

contrary partial failures should only stimulate to renewed efforts to improve the method, which clearly has great potentialities for good as well as for evil if not used with the caution I have all along advised. My investigations have already been extended to other vegetable oils closely allied to that of the *Taraxogeos kurzii*.

I may, in conclusion, take advantage of this opportunity to record that I have now obtained a febrile and local reaction in a tubercular case of leprosy following the hypodermic injection of the small and painless dose of the sodium morrhuate (the use of which in both tubercular diseases and in leprosy I recorded in a letter submitted for the February issue of this journal); thus opening out a new field of investigation, the limits of which it is impossible at present to foresee.

### NATURAL PAINLESS CHILDBIRTH.

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THE rational or commonsense way of removing that terrible curse—"In sorrow thou shall bring forth children"—was solved for me some nine years ago when I read Dr. Lahmann's *Natural Hygiene* and Dr. Alice B. Stockham's *Tokology*.

Until I had studied these two books I was under the impression that, whilst painless and easy delivery is the rule amongst animals, it rarely occurs in civilised human beings, chiefly because the average female pelvis is too small in proportion to the size of the average child's head and body. But Lahmann taught me that such is not the case. The normal pelvis is not too narrow in women, the fault mainly lies in the size of the new-born infant, which is usually plump, or even quite fat, whereas new-born animals are very little more than skin and bone.

The relative disproportion between the size of the fœtus, pelvis and maternal passage in women and animals is due to the former feeding wrongly during pregnancy and taking too little exercise.

The human mother feeds too freely on body-building or protein food-stuffs (*e.g.*, the products of grain, bread, porridge, etc., pulses, peas, beans and lentils or dâl; and animal food—the flesh of beasts, birds, fishes, cheese and eggs), and makes too little use of fruits, salads and vegetables. Whilst such green and other vegetables as are eaten are deprived of a very great part of their food salts by a wrong process of cooking, so the

fœtus becomes too large for an easy passage through the average pelvis and genital canal.

If, in addition to this, large quantities of fluid of all kinds are taken (water, tea, coffee, milk, soups, stout, beer and wine) as is generally the case, too large a quantity of amniotic fluid is created, the uterus is distended beyond its natural size, and its muscles weakened during the last few months of pregnancy by the excessive strain.

On the other hand, if pregnant women feed sparingly on grains, pulses and animal foods, and eat freely of fruits, salads and properly-cooked vegetables, and the ingestion of fluids of all kinds restricted to the quantity really required by thirst, the fœtus remains lean, the head small, the quantity of amniotic fluid is not excessive in amount, the efficiency of the uterus is preserved, and the act of delivery is considerably shortened.

As both Lahmann's and Stockham's contentions seemed to me eminently sound and free from fads, and they, moreover, clinched their arguments by giving numerous examples of easy, painless deliveries of healthy, lively children, in women who have faithfully followed the dietary already specified, I have had no hesitation in trying the method whenever I possibly could.

The only difficulty I have had, so far, is in finding women who are educated enough to carry it out. The meaning I attach to the term "educated" will be obvious later. However, I have managed, during the past nine years, to persuade a fair number of women to give the method a trial, and have yet to find a woman, with a normal pelvis, who has honestly carried out my advice for at least the last three months of pregnancy, that did not have an easy, rapid and painless delivery as compared with her previous ones. The quantity of amniotic fluid was surprisingly small, in some cases not more than a tea-cupful. The children were mostly below  $6\frac{3}{4}$  pounds in weight, and all were healthy and as full of vitality as kittens.

Practically all the women felt remarkably well a few weeks after the commencement of their new way of living. The disagreeable feeling of fulness and heaviness, which so often torments pregnant women, ceased, or did not occur at all. In most cases constipation—that bugbear of pregnant women—was never complained of, the bowels acted without the aid of drugs or enemata. Indeed, some were so fit that they walked for several hours on the day of delivery.

One case that I am particularly proud of is that of the wife of a Mountain Gunner. A thin, pale, weak woman, with a very large abdomen, who came to me some three months before her confinement was due, and entreated me to induce premature labour, because she had suffered intensely on previous occasions, and had never



had a living child. I refused, and expressed my views of the case and strongly advised her to follow Lahmann's and Stockham's methods, with the result that she was delivered, in due course, easily, quickly, and painlessly of a strong, healthy boy.

