. This serum has left a trail of disaster behind it wherever it has been used. It does not and, of course, cannot protect from tuberculosis.

The only prevention of tuberculosis is scrupulous hygiene. Given this and no one need fear the disease. Not even children of tubercular parents, though in constant association with them, will develop tuberculosis, if they are cared for hygienically.

In St. Louis, Mo. in the fall of 1901, eleven children were killed and scores injured by prophylactic doses of diphtheria antitoxin. This is the serum that is supposed to cure diphtheria. It has never saved a single case. On the contrary, as I have shown in *Serum Poisoning a Medical Crime*, it increased the death-rate; and it is only by skillful juggling of statistics that it can be made to appear to have lowered the death-rate.

*The American Medical Journal*, March 16, 1929 tells us that two Chicago physicians sent out a questionnaire to 4,426 picked medical men, asking their opinions on vaccine and serum therapy. Some 1,261 physicians replied. Their replies are described as "exceedingly unfavourable," while over 90% of those replying state that they do not employ vaccines and serums. They say: "Of the 396 physicians in the list who answered as members of the Congress of American Physicians and Surgeons, not one considered the use of vaccines a superior method of treatment of infectious diseases."

In Oct., 1925 an effort was made to introduce toxin-antitoxin into the public schools of London, England, as it has bee introduced over here. The London County Council referred the matter to their "Public Health and Education Committee." The Committee rejected the proposal, saying, among other things, "it is not advisable" because "these lines of investigation (of toxin-antitoxin) should be thoroughly explored before further consideration is given to the immunisation of school children."

That toxin-antitoxin does not immunise against diphtheria is certain from many facts. Sir George Newman, Chief Medical officer of the British Ministry of Health, says in his 1927 *Annual Report*, Page 188: "Owing to the few months which must elapse from the time of inoculation until the child is sufficiently protected to resist an attack of diphtheria, this type of inoculation has no immediate effect in checking an epidemic.### How
long immunity lasts cannot be determined. Three doses will produce full immunity in 80 or 90 per cent of the children."

Not over 15% of children ever have diphtheria, even during an epidemic. If the inoculation only "immunises the 85% to 90% who would not have diphtheria anyway, why give it?

Dr. Peters, lecturer on infectious diseases, University of Bristol, says that one of his fever hospital nurses, who was not allowed in the diphtheria ward until six weeks after the last two or three doses of toxin-antitoxin, developed diphtheria, and two other nurses developed diphtheria while being immunised, but who were not in contact with any known case of the disease. His opinion, based on his hospital experience, he states as follows:

"1. You can have diphtheria after you have given a negative Schick test." (Proving the test to be unreliable).

"2. You may not be particularly susceptible even if you give a positive Schick test." (Proving the test to be utterly worthless).

"3. You can have the disease even if you have been immunised." (Proving that the immunisation process does not immunise.)

Dr. Joe, of Edinburgh, states that he personally knew of 33 children who had diphtheria after they had been immunised--Immunised! Hundreds of such examples have been reported.

Compare this with the fact that the cities of Lasalle, Peru and Oglesby, Ill., were reported, in The Illinois Medical Journal, Nov. 1929, P. 337, by Arlington Ailes, M. D., Health Director of these three cities, aggregating 30,000 people, not to have had a case of diphtheria in two and one-half years and not a death from this disease in three and one-half years, with the use of toxin-antitoxin "practically nil." Their neighbouring city, Chicago, where toxin-antitoxin has been lavishly used showed a rise in both the case rate and the death rate. "In 1920 it (diphtheria in Chicago) again increased over 60 per cent and nearly 100 per cent in mortality." Let them find and alibi for these facts if they can. But you save your children from the dangers of all serums and vaccines.
CHAPTER XXIX
COMMERCIAL MEDICINE

I am an incurable idealist and a chronic optimist, but I am not able to shut my eyes to what I see going on around me I don't believe in looking always on the "bright side" of things and refusing to examine the darker side. In the human garden there flourish some mighty foul weeds, most of them cunningly disguised, that need to be looked at and destroyed.

Ours is a system of pig-ethics. I do not mean by this merely our love of wallowing, but include also our selfishness, our game of grab and stab. Modern business of all kinds is just such a game, cleverly disguised, though it often is, under a pretence of philanthropy, service and idealism. At the root of business, and supplying its motive power, is a sordid commercialism that does not hesitate to trample the most sacred things of life, even life, itself, in the mud and mire to attain its selfish ends. Idealism can make little or no headway in our world until these pig-ethics are destroyed. For our pig-ethics employs idealism, not as a working principle, nor yet as a way of life, but as a cloak to mask the ulterior motives of the fraud and the cheat.

Some years ago a large drugless sanitarium, located in Battle Creek, offered stock for sale. The heads let it be known that they expected to pay dividends amounting to returns of twenty per cent. upon the investment. Think of this! A professedly humanitarian institution run on the same basis as a steel mill, or a public utilities corporation! Besides providing a fat living for the actual workers in the institution, they could pay large dividends to absentee owners. Does it not look as if the sick with one foot in the grave, were going to keep the healthy on easy street.

This shameless exploitation of the sick and dying is carried on by every so-called school of healing on earth. Then, when a patient dies, the undertaker comes, with the same commercial motives, the same pig-ethics, and while the grief-stricken wife or husband, mother or son feels that there is nothing that he or she would not do for the beloved deceased, takes a mean advantage of this emotional states and holds them up on a fashionable burial.
In more recent years the shameless exploiters of human life and health, not content with the profits they were deriving from their abuses of the actually sick, have found ways and means to exploit the non-sick as well. As of old, this new from of exploitation hides behind a smoke-screen of altruism, the exploiters are doing it all for the good of humanity, for the public health, for the protection of our children, etc.

Few of us ever stop to consider the power of slogans in their effect upon, the mob mind. "To Hell with Autocracy," "Down with the Kaiser," "Berlin or Bust," "Make the World safe for Democracy," "Work or fight," "Bonds or Bums," or "Bonds or Bread Lines," "Republicans and Prosperity," "Democrats and Disaster," "Save the Children," "Buy a Tag," "There's a reason," "A Baby in every bottle,' etc., *ad infinitum, ad nauseam*, are only a few of the soul stirring slogans that have helped to make this republic what it now is.

We are misled by these cheap slogans and have come to "think" in slogans and act in slogans. The man or woman who has a sincere and intense feeling towards humanity, a feeling that constitutes a religion in itself, and which is too broad and deep to exist in the narrow confines of any creed and too strong to be devoured by the greeds of the time, must look on this spectacle with hatred and disgust.

Huge sums of money are collected to feed and clothe and care for the suffering and needy in foreign lands. What for?

So that big business can sell its goods to these needy ones. It is a game of you pay for my goods and I'll ship them to the hungry in China. Organized charity is a cold, soulless business; a system of exploitation as much as any of our departments of big business.

Religion, whether called by one name or another, whether labeled *theism* or *atheism*, is profitably exploited by those who want to keep their hands soft and white. The exploiters in all fields prattle their idiotic platitudes about brotherhood and service, while going through the mechanical motions of their pet religion (?), where they curiously find sanction for it all, while shutting their eyes and ears to the solemn truth that they have humanity nailed to the cross.
I am not as much interested in the adults on this cross as I am the children. If the adult population of this world allow themselves to be bullied and beaten, deceived and cheated, maimed and killed by the exploiters, they have no one to blame but themselves. They have but to rise in their collective might and these exploiters will desert their positions like rats leaving a sinking ship.

Neither are the exploiters as much interested in the adult; except as the one who pays the bills, as they are in the children. We have just about turned our children over to them, body, mind and soul.

The doctors are moving heaven and earth to increase their incomes. They insist that, as a group they are not earning adequate incomes, and that there is a steady falling off in patronage due to the fact that the public, in ever increasing numbers, is turning to the other and newer schools. Costs of living are mounting, it costs more time and money to acquire a medical education and competition from without their ranks has made them desperate. They have tried, by every foul means--persecution, prosecution, slander, misrepresentation, lies--to destroy competition, but its growth has been steady despite this effort.

The profession is honeycombed with graft and corruption and thoroughly imbued with the spirit of commercialism. Commercial surgery, compulsory medicine, lying propaganda, fear and every foul means of drumming up trade are employed to increase their incomes.