Besides attention to diet, as well as observance of that great law of digestion, namely, never to eat unless really hungry for a meal, Dr. Stockham advises regular daily exercise out of doors, in addition to some specially selected Swedish Drill movements for improving the elasticity, suppleness and strength of the muscles of the abdomen, pelvis and groins—muscles which are principally called into action in labour. Daily sitz-baths, and the wearing of sensible garments, which do not constrict the chest and abdomen during pregnancy, are also insisted upon.

All the above measures would naturally only be carried out by educated women. By the expression "educated" I do not mean one with accomplishments, knowledge or learning, but one who is the possessor of will-power, which may be defined as the capacity to say to oneself and others "No" or "Yes" according to the demands of reason. Huxley said—"The true aim of education is to enable us to do the things we ought to do (when we ought to do them), whether we like them or not." Matthew Arnold said that "Education is an atmosphere, a discipline, a life."

In other words, knowledge or mere learning is no substitute for the training of the mental energy or will-power that we all possess in greater or lesser degree, but which so few of us ever make any serious effort to cultivate.

So, until the generality of women become more educated, I feel very sure that unduly prolonged and painful labour will be the rule rather than the exception.

Obviously, the unfortunate woman with a deformed pelvis will suffer more or less intensely at childbirth, but even in her case I am quite convinced that the rigid observance of the measures I have described will greatly minimise her sufferings.

## TWO SURGICAL CASES.

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The following cases appear to be worthy of special note:—

*Ileo-Cæcal intussusception.*—G. M., Hindu, male, 25 years. The history given by him was that, about three

months prior to admission, he was suddenly seized with acute pain in the abdomen accompanied by vomiting. The chief symptoms, whilst in the Medical Wards, were constant pain in the epigastric region and vomiting—the latter chiefly consisting of sour food and bile. The pain had no special relationship to the taking of meals. Bowels fairly regular.

Examination showed an irregular, ill-defined, rounded swelling in the epigastric region just above the umbilicus, which varied somewhat in size from day to day and was not movable.

A radiograph taken after a bismuth meal showed that the stomach was normal and not connected with the swelling.

On the 15th March the abdomen was opened above the umbilicus by a vertical incision to the right of the middle line. After some adhesions had been separated the swelling was discovered to be a chronic intussusception involving portions of both large and small intestine. The mass was removed *en bloc* and the intestines brought together by lateral anastomosis.

The patient made an uninterrupted recovery and was discharged cured on 11th April.

The following is a description of the mass removed:—

The junction of the large and small intestine is represented by an almost solid lump about the size of a large orange into which the upper bowel passes as an unusually thick-walled small intestine; below, the lump passes gradually into the large intestine, the wall of which in the neighbourhood of the lump is thickened and irregularly contracted. To one surface of the lump is attached the vermiform appendix which is of considerable length and has a well-marked mesentery and unusually thick walls. On cutting the specimen the small intestine is found to have congested and inflamed walls, on which are well-marked *valvulæ conniventes*, the appearances being those of about the middle of the jejunum. The cæcum consists of an almost solid mass of inflammatory tissue, around one margin of which is a minute passage leading down into the large intestine. The large intestine below has a much thickened and irregularly contracted wall, the mucous membrane of which has become very much folded.

Owing to the presence of the appendix on the surface of the swelling, I think that this is probably an ileo-cæcal intussusception and that the whole of the ileum and the lower two or three feet of jejunum must have become intussuscepted. Some portions of the intussusception have sloughed away.

*Suppurating Teratoma in Abdomen.*—A Hindu female coolie, aged 20, admitted with a large swelling in the epigastric region which was diagnosed as sub-phrenic abscess. No reliable history was obtained.

A vertical incision was made in the middle line above the umbilicus. The swelling was then seen to be adherent to the surrounding structures, about the size of a football, and when opened into, the contents were discovered to be a mixture of foul smelling sebaceous material and pus, also an irregular solid mass consisting of bone, teeth, etc., as large as a cricket ball. This was attached to the posterior abdominal wall by a sort of pedicle. Nothing definite could be decided as to the probable site of origin of the tumour. The cavity was cleared out as thoroughly as possible and drained. A few days later a large quantity of bile was found in the discharge, and after another couple of weeks a faecal fistula developed and persisted for many weeks. The patient made a very slow and stormy recovery.