The Journal of the American Medical Association, Nov. 4, 1922, prints an address by Dr. W. S. Rankin, Sec. of the North Carolina State Board of Health in which he says:

"Last year we inoculated 70,000 persons against typhoid fever and 1,000 children between six and twelve years of age against diphtheria. The county Commissioner paid the local practitioner 25 cents for each complete inoculation, and that was $20,000 which went to the profession last year which otherwise would not have been received. The work of the medical profession with the State Board of Health does not stop when the 520,000. is paid. It goes on. In the dispensaries which were conducted in Union County, North Carolina, with 35,000 people, the physicians vaccinated 10,000 people in a campaign of five weeks. That was $2,500
paid to twenty physicians--only $125 each, but think of the effect on the business of the profession in keeping up that work. It goes on."

Does the last statement refer to the business the physician will receive from those who are made sick by vaccination? At least, he emphasises the doctor's business and the increased income to him through state medicine.

In a paper entitled Medical Practice and Public Health, read before King's County (N. Y.) Medical Society, March, 16, 1926 the Hon. Louis I. Harris Dr. P. H., M. D., Commissioner of Health of the City of New York, said: "In school work we have felt rather self-satisfied and smug. During the last eighteen years, the health department has conducted the examination of children, generally without any competition from or by the medical profession. This indicates a lack of understanding by family physicians of the glorious opportunity for service which they are missing. It is no new thing that I mention. YOU HAVE HEARD IT TIME AND AGAIN. When we, in the health department send home a physical examination blank, a very simple and rudimentary one at that, and ask the parent to take the child to a physician to be examined, then, assuming that the parent follows our instructions, the physician fails to CAPITALISE the opportunity." (caps. mine. )

The reader will readily see that the Board of Health is here trying to build business for the doctors, and Dr. Harris tells these physicians that what he is saying to them has been told to them time and again. But they don't seem to be so enthusiastic about it. Evidently not all physicians are as unscrupulous as the political doctors in the Boards of Health.

Mather Pfeiffenberger, M. D., President of the Illinois State Medical Society, in a speech before the annual Conference Illinois Health Officers, Springfield, Ill., Dec. 3-4, 1926, said: "Prevention practiced to the uttermost will create more work for the physician and not diminish it, for the full time health officer will be educating his community constantly. There will be more vaccination, more immunising, more consulting and use of the physician. His services will be increased many fold.

"I am informed that epidemic and endemic infections cause only 12 per cent of all deaths and that this percentage is declining very rapidly. Only 15 per cent of all children would ever get diphtheria, even under epidemic
conditions, while 100 per cent are prospects for toxin-antitoxin. The percentage who would ever get smallpox, under present time conditions, is even less; but 100 per cent are prospects for vaccination. Scarlet fever will soon come in for its 100 per cent also, as it may for measles, judging from the reports on that disease. Typhoid fever is disappearing, due to sanitation, but vaccination should be used when the individual travels into unknown territory and countries,

Thus another medical leader tells doctors how to increase their incomes by exploiting the children and non-sick adults.

Guy L. Kiefer, M. D., Commissioner of Health of Michigan, says in the Journal the Michigan State Medical Society, Aug. 1920:

"In this state there are 100,000 people born annually. They are practically all susceptible to diphtheria from the moment they are born. They are highly susceptible from the age of six months until they are immunised. If these infants were all immunised, and for this service the physicians receive from $5.00 to $10.00 per case, the net income would be from $500,000-$1,000,000 Michigan has 5,000 cases of diphtheria annually. If the physicians received for their services, exclusive of all other costs, an average of $50.00 per case the income from this source would be $250,000. The increase in physicians income from diphtheria would be from one-quarter to three-quarters of of a million dollars, if we would immunise all children against this disease soon after they are six months of age, instead of waiting until they are stricken with the disease and then treating them.

"Some maternity hospitals are vaccinating with vaccine virus all babies born in their institutions. Babies under ten days old very seldom have any general reaction and the immunity usually lasts for the whole life-time of the individual. It is estimated that one-third of all the births in this state occur in hospitals. If all hospitals were to establish this rule as part of their regular procedure, it would mean an addition of 30,000 immunised people in the state each year and an additional income of at least 560,000 to the physicians or hospitals.

"When the 100,000 people born every year in Michigan are vaccinated against smallpox at birth, the income to the physician would approximate
$200,000. The 500 cases of smallpox that occur every year, treated at an average of $50.00 per case, brings physicians $25,000. Thus the physicians, by adopting the practice of vaccination at birth, would increase their income by nearly $200,000.

"We have taken diphtheria and smallpox as examples of the economic advantage of immunisation, but the same conditions apply to other diseases and to other public health measures.

"With persistent educational work by the physicians and the Michigan Department of Health, these immunisation programs will succeed in reducing the number of these preventable diseases and increasing the earning of the physicians who actively sponsor this modern type of practice." (Italics mine.)

In the Brooklyn Times, March 21, 1929, Health Commissioner Wynne, New York City, is reported to have said in an address to the Optometrical Club: "Here is the answer (to the doctor's economic problem). Let them take in 20 children an hour, one hour a day, 3 days a week at a charge of $5. for each anti diphtheria inoculation. That will bring a revenue worth while to the doctor."

Mr. Osborne, Health Officer of East Orange, N. J., in an address reported in the Journal of the Medical Society of New Jersey, September, 1929, points out that the physician would receive several times more by inoculating children than by treating cases of the disease.

In an Editorial, Jan. 1930, the American Journal of Public Health, points out in dollars and cents how much money physicians would receive from inoculating babies and adds: "There are of course four times as many preschool children as babies, and ten times as many school children. The opportunity for increasing practice by carrying on immunisation among the preschool and school populations in the physician's clientele offers an almost unlimited field."

Dr. Vander Veer says, in a discussion reported in the Journal of the Medical Society of New Jersey, February, 1930: "Dr. Wynne, Health Officer of New York City, gave me a clue to the subject of economics in which he said that we doctors had been going along the same old lines and
had not created any new business, so I finally evolved this as a slogan in New York State: We cannot get away from the lay organisations, therefore we will lie down with them and ask them to provide means for carrying on the health programs and we are going to benefit ultimately from the periodic health examinations by an increased income. As a concrete example, take a town of 3,000, if only 200 come to us for examination at $3.00 each that would be $600 that would accrue to be divided among the doctors; if 100 came for examination at $25.00 each there would be $2,500 to be divided."

Dr. Vander Veer gives more statistics about the fees they would receive and then says: "That is the thing that strikes home to our doctors in New York State."

Thus the reader will see that I am right in saying that the doctors are using the various lay organisations, Parent-Teacher Associations, etc., to build business for them. The Red Cross has long been a tool of these men.

In the early part of 1930 one of my readers sent me a news clipping from the Cincinnati Times Star, headed Health Work Aids Doctors. It said "thousands are sent to physicians as result." The whole article is as follows:

"Are 'socialised' health agencies preventative and curative, bringing lean times and reducing the number of physicians and other private health workers?

"Do public clinics, public hospitals and public health departments affect the income of physicians, surgeons and dentists.

"These questions, presented Saturday to Health Director William H. Peters, brought the declaration that in his judgment the only effect was that practitioners had to modify their activities.

"Dr. Peters pointed out that when Cincinnati purified its water there was an almost entire elimination of thousands of cases of typhoid fever and other water-carried diseases, treatment of which gave an immense revenue to physicians, nurses and others.

"On the other hand Dr. Peters said the medical inspection of schools by
publicly employed district physicians aided private practice. Thus the inspectors discover defects in children, which are reported to parents and thousands then take their children to the family physician or a specialist.

"The public drives for the immunisation of children against diphtheria brought a great revenue to private practitioners. There were about 35,000 children treated and of this number about fifty-four per cent by private practitioners, or about 19,000. At $5. a treatment the revenue would be $95,000. Annually there are about 7,500 children to be so treated. This work gives a revenue far in excess of what the treatment of the disease yielded, Dr. Peters.

"So he said, the agitation for annual general physical examinations in his opinion, has resulted in thousands of persons resorting to their physicians, surgeons and dentists to be examined.

"Dr. Peters said it was requisite for physicians and other health practitioners to 'reconcile themselves to the age.' He said more should go in for preventative medicine and all should recognise how public health activity stimulated persons to mind their physical and mental condition and thus helped the private practitioner.

"Dr. Peters said it was true there were some physicians in this community who complained of the 'inroads' that 'socialised' medicine was making on their incomes and that there were perhaps some who actually were affected. He declared that there were compensations that in the mass more than canceled such instances."

This accounts for the growing interest on the part of doctors and health boards and serum and vaccine makers and dentists, in so-called health education. They are bent on increasing the business of the doctors and dentists and in the sale of more vaccines and serums.

Inspecting the school children increases the work of doctors. It is clone the country over. Not merely the school child, but the pre-school child now comes in for this form of exploitation. Here in San Antonio, for instance, The Parent-Teacher Association sponsors medical examinations of the pre-school child. Tonsil operations, and other operations, eye-glasses, serums and vaccines and other forms of vandalism and poisoning follow these
examinations and the doctors of the city are enriched in purse.

Medical Inspection of school children is a means of boosting business for the doctors. The inspected children are brow-beaten, abused, bullied and "ragged" to have their tonsils removed, toxin-anti-toxin inoculated into them, by the incompetents who are placed on the school board. These doctors do nothing useful but do much to injure the physical and mental health of children, besides greatly annoying parents and teachers. But the practice will not end until parents kill it.

In the first half of this year, the Bronx County Medical Society, through one of its Bulletins, expressed its resentment against the extent to which the toxin-antitoxin campaign had been pushed in New York City. Health Commissioner Wynne, in the Weekly Bulletin of New York City Department of Health, of July 19, replied that "The plan followed by the Dept. of Health should evoke nothing but commendation. It provides a simple, inexpensive, effective and entirely ethical method whereby the general practitioner can secure additional practice." Such is the altruism of these great public spirited doctors on the Boards of Health.

Wm. A. Rohlf, M. D., President-elect of the Iowa State Medical Society, said in his official address at a recent meeting of that body:

"Allow me to quote from a letter received from Dr. Steel-smith: 'For the five year period preceding the State Department's Education toward diphtheria immunisation, namely, the five years preceding 1923, there occurred in Iowa more than three thousand cases of diphtheria each year. Many of these cases were not seen by any medical practitioner, but the average revenue as computed by statisticians signifies that the, physicians of the state of Iowa received in cash approximately 520 per case for the treatment and cure of diphtheria for each of the five years preceding that state-wide anti-diphtheria program. This would result in physicians of the state receiving approximately $60,000 for such work each year incidental to diphtheria.

"'Now in comparison to that, allow me to suggest that there are approximately 44,000 children born each year in Iowa. For the sake of figures, we will say that the average price for immunisation would be $3 per child. If the physicians would interest themselves in preventative medicine and see to it that every child is treated before he is a year of age.
they would see dearly that from such practice the physicians of the state of Iowa would receive $132,000 a year, or twice as much as you and I received years ago for treatment of cases."

"There is still much to do in the way of bringing about ideal conditions through vaccination and immunisation. The role of local infection has opened up other avenues for our activities. We should be personally interested, and, as physicians, ASSIST IN THE EXAMINATION AND TREATMENT OF SCHOOL CHILDREN."

These men plan ways of doubling their incomes and come to the public with the plea that they are sincerely interested in the health and welfare of our children and that they put over their income increasing programs for the health of our babies and for the welfare of the school children. They are as cold-blooded as any class of criminals on the whole earth. Indeed, I know of no other class of criminals who live by crippling, maiming and killing babies and children.

It is asserted that there are 1,454 formally organised state and local tuberculosis associations in the United States. The organisations affiliated with the National Tuberculosis Association spent in 1928 at least $6,196,376.98, the major portion of which was secured through the sale of Christmas seals.

All of this begging by Tuberculosis Associations is to create jobs for doctors. Their work is admitted to have no influence on tuberculosis.

A Red Cross officer said to the victims of the Mississippi Flood, as reported in the Savannah (Ga.) News, June, 14, 1927: "From now on your meal tickets are canceled until you can show your vaccination scar." A similar order was given by this same disreputable organisation in a later flood in New England.

People give freely of their money and goods to help the victims of calamities, and the medically controlled Red Cross uses that money to buy serums and vaccines, and pay incompetent doctors and uses the plight of the victims as a club, to make them submit to medication they do not need and do not want. The Red Cross can never have a penny of the author's money and I shall use all of my influence to prevent others from donating
to its system of graft.

The so-called "mental Hygiene" movement, which seeks to become a regular part of our public schools, is a commercial move, composed of the usual surgical and serum methods. The movement has among its heads several men who have been convicted of crimes in their care of the insane and men who are notorious for their extreme cruelties to animals in vivisection work. This is an extremely dangerous move and should not be permitted to touch the children of this country, who are surely: suffering enough, at the hands of the medical moloch.